

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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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

1a Name of plan <u>PRINCIPAL/T. ROWE PRICE INSTITUTIONAL EQUITY INCOME MANAGED CIT</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
2a 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>SEI TRUST COMPANY</u> <u>1 FREEDOM VALLEY DRIVE</u> <u>OAKS, PA 19456</u>	1c Effective date of plan 2b Employer Identification Number (EIN) <u>46-6586666</u> 2c Plan Sponsor's telephone number <u>610-676-2369</u> 2d Business code (see instructions)

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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2025</u>	<u>HEATHER BILLERA</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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:

9a 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	9b 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)

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

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.

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

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 _____

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

A Name of plan <u>PRINCIPAL/T. ROWE PRICE INSTITUTIONAL EQUITY INCOME MANAGED CIT</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SEI TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>46-6586666</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SHORT-TERM INVESTMENT FUND A</u>	
b Name of sponsor of entity listed in (a):	<u>SEI TRUST COMPANY</u>	
c EIN-PN <u>41-6292499-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>849000</u>
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	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	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	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	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	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

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:

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c EIN-PN

d Entity code

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d Entity code

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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

d Entity code

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

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.)	
a	Plan name 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF EYE ASSOCIATES OF NEW MEXICO, LTD.	
b	Name of plan sponsor EYE ASSOCIATES OF NEW MEXICO	c EIN-PN 85-0246856-002
a	Plan name ABILL REALTY CORP. PROFIT-SHARING PLAN	
b	Name of plan sponsor ABILL REALTY CORP.	c EIN-PN 22-1768133-001
a	Plan name ALINABAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor ALINABAL, INC.	c EIN-PN 13-3009406-001
a	Plan name AMERICAN ASSOCIATION OF INSURANCE SERVICES EMPLOYEES PENSION PLAN	
b	Name of plan sponsor AMERICAN ASSOCIATION OF INSURANCE SERVICES	c EIN-PN 36-2021360-001
a	Plan name ANDEX INDUSTRIES INC & ANTHONY & CO. RETIREMENT PLAN	
b	Name of plan sponsor ANDEX INDUSTRIES, INC.	c EIN-PN 38-1652680-001
a	Plan name ANIAK LIGHT & POWER COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ANIAK LIGHT & POWER COMPANY, INC.	c EIN-PN 92-0072174-002
a	Plan name AQUATEX WATER CONDITIONING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor AQUATEX WATER CONDITIONING INC	c EIN-PN 76-0110237-001
a	Plan name ARROW SHED, LLC HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor ARROW SHED, LLC	c EIN-PN 27-1885904-001
a	Plan name ASSOCIATION OF THE UNITED STATES ARMY, INC. RETIREMENT INCOME PLAN	
b	Name of plan sponsor ASSOCIATION OF THE UNITED STATES ARMY, INC.	c EIN-PN 53-0193361-001
a	Plan name BRAUNSTEIN & STEWART PROFIT SHARING PLAN	
b	Name of plan sponsor BRAUNSTEIN & STEWART A PROF CORP	c EIN-PN 95-2690123-001
a	Plan name BUFFALO CRUSHED STONE PENSION PLAN FOR HOURLY RATED EMPLOYEES	
b	Name of plan sponsor NEW ENTERPRISE STONE & LIME CO., INC.	c EIN-PN 23-1374051-001
a	Plan name BUILDERS PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDERS PRODUCTS INC	c EIN-PN 74-1227450-001

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.)			
a	Plan name	CCWD OPEB TRUST	
b	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	c EIN-PN 47-6386712-999
a	Plan name	CCWD RET PLAN-MAP ACCOUNT	
b	Name of plan sponsor	CONTRA COSTA WATER DISTRICT	c EIN-PN 94-6000489-999
a	Plan name	CHESTER COUNTY NATURAL GAS AUTHORITY DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	CHESTER COUNTY NATURAL GAS AUTHORITY	c EIN-PN 57-6008075-999
a	Plan name	CITATION BOX AND PAPER CO. PROFIT SHARING PLAN AND RETIREMENT TRUST	
b	Name of plan sponsor	CITATION BOX & PAPER CO.	c EIN-PN 36-2201785-001
a	Plan name	CITY OF ARLINGTON PST/DIP	
b	Name of plan sponsor	CITY OF ARLINGTON	c EIN-PN 75-6000450-999
a	Plan name	CITY OF DELANO PENSION	
b	Name of plan sponsor	CITY OF DELANO	c EIN-PN 95-6000702-999
a	Plan name	CITY OF MARQUETTE POLICE & FIRE	
b	Name of plan sponsor	CITY OF MARQUETTE	c EIN-PN 38-6113682-999
a	Plan name	CITY OF SPRINGFIELD, OREGON RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF SPRINGFIELD	c EIN-PN 93-6002558-999
a	Plan name	CNPPD EMPLOYEES RETIREMENT PLAN DB	
b	Name of plan sponsor	CENTRAL NEBRASKA PUBLIC POWER DISTRICT	c EIN-PN 47-6000076-999
a	Plan name	COASTAL CHILDRENS CLINIC, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	COASTAL CHILDRENS CLINIC, P.A.	c EIN-PN 74-1662481-002
a	Plan name	CORPUS CHRISTI REGIONAL TRANSPORTATION AUTHORITY DEFINED BENEFIT PLAN & TRUST	
b	Name of plan sponsor	REGIONAL TRANSPORTATION AUTHORITY	c EIN-PN 74-2390259-999
a	Plan name	COVINA VALLEY UROLOGIC MEDICAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	COVINA VALLEY UROLOGIC MEDICAL GROUP, INC.	c EIN-PN 54-2122693-001

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.)			
a	Plan name	CYPRESS LAWN CEMETERY ASSN RETIREMENT PLAN	
b	Name of plan sponsor	CYPRESS LAWN CEMETERY ASSOCIATION	c EIN-PN 94-0416370-001
a	Plan name	D & C EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	DILLON SUPPLY COMPANY	c EIN-PN 56-0201300-002
a	Plan name	DOUGHERTY COUNTY DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor	DOUGHERTY COUNTY	c EIN-PN 58-6000817-999
a	Plan name	E.F. BELK & SON, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	E.F. BELK & SON, INC.	c EIN-PN 56-0986325-001
a	Plan name	EPCOR WATER (USA), INC. PENSION PLAN	
b	Name of plan sponsor	EPCOR WATER (USA), INC.	c EIN-PN 46-0525312-001
a	Plan name	FKC INTERNATIONAL INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	FKC INTERNATIONAL INC.	c EIN-PN 20-0222244-001
a	Plan name	FORSYTH COUNTY DEFINED BENEFIT PLAN	
b	Name of plan sponsor	FORSYTH COUNTY GOVERNMENT	c EIN-PN 58-6000828-999
a	Plan name	G.E. HUEBNER CONCRETE CO. PROFIT SHARING PLAN	
b	Name of plan sponsor	G.E. HUEBNER CONCRETE, INC.	c EIN-PN 74-1926465-001
a	Plan name	GCHI RETIREMENT PLAN	
b	Name of plan sponsor	GIANT CEMENT HOLDING, INC.	c EIN-PN 57-0997411-006
a	Plan name	GEORGE S. AND DOLORES DORE ECCLES FOUNDATION DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	GEORGE S. AND DOLORES DORE ECCLES FOUNDATION	c EIN-PN 87-6118245-001
a	Plan name	GREAT LAKES RUBBER AND SUPPLY, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GREAT LAKES RUBBER & SUPPLY, INC.	c EIN-PN 39-1743065-001
a	Plan name	GUNNISON FIREMENS PENSION FUND	
b	Name of plan sponsor	CITY OF GUNNISON	c EIN-PN 84-6000673-999

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.)	
a	Plan name HALLSTAR SERVICES CORP. HOURLY EMPLOYEES PENSION PLAN	
b	Name of plan sponsor HALLSTAR SERVICES CORPORATION	c EIN-PN 20-0924709-002
a	Plan name HALLSTAR SERVICES CORPORATION RETIREMENT INCOME PLAN	
b	Name of plan sponsor HALLSTAR SERVICES CORPORATION	c EIN-PN 20-0924709-003
a	Plan name HARRISON INTERESTS, LTD. RETIREMENT PLAN	
b	Name of plan sponsor HARRISON INTERESTS, LTD.	c EIN-PN 74-2062734-001
a	Plan name HARRISON, MORELAND, WEBBER & SIMPLOT, P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HARRISON MORELAND, WEBBER & SIMPLOT PC	c EIN-PN 42-1177483-002
a	Plan name HASTINGS FIREFIGHTER PEN - PRE 1984	
b	Name of plan sponsor CITY OF HASTINGS, NE	c EIN-PN 47-6006221-999
a	Plan name HASTINGS POLICE PRE-1984 PEN TRUST	
b	Name of plan sponsor CITY OF HASTINGS, NE	c EIN-PN 47-6006221-999
a	Plan name HEALTH PLAN OF SAN MATEO D/B PL DB	
b	Name of plan sponsor HEALTH PLAN OF SAN MATEO	c EIN-PN 94-3020555-999
a	Plan name HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor HEARTHSIDE BANK	c EIN-PN 61-0305840-002
a	Plan name HENRY MODELL & CO., INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor MODELLS, INC.	c EIN-PN 13-5518048-001
a	Plan name HERBERT BRAUNSTEIN MD & ROBERT A. STEWART MD, INC. DBA ARROWHEAD PATHOLOGY MEDICAL GROUP MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor ARROWHEAD PATHOLOGY MEDICAL GROUP	c EIN-PN 95-2690123-002
a	Plan name HOLES OF SAN ANTONIO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HOLES OF SAN ANTONIO, INC.	c EIN-PN 74-2113095-001
a	Plan name INGRAM WALLIS & COMPANY EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor INGRAM WALLIS & COMPANY	c EIN-PN 74-2073801-002

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.)			
a	Plan name	ISPC, P.A. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ISPC, P.A.	c EIN-PN 36-4510829-001
a	Plan name	J.G. BOSWELL COMPANY EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	J.G. BOSWELL COMPANY	c EIN-PN 95-0563800-002
a	Plan name	JACK BUELL EMPLOYEE BENEFIT TRUST	
b	Name of plan sponsor	JMF COMPANY, INC. DBA JACK BUELL TRUCKING	c EIN-PN 82-0299482-001
a	Plan name	JAMES LEARNER DO PLLC 401K PLAN	
b	Name of plan sponsor	JAMES LEARNER DO PLLC	c EIN-PN 36-9502293-001
a	Plan name	KENOSHA BEEF INTERNATIONAL, LTD. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	KENOSHA BEEF INTERNATIONAL, LTD.	c EIN-PN 39-0994777-003
a	Plan name	KENOSHA BEEF INTERNATIONAL, LTD. EMPLOYEES' PENSION PLAN FOR NON-UNION EMPLOYEES	
b	Name of plan sponsor	KENOSHA BEEF INTERNATIONAL, LTD.	c EIN-PN 39-0994777-001
a	Plan name	KEYSTONE CEMENT COMPANY RETIREMENT FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	GIANT CEMENT HOLDING, INC.	c EIN-PN 20-2268581-002
a	Plan name	KURT S. ADLER, INC EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KURT S. ADLER, INC	c EIN-PN 13-5654539-001
a	Plan name	LAKEWOOD CEMETERY ASSOCIATION PENSION PLAN	
b	Name of plan sponsor	LAKEWOOD CEMETERY ASSOCIATION	c EIN-PN 41-0364020-001
a	Plan name	LANGFORD TOOL & DRILL CO. PROFIT SHARING PLAN	
b	Name of plan sponsor	LANGFORD TOOL & DRILL	c EIN-PN 41-0808861-001
a	Plan name	LAREDO TRANSIT MANAGEMENT, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	LAREDO TRANSIT MANAGEMENT, INC.	c EIN-PN 02-0668666-002
a	Plan name	LARSEN, MELVIN PSP	
b	Name of plan sponsor	LARSEN, MELVIN	c EIN-PN 92-0112791-999

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.)	
a	Plan name LIBERTY LINES TRANSIT, INC. PENSION PLAN	
b	Name of plan sponsor LIBERTY LINES TRANSIT, INC.	c EIN-PN 13-3096342-001
a	Plan name MACKAY COMMUNICATIONS, INC. EMPLOYEE RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor MACKAY COMMUNICATIONS, INC.	c EIN-PN 56-1550100-001
a	Plan name MANHATTAN BROADCASTING COMPANY OF MANHATTAN, KANSAS PROFIT SHARING TRUST	
b	Name of plan sponsor MANHATTAN BROADCASTING CO	c EIN-PN 48-0538710-001
a	Plan name MAPCO 401(K) PLAN	
b	Name of plan sponsor MAPCO EXPRESS, INC.	c EIN-PN 52-2308712-001
a	Plan name MATRIX MACHINE, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MATRIX MACHINE, INC.	c EIN-PN 86-0363560-001
a	Plan name ME WEST CASTINGS PENSION PLAN FOR TEMPE BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor ME GLOBAL INC.	c EIN-PN 62-1870545-001
a	Plan name MONEYTREE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MONEYTREE, INC.	c EIN-PN 91-1218621-001
a	Plan name MORAVIAN CHURCH NORTHERN PROVINCE AMENDED AND RESTATED 403(B)(9) PENSION PLAN	
b	Name of plan sponsor MORAVIAN CHURCH NORTHERN PROVINCE	c EIN-PN 24-0826166-999
a	Plan name MURRAY CALLOWAY COUNTY HOSPITAL AND CONVALESCENT DIVISION RETIREMENT PLAN	
b	Name of plan sponsor MURRAY-CALLOWAY COUNTY HOSPITAL	c EIN-PN 61-0620567-999
a	Plan name NEW JERSEY FEDERATION OF YMHA'S AND YWHA'S CAMPS EMPLOYEES' SAVINGS & 401(K) PLAN	
b	Name of plan sponsor NEW JERSEY FEDERATION OF YMHA'S AND YWHA'S CAMPS	c EIN-PN 22-1487266-002
a	Plan name NEW MEXICO OIL & GAS ASSOCIATION DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor NEW MEXICO OIL & GAS ASSOCIATION	c EIN-PN 85-0056996-003
a	Plan name NEWCO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NEWCO, INC.	c EIN-PN 84-0533758-002

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.)			
a	Plan name	NOVOZYMES NORTH AMERICA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NOVOZYMES NORTH AMERICA, INC.	c EIN-PN 13-2639630-001
a	Plan name	ONEIDA NATION ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	ONEIDA TRIBE OF INDIANS OF WISCONSIN	c EIN-PN 39-6081138-004
a	Plan name	PACIFIC VIEW COMPANIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC VIEW COMPANIES, INC.	c EIN-PN 95-2002255-001
a	Plan name	PENSION PLAN FOR BARGAINING UNIT EMPLOYEES OF NEXTIRAONE LLC	
b	Name of plan sponsor	DELANEY TELECOM, INC	c EIN-PN 23-2388066-001
a	Plan name	PENSION PLAN FOR EMPLOYEES OF SHINTECH INC. AND CERTAIN AFFILIATES	
b	Name of plan sponsor	SHINTECH INCORPORATED	c EIN-PN 74-1750521-001
a	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES - MICHIGAN PLAN	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 38-2796098-001
a	Plan name	PENSION PLAN FOR HOURLY EMPLOYEES OF TIMBER PRODUCTS COMPANY	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 36-2639465-001
a	Plan name	PENSION PLAN FOR SALARIED EMPLOYEES OF TIMBER PRODUCTS COMPANY & AFFILIATES	
b	Name of plan sponsor	TIMBER PRODUCTS CO	c EIN-PN 36-2639465-002
a	Plan name	PENSION PLAN FOR THE EMPLOYEES OF THE SYNOD OF THE PACIFIC	
b	Name of plan sponsor	SYNOD OF THE PACIFIC	c EIN-PN 23-7217973-001
a	Plan name	PENSION PLAN FOR THE SERVICE EMPLOYEES' LOCAL NO. 1 S.E.I.U.	
b	Name of plan sponsor	SERVICE EMPLOYEES LOCAL NO. 1	c EIN-PN 36-0899855-004
a	Plan name	PILOT CORPORATION OF AMERICA EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	PILOT CORPORATION OF AMERICA	c EIN-PN 11-2277015-002
a	Plan name	PROFESSIONAL SERVICES GROUP PENSION PLAN FOR BRIDGEPORT EMPLOYEES	
b	Name of plan sponsor	WASCO, LLC VEOLIA NORTH AMERICA	c EIN-PN 33-0266015-021

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.)			
a	Plan name	RADIATION ONCOLOGY ASSOC., CHTD PROFIT SHARING PLAN	
b	Name of plan sponsor	RADIATION ONCOLOGY ASSOC., CHTD	c EIN-PN 88-0217865-001
a	Plan name	RET PLN FOR EMPL OF MNA	
b	Name of plan sponsor	METROPOLITAN NASHVILLE AIRPORT AUTHORITY	c EIN-PN 62-0819271-999
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ROCK HILL COCA-COLA BOTTLING COMPANY	
b	Name of plan sponsor	ROCK HILL COCA-COLA BOTTLING COMPANY	c EIN-PN 57-0236040-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ROYAL GORGE COMPANY OF COLORADO	
b	Name of plan sponsor	ROYAL GORGE COMPANY OF COLORADO	c EIN-PN 75-0922562-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF THE LIBERTY NATIONAL BANK IN PARIS	
b	Name of plan sponsor	THE LIBERTY NATIONAL BANK IN PARIS	c EIN-PN 75-0393555-001
a	Plan name	RETIREMENT PLAN FOR HOURLY EMPLOYEES OF TEXAS LEHIGH CEMENT COMPANY LP	
b	Name of plan sponsor	TEXAS-LEHIGH CEMENT COMPANY	c EIN-PN 75-2109658-002
a	Plan name	RETIREMENT PLAN OF JERAS CORPORATION	
b	Name of plan sponsor	JERAS CORP	c EIN-PN 23-1163960-001
a	Plan name	RETIREMENT PLAN OF LOUISIANA PIGMENT COMPANY, L.P.	
b	Name of plan sponsor	LOUISIANA PIGMENT COMPANY LP	c EIN-PN 72-1249283-002
a	Plan name	REVISED RANSOM & RANDOLPH PENSION PLAN	
b	Name of plan sponsor	RANSOM & RANDOLPH, LLC	c EIN-PN 85-4287075-007
a	Plan name	ROBINSON TOWNSHIP POLICE DB TRUST	
b	Name of plan sponsor	ROBINSON TOWNSHIP	c EIN-PN 25-6002657-999
a	Plan name	SAWS RETIREE HEALTH TR	
b	Name of plan sponsor	SAN ANTONIO WATER SYSTEM	c EIN-PN 74-2632530-999
a	Plan name	SEATON PUBLISHING COMPANY, INC. OF MANHATTAN, KANSAS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SEATON PUBLISHING INC	c EIN-PN 48-0507216-001

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.)	
a	Plan name SHERIDAN NEWSPAPERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SHERIDAN NEWSPAPERS, INC.	c EIN-PN 83-0161919-001
a	Plan name SIERRA CLUB 1081 PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor SIERRA CLUB	c EIN-PN 94-1153307-001
a	Plan name SILVER BOW CONSTRUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor SILVER BOW CONSTRUCTION, INC.	c EIN-PN 92-0048332-001
a	Plan name SLOUGH EQUIPMENT COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor SLOUGH EQUIPMENT COMPANY	c EIN-PN 75-1588907-001
a	Plan name SOLAR CITY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SOLAR CITY, INC.	c EIN-PN 59-2010522-001
a	Plan name SOUTHWIRE COMPANY HOURLY PENSION PLAN	
b	Name of plan sponsor SOUTHWIRE COMPANY, LLC	c EIN-PN 58-2020515-013
a	Plan name SOUTHWORTH-MILTON, INC. BARGAINING UNIT PENSION PLAN	
b	Name of plan sponsor SOUTHWORTH-MILTON, INC.	c EIN-PN 02-0258444-004
a	Plan name ST. PETERS HOSPITAL CASHPLUS RETIREMENT PLAN	
b	Name of plan sponsor ST. PETERS HEALTH	c EIN-PN 81-0233121-001
a	Plan name STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN	
b	Name of plan sponsor MARBIL REALTY CORP.	c EIN-PN 22-1723208-002
a	Plan name STANDARD TILE SUPPLY CO., INC. PROFIT-SHARING PLAN	
b	Name of plan sponsor STANDARD TILE IMPORTS, INC.	c EIN-PN 22-2284706-001
a	Plan name STOEL RIVES LLP CASH BALANCE PLAN	
b	Name of plan sponsor STOEL RIVES LLP	c EIN-PN 93-0408771-012
a	Plan name TCP PETCOKE CORPORATION 401(K) PLAN	
b	Name of plan sponsor TCP PETCOKE CORPORATION	c EIN-PN 13-3649267-002

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.)	
a	Plan name TEICHERT, INC. EMPLOYEE STOCK BONUS PLAN	
b	Name of plan sponsor A TEICHERT, INC.	c EIN-PN 94-0919260-003
a	Plan name TENSION ENVELOPE CORPORATION RESTATED RETIREMENT PLAN	
b	Name of plan sponsor TENSION ENVELOPE CORPORATION	c EIN-PN 22-1589367-005
a	Plan name THE AMERICAN BOARD OF PSYCHIATRY & NEUROLOGY, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor AMERICAN BOARD OF PSYCHIATRY	c EIN-PN 41-0654864-001
a	Plan name THE BICYCLE SHOP, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BICYCLE SHOP, INC.	c EIN-PN 92-0071490-001
a	Plan name THE DEPOSITORY TRUST & CLEARING CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor THE DEPOSITORY TRUST & CLEARING CORPORATION	c EIN-PN 13-4086405-003
a	Plan name THE GRADALL COMPANY EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor GRADALL INDUSTRIES, INC	c EIN-PN 74-2660540-341
a	Plan name THE JOSEPH A. BANK MFG. CO., INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor JOS A BANK MANUFACTURING	c EIN-PN 36-3189198-002
a	Plan name THE RANDALL GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE RANDALL GROUP, INC.	c EIN-PN 93-1147033-002
a	Plan name THE TYDEN SEAL COMPANY USW RETIREMENT INCOME PLAN	
b	Name of plan sponsor E.J. BROOKS COMPANY	c EIN-PN 22-0793310-002
a	Plan name TIMBER PRODUCTS COMPANY REPLACEMENT PENSION PLAN	
b	Name of plan sponsor TIMBER PRODUCTS CO	c EIN-PN 36-2639465-003
a	Plan name TRUCK EQUIPMENT, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor TRUCK EQUIPMENT, INC.	c EIN-PN 42-0955969-002
a	Plan name TRUMBULL POLICE BENEFIT FUND	
b	Name of plan sponsor TOWN OF TRUMBULL	c EIN-PN 06-6002110-999

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.)	
a	Plan name UNITED STARS, INC. PENSION PLAN	
b	Name of plan sponsor UNITED STARS HOLDINGS, INC. DBA UNITED STARS, INC.	c EIN-PN 30-1150438-002
a	Plan name UNIV OF ID RETIREE H&W TR- MAP	
b	Name of plan sponsor UNIV OF ID	c EIN-PN 90-6135532-999
a	Plan name VEOLIA NORTH AMERICA PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor VEOLIA NORTH AMERICA, LLC	c EIN-PN 26-2756568-003
a	Plan name VICINITY ENERGY PENSION PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor VICINITY ENERGY, LLC	c EIN-PN 38-3680309-002
a	Plan name VION CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor VION CORP.	c EIN-PN 52-1167763-001
a	Plan name WEBER'S, INC. EMPLOYEES' SAVINGS PLAN & TRUST	
b	Name of plan sponsor WEBERS INN	c EIN-PN 38-1734391-001
a	Plan name WESTERN QUALITY FOODS, LC RETIREMENT PLAN	
b	Name of plan sponsor STREMICKS HERITAGE FOODS, LLC	c EIN-PN 87-0509318-002
a	Plan name WHITE MT. APACHE TRIBE GOVERNMENTAL PLAN	
b	Name of plan sponsor WHITE MOUNTAIN APACHE TRIBE	c EIN-PN 86-0092030-003
a	Plan name WINTHROP & WEINSTINE, P.A. CASH BALANCE PLAN	
b	Name of plan sponsor WINTHROP & WEINSTINE, P.A.	c EIN-PN 41-1722524-003
a	Plan name WIRTZ MANUFACTURING COMPANY, INC. HOURLY RATED EMPLOYEES PENSION PLAN	
b	Name of plan sponsor WIRTZ MANUFACTURING CO., INC.	c EIN-PN 38-1491059-003
a	Plan name ZENS MANUFACTURING INC PROFIT SHARING PLAN	
b	Name of plan sponsor ZENS MANUFACTURING INC	c EIN-PN 39-0961829-002
a	Plan name	
b	Name of plan sponsor	c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information 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). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PRINCIPAL/T. ROWE PRICE INSTITUTIONAL EQUITY INCOME MANAGED CIT	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 46-6586666

Part I	Asset and Liability Statement
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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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	5832000 399000
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	836000 572000
(B) Common	1c(4)(B)	95055000 90634000
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	1009000 849000
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	1000 0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	102733000	92454000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5597000	42000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5597000	42000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	97136000	92412000

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	15000	
(B) Common stock.....	2b(2)(B)	2309000	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	-53295000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	-62754000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-586000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	43000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-1000
d Total income. Add all income amounts in column (b) and enter total.....	2d	11239000

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	346000
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	64000
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	410000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	410000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	10829000
l Transfers of assets:		
(1) To this plan.....	2l(1)	4468000
(2) From this plan	2l(2)	20021000

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
a 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 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.)			
c 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.)			
d 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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g 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?			
h 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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j 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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n 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.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) 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 _____.