

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) C

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>EAGLE MID CAP GROWTH CIT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>ALTA TRUST COMPANY</u></p> <p><u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>83-0524193</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>303-996-3781</u></p> <p><b>2d</b> Business code (see instructions)</p>

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/17/2025</u>	<u>MACKENZIE LOTHERT</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

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**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>EAGLE MID CAP GROWTH CIT</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ALTA TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>83-0524193</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALTA TRUST SHORT TERM INVESTMENT</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
<b>c</b> EIN-PN <u>92-0398350-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6270421</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

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**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ABB OPTICAL GROUP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABB/CON-CISE OPTICAL GROUP LLC	<b>c</b> EIN-PN 51-0626564-001
<b>a</b>	Plan name	ABC METALS GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABC METALS GROUP LLC	<b>c</b> EIN-PN 87-3447774-001
<b>a</b>	Plan name	ACE MAINTENANCE & SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ACE MAINTENANCE & SERVICE, INC.	<b>c</b> EIN-PN 74-1036784-002
<b>a</b>	Plan name	ALIGN TECHNOLOGY INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALIGN TECHNOLOGY INC	<b>c</b> EIN-PN 94-3267295-001
<b>a</b>	Plan name	ALTER DOMUS 401K PLAN	
<b>b</b>	Name of plan sponsor	ALTER DOMUS, INC.	<b>c</b> EIN-PN 32-0394877-001
<b>a</b>	Plan name	AMA PRO RACING SALARY INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	DAYTONA MOTOR SPORTS GROUP, LLC	<b>c</b> EIN-PN 26-2149578-001
<b>a</b>	Plan name	ARVIG ENTERPRISES, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARVIG ENTERPRISES, INC	<b>c</b> EIN-PN 41-1507358-002
<b>a</b>	Plan name	BRACCO MEDICAL TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor	ACIST MEDICAL SYSTEMS, INC	<b>c</b> EIN-PN 41-1694195-001
<b>a</b>	Plan name	CANON MEDICAL INFORMATICS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CANON MEDICAL INFORMATICS, INC.	<b>c</b> EIN-PN 42-1321776-001
<b>a</b>	Plan name	CATHOLIC ORDER OF FORESTERS INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CATHOLIC ORDER OF FORESTERS	<b>c</b> EIN-PN 36-0879870-001
<b>a</b>	Plan name	CENTRAL CALIFORNIA FACULTY MEDICAL GROUP, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL CALIFORNIA FACULTY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-2613220-002
<b>a</b>	Plan name	CERTIFIED CONSTRUCTION, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CERTIFIED CONSTRUCTION, INC.	<b>c</b> EIN-PN 96-8194334-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CERTIFIED CONSTRUCTION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CERTIFIED CONSTRUCTION, INC.	<b>c</b> EIN-PN 96-8194334-002
<b>a</b>	Plan name	CHIPOTLE MEXICAN GRILL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHIPOTLE MEXICAN GRILL, INC.	<b>c</b> EIN-PN 84-1219301-002
<b>a</b>	Plan name	CNC PERPETUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	CAPITOL NEWS COMPANY, LLC	<b>c</b> EIN-PN 20-5354799-003
<b>a</b>	Plan name	COUNTY OF HENRICO 401A PLAN	
<b>b</b>	Name of plan sponsor	COUNTY OF HENRICO	<b>c</b> EIN-PN 54-6001344-001
<b>a</b>	Plan name	COUNTY OF HENRICO 457B DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	COUNTY OF HENRICO	<b>c</b> EIN-PN 54-6001344-001
<b>a</b>	Plan name	DAVID'S BRIDAL 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAVID'S BRIDAL, INC.	<b>c</b> EIN-PN 65-0214563-001
<b>a</b>	Plan name	DEAN T. SUEDA D.D.S., M.S., INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DEAN T. SUEDA D.D.S., M.S., INC.	<b>c</b> EIN-PN 99-0234403-002
<b>a</b>	Plan name	DET DISTRIBUTING COMPANY 401K	
<b>b</b>	Name of plan sponsor	DET DISTRIBUTING COMPANY	<b>c</b> EIN-PN 62-0648833-001
<b>a</b>	Plan name	DOT HOLDINGS CO 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DOT HOLDINGS O	<b>c</b> EIN-PN 82-3213853-001
<b>a</b>	Plan name	DSI HOLDINGS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DSI HOLDINGS CORPORATION DBA SERVICE MASTER	<b>c</b> EIN-PN 36-3711293-001
<b>a</b>	Plan name	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE, INC. 401K INVESTMENT AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE, INC.	<b>c</b> EIN-PN 95-2775732-001
<b>a</b>	Plan name	EVERGY, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EVERGY, INC.	<b>c</b> EIN-PN 82-2733395-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name EVERI HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVERI HOLDINGS, INC.	<b>c</b> EIN-PN 93-3309549-001
<b>a</b>	Plan name GOODIN COMPANY PROFIT SHARING THRIFT PLAN	
<b>b</b>	Name of plan sponsor GOODIN COMPANY	<b>c</b> EIN-PN 41-0281472-001
<b>a</b>	Plan name HARRIS STEEL CO UNION EMPLOYEES' BENEFIT PLAN	
<b>b</b>	Name of plan sponsor HARRIS STEEL COMPANY, INC.	<b>c</b> EIN-PN 36-2153338-002
<b>a</b>	Plan name HARRIS STEEL COMPANY EMPLOYEES BENEFIT PL & TR	
<b>b</b>	Name of plan sponsor HARRIS STEEL COMPANY, INC.	<b>c</b> EIN-PN 36-2153338-001
<b>a</b>	Plan name HASEKO SAVINGS AND CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor HASEKO HAWAII, INC.	<b>c</b> EIN-PN 99-0156516-001
<b>a</b>	Plan name HEITMAN EMPLOYEES ADVANTAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HEITMAN, LLC	<b>c</b> EIN-PN 36-3734614-001
<b>a</b>	Plan name HOALOHA NA EHA, LTD. 401(K) PSP	
<b>b</b>	Name of plan sponsor HOALOHA NA EHA, LTD.	<b>c</b> EIN-PN 99-0158936-001
<b>a</b>	Plan name HOFFMAN YORK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOFFMAN YORK, INC,	<b>c</b> EIN-PN 39-1496568-001
<b>a</b>	Plan name HOLT OF CALIFORNIA 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOLT OF CALIFORNIA	<b>c</b> EIN-PN 68-0421094-004
<b>a</b>	Plan name INOTIV, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INOTIV, INC.	<b>c</b> EIN-PN 35-1345024-001
<b>a</b>	Plan name J AND J WORLDWIDE SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor J&J MAINTENANCE, INC	<b>c</b> EIN-PN 74-1668145-001
<b>a</b>	Plan name LAS VEGAS SANDS CORP. 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAS VEGAS SANDS CORP.	<b>c</b> EIN-PN 27-0099920-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LINEAGE LOGISTICS 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	LINEAGE LOGISTICS HOLDINGS, LLC	<b>c</b> EIN-PN 30-0707700-002
<b>a</b>	Plan name	LPA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LPA, INC.	<b>c</b> EIN-PN 95-2693579-003
<b>a</b>	Plan name	LUCITE INTERNATIONAL PENSION PLAN	
<b>b</b>	Name of plan sponsor	LUCITE INTERNATIONAL, INC.	<b>c</b> EIN-PN 43-0625543-002
<b>a</b>	Plan name	MALTEUROP NORTH AMERICA, INC. 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MALETUROP NORTHER AMERICA, INC.	<b>c</b> EIN-PN 75-3269114-002
<b>a</b>	Plan name	MAUI SODA & ICE WORKS, LTD. 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MAUI SODA & ICE WORKS, LTD.	<b>c</b> EIN-PN 99-0063817-002
<b>a</b>	Plan name	MAXAR 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAXAR TECHNOLOGIES	<b>c</b> EIN-PN 98-0544351-001
<b>a</b>	Plan name	MBN SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MIDDLE EAST BROADCASTING INC	<b>c</b> EIN-PN 42-1591205-001
<b>a</b>	Plan name	MERIT CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor	MERIT CLUB	<b>c</b> EIN-PN 36-3691404-001
<b>a</b>	Plan name	MONROE CAPITAL, LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MONROE CAPITAL LLC	<b>c</b> EIN-PN 20-1790541-001
<b>a</b>	Plan name	MOUNTAINGATE CAPITAL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAINGATE CAPITAL	<b>c</b> EIN-PN 81-1753058-001
<b>a</b>	Plan name	NATIONAL SEATING & MOBILITY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL SEATING & MOBILITY, INC.	<b>c</b> EIN-PN 62-1400785-001
<b>a</b>	Plan name	NOVAVAX, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NOVAVAX, INC	<b>c</b> EIN-PN 22-2816046-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">OPTEX INCORPORATED 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">OPTEX INCORPORATED</a>	<b>c</b> EIN-PN <a href="#">33-0865011-001</a>
<b>a</b>	Plan name <a href="#">OVH US LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">OVH CLOUD INC.</a>	<b>c</b> EIN-PN <a href="#">81-4334493-001</a>
<b>a</b>	Plan name <a href="#">PACIFIC DENTAL SERVICES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PACIFIC DENTAL SERVICES</a>	<b>c</b> EIN-PN <a href="#">33-0681491-001</a>
<b>a</b>	Plan name <a href="#">POLITICO MEDIA GROUP 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">POLITICO MEDIA GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">27-4022975-001</a>
<b>a</b>	Plan name <a href="#">PRECISELY SOFTWARE INCORPORATED 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRECISELY SOFTWARE INCORPORATED</a>	<b>c</b> EIN-PN <a href="#">22-1854351-001</a>
<b>a</b>	Plan name <a href="#">PRESS GANEY ASSOCIATES, LLC 401K PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRESS GANEY ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">35-1646289-001</a>
<b>a</b>	Plan name <a href="#">PRIMARY ENERGY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRIMARY ENERGY RECYCLING HOLDING</a>	<b>c</b> EIN-PN <a href="#">03-0568156-001</a>
<b>a</b>	Plan name <a href="#">PRIME THERAPEUTICS LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRIME THERAPEUTICS LLC</a>	<b>c</b> EIN-PN <a href="#">26-0076803-001</a>
<b>a</b>	Plan name <a href="#">PRIMORIS SERVICES CORPORATION 401K RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRIMORIS SERVICES CORPORATION</a>	<b>c</b> EIN-PN <a href="#">84-3707404-004</a>
<b>a</b>	Plan name <a href="#">RECOLOGY 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RECOLOGY INC.</a>	<b>c</b> EIN-PN <a href="#">94-2922974-004</a>
<b>a</b>	Plan name <a href="#">RENESAS ELECTRONICS AMERICA INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RENESAS ELECTRONICS AMERICA INC.</a>	<b>c</b> EIN-PN <a href="#">94-2669985-003</a>
<b>a</b>	Plan name <a href="#">RUEKERT &amp; MIELKE, INC. PROFIT SHARING 401K TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">RUEKERT &amp; MIELKE, INC.</a>	<b>c</b> EIN-PN <a href="#">39-0908882-002</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SEAGULL SCHOOLS, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEAGULL SCHOOLS, INC.	<b>c</b> EIN-PN 99-0155163-001
<b>a</b>	Plan name	SI-BONE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SI-BONE, INC.	<b>c</b> EIN-PN 26-2216351-001
<b>a</b>	Plan name	SNOWFLAKE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	SNOWFLAKE INC.	<b>c</b> EIN-PN 46-0636374-001
<b>a</b>	Plan name	SPANG & CO RETIREMENT SAVINGS PLAN FOR BARGAINING UNIT	
<b>b</b>	Name of plan sponsor	SPANG AND CO	<b>c</b> EIN-PN 25-0809990-009
<b>a</b>	Plan name	SPANG & CO RETIREMENT SAVINGS PLAN FOR NON-BARGAINING UNIT	
<b>b</b>	Name of plan sponsor	SPANG AND CO	<b>c</b> EIN-PN 25-0809990-014
<b>a</b>	Plan name	SSM HEALTH 401K PLAN	
<b>b</b>	Name of plan sponsor	SSM HEALTH CARE CORPORATION	<b>c</b> EIN-PN 46-6029223-005
<b>a</b>	Plan name	SSM HEALTH DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	SSM HEALTH CARE CORPORATION	<b>c</b> EIN-PN 46-6029223-001
<b>a</b>	Plan name	SSM HEALTH TAX-DEFERRED ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	SSM HEALTH CARE CORPORATION	<b>c</b> EIN-PN 46-6029223-002
<b>a</b>	Plan name	SUMMIT FUNDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT FUNDING INC	<b>c</b> EIN-PN 91-1780488-001
<b>a</b>	Plan name	SUNMED LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SUNMED LCC	<b>c</b> EIN-PN 26-3700043-001
<b>a</b>	Plan name	TALEND INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TALEND INC.	<b>c</b> EIN-PN 06-1807693-001
<b>a</b>	Plan name	THE INTEC GROUP, INC. PROFIT SHARING AND INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE INTEC GROUP, INC.	<b>c</b> EIN-PN 36-2252492-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE MARVIN COMPANIES PROFIT SHARING AND 401K PLAN	
<b>b</b>	Name of plan sponsor	MARVIN LUMBER AND CEDAR COMPANY	<b>c</b> EIN-PN 41-0396845-001
<b>a</b>	Plan name	THE STEP2 COMPANY 401K RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE STEP2 COMPANY LLC	<b>c</b> EIN-PN 20-4605472-001
<b>a</b>	Plan name	THE UNITED STATES PHARMACOPEIAL CONVENTION 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE UNITED STATES PHARMACOPEIAL CONVENTION	<b>c</b> EIN-PN 13-1656692-001
<b>a</b>	Plan name	VALMONT EMPLOYEE SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VALMONT	<b>c</b> EIN-PN 47-0351813-003
<b>a</b>	Plan name	VENETIAN LAS VEGAS GAMINGS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VENETIAN LAS VEGAS GAMING LLC	<b>c</b> EIN-PN 86-2779081-001
<b>a</b>	Plan name	VOESTALPINE HIGH PERFORMANCE METALS NON UNION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	VOESTALPINE HIGH PERFORMANCE METALS	<b>c</b> EIN-PN 13-1420260-001
<b>a</b>	Plan name	WEBSTER BANK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WEBSTER BANK N.A.	<b>c</b> EIN-PN 06-0273620-003
<b>a</b>	Plan name	WECOM LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WECOM LLC	<b>c</b> EIN-PN 86-0382295-001
<b>a</b>	Plan name	WORD & BROWN 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WORD & BROWN INSURANCE ADMINISTRATORS INC	<b>c</b> EIN-PN 95-3161239-001
<b>a</b>	Plan name	ZAYO GROUP HOLDINGS, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ZAYO GROUP LLC	<b>c</b> EIN-PN 26-1398293-002
<b>a</b>	Plan name	APTEVO THERAPUTICS DEFINED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	APTEVO THERAPUTICS, INC.	<b>c</b> EIN-PN 81-1567056-001
<b>a</b>	Plan name	ARKANSAS ENTERPRISES FOR THE DEVELOPMENTALLY DISABLED, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AEDD	<b>c</b> EIN-PN 71-0429513-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ARKANSAS UROLOGY ASSOCIATES, PA PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARKANSAS UROLOGY	<b>c</b> EIN-PN 71-0782429-001
<b>a</b>	Plan name	ASCEND RETIREMENT SAVINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	ASCEND LEASING, LLC	<b>c</b> EIN-PN 62-1148454-002
<b>a</b>	Plan name	ASHLEY COUNTY MEDICAL CENTER EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASHLEY COUNTY MEDICAL CENTER	<b>c</b> EIN-PN 71-0236870-002
<b>a</b>	Plan name	AVIAN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVIAN, INC.	<b>c</b> EIN-PN 83-0414964-001
<b>a</b>	Plan name	B.L. HARBERT INTERNATIONAL, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	B.L. HARBERT INTERNATIONAL, LLC	<b>c</b> EIN-PN 63-1232416-001
<b>a</b>	Plan name	BAMA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE BAMA COMPANIES, INC	<b>c</b> EIN-PN 73-0988323-001
<b>a</b>	Plan name	BERRY COMPANIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERRY COMPANIES, INC.	<b>c</b> EIN-PN 48-0797941-001
<b>a</b>	Plan name	BREWER SCIENCE, INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BREWER SCIENCE, INC	<b>c</b> EIN-PN 43-1240668-001
<b>a</b>	Plan name	BRICKLAYERS AND ALLIED CRAFTWORKERS LOCAL NO. 3 PENSION TRUST FUND	
<b>b</b>	Name of plan sponsor	BRICKLAYERS AND ALLIED CRAFTWORKERS NO. 3 DEFINED CONTRIBUTION PLAN	<b>c</b> EIN-PN 90-0888690-001
<b>a</b>	Plan name	BURR & FORMAN LLP EMPLOYEE'S 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BURR & FORMAN LLP	<b>c</b> EIN-PN 63-0322727-003
<b>a</b>	Plan name	BURR & FORMAN LLP EMPLOYEE'S PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BURR & FORMAN LLP	<b>c</b> EIN-PN 63-0322727-001
<b>a</b>	Plan name	CAPITAL REGION MEDICAL CENTER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL REGION MEDICAL CENTER	<b>c</b> EIN-PN 44-0546366-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CASS REGIONAL MEDICAL CENTER EMPLOYER CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor CASS REGIONAL MEDICAL CENTER	<b>c</b> EIN-PN 44-0665664-001
<b>a</b>	Plan name CASS REGIONAL MEDICAL CENTER SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor CASS REGIONAL MEDICAL CENTER	<b>c</b> EIN-PN 44-0665664-001
<b>a</b>	Plan name CHAMBERLAIN, HRDLICKA, WHITE, WILLIAMS & AUGHTRY PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAMBERLAIN, HRDLICKA, WHITE, WILLIAMS & AUGHTRY, PC	<b>c</b> EIN-PN 74-1541761-002
<b>a</b>	Plan name CHICAGO HISTORICAL SOCIETY DEFINED CONTRIBUTION PENSION PLAN	
<b>b</b>	Name of plan sponsor CHICAGO HISTORICAL SOCIETY	<b>c</b> EIN-PN 36-2167004-002
<b>a</b>	Plan name CLARIDGE PRODUCTS & EQUIPMENT, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLARIDGE PRODUCTS & EQUIPMENT	<b>c</b> EIN-PN 71-0302078-001
<b>a</b>	Plan name CLARION EVENTS, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor CLARION EVENTS, INC.	<b>c</b> EIN-PN 73-0399210-001
<b>a</b>	Plan name COST EFFECTIVE EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor COST EFFECTIVE EQUIPMENT 401(K) PLAN	<b>c</b> EIN-PN 81-4904338-001
<b>a</b>	Plan name CRANE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor CRANE COMPANY	<b>c</b> EIN-PN 88-2846451-038
<b>a</b>	Plan name DINDALE FINANCIAL INSTITUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PINNACLE BANCORP, INC.	<b>c</b> EIN-PN 47-0759612-002
<b>a</b>	Plan name EDP RENEWABLES NORTH AMERICA LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EDP RENEWABLES NORTH AMERICA LLC	<b>c</b> EIN-PN 26-0860404-001
<b>a</b>	Plan name ELLIE MAE EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELECTRONIC MORTGAGE AFFILIATES, INC. DBA ELLIE MAE	<b>c</b> EIN-PN 94-3288780-001
<b>a</b>	Plan name ENGAGEMED 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENGAGEMED, INC.	<b>c</b> EIN-PN 71-0765533-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FERGUSON MEDICAL LABORATORIES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FERGUSON MEDICAL LABORATORIES, INC.	<b>c</b> EIN-PN 74-2244591-002
<b>a</b>	Plan name	FRIENDSHIP COMMUNITY CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRIENDSHIP COMMUNITY CARE, INC.	<b>c</b> EIN-PN 71-0433583-001
<b>a</b>	Plan name	GGA AGGRESSIVE ALL EQUITY CLASS 1	
<b>b</b>	Name of plan sponsor	ALTA TRUST COMPANY	<b>c</b> EIN-PN 84-3358930-001
<b>a</b>	Plan name	GGA AGGRESSIVE BALANCED CLASS 1	
<b>b</b>	Name of plan sponsor	ALTA TRUST COMPANY	<b>c</b> EIN-PN 84-3379391-001
<b>a</b>	Plan name	GGA CONSERVATIVE BALANCED CLASS 1	
<b>b</b>	Name of plan sponsor	ALTA TRUST COMPANY	<b>c</b> EIN-PN 84-3423177-001
<b>a</b>	Plan name	GGA MODERATE BALANCED CLASS 1	
<b>b</b>	Name of plan sponsor	ALTA TRUST COMPANY	<b>c</b> EIN-PN 84-3487493-001
<b>a</b>	Plan name	GLMV ARCHITECTURE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLMV ARCHITECTURE, INC.	<b>c</b> EIN-PN 48-0793813-001
<b>a</b>	Plan name	GLOBUS MEDICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBUS MEDICAL, INC.	<b>c</b> EIN-PN 04-3744954-501
<b>a</b>	Plan name	GORDON FOOD SERVICE INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GORDON FOOD SERVICE INC	<b>c</b> EIN-PN 38-1249848-001
<b>a</b>	Plan name	H.E. WILLIAMS, INC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	H.E. WILLIAMS INC.	<b>c</b> EIN-PN 44-0491260-002
<b>a</b>	Plan name	HUBER & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUBER & ASSOCIATES, INC.	<b>c</b> EIN-PN 43-1516109-001
<b>a</b>	Plan name	I.A.T.S.E. LOCAL 33 SECTION 401K PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES, I.A.T.S.E. LOCATION 33 SECTION 401K PLAN	<b>c</b> EIN-PN 95-3954078-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name IMAGENET CONSULTING, LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor IMAGENET CONSULTING, LLC	<b>c</b> EIN-PN 45-3028912-001
<b>a</b>	Plan name INTER-STATE STUDIO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTER-STATE STUDIO & PUBLISHING CO.	<b>c</b> EIN-PN 44-0563337-001
<b>a</b>	Plan name J.A. RIGGS TRACTOR COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor J.A. RIGGS TRACTOR COMPANY	<b>c</b> EIN-PN 71-0220904-002
<b>a</b>	Plan name JONES PERFORMANCE PRODUCTS 401K PLAN	
<b>b</b>	Name of plan sponsor JONES PERFORMANCE PRODUCTS, INC	<b>c</b> EIN-PN 84-0886942-001
<b>a</b>	Plan name KIMRAY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KIMRAY, INC.	<b>c</b> EIN-PN 73-0563687-001
<b>a</b>	Plan name KINECTA FEDERAL CREDIT UNION 401K & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KINECTA FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-6038909-001
<b>a</b>	Plan name LANTHEUS MEDICAL IMAGING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LANTHEUS MEDICAL IMAGING, INC.	<b>c</b> EIN-PN 51-0396366-001
<b>a</b>	Plan name LENOIR MEMORIAL HOSPITAL, INC. SAVINGS & PROTECTION PLAN	
<b>b</b>	Name of plan sponsor LENOIR MEMORIAL HOSPITAL	<b>c</b> EIN-PN 56-6000674-002
<b>a</b>	Plan name LEVEL UP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor LEVEL UP LLC	<b>c</b> EIN-PN 27-1793095-001
<b>a</b>	Plan name LEXICON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEXICON MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 71-0569150-001
<b>a</b>	Plan name LUKINS & ANNIS, P.S. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LUKINS & ANNIS, P.S.	<b>c</b> EIN-PN 91-0851326-001
<b>a</b>	Plan name MFA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MFA, INC.	<b>c</b> EIN-PN 43-0415080-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MFA EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MFA, INC.	<b>c</b> EIN-PN 43-0415080-002
<b>a</b>	Plan name	MFA INCORPORATED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MFA, INC.	<b>c</b> EIN-PN 43-0415080-002
<b>a</b>	Plan name	MILILANI GROUP INC, PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	MILILANI GROUP INC	<b>c</b> EIN-PN 99-0158324-001
<b>a</b>	Plan name	MPEG LA, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MPEG LA, LLC	<b>c</b> EIN-PN 84-1346433-001
<b>a</b>	Plan name	MULTI-CRAFT CONTRACTORS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MULTI-CRAFT CONTRACTORS, INC.	<b>c</b> EIN-PN 71-0423846-002
<b>a</b>	Plan name	OCEAN WINDS 401K PLAN	
<b>b</b>	Name of plan sponsor	OW NORTH AMERICA, LLC	<b>c</b> EIN-PN 38-4060463-001
<b>a</b>	Plan name	OKUMA AMERICA CORP SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	OKUMA AMERICA CORPORATION	<b>c</b> EIN-PN 11-2670887-001
<b>a</b>	Plan name	OKUMA AMERICA CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor	OKUMA AMERICA CORPORATION	<b>c</b> EIN-PN 11-2670887-001
<b>a</b>	Plan name	OLYMPUS CORPORATION OF THE AMERICAS 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OLYMPUS CORPORATION OF THE AMERICAS	<b>c</b> EIN-PN 11-3046497-006
<b>a</b>	Plan name	ORTHOARKANSAS, P.A. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ORTHOARKANSAS, P.A.	<b>c</b> EIN-PN 62-1698737-001
<b>a</b>	Plan name	OZARK ORTHOPAEDIC & SPORTS MEDICINE CLINIC, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OZARK ORTHOPAEDIC & SPORTS MEDICINE CLINIC, LTD.	<b>c</b> EIN-PN 71-0412695-002
<b>a</b>	Plan name	PENSION CONSULTANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PENSION CONSULTANTS, INC.	<b>c</b> EIN-PN 43-1685158-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">PIEDMONT HEALTHCARE, P. A. EMPLOYEES 401K PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">PIEDMONT HEALTHCARE, P.A.</a>	<b>c</b> EIN-PN <a href="#">56-1965983-001</a>
<b>a</b>	Plan name <a href="#">PIEDMONT HEALTHCARE, P.A. EMPLOYEES 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">PIEDMONT HEALTHCARE, P.A.</a>	<b>c</b> EIN-PN <a href="#">56-1965983-001</a>
<b>a</b>	Plan name <a href="#">POE, LTD. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">POE, LTD.</a>	<b>c</b> EIN-PN <a href="#">73-1293747-002</a>
<b>a</b>	Plan name <a href="#">POSITRONIC INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">POSITRONIC INDUSTRIES, INC.</a>	<b>c</b> EIN-PN <a href="#">43-0864718-001</a>
<b>a</b>	Plan name <a href="#">PRINCETON UNIVERSITY RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRINCETON UNIVERSITY</a>	<b>c</b> EIN-PN <a href="#">21-0634501-003</a>
<b>a</b>	Plan name <a href="#">PROFESSIONAL CONTRACTORS AND ENGINEERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROFESSIONAL CONTRACTORS AND ENGINEERS</a>	<b>c</b> EIN-PN <a href="#">43-1508767-001</a>
<b>a</b>	Plan name <a href="#">QUAKER WINDOW PRODUCTS CO. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">QUAKER WINDOW PRODUCTS CO.</a>	<b>c</b> EIN-PN <a href="#">43-0813428-001</a>
<b>a</b>	Plan name <a href="#">R.P. LUMBER &amp; PLUMMER COMPANIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">R.P. LUMBER CO., INC.</a>	<b>c</b> EIN-PN <a href="#">37-1056629-001</a>
<b>a</b>	Plan name <a href="#">RAND GRAPHICS, INC. PROFIT SHARING RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAND GRAPHICS INC.</a>	<b>c</b> EIN-PN <a href="#">48-1070940-001</a>
<b>a</b>	Plan name <a href="#">RIVES CONSTRUCTION CO INC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RIVES CONSTRUCTION COMPANY, INC</a>	<b>c</b> EIN-PN <a href="#">63-0938018-002</a>
<b>a</b>	Plan name <a href="#">ROCKPOINT GAS STORAGE LLC 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROCKPOINT PARTNERS MANAGEMENT</a>	<b>c</b> EIN-PN <a href="#">27-0838117-001</a>
<b>a</b>	Plan name <a href="#">ROYAL CUP INC 401K RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROYAL CUP, INC.</a>	<b>c</b> EIN-PN <a href="#">63-0281988-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RURAL MED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RURALMED MANAGEMENT RESOURCES	<b>c</b> EIN-PN 47-2365020-001
<b>a</b>	Plan name	SCHNUCKS PAY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	SCHNUCK MARKETS, INC.	<b>c</b> EIN-PN 43-0726776-002
<b>a</b>	Plan name	SCHNUCKS PAY DEFERRAL PLAN-30	
<b>b</b>	Name of plan sponsor	SCHNUCK MARKETS, INC.	<b>c</b> EIN-PN 43-0726776-004
<b>a</b>	Plan name	SPRINGFIELD GROCER COMPANY 401(K) RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPRINGFIELD GROCER COMPANY	<b>c</b> EIN-PN 44-0444000-001
<b>a</b>	Plan name	STANDING CHAPTER 13 TRUSTEE OF EASTERN AND WESTERN DISTRICTS OF ARKANSAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARK T. MCCARTY STANDING CHAPTER 13 TRUSTEESHIP	<b>c</b> EIN-PN 30-0471509-001
<b>a</b>	Plan name	TACTICAL CLEANING COMPANY 401K PLAN FKA RAIL PARTNERS MANAGEMENT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	RAIL PARTNERS MANAGEMENT GROUP LLC	<b>c</b> EIN-PN 81-5414385-001
<b>a</b>	Plan name	TBC CORPORATION SAFE HARBOR 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	TBC CORPORATION	<b>c</b> EIN-PN 31-0600670-003
<b>a</b>	Plan name	TFORCE FREIGHT 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TFORCE FREIGHT, INC.	<b>c</b> EIN-PN 54-0481236-002
<b>a</b>	Plan name	TFORCE HOLDINGS USA, INC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TFORCE HOLDINGS USA, INC.	<b>c</b> EIN-PN 33-1221977-001
<b>a</b>	Plan name	THREE-Z PRINTING CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THREE-Z PRINTING CO.	<b>c</b> EIN-PN 47-2365020-001
<b>a</b>	Plan name	TOKUSEN USA, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOKUSEN U.S.A., INC.	<b>c</b> EIN-PN 71-0683148-001
<b>a</b>	Plan name	UNIFI, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNIFI, INC.	<b>c</b> EIN-PN 11-2165495-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UNITED SERVICE ORGANIZATIONS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNITED SERVICE ORGANIZATIONS	<b>c</b> EIN-PN 13-1610451-002
<b>a</b>	Plan name	USA TRUCK, INC EMPLOYEES 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	USA TRUCK, INC	<b>c</b> EIN-PN 71-0556971-002
<b>a</b>	Plan name	VESTAS AMERICA HOLDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VESTAS AMERICA HOLDING, INC.	<b>c</b> EIN-PN 27-1561927-001
<b>a</b>	Plan name	VETERANS UNITED HOME LOANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORTGAGE RESEARCH CENTER, LLC	<b>c</b> EIN-PN 43-1965151-001
<b>a</b>	Plan name	W.C. TINGLE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W.C. TINGLE COMPANY	<b>c</b> EIN-PN 44-0517735-001
<b>a</b>	Plan name	WAITSFIELD-FAYSTON TELEPHONE COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WAITSFIELD-FAYSTON TELEPHONE COMPANY, INC.	<b>c</b> EIN-PN 03-0165290-002
<b>a</b>	Plan name	WEST PLAINS HEALTH SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OZARKS MEDICAL CENTER	<b>c</b> EIN-PN 43-1329201-001
<b>a</b>	Plan name	ABS INVESTMENT MANAGEMENT, LLC INCENTIVE SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ABS INVESTMENT MANAGEMENT, LLC	<b>c</b> EIN-PN 13-4205457-002
<b>a</b>	Plan name	BARTIMUS, FRICKLETON, ROBERTSON AND RADER, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARTIMUS, FRICKLETON, ROBERTSON AND RADER, P.C.	<b>c</b> EIN-PN 43-1199267-002
<b>a</b>	Plan name	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL DISTRICT PHYSICIANS' HEALTH PLAN INC	<b>c</b> EIN-PN 14-1641028-001
<b>a</b>	Plan name	CCP 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY CARE PHYSICIANS	<b>c</b> EIN-PN 14-1660131-001
<b>a</b>	Plan name	DEGENKOLB ENGINEERS PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEGENKOLB ENGINEERS	<b>c</b> EIN-PN 94-1432527-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DUMAS CONTRACTING USA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	DUMAS CONTRACTING USA INC	<b>c</b> EIN-PN 98-0480196-001
<b>a</b>	Plan name	FIREMON LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	FIREMON LLC	<b>c</b> EIN-PN 20-0351769-001
<b>a</b>	Plan name	HIREVUE RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	HIREVUE, INC	<b>c</b> EIN-PN 20-2348190-001
<b>a</b>	Plan name	JET DELIVERY SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	JET DELIVERY SERVICE, INC	<b>c</b> EIN-PN 43-0951627-001
<b>a</b>	Plan name	JORNS & ASSOCIATES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JORNS & ASSOCIATES	<b>c</b> EIN-PN 87-1515525-001
<b>a</b>	Plan name	KUTTLER MACHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KUTTLER MACHINE	<b>c</b> EIN-PN 34-1955001-001
<b>a</b>	Plan name	MANCHESTER, NEWMAN & BENNETT, A LEGAL PROFESSIONAL ASSOCIATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MANCHESTER, NEWMAN & BENNETT, A LEGAL PROFESSIONAL	<b>c</b> EIN-PN 34-1206385-001
<b>a</b>	Plan name	PRACTICE SUPPORT SERVICES LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRACTICE SUPPORT SERVICES LLC	<b>c</b> EIN-PN 61-1803877-001
<b>a</b>	Plan name	RESOURCES DIVERSIFIED EQUITY	
<b>b</b>	Name of plan sponsor	ALTA TRUST COMPANY	<b>c</b> EIN-PN 83-2060613-001
<b>a</b>	Plan name	THE CAFARO COMPANY RETIREMENT SAVINGS TRUST AND PLAN	
<b>b</b>	Name of plan sponsor	THE CAFARO COMPANY	<b>c</b> EIN-PN 34-1107740-001
<b>a</b>	Plan name	THE ROOMPLACE PROFIT SHARING & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRP ACQUISITION, INC.	<b>c</b> EIN-PN 45-3745864-001
<b>a</b>	Plan name	AMSCO WINDOWS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMSCO WINDOWS	<b>c</b> EIN-PN 87-0239541-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BOULDERCENTRE FOR ORTHOPEDICS, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOULDECENTRE FOR ORTHOPEDICS, P.C.	<b>c</b> EIN-PN 84-0614901-002
<b>a</b>	Plan name	CERTIFIED REGISTERED NURSE ANESTHETISTS 401K PLAN	
<b>b</b>	Name of plan sponsor	EAST CAROLINA ANESTHESIA ASSOCIATES, PLLC	<b>c</b> EIN-PN 20-1442673-003
<b>a</b>	Plan name	CHESMAR HOMES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CHESMAR HOMES, LLC	<b>c</b> EIN-PN 20-2720694-001
<b>a</b>	Plan name	COLORADO ROCKIES 401K SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	COLORADO ROCKIES BASEBALL CLUB, LTD	<b>c</b> EIN-PN 84-1162452-002
<b>a</b>	Plan name	CRAWFORD TECHNOLOGIES USA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CRAWFORD TECHNOLOGIES USA, INC.	<b>c</b> EIN-PN 30-0519044-001
<b>a</b>	Plan name	DATAMARK INCORPORATED 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DATAMARK INCORPORATED	<b>c</b> EIN-PN 74-2559595-001
<b>a</b>	Plan name	ENGINEERING ECONOMICS INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERING ECONOMICS INC.	<b>c</b> EIN-PN 84-0942005-001
<b>a</b>	Plan name	FIRE ENGINEERING COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	FIRE ENGINEERING	<b>c</b> EIN-PN 87-0285738-001
<b>a</b>	Plan name	FLYNN 401K PLAN	
<b>b</b>	Name of plan sponsor	FLYNN AMERICA LP	<b>c</b> EIN-PN 41-2228936-001
<b>a</b>	Plan name	HB INTERMOUNTAIN HOLDINGS, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HB INTERMOUNTAIN HOLDINGS, LLC	<b>c</b> EIN-PN 42-2402549-001
<b>a</b>	Plan name	LARRY H. MILLER ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LARRY H. MILLER CORPORATION	<b>c</b> EIN-PN 87-0325010-001
<b>a</b>	Plan name	LES OLSON COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LES OLSON COMPANY, INC.	<b>c</b> EIN-PN 87-0324153-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MIKRON CORP MONROE RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MIKRON CORP MONROE	<b>c</b> EIN-PN 06-0974033-001
<b>a</b>	Plan name	PACIFIC STEEL & RECYCLING 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PACIFIC HIDE & FUR DEPOT DBA PACIFIC STEEL & RECYCLING	<b>c</b> EIN-PN 81-0246538-002
<b>a</b>	Plan name	POWER RESOURCES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	POWER RESOURCES INC	<b>c</b> EIN-PN 84-1125472-001
<b>a</b>	Plan name	RENEWABLE ENERGY SYSTEMS AMERICAS INC. 40K PLAN	
<b>b</b>	Name of plan sponsor	RENEWABLE ENERGY SYSTEMS AMERICAS INC.	<b>c</b> EIN-PN 95-4683730-001
<b>a</b>	Plan name	SCENTSY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCENTSY, INC.	<b>c</b> EIN-PN 84-1624958-001
<b>a</b>	Plan name	STOCKMAN, KAST RYAN 401K PLAN	
<b>b</b>	Name of plan sponsor	STOCKMAN, KAST, RYAN & COMPANY, LLP	<b>c</b> EIN-PN 84-1509584-001
<b>a</b>	Plan name	STOCKTON 12 HONDA AUTOMOTIVE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	STOCKTON 12 HONDA, INC.	<b>c</b> EIN-PN 84-1396686-001
<b>a</b>	Plan name	TONY DIVINO TOYOTA 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TONY DIVINO ENTERPRISES DBA TONY DIVINO TOYOTA	<b>c</b> EIN-PN 87-0459928-001
<b>a</b>	Plan name	TRI-ARROWS ALUMINUM EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRI-ARROWS ALUMINUM HOLDING INC	<b>c</b> EIN-PN 27-4719498-001
<b>a</b>	Plan name	WCF 401K PLAN	
<b>b</b>	Name of plan sponsor	WCT MUTUAL INSURANCE CO	<b>c</b> EIN-PN 84-0407018-001
<b>a</b>	Plan name	WRIGHT & MCGILL COMPANY 401K SHARING PLAN	
<b>b</b>	Name of plan sponsor	WRIGHT & MCGILL COMPANY	<b>c</b> EIN-PN 84-0357930-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>EAGLE MID CAP GROWTH CIT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALTA TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>83-0524193</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	994472
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3338
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	6270421
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	618174995
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	662009391	625443226
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	306737	347995
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	881183	3410589
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1187920	3758584
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	660821471	621684642

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	236053	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		236053
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	3384368	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		3384368
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		80114757
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		83735178

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	3450162	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		3450162
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		3450162

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		80285016
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		64903671
(2) From this plan .....	<b>2l(2)</b>		184325516

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.