

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</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>1a Name of plan <u>STABLE VALUE FIXED INCOME CIT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>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>ALTA TRUST COMPANY</u></p> <p><u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>88-2465398</u></p> <p>2c Plan Sponsor's telephone number <u>303-996-3781</u></p> <p>2d 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.

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>10/15/2025</u>	<u>MACKENZIE LOTHERT</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>STABLE VALUE FIXED INCOME 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>ALTA TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>88-2465398</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>ALTA TRUST SHORT TERM INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
c EIN-PN <u>92-0398350-001</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>6428247</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:

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

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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)

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)		
<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	AAK USA, INC. 401 (K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	AAK USA, INC
c	EIN-PN	13-2445572-001
a	Plan name	ADC THERAPEUTICS AMERICA, INC. 401(K) PLAN
b	Name of plan sponsor	ADC THERAPEUTICS AMERICA, INC.
c	EIN-PN	47-3367212-001
a	Plan name	AGENTSUNC, INC. 401K PLAN
b	Name of plan sponsor	AGENTSUNC, INC.
c	EIN-PN	84-4905267-001
a	Plan name	ALLEN CORPORATION OF AMERICA, INC. 401K PLAN
b	Name of plan sponsor	ALLEN CORPORATION OF AMERICA, INC.
c	EIN-PN	54-1582648-001
a	Plan name	ALPHASENSE, INCL 401K PLAN
b	Name of plan sponsor	ALPHASENSE, INC.
c	EIN-PN	26-4324106-001
a	Plan name	ALTUS FIRE & LIFE SAFETY 401K PLAN
b	Name of plan sponsor	ALTUS FIRE & LIFE SAFETY
c	EIN-PN	86-3614531-001
a	Plan name	AMERICAN ONCOLOGY NETWORK LLC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	AMERICAN ONCOLOGY NETWORK LLC
c	EIN-PN	82-0603784-001
a	Plan name	AMERICAN RESTORATION OPERATIONS 401K PLAN
b	Name of plan sponsor	AMERICAN RESTORATION OPERATIONS, LLC
c	EIN-PN	83-4557063-001
a	Plan name	ARC EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	AIRLINES REPORTING CORPORATION
c	EIN-PN	52-1367276-002
a	Plan name	ARCH AMENITIES GROUP, LLC 401K PLAN
b	Name of plan sponsor	WTS INTERNATIONAL LLC DBA ARCH AMENITIES GROUP
c	EIN-PN	52-0965126-001
a	Plan name	ARGUS CONSULTING, INC. 401(K) PLAN
b	Name of plan sponsor	ARGUS CONSULTING, INC.
c	EIN-PN	58-2088728-001
a	Plan name	ARTERIORS HOME 401K PLAN
b	Name of plan sponsor	4M CAPITAL LTD DBA ARTERIORS HOME
c	EIN-PN	75-2597834-001

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	AT-BAY, INC. 401K PLAN	
b	Name of plan sponsor	AT-BAY, INC.	c EIN-PN 81-3719687-001
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	AVOQ RETIREMENT PLAN FKA SUBJECT MATTER RETIREMENT PLAN	
b	Name of plan sponsor	TEAM SUBJECT MATTER, LLC	c EIN-PN 47-4180871-001
a	Plan name	AWP INC 401K PLAN	
b	Name of plan sponsor	AWP INC	c EIN-PN 34-1344513-001
a	Plan name	BAADER NORTH AMERICA CORPORATION 401K PLAN	
b	Name of plan sponsor	BAADER NORTH AMERICA CORPORATION	c EIN-PN 04-2694739-002
a	Plan name	BALTIMORE MUNICIPAL GOLF CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	BALTIMORE MUNICIPAL GOLF CORPORATION	c EIN-PN 52-1371304-001
a	Plan name	BANK OF THE SIERRA SAVINGS PLAN	
b	Name of plan sponsor	BANK OF THE SIERRA	c EIN-PN 92-2431437-001
a	Plan name	BGIS GLOBAL INTEGRATED SOLUTIONS, US LLC 401(K) PLAN	
b	Name of plan sponsor	BGIS GLOBAL INTEGRATED SOLUTIONS, US LLC	c EIN-PN 81-1765198-001
a	Plan name	BILLION MOTORS, INC. SALARY DEFERRAL 401(K) PLAN	
b	Name of plan sponsor	BILLION MOTORS, INC.	c EIN-PN 46-0307139-001
a	Plan name	BINSWANGER ENTERPRISES, LLC 401K PLAN	
b	Name of plan sponsor	BINSWANGER ENTERPRISES, LLC	c EIN-PN 45-2494902-001
a	Plan name	BLENDED HEALTH SERVICE 401 (K) PLAN PKA VERTAVA HEALTH 401(K) PLAN	
b	Name of plan sponsor	FREEDOM HEALTHCARE OF AMERICA, LLC	c EIN-PN 46-4250098-001
a	Plan name	BOSCOV'S 401K DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	BOSCOV'S, INC	c EIN-PN 23-1571589-002

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	BUSKE LINES, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	BUSKE LINES, INC.	c EIN-PN 37-0200050-001
a	Plan name	C&S CHEMICALS, INC. 401K PLAN	
b	Name of plan sponsor	C&S CHEMICALS, INC.	c EIN-PN 58-1380323-001
a	Plan name	CALIBRE SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIBRE SYSTEMS, INC.	c EIN-PN 52-1602142-002
a	Plan name	CCS FACILITY SERVICES 401K PLAN	
b	Name of plan sponsor	COMMERCIAL CLEANING SERVICES, LLC	c EIN-PN 80-0947923-001
a	Plan name	CLEARWATER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CLEARWATER SOLUTIONS, LLC	c EIN-PN 20-8152510-001
a	Plan name	CLIENT SOLUTION ARCHITECTS LLC 401K PLAN	
b	Name of plan sponsor	CLIENT SOLUTION ARCHITECTS LLC	c EIN-PN 54-1393220-001
a	Plan name	CPP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAPITOL PEAK PARTNERS, INC.	c EIN-PN 82-1622488-001
a	Plan name	CREATIVE PLANNING COMPANIES EMPLOYER RETIREMENT CONTRIBUTION PLAN	
b	Name of plan sponsor	CREATIVE PLANNING, LLC	c EIN-PN 43-1270780-001
a	Plan name	CROWDER CONSTRUCTORS 401(K) SAVINGS & PROFIT	
b	Name of plan sponsor	CROWDER CONSTRUCTORS INC	c EIN-PN 26-0388512-002
a	Plan name	CURRY INVESTMENT COMPANY 401K PLAN	
b	Name of plan sponsor	CURRY INVESTMENT COMPANY	c EIN-PN 43-1213239-001
a	Plan name	DAHER AIRCRAFT INC 401K PLAN	
b	Name of plan sponsor	DAHER AIRCRAFT, INC.	c EIN-PN 13-2898620-001
a	Plan name	DAI 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DAI ESOP, INC.	c EIN-PN 81-0781201-001

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 DIT-MCO INTERNATIONAL LLC RETIREMENT PLAN	
b	Name of plan sponsor DIT-MCO INTERNATIONAL LLC	c EIN-PN 32-0472658-001
a	Plan name DRAKE SOFTWARE, LLC 401K PLAN	
b	Name of plan sponsor DS ADMIRAL BIDCO, LLC DBA TAXWELL	c EIN-PN 86-2013312-001
a	Plan name DREAMPAK LLC 401(K) PLAN	
b	Name of plan sponsor DREAMPAK, LLC	c EIN-PN 54-1985805-001
a	Plan name ESSENTIAL PROPERTIES REALTY TRUST 401(K) PLAN	
b	Name of plan sponsor SCF REALTY SERVICING COMPANY LLC	c EIN-PN 81-5111024-001
a	Plan name EVERWISE CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor EVERWISE CREDIT UNION	c EIN-PN 35-0702986-002
a	Plan name EXCELERATE ENERGY RETIREMENT INCOME PLAN	
b	Name of plan sponsor EXCELERATE ENERGY LP	c EIN-PN 88-1792778-001
a	Plan name FAIRBANKS SCALES, INC. SAVINGS PLAN	
b	Name of plan sponsor FAIRBANKS SCALES INC	c EIN-PN 43-1464165-001
a	Plan name FAIRWATER SAVINGS PLAN	
b	Name of plan sponsor FAIRWATER PAYROLL MANAGEMENT LLC	c EIN-PN 93-4200137-001
a	Plan name FIKE CORPORATION 401K PLAN	
b	Name of plan sponsor FIKE CORPORATION	c EIN-PN 44-0584415-002
a	Plan name FIRSTFLEET, INC. 401K PLAN	
b	Name of plan sponsor FIRSTFLEET, INC.	c EIN-PN 62-1283959-001
a	Plan name FLEXCO 401K PLAN	
b	Name of plan sponsor FLEXIBLE STEEL LACING COMPANY	c EIN-PN 36-1085010-002
a	Plan name FOLEY SAVINGS PLAN	
b	Name of plan sponsor FOLEY INDUSTRIES, INC.	c EIN-PN 48-1043293-001

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 FOURGEN HOLDINGS INC. RETIREMENT PLAN	
b	Name of plan sponsor FOURGEN HOLDINGS INC.	c EIN-PN 01-0750002-001
a	Plan name FRASIER MEADOWS MANOR, INC. 401 (K) RETIREMENT PLAN	
b	Name of plan sponsor FRASIER MEADOWS MANOR, INC.	c EIN-PN 84-0503809-001
a	Plan name GCOM SOFTWARE LLC 401K PLAN	
b	Name of plan sponsor GCOM SOFTWARE LLC	c EIN-PN 52-2179898-001
a	Plan name GEHL FOODS, LLC 401K SALARY SAVINGS PLAN	
b	Name of plan sponsor GEHL FOODS, LLC	c EIN-PN 39-0300460-004
a	Plan name GENESEE SCIENTIFIC 401(K) PLAN	
b	Name of plan sponsor GENESEE SCIENTIFIC HOLDINGS,LLC	c EIN-PN 33-0834024-001
a	Plan name GEORGE BUTLER ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GBA COMPANIES CORPORATE SERVICES, LLC	c EIN-PN 43-0919641-001
a	Plan name GSE SYSTEMS 401K PLAN	
b	Name of plan sponsor GSE SYSTEMS, INC.	c EIN-PN 52-1868008-001
a	Plan name GUILD MORTGAGE COMPANY, LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor GUILD MORTGAGE COMPANY LLC	c EIN-PN 95-2146137-001
a	Plan name HAI HOSPITALITY GROUP, LLC 401K PLAN	
b	Name of plan sponsor HAI HOSPITALITY GROUP, LLC	c EIN-PN 85-3250442-001
a	Plan name HAVEN BEHAVIORAL HEALTHCARE, INC. 401(K) PLAN	
b	Name of plan sponsor HAVEN BEHAVIORAL HEALTHCARE, INC.	c EIN-PN 20-4543642-001
a	Plan name HAYNSWORTH SINKLER BOYD, PA 401K PLAN	
b	Name of plan sponsor HAYNSWORTH SINKLER BOYD, P.A.	c EIN-PN 57-1111443-001
a	Plan name HEALTHTRACKRX 401K RETIREMENT PLAN	
b	Name of plan sponsor HEALTHTRACKRX, LLC	c EIN-PN 47-4866213-001

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 HOOVER GROUP, INC. EMPLOYEE'S PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor HOOVER GROUP, INC.	c EIN-PN 58-1645956-001
a	Plan name HORIZON AG PRODUCTS, LP RETIREMENT PLAN	
b	Name of plan sponsor HORIZON AG PRODUCTS, LP	c EIN-PN 20-2393205-002
a	Plan name HORIZON HOBBY RETIREMENT PLAN	
b	Name of plan sponsor HORIZON HOBBY	c EIN-PN 37-1181734-001
a	Plan name IMANAGE LLC 401K PLAN	
b	Name of plan sponsor IMANAGE LLC	c EIN-PN 47-3565084-001
a	Plan name INNOVATIVE REASONING LLC 401K PLAN	
b	Name of plan sponsor INNOVATIVE REASONING LLC	c EIN-PN 20-2539270-001
a	Plan name INTEGRA TESTING SERVICES, LLC RETIREMENT PLAN	
b	Name of plan sponsor INTEGRA TESTING SERVICES, LLC	c EIN-PN 87-3279351-001
a	Plan name INTRAHEALTH INTERNATIONAL, INC. 401K PLAN	
b	Name of plan sponsor INTRAHEALTH INTERNATIONAL, INC.	c EIN-PN 55-0825466-001
a	Plan name INVNT, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor INVNT, LLC	c EIN-PN 80-0196891-002
a	Plan name JENKINTOWN EXTERIOR SERVICES 401 (K) PLAN	
b	Name of plan sponsor JENKINTOWN EXTERIOR SERVICES, LLC	c EIN-PN 88-4412059-002
a	Plan name KANSAS CITY ROYALS BASEBALL CLUB, LLC 401K PLAN	
b	Name of plan sponsor KANSAS CITY ROYALS BASEBALL CLUB	c EIN-PN 43-0902508-001
a	Plan name KBP BRANDS, LLC 401K PLAN	
b	Name of plan sponsor KBP BRANDS, LLC	c EIN-PN 82-5400542-001
a	Plan name KETER US, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor KETER US, INC.	c EIN-PN 56-2041678-001

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 KIRBY FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor KIRBY FOODS, INC.	c EIN-PN 37-0756504-002
a	Plan name KREHER STEEL COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor KREHER STEEL COMPANY, LLC	c EIN-PN 36-4073568-002
a	Plan name LENDINGTREE, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LENDINGTREE, INC	c EIN-PN 25-1795344-001
a	Plan name LICO, INC. 401K PLAN	
b	Name of plan sponsor LICO, INC.	c EIN-PN 01-0653151-001
a	Plan name LOCKTON, INC. 401(K) PLAN	
b	Name of plan sponsor LOCKTON, INC.	c EIN-PN 90-0007886-002
a	Plan name LOENBRO, LLC 401K PLAN	
b	Name of plan sponsor LOENBRO, LLC	c EIN-PN 38-3924889-001
a	Plan name LOREN COOK COMPANY 401K PLAN	
b	Name of plan sponsor LOREN COOK COMPANY	c EIN-PN 34-0673236-002
a	Plan name LOW TEMP INDUSTRIES, INC. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor LOW TEMP INDUSTRIES, INC.	c EIN-PN 58-0536306-001
a	Plan name MAPP BIO 401K PLAN	
b	Name of plan sponsor MAPP BIOPHARMACEUTICAL, INC.	c EIN-PN 20-0037593-001
a	Plan name MARKETBRIDGE CORP. 401(K) PROFIT SHARING PLAN PKA RTS SC SERVICES 401K PLAN	
b	Name of plan sponsor RTS SC SERVICES, INC.	c EIN-PN 88-2784424-001
a	Plan name MIDWEST VETERINARY PARTNERS 401K PLAN	
b	Name of plan sponsor MIDWEST VETERINARY PARTNERS, LLC	c EIN-PN 32-0541312-001
a	Plan name NAP ASSET HOLDINGS 401K PLAN	
b	Name of plan sponsor NAP ASSET HOLDINGS, LTD	c EIN-PN 45-5490231-001

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	NATIONAL PARTNERS IN HEALTHCARE, LLC 401K PLAN	
b	Name of plan sponsor	NATIONAL PARTNERS IN HEALTHCARE, LLC	c EIN-PN 83-1001285-001
a	Plan name	NELSON GLOBAL PRODUCTS CORPORATION 401K PLAN	
b	Name of plan sponsor	NELSON GLOBAL PRODUCTS CORPORATION	c EIN-PN 27-3318413-001
a	Plan name	NOOM INC 401(K) PLAN	
b	Name of plan sponsor	NOOM, INC.	c EIN-PN 80-0243906-001
a	Plan name	OLYMPUS MEDALISTS 401(K) PLAN	
b	Name of plan sponsor	OLYMPUS COSMETIC SURGERY GROUP, LLC	c EIN-PN 93-1443030-001
a	Plan name	PAPER MACHINERY CORPORATION 401K PLAN	
b	Name of plan sponsor	PAPER MACHINERY CORPORATION	c EIN-PN 39-0839714-001
a	Plan name	PAPERWORKS INDUSTRIES SAVINGS PLAN 401K	
b	Name of plan sponsor	PAPERWORKS INDUSTRIES, INC.	c EIN-PN 26-2919931-002
a	Plan name	PAYLOCITY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PAYLOCITY CORPORATION	c EIN-PN 36-4227403-001
a	Plan name	PDRI, LLC 401K PLAN	
b	Name of plan sponsor	PERSONNEL DECISIONS RESEARCH INSTITUTES, LLC	c EIN-PN 41-1623260-001
a	Plan name	PIEPER-OLSON VETERINARY HOSPITAL EMPLOYEES PLAN	
b	Name of plan sponsor	PIEPER-OLSON VETERINARY HOSPITAL, INC	c EIN-PN 06-1155979-001
a	Plan name	PLA 401(K) PLAN	
b	Name of plan sponsor	PALLET LOGISTICS OF AMERICA, LLC	c EIN-PN 81-1557045-001
a	Plan name	PUMPTECH 401(K) PLAN	
b	Name of plan sponsor	PUMPTECH LLC	c EIN-PN 87-1466136-001
a	Plan name	QUALITY CARRIERS INC 401K PLAN	
b	Name of plan sponsor	QUALITY CARRIERS, INC.	c EIN-PN 36-2590063-002

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 RCG GLOBAL SERVICES, INC. SAVINGS PLAN	
b	Name of plan sponsor RCG GLOBAL SERVICES, INC.	c EIN-PN 22-2032892-002
a	Plan name REPUBLIC SALES & MANUFACTURING 401K PLAN	
b	Name of plan sponsor REPUBLIC SHEET METAL AND MANUFACTURING D/B/A REPUBLIC MANUFACTURING	c EIN-PN 75-1094141-001
a	Plan name RHA HEALTH SERVICES, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor RHA HEALTH SERVICES, LLC	c EIN-PN 47-4780449-003
a	Plan name RM ACQUISITION, LLC DBA RAND MCNALLY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RM ACQUISITION, LLC DBA RAND MCNALLY	c EIN-PN 26-1440291-003
a	Plan name RSM MAINTENANCE LLC 401 (K) PLAN	
b	Name of plan sponsor RSM MAINTENANCE LLC	c EIN-PN 11-3709518-001
a	Plan name SALUTE, INC. 401(K) PLAN	
b	Name of plan sponsor SALUTE, INC.	c EIN-PN 46-1853576-001
a	Plan name SAVE MART COMPANIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SAVE MART SUPERMARKETS, LLC	c EIN-PN 94-1245496-003
a	Plan name SCATTERMESH 401K PLAN	
b	Name of plan sponsor SCATTERMESH, INC.	c EIN-PN 82-1573526-001
a	Plan name SEACOR SAVINGS PLAN	
b	Name of plan sponsor SEACOR PAYROLL MANAGEMENT LLC	c EIN-PN 20-1587454-002
a	Plan name SEAL FOR LIFE 401K RETIREMENT PLAN	
b	Name of plan sponsor SEAL FOR LIFE INDUSTRIES	c EIN-PN 65-1242757-001
a	Plan name SHAW INDUSTRIES GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SHAW INDUSTRIES GROUP, INC.	c EIN-PN 58-1032521-002
a	Plan name SIGMA DEFENSE 401K PLAN	
b	Name of plan sponsor SIGMA DEFENSE SYSTEMS, LLC	c EIN-PN 20-5844944-001

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 SNIDER TIRE, INC. PROFIT SHARING AND SALARY DEFERRAL SAVINGS PLAN	
b	Name of plan sponsor SNIDER TIRE, INC.	c EIN-PN 56-0579497-001
a	Plan name SPRAGUE RETIREMENT PLAN	
b	Name of plan sponsor W.B. SPRAGUE COMPANY, INC.	c EIN-PN 91-0420340-003
a	Plan name STOUSE, INC. PROFIT SHARING 401K SAVINGS PLAN	
b	Name of plan sponsor STOUSE, INC	c EIN-PN 47-5521700-001
a	Plan name SUCCESS WISE POOLED EMPLOYER PLAN (PEP)	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC	c EIN-PN 85-3213245-314
a	Plan name SUPER SKY PRODUCTS ENTERPRISES, LLC 401K PLAN	
b	Name of plan sponsor SUPER SKY PRODUCTS ENTERPRISES, LLC	c EIN-PN 45-2494822-001
a	Plan name SUREPOINT 401K PLAN	
b	Name of plan sponsor RIPPE & KINGSTON SYSTEMS INC	c EIN-PN 31-1072524-001
a	Plan name SWANK MOTION PICTURE INC EMPLOYEE PROFIT SHARING 401K PLAN	
b	Name of plan sponsor SWANK MOTION PICTURES INC	c EIN-PN 43-1382264-001
a	Plan name TECHLAB, INC. 401K PLAN	
b	Name of plan sponsor TECHLAB, INC.	c EIN-PN 54-1527427-001
a	Plan name TENSION ENVELOPE CORPORATION 401K PLAN	
b	Name of plan sponsor TENSION ENVELOPE CORPORATION	c EIN-PN 22-1589367-006
a	Plan name THE FAY GROUP 401(K) PLAN	
b	Name of plan sponsor TICG HOLDINGS, LLC	c EIN-PN 88-0786992-001
a	Plan name TRADING TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor TRADING TECHNOLOGIES INTERNATIONAL INC	c EIN-PN 36-4102699-001
a	Plan name TRILON GROUP 401K PLAN	
b	Name of plan sponsor TRILON GROUP, LLC	c EIN-PN 87-3821663-001

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	TRIMAN INDUSTRIES INC. 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	TRIMAN INDUSTRIES, INC	c EIN-PN 22-3421269-002
a	Plan name	UFT 401(K) PLAN	
b	Name of plan sponsor	UNITED FLOW TECHNOLOGIES INTERMEDIATE HOLDCO II, LLC	c EIN-PN 87-2894942-001
a	Plan name	UNITED CAPITAL FINANCIAL ADVISORS EMPLOYER RETIREMENT CONTRIBUTION PLAN	
b	Name of plan sponsor	UNITED CAPITAL FINANCIAL ADVISORS, LLC	c EIN-PN 27-0493248-001
a	Plan name	VALCOURT BUILDING SERVICES LLC 401K PLAN	
b	Name of plan sponsor	VALCOURT BUILDING SERVICES LLC	c EIN-PN 54-1850090-002
a	Plan name	VANDER-BEND RETIREMENT PLAN	
b	Name of plan sponsor	VANDER-BEND MANUFACTURING, INC.	c EIN-PN 82-3755090-001
a	Plan name	VARIDESK, LLC 401K PLAN	
b	Name of plan sponsor	VARIDESK, LLC	c EIN-PN 47-1148201-001
a	Plan name	WACHTER EMPLOYEES' 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WACHTER, INC.	c EIN-PN 48-1238438-001
a	Plan name	WAUSAU SUPPLY COMPANY 401K PLAN	
b	Name of plan sponsor	WAUSAU SUPPLY COMPANY	c EIN-PN 39-0772342-001
a	Plan name	WESTERN ECOSYSTEMS TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTERN ECOSYSTEMS TECHNOLOGY, INC.	c EIN-PN 83-0294092-001
a	Plan name	ZEROFOX 401(K) PLAN	
b	Name of plan sponsor	ZEROFOX, INC.	c EIN-PN 46-1796885-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
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 STABLE VALUE FIXED INCOME CIT	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 ALTA TRUST COMPANY	D Employer Identification Number (EIN) 88-2465398

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.

Assets	(a) Beginning of Year	(b) End of Year
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)	134214 246455
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	42228 172276
(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)	
(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)	1788445 6428247
(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)	34682345 124715037
(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	36647232	131562015
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	4456	19666
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4456	19666
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	36642776	131542349

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)	4594782	
(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)		4594782
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(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)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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)		
(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		4594782

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)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	32909	
(11) Other expenses	2i(11)	30049	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		62958
j Total expenses. Add all expense amounts in column (b) and enter total	2j		62958

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4531824
l Transfers of assets:			
(1) To this plan	2l(1)		97891244
(2) From this plan	2l(2)		7523495

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 _____.