

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

2024

This Form is Open to Public Inspection

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
 - special extension (enter description)
 - the DFVC program
- 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>ALLSPRING SPECIAL MID CAP VALUE CIT</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan
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>	2b Employer Identification Number (EIN) <u>84-6615098</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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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>ALLSPRING SPECIAL MID CAP VALUE 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>84-6615098</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>30677000</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:

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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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	ACCESS TELECARE 401(K) PLAN	
b	Name of plan sponsor	ACCESS TELECARE, LLC	c EIN-PN 20-1394099-001
a	Plan name	ALTAMIRA TECHNOLOGIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ALTAMIRA TECHNOLOGIES CORPORATION	c EIN-PN 02-0680219-001
a	Plan name	AM1 DOMESTIC EQUITY	
b	Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 99-0743104-001
a	Plan name	AMERICAN MEDICAL RESPONSE HAWAII MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	AMR HOLDCO, INC.	c EIN-PN 20-2076468-017
a	Plan name	AMERICA'S CAR MART, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICA'S CAR MART, INC.	c EIN-PN 71-0791606-001
a	Plan name	AMPLIFI LOYALTY 401(K) PLAN	
b	Name of plan sponsor	AMPLIFI LOYALTY SOLUTIONS, LLC	c EIN-PN 27-3844276-001
a	Plan name	AOG BARGAINING UNIT 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ARKANSAS OKLAHOMA GAS CORPORATION	c EIN-PN 71-0203335-004
a	Plan name	ARKANSAS ENTERPRISES FOR THE DEVELOPMENTALLY DISABLED INC. PSP	
b	Name of plan sponsor	ARKANSAS ENTERPRISES FOR THE DEVELOPMENTALLY DISABLED INC.	c EIN-PN 71-0429513-001
a	Plan name	ARKANSAS UROLOGY P.A. PROFIT SHARING PLAN AND 401(K) PLAN	
b	Name of plan sponsor	ARKANSAS UROLOGY ASSOCIATES P. A.	c EIN-PN 71-0782429-001
a	Plan name	ASCEND RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	ASCEND LEASING, LLC	c EIN-PN 32-0448535-002
a	Plan name	ASCENT 401(K) PLAN	
b	Name of plan sponsor	ASCENT HOLDING, CO.	c EIN-PN 83-2904110-001
a	Plan name	ASHLEY COUNTY MEDICAL CENTER EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ASHLEY COUNTY MEDICAL CENTER	c EIN-PN 71-0236870-002

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	AUBERGE RESORTS 401(K) PLAN	
b	Name of plan sponsor	AUBERGE RESORTS LLC	c EIN-PN 68-0433591-001
a	Plan name	AVIAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AVIAN, INC.	c EIN-PN 83-0414964-001
a	Plan name	BAL RETIREMENT PLAN	
b	Name of plan sponsor	BERRY, APPLEMAN & LEIDEN LLP	c EIN-PN 94-3068076-002
a	Plan name	BAL SEAL ENGINEERING, INC. SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	BAL SEAL ENGINEERING, LLC	c EIN-PN 95-2454094-001
a	Plan name	BAMA PROFIT SHARING PLAN	
b	Name of plan sponsor	THE BAMA COMPANIES, INC.	c EIN-PN 73-0988323-001
a	Plan name	BANK OF THE SIERRA SAVINGS PLAN	
b	Name of plan sponsor	BANK OF THE SIERRA	c EIN-PN 94-2431437-001
a	Plan name	BDA 401(K) PLAN	
b	Name of plan sponsor	BDA, LLC	c EIN-PN 91-1272790-001
a	Plan name	BDH & YOUNG, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BDH & YOUNG, INC.	c EIN-PN 41-1656214-001
a	Plan name	BERRY COMPANIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BERRY COMPANIES, INC.	c EIN-PN 48-0797941-001
a	Plan name	BOB EVANS RESTAURANTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOB EVANS RESTAURANTS, LLC	c EIN-PN 81-5225177-001
a	Plan name	BREWER SCIENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	BREWER SCIENCE, INC.	c EIN-PN 43-1240668-001
a	Plan name	BRFHH RETIREMENT PLAN	
b	Name of plan sponsor	BRF HOSPITAL HOLDINGS, LLC DBA OCHSNER LSU HOSPITALS	c EIN-PN 46-3179229-003

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	BROCK ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	BROCK ENTERPRISES, LLC	c EIN-PN 74-1266414-001
a	Plan name	BUILD RETIREMENT PLAN	
b	Name of plan sponsor	VRATSINAS CONSTRUCTION COMPANY (VCC)	c EIN-PN 71-0644259-001
a	Plan name	CAPITAL REGION MEDICAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAPITAL REGION MEDICAL CENTER	c EIN-PN 44-0546366-001
a	Plan name	CARIBOU BIOSCIENCES, INC. RETIREMENT TRUST	
b	Name of plan sponsor	CARIBOU BIOSCIENCES, INC.	c EIN-PN 45-3728228-001
a	Plan name	CASS REGIONAL MEDICAL CENTER 401(A) PLAN	
b	Name of plan sponsor	CASS REGIONAL MEDICAL CENTER	c EIN-PN 44-0665664-002
a	Plan name	CASS REGIONAL MEDICAL CENTER 457(B) PLAN	
b	Name of plan sponsor	CASS REGIONAL MEDICAL CENTER	c EIN-PN 44-0665664-001
a	Plan name	CHESMAR HOMES LLC 401(K) PLAN	
b	Name of plan sponsor	CHESMAR HOMES LLC	c EIN-PN 20-2720694-001
a	Plan name	CHEWNING & WILMER, INC. 401(K) PLAN	
b	Name of plan sponsor	CHEWNING & WILMER, INC.	c EIN-PN 54-0168050-002
a	Plan name	CITY OF MT. DORA 401(A) PLAN	
b	Name of plan sponsor	CITY OF MT. DORA	c EIN-PN 59-6000380-999
a	Plan name	CITY OF MT. DORA 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CITY OF MT. DORA	c EIN-PN 59-6000380-999
a	Plan name	CITY OF TAUNTON CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor	CITY OF TAUNTON	c EIN-PN 04-6001320-999
a	Plan name	CIVITAS RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	CIVITAS RESOURCES, INC.	c EIN-PN 61-1630631-001

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 CLARIDGE PRODUCTS & EQUIPMENT, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor CLARIDGE PRODUCTS & EQUIPMENT, INC.	c EIN-PN 71-0302078-001
a	Plan name CLARION EVENTS, INC. 401(K) PLAN	
b	Name of plan sponsor CLARION EVENTS, INC.	c EIN-PN 73-0399210-001
a	Plan name CLINICAL ASSOCIATES OF THE FINGER LAKES 401(K) PLAN	
b	Name of plan sponsor THERAPEUTIC MANAGEMENT SERVICES, INC.	c EIN-PN 46-5705688-001
a	Plan name CME ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSULTING & MUNICIPAL ENGINEERS, LLP	c EIN-PN 22-3484435-002
a	Plan name CMG FINANCIAL 401(K) PLAN	
b	Name of plan sponsor CMG MORTGAGE, INC. DBA CMG FINANCIAL	c EIN-PN 68-0309242-001
a	Plan name COLONIAL AUTO FINANCE, INC. 401(K) PLAN	
b	Name of plan sponsor COLONIAL AUTO FINANCE, INC.	c EIN-PN 71-0863258-001
a	Plan name COLUMBIA HELICOPTERS, INC. 401(K) PLAN	
b	Name of plan sponsor COLUMBIA HELICOPTERS, INC.	c EIN-PN 93-0462482-001
a	Plan name CONSOR ENGINEERS 401(K) PLAN	
b	Name of plan sponsor CONSOR ENGINEERS, LLC	c EIN-PN 59-3221706-001
a	Plan name COST EFFECTIVE EQUIPMENT LLC 401(K) PLAN	
b	Name of plan sponsor COST EFFECTIVE EQUIPMENT LLC	c EIN-PN 81-4904338-001
a	Plan name CREATION TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor CREATION TECHNOLOGIES INTERNATIONAL, INC.	c EIN-PN 98-0404228-001
a	Plan name DIESEL LAPTOPS EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor DIESEL LAPTOPS, LLC	c EIN-PN 26-0571017-001
a	Plan name DINSDALE FINANCIAL INSTITUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DINSDALE FINANCIAL INSTITUTIONS	c EIN-PN 47-0759612-002

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	DVSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor	DVSPORT, INC.	c EIN-PN 03-0490922-001
a	Plan name	EMPOWER RETIREMENT, LLC 1081 SAVINGS PLAN	
b	Name of plan sponsor	EMPOWER RETIREMENT, LLC	c EIN-PN 84-1233483-002
a	Plan name	EMPOWER RETIREMENT, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EMPOWER RETIREMENT, LLC	c EIN-PN 84-1233483-001
a	Plan name	ENGAGEMED 401(K) PLAN	
b	Name of plan sponsor	ENGAGEMED, INC.	c EIN-PN 71-0765533-001
a	Plan name	ERIE PARKING AUTHORITY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ERIE PARKING AUTHORITY	c EIN-PN 25-1119809-002
a	Plan name	FERGUSON MEDICAL LABORATORIES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	FERGUSON MEDICAL LABORATORIES INC.	c EIN-PN 74-2244591-002
a	Plan name	FIRST REALTY MANAGEMENT CO., INC. 401(K) PLAN	
b	Name of plan sponsor	FIRST REALTY MANAGEMENT CO., INC.	c EIN-PN 26-4328600-001
a	Plan name	GLASS SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	GLASS SOLUTIONS, INC.	c EIN-PN 36-4299339-004
a	Plan name	GLMV ARCHITECTURE, INC. 401(K) PLAN	
b	Name of plan sponsor	GLMV ARCHITECTURE, INC.	c EIN-PN 48-0793813-001
a	Plan name	GLOBAL MEDICAL RESPONSE, INC. 401(K) PLAN	
b	Name of plan sponsor	GLOBAL MEDICAL RESPONSE, INC.	c EIN-PN 20-1305023-001
a	Plan name	GOAL & SUBSIDIARIES 401(K) PLAN	
b	Name of plan sponsor	GOAL INVESTMENT GROUP, INC.	c EIN-PN 85-1815415-002
a	Plan name	GUARDIAN FLEET SERVICES 401(K) PLAN	
b	Name of plan sponsor	GUARDIAN FLEET SERVICES	c EIN-PN 82-1297296-001

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	H.E. WILLIAMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	H.E. WILLIAMS, INC.	c EIN-PN 44-0491260-002
a	Plan name	HUBER & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	HUBER & ASSOCIATES, INC.	c EIN-PN 43-1516109-001
a	Plan name	HYDROACOUSTICS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	HYDROACOUSTICS, INC.	c EIN-PN 16-0991572-001
a	Plan name	ICON ENGINEERING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ICON ENGINEERING, INC.	c EIN-PN 84-1377508-001
a	Plan name	IDAHO PACIFIC HOLDINGS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IDAHO PACIFIC HOLDINGS, INC.	c EIN-PN 43-1806118-001
a	Plan name	IMAGENET CONSULTING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IMAGENET CONSULTING, LLC	c EIN-PN 45-3028912-001
a	Plan name	INOTIV, INC. RETIREMENT PLAN	
b	Name of plan sponsor	INOTIV, INC.	c EIN-PN 35-1345024-001
a	Plan name	INTER-STATE STUDIO & PUBLISHING CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INTER-STATE STUDIO & PUBLISHING CO.	c EIN-PN 44-0563337-001
a	Plan name	J.A. RIGGS TRACTOR COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	J. A. RIGGS	c EIN-PN 71-0220904-002
a	Plan name	JETTA OPERATING COMPANY 401(K) PLAN	
b	Name of plan sponsor	JETTA OPERATING COMPANY, INC.	c EIN-PN 75-2765486-001
a	Plan name	JFC AMERICA 401(K) PLAN	
b	Name of plan sponsor	JOLLIBEE FOODS CORPORATION (USA)	c EIN-PN 88-0510198-001
a	Plan name	KIMRAY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIMRAY, INC.	c EIN-PN 73-0563687-001

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	KLINEDINST PC 401(K) PLAN L	
b	Name of plan sponsor	KLINEDINST PC	c EIN-PN 33-0075004-001
a	Plan name	KLINEDINST PC 401(K) PLAN LL	
b	Name of plan sponsor	KLINEDINST PC	c EIN-PN 33-0075004-002
a	Plan name	LEONI WIRING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	LEONI WIRING SYSTEMS, INC.	c EIN-PN 35-1928511-001
a	Plan name	LEVEL UP LLC 401(K) PLAN	
b	Name of plan sponsor	LEVEL UP LLC	c EIN-PN 27-1793095-001
a	Plan name	LEWIS BRISBOIS BISGAARD & SMITH LLP EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	LEWIS BRISBOIS BISGAARD & SMITH LLP	c EIN-PN 95-3720522-004
a	Plan name	LEXICON 401(K) PLAN	
b	Name of plan sponsor	LEXICON MANAGEMENT GROUP, INC.	c EIN-PN 35-2429358-001
a	Plan name	LHOIST NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	LHOIST NORTH AMERICA, INC.	c EIN-PN 52-2120637-003
a	Plan name	LIFELINE SCIENTIFIC, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LIFELINE SCIENTIFIC, INC.	c EIN-PN 36-4256620-001
a	Plan name	LOUISIANA WORKERS' COMPENSATION CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LOUISIANA WORKERS' COMPENSATION CORPORATION	c EIN-PN 72-1201349-002
a	Plan name	MARATHON OIL COMPANY THRIFT PLAN	
b	Name of plan sponsor	MARATHON OIL COMPANY	c EIN-PN 25-1410539-003
a	Plan name	MARATHON PETROLEUM THRIFT PLAN	
b	Name of plan sponsor	MARATHON PETROLEUM COMPANY LP	c EIN-PN 31-1537655-010
a	Plan name	MARIL & COMPANY 401(K) PLAN	
b	Name of plan sponsor	MARIL & COMPANY	c EIN-PN 33-0147923-001

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	MERIT CLUB 401(K) PLAN	
b Name of plan sponsor	MERIT CLUB	c EIN-PN 36-3691404-001
a Plan name	MFA EMPLOYEES RETIREMENT PLAN	
b Name of plan sponsor	MFA OIL COMPANY	c EIN-PN 43-0415115-001
a Plan name	MFA EMPLOYEES THRIFT PLAN	
b Name of plan sponsor	MFA INCORPORATED	c EIN-PN 43-0415080-002
a Plan name	MFA INCORPORATED RETIREMENT PLAN	
b Name of plan sponsor	MFA INCORPORATED	c EIN-PN 43-0415080-006
a Plan name	MID CAP VALUE FUND II	
b Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-7312964-001
a Plan name	MULTI-CRAFT CONTRACTORS, INC. 401(K) PLAN	
b Name of plan sponsor	MULTI-CRAFT CONTRACTORS, INC.	c EIN-PN 71-0423846-002
a Plan name	MV TRANSPORTATION, INC. 401(K) PLAN	
b Name of plan sponsor	MV TRANSPORTATION, INC.	c EIN-PN 94-2491705-001
a Plan name	NPPG RETIREMENT SELECT 100+ PEP	
b Name of plan sponsor	NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-322
a Plan name	NUCOR CORPORATION PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	NUCOR CORPORATION	c EIN-PN 13-1860817-334
a Plan name	OCHSNER CLINIC FOUNDATION 401(K) PLAN	
b Name of plan sponsor	OCHSNER CLINIC FOUNDATION	c EIN-PN 72-0502505-002
a Plan name	OKUMA AMERICA CORP. SAVINGS AND INVESTMENT PLAN	
b Name of plan sponsor	OKUMA AMERICA CORPORATION	c EIN-PN 11-2670887-002
a Plan name	OKUMA AMERICA CORPORATION PENSION PLAN	
b Name of plan sponsor	OKUMA AMERICA CORPORATION	c EIN-PN 11-2670887-001

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 ONEIDA ESC GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ONEIDA ESC GROUP, LLC	c EIN-PN 45-4964343-001
a	Plan name OPKO HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor OPKO HEALTH, INC.	c EIN-PN 75-2402409-001
a	Plan name ORTHOARKANSAS P.A. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ORTHOARKANSAS P.A	c EIN-PN 71-0485626-001
a	Plan name OZARK ORTHOPAEDIC & SPORTS MEDICINE CLINIC LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OZARK ORTHOPAEDIC & SPORTS MEDICINE CLINIC, LTD.	c EIN-PN 71-0412695-003
a	Plan name PENSION CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor PENSION CONSULTANTS, INC.	c EIN-PN 43-1685158-004
a	Plan name PETZL AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor PETZL AMERICA, INC.	c EIN-PN 58-2132546-001
a	Plan name POSITIVE COACHING ALLIANCE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor POSITIVE COACHING ALLIANCE	c EIN-PN 77-0485946-002
a	Plan name PROFESSIONAL CONTRACTORS & ENGINEERS INC. 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL CONTRACTORS & ENGINEERS, INC.	c EIN-PN 43-1508767-001
a	Plan name QUAKER WINDOW PRODUCTS CO. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor QUAKER WINDOW PRODUCTS CO	c EIN-PN 43-0813428-001
a	Plan name R.P. LUMBER & PLUMMER COMPANIES 401(K) PLAN	
b	Name of plan sponsor R.P. LUMBER CO., INC.	c EIN-PN 37-1056629-001
a	Plan name RAND GRAPHICS, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor RAND GRAPHICS INC.	c EIN-PN 48-1070940-001
a	Plan name RCJF MANAGEMENT INC. RETIREMENT PLAN	
b	Name of plan sponsor RCJF MANAGEMENT, INC.	c EIN-PN 20-1704266-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	RESOLVIT RESOURCES, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RESOLVIT RESOURCES, LLC	c EIN-PN 02-0538092-001
a	Plan name	RIM LOGISTICS, LTD. 401(K) PLAN	
b	Name of plan sponsor	RIM LOGISTICS, LTD.	c EIN-PN 36-4163840-001
a	Plan name	RJW LOGISTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	RJW LOGISTICS, INC.	c EIN-PN 36-3248784-001
a	Plan name	RURAL MED 401(K) PLAN	
b	Name of plan sponsor	NEBRASKA PROVIDER ALLIANCE LLC DBA RURAL MED MANAGEMENT RESOURCES	c EIN-PN 47-2365020-001
a	Plan name	SCHNUCKS PAY DEFERRAL PLAN	
b	Name of plan sponsor	SCHNUCK MARKETS INC.	c EIN-PN 43-0726776-002
a	Plan name	SCHNUCKS PAY DEFERRAL PLAN- 30	
b	Name of plan sponsor	SCHNUCK MARKET INC.	c EIN-PN 43-0726776-004
a	Plan name	SEPARATE ACCOUNT A	
b	Name of plan sponsor	STANDARD INSURANCE COMPANY	c EIN-PN 93-0242990-005
a	Plan name	SIFIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	SIFIVE, INC.	c EIN-PN 47-4716251-001
a	Plan name	SIMVENTIONS RETIREMENT PLAN	
b	Name of plan sponsor	SIMVENTIONS, INC.	c EIN-PN 54-1992646-001
a	Plan name	SMART RETIREMENT PEP	
b	Name of plan sponsor	PENTEGRA SERVICES, INC.	c EIN-PN 13-3745616-010
a	Plan name	SPRINGFIELD GROCER COMPANY 401(K) RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRINGFIELD GROCER COMPANY	c EIN-PN 44-0444000-001
a	Plan name	SRMC 401(A) PLAN	
b	Name of plan sponsor	SOUTHERN REGIONAL MEDICAL CENTER (SRMC)	c EIN-PN 46-2743282-002

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	SRMC 457(B) PLAN
b	Name of plan sponsor	SOUTHERN REGIONAL MEDICAL CENTER (SRMC)
c	EIN-PN	46-2743282-001
a	Plan name	ST PAUL ELECTRICAL CONSTRUCTION WORKERS PENSION PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES ST. PAUL
c	EIN-PN	41-6046858-001
a	Plan name	ST PAUL ELECTRICAL CONSTRUCTION WORKERS SUPPLEMENTAL PENSION PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES ST. PAUL
c	EIN-PN	41-6046858-003
a	Plan name	STANDING CHAPTER 13 TRUSTEE OF EASTERN & WESTERN DISTRICTS OF ARKANSAS 401(K) PLAN
b	Name of plan sponsor	FRIDAY, ELDREDGE & CLARK LLP
c	EIN-PN	30-0471509-001
a	Plan name	SUMMIT UTILITIES, INC. 401(K) PLAN
b	Name of plan sponsor	SUMMIT UTILITIES, INC.
c	EIN-PN	20-0929645-001
a	Plan name	SUNMED LLC 401(K) PLAN
b	Name of plan sponsor	SUNMED LLC
c	EIN-PN	26-3700043-001
a	Plan name	TACTICAL CLEANING COMPANY 401(K) PLAN
b	Name of plan sponsor	TACTICAL CLEANING ACQUISTION
c	EIN-PN	82-2059355-001
a	Plan name	TECH-ETCH, INC. 401(K) PLAN
b	Name of plan sponsor	TECH-ETCH, INC.
c	EIN-PN	04-2324804-001
a	Plan name	TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	TENET HEALTHCARE CORPORATION
c	EIN-PN	95-2557091-335
a	Plan name	TETRA PAK RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	TETRA PAK INC.
c	EIN-PN	75-1537534-010
a	Plan name	THE ARCHITECT RETIREMENT PEP
b	Name of plan sponsor	THE FINWAY GROUP
c	EIN-PN	42-1468222-010
a	Plan name	THE DUN & BRADSTREET CORPORATION 401(K) PLAN
b	Name of plan sponsor	THE DUN & BRADSTREET CORPORATION
c	EIN-PN	22-3725387-002

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 THE HERSHA HOSPITALITY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor HERSHA HOSPITALITY MANAGEMENT, L.P.	c EIN-PN 23-2947379-001
a	Plan name THE LNTEC GROUP, INC. PROFIT SHARING AND INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor THE INTEC GROUP, INC.	c EIN-PN 36-2252492-001
a	Plan name THE MITRE CORPORATION QUALIFIED RETIREMENT PLAN	
b	Name of plan sponsor THE MITRE CORPORATION	c EIN-PN 04-2239742-002
a	Plan name THE PRINCE 401(K) PLAN	
b	Name of plan sponsor PRINCE RESORTS HAWAII, INC.	c EIN-PN 99-0346178-002
a	Plan name THREE-Z PRINTING CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THREE-Z PRINTING CO	c EIN-PN 47-2922420-001
a	Plan name TIMEX GROUP USA, INC. SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor TIMEX GROUP USA, INC.	c EIN-PN 06-0581310-013
a	Plan name TOKUSEN USA, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TOKUSEN U.S.A., INC.	c EIN-PN 71-0683148-001
a	Plan name TRANSCANADA 401(K) AND SAVINGS PLAN	
b	Name of plan sponsor TRANSCANADA USA SERVICES INC.	c EIN-PN 98-0460263-001
a	Plan name TRILON GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRILON GROUP, LLC	c EIN-PN 87-3821663-004
a	Plan name TRU COMMUNITY CARE 401(K) PLAN	
b	Name of plan sponsor TRU COMMUNITY CARE	c EIN-PN 84-0748577-002
a	Plan name USTC GROUP 401(K) PLAN	
b	Name of plan sponsor USTC CORP.	c EIN-PN 30-0943214-001
a	Plan name VETERANS UNITED HOME LOANS 401(K) PLAN	
b	Name of plan sponsor MORTGAGE RESEARCH CENTER LLC	c EIN-PN 43-1965151-001

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.	<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 ALLSPRING SPECIAL MID CAP VALUE 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) 84-6615098

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)	9807000	10665000
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)		
(B) Common	1c(4)(B)	564817000	931261000
(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)	9748000	30677000
(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)		

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	584372000	972603000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	345000	919000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	345000	919000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	584027000	971684000

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)		
(B) Common stock.....	2b(2)(B)	15386000	
(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)	-494003000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	-512609000	
(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)	40983000	
(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)		1747000
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		76722000

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)	3840000	
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3840000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3840000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		72882000
l Transfers of assets:			
(1) To this plan.....	2l(1)		701778000
(2) From this plan	2l(2)		387003000

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 _____.