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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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
MANAGED ALLOCATION PORTFOLIO POOLED INVESTMENT TRUST

1b Three-digit plan number (PN) ▶ 005

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)
BOKF, NA

P.O. BOX 2300
TULSA, OK 74192

2b Employer Identification Number (EIN)
73-0780382

2c Plan Sponsor's telephone number
918-588-6000

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	Filed with authorized/valid electronic signature.	06/18/2026	KEN ETHEREDGE
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOKF, NA

P.O. BOX 2300
TULSA, OK 74192

3b Administrator's EIN
73-0780382

3c Administrator's telephone number
918-588-6000

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	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic Codes in the instructions:

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

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☐ Trust
- **(4)** ☐ General assets of the sponsor

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)** ☐ **R** (Retirement Plan Information)
- **(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** ☒ **H** (Financial Information)
- **(2)** ☐ **I** (Financial Information – Small Plan)
- **(3)** ☐ **A** (Insurance Information) – Number Attached 0
- **(4)** ☐ **C** (Service Provider Information)
- **(5)** ☒ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	**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.**	OMB No. 1210-0110 **2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan MANAGED ALLOCATION PORTFOLIO POOLED INVESTMENT TRUST	**B** Three-digit plan number (PN) ▶	005
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOKF, NA	**D** Employer Identification Number (EIN) 73-0780382	

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)

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):

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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	AERO IT SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	AERO IT SOLUTIONS, LLC	**c** EIN-PN	92-1874143-001
a Plan name	ABATIX CORP. 401(K) PROFIT SHARING		
b Name of plan sponsor	ABATIX CORP.	**c** EIN-PN	75-1908110-001
a Plan name	ABERDEEN DYNAMICS 401(K) PLAN		
b Name of plan sponsor	ABERDEEN DYNAMICS, LLC	**c** EIN-PN	20-0457046-001
a Plan name	ALPHA PROCESS SALES, INC. EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	ALPHA PROCESS SALES, INC.	**c** EIN-PN	74-1606087-002
a Plan name	AMERICAN WASTE CONTROL, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	AMERICAN WASTE CONTROL, INC.	**c** EIN-PN	73-1100270-001
a Plan name	AMERICA'S CAR-MART, INC. 401(K) PLA		
b Name of plan sponsor	AMERICAS CAR-MART, INC.	**c** EIN-PN	71-0791606-001
a Plan name	ACTION SPRING COMPANY, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ACTION SPRING COMPANY, INC.	**c** EIN-PN	73-1129513-001
a Plan name	ADVANTAGE TERRAFAB, LLC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	ADVANTAGE TERRAFAB, LLC	**c** EIN-PN	27-3460775-001
a Plan name	ADVANCED UROLOGY AND WELLNESS CENTER, MUSKOGEE PLLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ADVANCED UROLOGY AND WELLNESS CENTER, MUSKOGEE PLLC	**c** EIN-PN	81-0595538-001
a Plan name	ADVANTAGE CONTROLS LLC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	ADVANTAGE CONTROLS, LLC	**c** EIN-PN	20-1066376-001
a Plan name	B.E. BLANK & CO LP 401(K) PLAN		
b Name of plan sponsor	B.E. BLANK & CO LP	**c** EIN-PN	82-3929150-001
a Plan name	CHILD NEUROLOGY OF TULSA, P.C. 401(K) PLAN		
b Name of plan sponsor	CHILD NEUROLOGY OF TULSA, P.C.	**c** EIN-PN	47-0896402-001

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a Plan name	THE DEFEO LAW FIRM RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TDLF LLC DBA THE DEFEO LAW FIRM	**c** EIN-PN	45-4697082-001
a Plan name	CHEYENNE MEP, LLC 401(K) PLAN		
b Name of plan sponsor	CHEYENNE MEP, LLC	**c** EIN-PN	37-1757621-001
a Plan name	CACTUS DRILLING COMPANY, LLC 401(K)		
b Name of plan sponsor	CACTUS DRILLING COMPANY, LLC	**c** EIN-PN	27-0017663-002
a Plan name	CANCER AND BLOOD CARE, P.C. 401(K)		
b Name of plan sponsor	CANCER AND BLOOD CARE, P.C.	**c** EIN-PN	73-1527283-001
a Plan name	BELL TRUCKS AMERICA INCORPORATED 401(K) PLAN		
b Name of plan sponsor	BELL TRUCKS AMERICA INCORPORATED	**c** EIN-PN	46-1596705-002
a Plan name	ALL SOUL'S EPISCOPAL CHURCH 401(K) PLAN		
b Name of plan sponsor	ALL SOUL'S EPISCOPAL CHURCH	**c** EIN-PN	73-0673490-001
a Plan name	BIG BROTHERS BIG SISTERS OF OKLAHOMA 401(K) PLAN		
b Name of plan sponsor	BIG BROTHERS BIG SISTERS OF OKLAHOMA	**c** EIN-PN	73-1226237-001
a Plan name	CAREATC, INC. 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CAREATC, INC.	**c** EIN-PN	73-1598062-002
a Plan name	CHANDLER (U.S.A.), INC. 401(K) THRI		
b Name of plan sponsor	CHANDLER U.S.A., INC.	**c** EIN-PN	73-1325906-001
a Plan name	CHEEK & FALCONE, PLLC 401(K) PLAN		
b Name of plan sponsor	CHEEK & FALCONE, PLLC	**c** EIN-PN	20-3767241-001
a Plan name	COLONIAL AUTO FINANCE, INC. 401(K)		
b Name of plan sponsor	COLONIAL AUTO FINANCE, INC.	**c** EIN-PN	71-0863258-001
a Plan name	DOMIAN FAMILY DENTISTRY, P.L.L.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	DOMIAN FAMILY DENTISTRY, P.L.L.C.	**c** EIN-PN	85-3433613-001

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	EMERGENCY MEDICAL SERVICES AUTHORITY 401(A) MATCHING PLAN		
b Name of plan sponsor	EMERGENCY MEDICAL SERVICES AUTHORITY	**c** EIN-PN	73-1038915-003
a Plan name	COOPER NATURAL RESOURCES, INC. 401(		
b Name of plan sponsor	COOPER NATURAL RESOURCES, INC.	**c** EIN-PN	43-1753848-001
a Plan name	COX MACHINE, INC. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	COX MACHINE, INC.	**c** EIN-PN	48-0928813-001
a Plan name	GRAHAM D. CHADD, M.D., P.L.L.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	GRAHAM D. CHADD, M.D., P.L.L.C.	**c** EIN-PN	27-2837177-001
a Plan name	DEBACKERS INC PROFIT SHARING PLAN		
b Name of plan sponsor	DEBACKERS INC	**c** EIN-PN	48-0775821-001
a Plan name	PARNEL BIOGAS 401(K) PLAN		
b Name of plan sponsor	PARNEL BIOGAS, INC.	**c** EIN-PN	73-1570805-001
a Plan name	RADIATION ONCOLOGY SERVICES, PC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	RADIATION ONCOLOGY SERVICES, PC	**c** EIN-PN	73-1333503-002
a Plan name	EMERGENCY MEDICAL SERVICES AUTHORITY 457(B) GOVERNMENTAL PLAN		
b Name of plan sponsor	EMERGENCY MEDICAL SERVICES AUTHORITY	**c** EIN-PN	73-1038915-003
a Plan name	EMERGENCY MEDICAL SERVICES AUTHORITY 457(B) MATCHING PLAN		
b Name of plan sponsor	EMERGENCY MEDICAL SERVICES AUTHORITY	**c** EIN-PN	73-1038915-004
a Plan name	DVIS 401(K) PLAN		
b Name of plan sponsor	DOMESTIC VIOLENCE INTERVENTION SERV	**c** EIN-PN	73-1028332-001
a Plan name	RAYMOND L. GOODSON, JR. INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	RAYMOND L. GOODSON, JR. INC.	**c** EIN-PN	75-1082440-001
a Plan name	EMERGENCY MEDICAL SERVICES AUTHORIT		
b Name of plan sponsor	EMERGENCY MEDICAL SERVICES AUTHORIT	**c** EIN-PN	73-1038915-002

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	ENERTIA SOFTWARE 401(K) PLAN		
b Name of plan sponsor	ENERTECH INFORMATION SYSTEMS, INC.	**c** EIN-PN	75-2221875-001
a Plan name	DRUMMOND EYE CLINIC, P.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	DRUMMOND EYE CLINIC, P.C.	**c** EIN-PN	73-0975857-001
a Plan name	EWING & JONES 401(K) PLAN		
b Name of plan sponsor	EWING & JONES, PLLC	**c** EIN-PN	26-1190553-001
a Plan name	EXPRESS EMPLOYMENT PROFESSIONALS 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	EXPRESS SERVICES INC.	**c** EIN-PN	84-0909680-003
a Plan name	EXPRESS SERVICES, INC. RETIREMENT P		
b Name of plan sponsor	EXPRESS SERVICES	**c** EIN-PN	84-0909680-001
a Plan name	FAYETTEVILLE PUBLIC LIBRARY		
b Name of plan sponsor	FAYETTEVILLE PUBLIC LIBRARY	**c** EIN-PN	71-6039025-001
a Plan name	FENTON, FENTON, SMITH, RENEAU & MOO		
b Name of plan sponsor	FENTON, FENTON, SMITH, RENEAU & MOO	**c** EIN-PN	73-0957932-001
a Plan name	FABRICUT EMPLOYEE STOCK OWNERSHIP PLAN		
b Name of plan sponsor	FABRICUT/S. HARRIS, INC.	**c** EIN-PN	73-1544931-003
a Plan name	FLINT BUILDERS, INC. 401(K) PLAN		
b Name of plan sponsor	FLINT BUILDERS, INC.	**c** EIN-PN	90-0942823-001
a Plan name	THE EXCHANGE BANK 401(K) RETIREMENT PLAN		
b Name of plan sponsor	THE EXCHANGE BANK	**c** EIN-PN	73-0233290-001
a Plan name	GMS 401(K) PLAN		
b Name of plan sponsor	GUTHRIE MAINSTREAM SERVICES, LLC	**c** EIN-PN	13-4233219-001
a Plan name	GABLE & GOTWALS 401(K) PROFIT SHARI		
b Name of plan sponsor	GABLE & GOTWALS, A PROFESSIONAL COR	**c** EIN-PN	73-0776907-001

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	GRAND RIVER ABSTRACT & TITLE CO. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	GRAND RIVER ABSTRACT & TITLE CO.	**c** EIN-PN	73-0745785-001
a Plan name	TULSA COUNTY MEDICAL SOCIETY 401(K) RETIREMENT PLAN		
b Name of plan sponsor	TULSA COUNTY MEDICAL SOCIETY	**c** EIN-PN	73-0488400-002
a Plan name	LEVELING 8, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	LEVELING 8, INC.	**c** EIN-PN	84-1841733-001
a Plan name	METROCREST HOSPITAL AUTHORITY DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	METROCREST HOSPITAL AUTHORITY	**c** EIN-PN	75-1495760-002
a Plan name	FLINT RESOURCES COMPANY, LLC 401(K) PLAN		
b Name of plan sponsor	FLINT RESOURCES COMPANY, LLC	**c** EIN-PN	73-1551842-001
a Plan name	THE MONARCH CEMENT COMPANY 401(K) PLAN		
b Name of plan sponsor	THE MONARCH CEMENT COMPANY	**c** EIN-PN	48-0340590-005
a Plan name	TULSA INTERNAL MEDICINE PHYSICIANS, P.L.L.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	TULSA INTERNAL MEDICINE PHYSICIANS, P.L.L.C.	**c** EIN-PN	20-0183173-001
a Plan name	UTICA PHYSICIANS' ASSOCIATION LTD. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	UTICA PHYSICIANS ASSOCIATION, LTD.	**c** EIN-PN	73-1255640-001
a Plan name	CITY WIDE CONSTRUCTION PRODUCTS CO. 401(K) PLAN FOR UNION EMPLOYEES		
b Name of plan sponsor	CITY WIDE CONSTRUCTION PRODUCTS CO.	**c** EIN-PN	43-1379721-001
a Plan name	HUGHES LUMBER COMPANY EMPLOYEES' RE		
b Name of plan sponsor	HUGHES LUMBER COMPANY	**c** EIN-PN	73-0705912-001
a Plan name	JUNIOR ACHIEVEMENT OF OKLAHOMA, INC. 401(K) PLAN		
b Name of plan sponsor	JUNIOR ACHIEVEMENT OF OKLAHOMA, INC.	**c** EIN-PN	73-0757053-001
a Plan name	M&A TECHNOLOGY, INC. 401(K) PLAN		
b Name of plan sponsor	M&A TECHNOLOGY, INC.	**c** EIN-PN	75-2132118-001

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	OSAGE NATION HEALTH SYSTEM 401(K) PLAN		
b Name of plan sponsor	OSAGE NATION SI-SI A-PE-TXA	**c** EIN-PN	88-3011074-001
a Plan name	U.S. PAYMENTS, LLC 401(K) PLAN AND TRUST		
b Name of plan sponsor	U.S. PAYMENTS, LLC	**c** EIN-PN	02-0714795-001
a Plan name	INTEGRITY AUTO GROUP 401(K) PLAN		
b Name of plan sponsor	INTEGRITY AUTO SERVICE, LLC	**c** EIN-PN	20-4001222-001
a Plan name	DALLAS JET INTERNATIONAL, LP 401(K) PLAN		
b Name of plan sponsor	DALLAS JET INTERNATIONAL LP	**c** EIN-PN	20-8367412-001
a Plan name	JACMOR, INC. 401(K) PROFIT SHARING		
b Name of plan sponsor	JACMOR, INC.	**c** EIN-PN	73-1321049-001
a Plan name	JGC (USA), INC. 401(K) ACTION PLAN		
b Name of plan sponsor	JGC USA, INC.	**c** EIN-PN	13-3054936-001
a Plan name	KAISER-FRANCIS OIL COMPANY RETIREME		
b Name of plan sponsor	KAISER-FRANCIS OIL COMPANY	**c** EIN-PN	73-1006655-003
a Plan name	KNIGHT AUTOMOTIVE GROUP 401(K) RETI		
b Name of plan sponsor	KNIGHT AUTOMOTIVE GROUP, LLC	**c** EIN-PN	35-2336028-001
a Plan name	UTILITY TRI-STATE 401(K) PLAN		
b Name of plan sponsor	UTILITY TRI-STATE, INC.	**c** EIN-PN	73-1312253-001
a Plan name	MUSCOGEE NATION BUSINESSES, LLC 401(K) PLAN		
b Name of plan sponsor	MUSCOGEE NATION BUSINESSES, LLC	**c** EIN-PN	47-3191105-001
a Plan name	LANGDON & EMISON 401(K)PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	LANGDON & EMISON	**c** EIN-PN	43-1832604-001
a Plan name	MASUDA, FUNAI, EIFERT & MITCHELL, L		
b Name of plan sponsor	MASUDA, FUNAI, EIFERT & MITCHELL, L	**c** EIN-PN	36-3125637-001

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	VALLEY BANCSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN		
b Name of plan sponsor	VALLEY BANCSHARES, INC.	**c** EIN-PN	73-1145106-002
a Plan name	MEE HAWKINS GREENHAW & COTNER, PLLP PROFIT SHARING PLAN		
b Name of plan sponsor	MEE HAWKINS GREENHAW & COTNER, PLLP	**c** EIN-PN	73-1554944-001
a Plan name	MIDWESCO INDUSTRIES, INC. RETIREMEN		
b Name of plan sponsor	MIDWESCO INDUSTRIES, INC.	**c** EIN-PN	73-0541107-001
a Plan name	MUIRFIELD RESOURCES COMPANY 401(K)		
b Name of plan sponsor	MUIRFIELD RESOURCES COMPANY	**c** EIN-PN	73-1280383-001
a Plan name	MUSKOGEE YOUTH SERVICES 401(K) PLAN		
b Name of plan sponsor	MUSKOGEE COUNTY COUNCIL OF YOUTH SE	**c** EIN-PN	73-0947232-001
a Plan name	NADEL & GUSSMAN 401(K) PROFIT SHARI		
b Name of plan sponsor	NADEL & GUSSMAN, L.L.C.	**c** EIN-PN	73-1342852-002
a Plan name	PROFIT SHARING PLAN AND TRUST OF MOODY'S JEWELRY, INC.		
b Name of plan sponsor	MOODY'S JEWELRY, INC.	**c** EIN-PN	73-0958307-001
a Plan name	METROCREST HOSPITAL AUTHORITY RETIREMENT PLAN		
b Name of plan sponsor	METROCREST HOSPITAL AUTHORITY	**c** EIN-PN	75-1495760-001
a Plan name	MILAM & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MILAM & ASSOCIATES, PLLC	**c** EIN-PN	01-0572400-001
a Plan name	MUSCOGEE INTERNATIONAL 401(K) PLAN		
b Name of plan sponsor	MUSCOGEE INTERNATIONAL, LLC	**c** EIN-PN	45-4148867-001
a Plan name	OGI 401(K) RETIREMENT PLAN		
b Name of plan sponsor	OGI PROCESS EQUIPMENT, INC.	**c** EIN-PN	73-1471054-003
a Plan name	THE VANGUARD COMPANY 401(K) SAVINGS PLAN		
b Name of plan sponsor	THE VANGUARD COMPANY	**c** EIN-PN	20-1493997-001

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	THE MUSCOGEE (CREEK) NATION 401(K) PLAN		
b Name of plan sponsor	THE MUSCOGEE (CREEK) NATION	**c** EIN-PN	73-0932018-001
a Plan name	ENERGY EXCHANGER COMPANY 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ENERGY EXCHANGER COMPANY	**c** EIN-PN	73-0964391-001
a Plan name	OMNI AIR INTERNATIONAL, INC. 401(K)		
b Name of plan sponsor	OMNI AIR INTERNATIONAL, INC.	**c** EIN-PN	20-0605928-001
a Plan name	OPTRONICS INTERNATIONAL, LLC EMPLOY		
b Name of plan sponsor	OPTRONICS INTERNATIONAL, LLC	**c** EIN-PN	26-4740529-001
a Plan name	PEOPLE INC. 401(K) PLAN		
b Name of plan sponsor	PEOPLE INC. OF SEQUOYAH COUNTY	**c** EIN-PN	73-1243774-002
a Plan name	THE PAUL & LACKEY 401(K) PLAN		
b Name of plan sponsor	PAUL & LACKEY, A PROFESSIONAL CORPORATION	**c** EIN-PN	73-1463953-001
a Plan name	PETERS & CHANDLER, PC EMPLOYEES' PR		
b Name of plan sponsor	PETERS & CHANDLER, PC	**c** EIN-PN	73-1078763-002
a Plan name	PIZZA VENTURE OF SAN ANTONIO LLC 40		
b Name of plan sponsor	PIZZA VENTURE OF SAN ANTONIO, LLC	**c** EIN-PN	74-2746842-001
a Plan name	OCE 401(K) PLAN		
b Name of plan sponsor	OIL CAPITAL ELECTRIC, LLC	**c** EIN-PN	27-0012349-001
a Plan name	POWERHOUSE RESOURCES INTERNATIONAL, INC. 401(K) PLAN		
b Name of plan sponsor	POWERHOUSE RESOURCES INTERNATIONAL, INC.	**c** EIN-PN	27-3158812-001
a Plan name	RAMEY AND WALSH BANKING GROUP SAVIN		
b Name of plan sponsor	BANK OF COMMERCE	**c** EIN-PN	73-1081417-001
a Plan name	READY-MIXED CONCRETE 401(K) PLAN		
b Name of plan sponsor	THE MONARCH CEMENT COMPANY	**c** EIN-PN	48-0340590-004

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	REBCON, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	REBCON, INC.	**c** EIN-PN	75-2084179-001
a Plan name	RIGGS, ABNEY, NEAL, TURPEN, ORBISON		
b Name of plan sponsor	RIGGS, ABNEY, NEAL, TURPEN, ORBISON	**c** EIN-PN	73-0966815-001
a Plan name	ROGERS COUNTY EMPLOYER DISCRETIONARY PLAN		
b Name of plan sponsor	COUNTY OFFICERS AND EMPLOYEES DEFERRED SAVINGS INCENTIVE PLAN FUND AUT	**c** EIN-PN	82-1157401-001
a Plan name	ROGERS COUNTY DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	COUNTY OFFICERS AND EMPLOYEES DEFERRED SAVINGS INCENTIVE PLAN FUND AUT	**c** EIN-PN	82-1157401-002
a Plan name	S&R COMPRESSION, LLC 401(K) PROFIT		
b Name of plan sponsor	S&R COMPRESSION, LLC	**c** EIN-PN	26-0294978-001
a Plan name	OSAGE CASINO 401(K) PLAN		
b Name of plan sponsor	OSAGE NATION GAMING ENTERPRISES DBA OSAGE CASINOS	**c** EIN-PN	06-1794657-001
a Plan name	OSAGE NATION 401(K) PLAN		
b Name of plan sponsor	OSAGE NATION	**c** EIN-PN	73-1509406-002
a Plan name	SENIOR STAR MANAGEMENT COMPANY 401(K) PLAN		
b Name of plan sponsor	SENIOR STAR MANAGEMENT COMPANY	**c** EIN-PN	73-1220378-001
a Plan name	SCISSORTAIL ENDODONTIC SPECIALISTS, P.L.L.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	SCISSORTAIL ENDODONTIC SPECIALISTS, P.L.L.C.	**c** EIN-PN	99-4103320-001
a Plan name	SOUTHERN HILLS COUNTRY CLUB RETIREM		
b Name of plan sponsor	SOUTHERN HILLS COUNTRY CLUB	**c** EIN-PN	73-0475850-002
a Plan name	SPARLING CONSTRUCTION COMPANY, INC. 401(K) PLAN		
b Name of plan sponsor	SPARLING CONSTRUCTION COMPANY, INC.	**c** EIN-PN	85-0354090-001
a Plan name	FRAZER BANK 401(K) PLAN		
b Name of plan sponsor	FRAZER BANK	**c** EIN-PN	73-0125375-002

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	STARK & STARK EMPLOYEES' PROFIT SHA		
b Name of plan sponsor	STARK & STARK, P.C.	**c** EIN-PN	22-2092476-001
a Plan name	TCF 401(K) PLAN		
b Name of plan sponsor	TULSA COMMUNITY FOUNDATION	**c** EIN-PN	73-1554474-002
a Plan name	THE CITY OF FAYETTEVILLE EMPLOYEE R		
b Name of plan sponsor	CITY OF FAYETTEVILLE	**c** EIN-PN	71-6018462-002
a Plan name	THE CUMMINS CONSTRUCTION COMPANY, I		
b Name of plan sponsor	CUMMINS CONSTRUCTION COMPANY, INC.	**c** EIN-PN	73-0626847-001
a Plan name	THE EYE INSTITUTE, INC. 401(K) PROF		
b Name of plan sponsor	THE EYE INSTITUE, INC.	**c** EIN-PN	73-1373096-001
a Plan name	THE GC BROACH COMPANY PROFIT SHARIN		
b Name of plan sponsor	THE GC BROACH COMPANY	**c** EIN-PN	73-0710803-002
a Plan name	THE NICHOLS COMPANIES, INC. 401(K)		
b Name of plan sponsor	THE NICHOLS COMPANIES, INC.	**c** EIN-PN	73-1006025-001
a Plan name	THE UNIVERSITY CLUB 401(K) PROFIT S		
b Name of plan sponsor	THE UNIVERSITY CLUB	**c** EIN-PN	84-0341700-002
a Plan name	TTCU FEDERAL CREDIT UNION 457(B) PLAN		
b Name of plan sponsor	TTCU FEDERAL CREDIT UNION	**c** EIN-PN	73-0489468-002
a Plan name	TULSA COUNTY 401(A) MATCHING PLAN		
b Name of plan sponsor	TULSA COUNTY	**c** EIN-PN	73-6006419-001
a Plan name	TULSA REGIONAL STEM ALLIANCE 401(K) PLAN		
b Name of plan sponsor	TULSA REGIONAL STEM ALLIANCE, INC.	**c** EIN-PN	81-4051559-001
a Plan name	U.S. GLOBAL INVESTORS, INC. 401(K)		
b Name of plan sponsor	U.S. GLOBAL INVESTORS, INC.	**c** EIN-PN	74-1598370-002

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	UNIVERSAL FIDELITY LIFE INSURANCE 4		
b Name of plan sponsor	UNIVERSAL FIDELITY LIFE INSURANCE C	**c** EIN-PN	73-0493220-001
a Plan name	UROLOGIC SPECIALISTS OF OKLAHOMA, I		
b Name of plan sponsor	UROLOGIC SPECIALISTS OF OKLAHOMA, I	**c** EIN-PN	73-0729369-001
a Plan name	USA SOFTBALL PROFIT SHARING PLAN		
b Name of plan sponsor	USA SOFTBALL, INC.	**c** EIN-PN	23-7132249-002
a Plan name	UTICA EYE CARE 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CURTIS V. WOLF, II M.D., P.C.	**c** EIN-PN	20-2222535-001
a Plan name	TULSA COUNTY 457 DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	TULSA COUNTY	**c** EIN-PN	73-6006419-002
a Plan name	W.D. DISTRIBUTING, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	W.D. DISTRIBUTING, INC.	**c** EIN-PN	95-2634245-001
a Plan name	WEBCO INDUSTRIES, INC. EMPLOYEE INVESTMENT PLAN		
b Name of plan sponsor	WEBCO INDUSTRIES, INC.	**c** EIN-PN	73-1097133-001
a Plan name	WELLS & CUELLAR PC PROFIT SHARING PLAN		
b Name of plan sponsor	WELLS & CUELLAR PC	**c** EIN-PN	76-0219276-001
a Plan name	WILLIFORD COMPANIES SAVINGS PLAN		
b Name of plan sponsor	WILLIFORD ENERGY COMPANY	**c** EIN-PN	73-1062169-001
a Plan name	WYANDOTTE NATION GOVERNMENT 401(K) PLAN		
b Name of plan sponsor	WYANDOTTE NATION	**c** EIN-PN	73-1029082-001
a Plan name	WYANDOTTE TRIBAL CORPORATION		
b Name of plan sponsor	WYANDOTTE TRIBE OF OKLAHOMA	**c** EIN-PN	02-0735724-001
a Plan name	THE OKLAHOMA CITY INDIAN CLINIC 401(K) PLAN		
b Name of plan sponsor	CENTRAL OKLAHOMA AMERICAN INDIAN HEALTH COUNCIL, INC.	**c** EIN-PN	73-0955756-001

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	OLYMPIA ANESTHESIA P.L.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	OLYMPIA ANESTHESIA, P.L.C.	**c** EIN-PN	20-3722324-001
a Plan name	AMERICAN EXCHANGE BANK PROFIT SHARING PLAN		
b Name of plan sponsor	AMERICAN EXCHANGE BANK	**c** EIN-PN	73-0126300-002
a Plan name	B.C. CLARK, INC. PROFIT SHARING AND 401(K) PLAN		
b Name of plan sponsor	B.C. CLARK, INC.	**c** EIN-PN	73-0574210-001
a Plan name	BOK FINANCIAL 401(K) PLAN		
b Name of plan sponsor	BOKF, NA	**c** EIN-PN	73-0780382-002
a Plan name	OVERHEAD DOOR COMPANY OF TULSA, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	OVERHEAD DOOR COMPANY OF TULSA, INC.	**c** EIN-PN	73-0769041-001
a Plan name	PEDIATRIC PRACTITIONERS OF OKLAHOMA 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PATRICIA A. FARMER, APRN-CNP, PLLC	**c** EIN-PN	45-4617029-001
a Plan name	BOWLIN TRAVEL CENTERS, INC. 401(K) PLAN		
b Name of plan sponsor	BOWLIN TRAVEL CENTERS, INC.	**c** EIN-PN	85-0473277-002
a Plan name	CRAWLEY PETROLEUM SAVINGS INCENTIVE PLAN		
b Name of plan sponsor	CRAWLEY PETROLEUM CORPORATION	**c** EIN-PN	73-0936765-001
a Plan name	HEAT TRANSFER EQUIPMENT COMPANY SAVINGS PLAN		
b Name of plan sponsor	HEAT TRANSFER EQUIPMENT COMPANY	**c** EIN-PN	73-0961266-001
a Plan name	MARK A. DAWKINS, MD SAVINGS INCENTIVE PLAN		
b Name of plan sponsor	MARK A. DAWKINS, MD, PC	**c** EIN-PN	73-1593192-001
a Plan name	OPHTHALMIC PARTNERS, PA 401(K) PLAN		
b Name of plan sponsor	OPHTHALMIC PARNTERS, PA	**c** EIN-PN	75-2664866-001
a Plan name	TULSA DERMATOLOGY CLINIC INC. 401(K) PLAN		
b Name of plan sponsor	TULSA DERMATOLOGY CLINIC, INC.	**c** EIN-PN	73-0776171-001

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	BERKELEY EYE CENTER 401(K) PLAN		
b Name of plan sponsor	BERKELEY EYE CENTER	**c** EIN-PN	43-2012505-001
a Plan name	RAMSEY INDUSTRIES, INC. DEFINED BENEFIT REPLACEMENT ALLOCATION PLAN		
b Name of plan sponsor	RAMSEY INDUSTRIES, INC.	**c** EIN-PN	73-1103219-001
a Plan name	TECHSICO ENTERPRISE SOLUTIONS 401(K) PLAN		
b Name of plan sponsor	TECHSICO ENTERPRISE SOLUTIONS, INC.	**c** EIN-PN	26-1747891-001
a Plan name	CMR 401(K)/PROFIT SHARING PLAN		
b Name of plan sponsor	CLAIMS MANAGEMENT RESOURCES, INC.	**c** EIN-PN	73-1399656-001
a Plan name	TECHSICO, INC.		
b Name of plan sponsor	TECHSICO, INC. 401(K) PLAN	**c** EIN-PN	83-1488543-001
a Plan name	THE COLORADO EDUCATION INITIATIVE 401(K) PLAN		
b Name of plan sponsor	COLORADO EDUCATION INITIATIVE	**c** EIN-PN	26-1597530-001
a Plan name	RAMSEY INDUSTRIES 401(K) SAVINGS PLAN		
b Name of plan sponsor	RAMSEY INDUSTRIES, INC.	**c** EIN-PN	73-1103219-003
a Plan name	HIGHSIDE 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	HIGHSIDE CAPITAL MANAGEMENT, L.P.	**c** EIN-PN	74-3091871-001
a Plan name	MACCOURT PRODUCTS 401(K) PLAN		
b Name of plan sponsor	MACCOURT PRODUCTS, INC.	**c** EIN-PN	84-0920428-001
a Plan name	MICHAEL DERRICK MOODY, DDS, MSO, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MICHAEL DERRICK MOODY, DDS, MSO, INC.	**c** EIN-PN	85-3963148-001
a Plan name	MIDWEST MEDICAL GROUP, P.L.L.C. 401(K) PLAN		
b Name of plan sponsor	MIDWEST MEDICAL GROUP, P.L.L.C.	**c** EIN-PN	73-1620308-001
a Plan name	OKLAHOMA DEPARTMENT OF WILDLIFE CONSER DEFINED CONTRIBUTION PLAN		
b Name of plan sponsor	OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION	**c** EIN-PN	73-6017987-002

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	OKLAHOMA CITY NATIONAL MEMORIAL FOUNDATION 401(K) PLAN		
b Name of plan sponsor	OKLAHOMA CITY NATIONAL MEMORIAL FOUNDATION	**c** EIN-PN	73-1472725-001
a Plan name	PATHOLOGY LABORATORY ASSOCIATES, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	PATHOLOGY LABORATORY ASSOCIATES, INC.	**c** EIN-PN	73-1085650-001
a Plan name	PEDIATRIC & ADOLESCENT CARE, L.L.P. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PEDIATRIC & ADOLESCENT CARE, L.L.P.	**c** EIN-PN	73-1183811-001
a Plan name	SOUTH TULSA PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	SOUTH TULSA PEDIACTRICS, PLLC	**c** EIN-PN	20-0207585-001
a Plan name	STAGHORN PETROLEUM, LLC 401(K) PLAN		
b Name of plan sponsor	STAGHORN PETROLEUM, LLC	**c** EIN-PN	47-4609574-001
a Plan name	TTCU RETIREMENT PLAN		
b Name of plan sponsor	TULSA TEACHERS CREDIT UNION	**c** EIN-PN	73-0489468-001
a Plan name	THE MUSCOGEE (CREEK) NATION CASINO 401(K) PLAN		
b Name of plan sponsor	GAMING OPERATIONS AUTHORITY BOARD	**c** EIN-PN	27-0984046-001
a Plan name	401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SANTA MARIA EL MIRADOR		
b Name of plan sponsor	SANTA MARIA EL MIRADOR	**c** EIN-PN	74-2830135-001
a Plan name	PUEBLO OF SANTA ANA COMMERCIAL ENTERPRISES 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PUEBLO OF SANTA ANA	**c** EIN-PN	85-0217024-002
a Plan name	PUEBLO OF SANTA ANA GOVERNMENTAL 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PUEBLO OF SANTA ANA	**c** EIN-PN	85-0217024-001
a Plan name	H.O.W. FOUNDATION 401(K) PLAN		
b Name of plan sponsor	H.O.W. FOUNDATION	**c** EIN-PN	73-1130618-001
a Plan name	JAMES E. WEBB, JR. D.P.M., P.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	JAMES E. WEBB, JR., D.P.M., P.C.	**c** EIN-PN	32-0000291-001

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	WINDACRE 401(K) RETIREMENT PLAN		
b Name of plan sponsor	THE WINDACRE PARTNERSHIP LLC	**c** EIN-PN	46-2439914-001
a Plan name	MASONIC CHARITY FOUNDATION OF OKLAHOMA 401(K) PLAN		
b Name of plan sponsor	MASONIC CHARITY FOUNDATION OF OKLAHOMA	**c** EIN-PN	73-6097262-001
a Plan name	MISSISSIPPI BLOOD SERVICES, INC. 401(K) PLAN		
b Name of plan sponsor	MISSISSIPPI BLOOD SERVICES, INC.	**c** EIN-PN	23-7447676-001
a Plan name	OMNI AIR TRANSPORT, LLC 401(K) PLAN		
b Name of plan sponsor	OMNI AIR TRANSPORT, LLC	**c** EIN-PN	20-2773232-001
a Plan name	OMNI AIR INTERNATIONAL, INC. 401(K) PLAN FOR FLIGHT DECK CREW MEMBERS		
b Name of plan sponsor	OMNI AIR INTERNATIONAL	**c** EIN-PN	20-0605928-002
a Plan name	VALIR HEALTH 401(K) PLAN		
b Name of plan sponsor	VALIR HEALTH, LLC	**c** EIN-PN	73-1577996-001
a Plan name	PEAKVIEW OPERATING COMPANY, LLC 401(K) PLAN		
b Name of plan sponsor	PEAKVIEW OPERATING COMPANY, LLC	**c** EIN-PN	80-0783091-001
a Plan name	SHINN FU PROFIT SHARING TRUST		
b Name of plan sponsor	SHINN FU COMPANY OF AMERICA, INC.	**c** EIN-PN	43-1242271-001
a Plan name	WINDACRE 401(K) RETIREMENT PLAN		
b Name of plan sponsor	THE WINDACRE PARTNERSHIP LLC	**c** EIN-PN	46-2439914-001
a Plan name	ZUNIS CAPITAL MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ZUNIS CAPITAL MANAGEMENT, INC.	**c** EIN-PN	84-3966404-001
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)

Department of the Treasury
Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
MANAGED ALLOCATION PORTFOLIO POOLED INVESTMENT TRUST

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
BOKF, NA

D Employer Identification Number (EIN)
73-0780382

Part I Asset and Liability Statement

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)	3631338	3577383
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	15530451	10952102
(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)		
(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)	1223771632	1433679637
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1242933421	1448209122
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	902098	950754
1k Total liabilities (add all amounts in lines 1g through1j)	1k	902098	950754
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	1242031323	1447258368

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)		0
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)	8807409	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		8807409
(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)	33697536	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		33697536
(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)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	176789514	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		176789514

		(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)		7602176
c Other income	2c		96611
d Total income. Add all **income** amounts in column (b) and enter total	2d		226993246
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)		0
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)	3609128	
(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)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		3609128
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3609128
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		223384118
l Transfers of assets:			
(1) To this plan	2l(1)		311908911
(2) From this plan	2l(2)		330065984

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.)	**4a**			
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.)	**4b**			
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.)	**4c**			
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.)	**4d**			
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
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.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 _____.