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
FIRST CITIZENS GOALVIEW COLLECTIVE RETIREMENT TRUST

1b Three-digit plan number (PN) ▶ 001

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)
AMERICAN TRUST COMPANY

51 GERMANTOWN COURT
SUITE 203
CORDOVA, TN 38018

2b Employer Identification Number (EIN)
92-2348703

2c Plan Sponsor's telephone number
877-411-8781

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.	06/30/2026	RANDY WEATHERFORD
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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

- [X] **(1)** **H** (Financial Information)
- [ ] **(2)** **I** (Financial Information – Small Plan)
- [ ] **(3)** **A** (Insurance Information) – Number Attached 0
- [ ] **(4)** **C** (Service Provider Information)
- [X] **(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
FIRST CITIZENS GOALVIEW COLLECTIVE RETIREMENT TRUST

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AMERICAN TRUST COMPANY

D Employer Identification Number (EIN)
92-2348703

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):

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)

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c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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c EIN-PN	**d** Entity code	**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)

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	4C HOLDINGS, LLC PROFIT SHARING AND 401(K) PLAN		
b Name of plan sponsor	4C HOLDINGS, LLC	**c** EIN-PN	46-1129845-002
a Plan name	ENSYSTEX, INC, 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ENSYSTEX, INC.	**c** EIN-PN	56-1893824-001
a Plan name	THE CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIRST CITIZENS BANK & TRUST COMPANY AND ADOPTING RELATED EMPLOYERS		
b Name of plan sponsor	FIRST CITIZENS BANK & TRUST COMPANY	**c** EIN-PN	56-0223230-002
a Plan name	THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIRST CITIZENS BANK & TRUST COMPANY AND ADOPTING RELATED EMPLOYERS		
b Name of plan sponsor	FIRST CITIZENS BANK & TRUST COMPANY	**c** EIN-PN	56-0223230-003
a Plan name	BOWERS FIBERS, INC. 401(K) PLAN		
b Name of plan sponsor	BOWERS FIBERS, INC.	**c** EIN-PN	56-0483222-001
a Plan name	CARY HEALTHCARE ASSOCIATES, P.A. 401(K) PLAN		
b Name of plan sponsor	CARY HEALTHCARE ASSOCIATES,P.A.	**c** EIN-PN	56-2229949-001
a Plan name	CENTER FOR TEACHING QUALITY, INC. 401(K) PLAN		
b Name of plan sponsor	CENTER FOR TEACHING QUALITY, INC.	**c** EIN-PN	04-3606319-001
a Plan name	CRYSTAL COAST FAMILY PRACTICE, P.A. 401K PROFIT SHARING PLAN		
b Name of plan sponsor	CRYSTAL COAST FAMILY PRACTICE, P.A.	**c** EIN-PN	56-1921599-001
a Plan name	FAYETTEVILLE CHILDREN'S CLINIC PROFIT SHARING PLAN		
b Name of plan sponsor	FAYETTEVILLE CHILDRENS CLNIC, P.A.	**c** EIN-PN	56-1004016-003
a Plan name	FLORENCE CONCRETE PRODUCTS 401(K) PLAN		
b Name of plan sponsor	FLORENCE CONCRETE PRODUCTS, INC.	**c** EIN-PN	57-0353598-002
a Plan name	GARNER INTERNAL MEDICINE 401(K) PLAN		
b Name of plan sponsor	GARNER INTERNAL MEDICINE	**c** EIN-PN	56-2153802-001
a Plan name	GILL SECURITY RETIREMENT PLAN		
b Name of plan sponsor	GILL SECURITY SYSTEMS, INC.	**c** EIN-PN	56-1358178-001

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	SOFTDOCS, INC 401(K) PLAN		
b Name of plan sponsor	SOFTDOCS, INC.	**c** EIN-PN	57-1072887-001
a Plan name	WENDELL HOLMES RURAL FIRE DEPARTMENT, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WENDELL HOLMES RURAL FIRE DEPARTMENT, INC.	**c** EIN-PN	56-1305728-001
a Plan name	B & S ENTERPRISES 401(K) PLAN		
b Name of plan sponsor	B & S ENTERPRISES, INC.	**c** EIN-PN	56-0932041-001
a Plan name	OPEN ROADS 401(K) RETIREMENT PLAN		
b Name of plan sponsor	E & J GREER, INC. DBA GREENVILLE NISSAN	**c** EIN-PN	10-0005131-001
a Plan name	HENRITZE DENTAL GROUP 401(K) PLAN		
b Name of plan sponsor	HENRITZE DENTAL GROUP	**c** EIN-PN	83-0617708-001
a Plan name	HUBBARD PIPE AND SUPPLY, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	HUBBARD PIPE AND SUPPLY, INC.	**c** EIN-PN	56-1005861-001
a Plan name	ANGUS BARN 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ANGUS BARN, LTD. LLC	**c** EIN-PN	56-2163933-001
a Plan name	CAROLINA ENT/SAC, P.A. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CAROLINA ENT/SAC, P.A.	**c** EIN-PN	56-2152702-002
a Plan name	CLEGG'S TERMITE & PEST CONTROL, LLC 401(K) PLAN		
b Name of plan sponsor	CLEGGS TERMITE & PEST CONTROL, LLC	**c** EIN-PN	56-0841233-001
a Plan name	CONRAD INDUSTRIES, INC. RETIREMENT SAVINGS PLAN & TRUST		
b Name of plan sponsor	CONRAD INDUSTRIES, INC. A-B EMBLEM	**c** EIN-PN	56-0790612-001
a Plan name	COPYPRO, INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	COPYPRO, INC.	**c** EIN-PN	68-0327815-001
a Plan name	DANVILLE PATIENT CARE, INC. 401(K) PLAN		
b Name of plan sponsor	DANVILLE PATIENT CARE, INC.	**c** EIN-PN	20-5117242-001

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	DIESEL EQUIPMENT COMPANY EMPLOYEES' PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	DIESEL EQUIPMENT COMPANY	**c** EIN-PN	56-1049409-001
a Plan name	EASTERN CAROLINA CARDIOVASCULAR, P.A. EMPLOYEES' 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	EASTERN CAROLINA CARDIOVASCULAR, P.A.	**c** EIN-PN	56-1898263-002
a Plan name	FABRICATION ASSOCIATES, INC. 401(K) PLAN		
b Name of plan sponsor	FABRICATION ASSOCIATES, INC.	**c** EIN-PN	56-1974155-001
a Plan name	GILLESPIE & MURPHY, P.A. PROFIT SHARING PLAN		
b Name of plan sponsor	GILLESPIE & MURPHY, P.A.	**c** EIN-PN	56-1749776-001
a Plan name	HALIFAX LINEN SERVICE, INC. 401 (K) PLAN		
b Name of plan sponsor	HALIFAX LINEN SERVICE, INC.	**c** EIN-PN	56-1068119-001
a Plan name	IMOCO, INC. SAVINGS/RETIREMENT PLAN		
b Name of plan sponsor	IMOCO, INC.	**c** EIN-PN	20-4302578-001
a Plan name	INTRACOASTAL INTERNAL MEDICINE 401K PLAN		
b Name of plan sponsor	INTRACOASTAL INTERNAL MEDICINE	**c** EIN-PN	20-4186654-001
a Plan name	JERNIGAN OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	JERNIGAN OIL COMPANY, INC.	**c** EIN-PN	56-0795696-001
a Plan name	PARKWAY OF WILMINGTON 401(K) RETIREMENT PLAN		
b Name of plan sponsor	WILMINGTON AUTO GROUP	**c** EIN-PN	56-2085550-001
a Plan name	PENN-DAVIS COATINGS, INC. 401(K) PLAN		
b Name of plan sponsor	PENN-DAVIS COATINGS, INC.	**c** EIN-PN	56-1351470-001
a Plan name	RAMSEY PRODUCTS CORPORATION RETIREMENT PLAN		
b Name of plan sponsor	RAMSEY PRODUCTS CORPORATION	**c** EIN-PN	14-1436592-002
a Plan name	RUEHLEN SUPPLY COMPANY, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HUBBARD PIPE AND SUPPLY, INC. D/B/A RUEHLEN SUPPLY COMPANY, INC.	**c** EIN-PN	56-1005861-002

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	STEVEN R. ADAMS, DDS, PA 401(K) PLAN		
b Name of plan sponsor	STEVEN R. ADAMS, DDS, PA	**c** EIN-PN	56-2245421-001
a Plan name	WADE HAMPTON GOLF CLUB 401K PROFIT SHARING PLAN		
b Name of plan sponsor	WADE HAMPTON GOLF CLUB	**c** EIN-PN	56-1518201-001
a Plan name	WORLEY, SCHILLING & RANDALL, INC 401(K) SALARY REDUCTION PLAN & TRUST		
b Name of plan sponsor	WORLEY, SCHILLING & RANDALL, INC	**c** EIN-PN	58-0205870-001
a Plan name	CAROLINA ARTHRITIS CENTER, P.A. 401(K) PLAN		
b Name of plan sponsor	CAROLINA ARTHRITIS CENTER, P.A.	**c** EIN-PN	56-2257862-001
a Plan name	PINE NEEDLES COUNTY CLUB, INC PROFIT SHARING PLAN		
b Name of plan sponsor	PINE NEEDLES COUNTY CLUB, INC	**c** EIN-PN	56-0585178-001
a Plan name	SNIPES INSURANCE SERVICE, INC. 401(K) PLAN		
b Name of plan sponsor	SNIPES INSURANCE SERVICE, INC.	**c** EIN-PN	56-1075260-001
a Plan name	SOUTHEASTERN TOOL & DIE, INC. EMPLOYEE'S PROFIT SHARING PLAN		
b Name of plan sponsor	SOUTHEASTERN TOOL & DIE, INC	**c** EIN-PN	56-1446323-001
a Plan name	SPECTRUM 401K PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	SPECTRUM FAMILY EYE CENTERS	**c** EIN-PN	56-1935396-001
a Plan name	STEVENS TOWING CO., INC. 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	STEVENS TOWING CO., INC.	**c** EIN-PN	57-0668649-001
a Plan name	UNITED COMPANIES RETIREMENT PLAN		
b Name of plan sponsor	UNITED PROTECTIVE TECHNOLOGIES, LLC	**c** EIN-PN	45-3193833-001
a Plan name	WELLS GLOBAL, PLLC 401(K) PLAN		
b Name of plan sponsor	WELLS GLOBAL, PLLC	**c** EIN-PN	56-2233701-001
a Plan name	PALMETTO BONE & JOINT, P. A. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PALMETTO BONE & JOINT, P.A.	**c** EIN-PN	57-0957418-003

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	TRIAD RADIOLOGY ASSOCIATES RETIREMENT PLAN		
b Name of plan sponsor	TRIAD RADIOLOGY ASSOCIATES, PLLC	**c** EIN-PN	20-5383005-001
a Plan name	HUFF ORTHOPAEDICS & SPORTS MEDICINE, P.A. 401(K) PLAN		
b Name of plan sponsor	HUFF ORTHOPAEDICS & SPORTS MEDICINE, P.A.	**c** EIN-PN	56-2089886-002
a Plan name	KEYMARK, INC. 401(K) PLAN		
b Name of plan sponsor	KEYMARK, INC.	**c** EIN-PN	57-1113419-001
a Plan name	SOUTHERN INSURANCE UNDERWIRITERS, INC. 401(K) PLAN & TRUST		
b Name of plan sponsor	SOUTHERN INSURANCE UNDERWRITERS, INC.	**c** EIN-PN	58-0939621-001
a Plan name	TAYLOR ENTERPRISES INC. 401(K) PLAN		
b Name of plan sponsor	TAYLOR ENTERPRISES INC.	**c** EIN-PN	20-5203874-001
a Plan name	TFE, INC. 401(K) PSP AND TRUST		
b Name of plan sponsor	TFE, INC.	**c** EIN-PN	59-2928338-005
a Plan name	UNITED TOOL & MOLD 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	UNITED TOOL & MOLD, INC.	**c** EIN-PN	57-1016077-001
a Plan name	MID PINES DEVELOPMENT GROUP, LLC. PROFIT SHARING PLAN		
b Name of plan sponsor	MID PINES DEVELOPMENT GROUP, LLC.	**c** EIN-PN	56-1866163-001
a Plan name	PRECISION HOSE, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PRECISION HOSE, INC.	**c** EIN-PN	58-1992237-001
a Plan name	EMPIRE EQUIPMENT COMPANY, LLC 401(K) PLAN		
b Name of plan sponsor	EMPIRE EQUIPMENT COMPANY, LLC	**c** EIN-PN	81-0867472-001
a Plan name	NORTH CAROLINA HOME BUILDERS ASSOCIATION 401(K) RETIREMENT PLAN		
b Name of plan sponsor	NORTH CAROLINA HOME BUILDERS, INC.	**c** EIN-PN	56-0891671-001
a Plan name	STEVENS TOWING COMPANY OF NC, LLC 401(K) PLAN		
b Name of plan sponsor	STEVENS TOWING COMPANY OF NC, LLC	**c** EIN-PN	20-2329090-001

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	NIGHT OWL CONTRACTORS, INC. 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	NIGHT OWL CONTRACTORS, INC	**c** EIN-PN	16-1534807-001
a Plan name	YSM DESIGN, PC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	YSM DESIGN, PC	**c** EIN-PN	58-2157309-002
a Plan name	FOSS AUTO RECYCLING, INC. 401(K) PLAN		
b Name of plan sponsor	FOSS AUTO RECYCLING, INC.	**c** EIN-PN	56-1782897-001
a Plan name	HOWARD MANAGEMENT COMPANY 401(K) PLAN		
b Name of plan sponsor	HOWARD MANAGEMENT COMPANY, INC.	**c** EIN-PN	56-1552021-001
a Plan name	ADD EQUIPMENT INC. PROFIT SHARING PLAN		
b Name of plan sponsor	ADD EQUIPMENT, INC.	**c** EIN-PN	54-2012562-001
a Plan name	CAROLINA APOTHECARY, INC. EMPLOYEES PSP AND TRUST		
b Name of plan sponsor	CAROLINA APOTHECARY, INC.	**c** EIN-PN	56-1306590-001
a Plan name	DRS. SUSAN AND BEN THOMPSON 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	DRS. SUSAN AND BEN THOMPSON	**c** EIN-PN	20-3872850-001
a Plan name	THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF THE FIDELITY BANK		
b Name of plan sponsor	THE FIDELITY BANK	**c** EIN-PN	56-0132040-003
a Plan name	CDH PARTNERS INC. 401K PLAN		
b Name of plan sponsor	CDH PARTNERS INC	**c** EIN-PN	58-2025595-001
a Plan name	CABARRUS ROWAN COMMUNITY HEALTH CENTERS 401(K) PLAN		
b Name of plan sponsor	CABARRUS ROWAN COMMUNITY HEALTH CENTERS	**c** EIN-PN	61-1459826-001
a Plan name	LAW OFFICES OF PERRY R. SAFRAN 401(K) PS PLAN		
b Name of plan sponsor	LAW OFFICES OF PERRY R. SAFRAN	**c** EIN-PN	56-2013095-001
a Plan name	ATLANTA FLOORING DESIGN CENTERS INC. 401K PLAN		
b Name of plan sponsor	ATLANTA FLOORING DESIGN CENTERS	**c** EIN-PN	58-1621134-001

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	ENVIRONMENTAL REMEDIES, LLC 401K PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	ENVIRONMENTAL REMEDIES, LLC	**c** EIN-PN	58-2400750-001
a Plan name	SPARTAN SYSTEMS 401K RETIREMENT PLAN		
b Name of plan sponsor	SPARTAN SYSTEMS, LLC	**c** EIN-PN	92-1728241-001
a Plan name	JOHNSON CURRAN OPTOMETRY CENTERS, PC 401(K) PLAN		
b Name of plan sponsor	JOHNSON CURRAN OPTOMETRY CENTERS	**c** EIN-PN	47-1396663-001
a Plan name	GEORGIA NEPHROLOGY LLC 401K PROFIT SHARING PLAN		
b Name of plan sponsor	GEORGIA NEPHROLOGY LLC	**c** EIN-PN	58-2146852-001
a Plan name	RESPIRATORY CONSULTANTS OF GEORGIA, LLC RETIREMENT PLAN		
b Name of plan sponsor	RESPIRATORY CONSULTANTS OF GEORGIA, LLC	**c** EIN-PN	20-3693780-001
a Plan name	NATIONAL AUTOMOTIVE GROUP, INC. 401(K) PLAN		
b Name of plan sponsor	NATIONAL AUTOMOTIVE GROUP, INC.	**c** EIN-PN	56-1171417-002
a Plan name	PIEDMONT DENTAL SPECIALISTS RETIREMENT PLAN		
b Name of plan sponsor	PIEDMONT DMC, LLC	**c** EIN-PN	85-2832670-001
a Plan name	ADC ENGINEERING 401(K) PLAN		
b Name of plan sponsor	ADC ENGINEERING, INC.	**c** EIN-PN	57-0902258-001
a Plan name	FORESTRY MUTUAL INSURANCE COMPANY RETIREMENT PLAN		
b Name of plan sponsor	FORESTRY MUTUAL INSURANCE COMPANY	**c** EIN-PN	56-2098364-001
a Plan name	COASTAL CAROLINA ENT, D.O., P.A. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	COASTAL CAROLINA ENT, D.O., P.A.	**c** EIN-PN	56-2151484-001
a Plan name	TEKTONE 401(K) AND PROFIT SHARING TRUST		
b Name of plan sponsor	TEKTONE SOUND & SIGNAL MFG., INC.	**c** EIN-PN	59-1500771-002
a Plan name	WINDERMERE INSURANCE GROUP 401(K) RETIREMENT PLAN		
b Name of plan sponsor	WINDERMERE INSURANCE GROUP	**c** EIN-PN	45-3387144-001

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	MOUNTAIN AREA PEDIATRIC ASSOCIATES 401(K)		
b Name of plan sponsor	MOUNTAIN AREA PEDIATRIC ASSOCIATES	**c** EIN-PN	56-1989591-001
a Plan name	BODA PLUMBING, INC. 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	BODA PLUMBING INC.	**c** EIN-PN	56-1631335-001
a Plan name	HALLIDAY SCHWARTZ & CO. 401(K) PS PLAN		
b Name of plan sponsor	HALLIDAY SCHWARTZ & CO.	**c** EIN-PN	57-0925346-001
a Plan name	GRCC RETIREMENT PLAN		
b Name of plan sponsor	GOOSEMANN ROSE COLVARD & CRAMER, P.A.	**c** EIN-PN	56-1922501-001
a Plan name	JD SERVICE NOW, INC. 401(K) PLAN		
b Name of plan sponsor	JD SERVICE NOW, INC.	**c** EIN-PN	68-0612385-001
a Plan name	ENLOE, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ENLOE, INC.	**c** EIN-PN	57-0609508-001
a Plan name	MOTOVARIO CORPORATION 401K PLAN		
b Name of plan sponsor	MOTOVARIO CORPORATION	**c** EIN-PN	58-2351210-002
a Plan name	COLONY TIRE CORPORATION 401(K) PLAN		
b Name of plan sponsor	COLONY TIRE CORPORATION	**c** EIN-PN	56-2167232-002
a Plan name	RICHMOND NATIONAL SERVICES, INC. 401(K) PLAN		
b Name of plan sponsor	RICHMOND NATIONAL SERVICES, INC.	**c** EIN-PN	87-2521969-001
a Plan name	BLACK RIVER HEALTH SERVICES, INC. 401(K) PLAN		
b Name of plan sponsor	BLACK RIVER HEALTH SERVICES, INC.	**c** EIN-PN	23-7356223-001
a Plan name	FAYETTEVILLE PULMONOLOGY, P.C. 401(K) PLAN		
b Name of plan sponsor	FAYETTEVILLE PULMONOLOGY, P.C.	**c** EIN-PN	56-1958613-001
a Plan name	TIETEX INTERNATIONAL, LTD., 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TIETEX INTERNATIONAL, LTD.	**c** EIN-PN	57-0551905-002

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	GILLAM &ASSOCIATES, INC. 401K PROFIT SHARING PLAN		
b Name of plan sponsor	GILLAM &ASSOCIATES, INC.	**c** EIN-PN	57-0805043-001
a Plan name	MCCARTHA ORTHODONTICS 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	DOUGLAS C. MCCARTHA, DMD, LLC.	**c** EIN-PN	45-3989291-001
a Plan name	NORTH STATE ENVIRONMENTAL, INC. 401(K) PLAN		
b Name of plan sponsor	NORTH STATE ENVIRONMENTAL, INC.	**c** EIN-PN	56-1890266-001
a Plan name	BARNHARDT MANUFACTURING COMPANY 401(K) PLAN		
b Name of plan sponsor	BARNHARDT MANUFACTURING COMPANY	**c** EIN-PN	56-0134380-004
a Plan name	MILLS & MAHONEY, P.A. PROFIT SHARING TRUST		
b Name of plan sponsor	MILLS & MAHONEY, P.A.	**c** EIN-PN	56-1437794-002
a Plan name	SIMPSON ELECTRIC COMPANY PROFIT SHARING PLAN		
b Name of plan sponsor	SIMPSON ELECTRIC COMPANY	**c** EIN-PN	56-0787504-001
a Plan name	MIRACLE HILL MINISTRIES, INC. 401(K) PLAN		
b Name of plan sponsor	MIRACLE HILL MINISTRIES, INC.	**c** EIN-PN	57-0425826-002
a Plan name	GENESIS HEALTHCARE, INC. 401(K) PLAN		
b Name of plan sponsor	GENESIS HEALTHCARE INC.	**c** EIN-PN	01-0932846-001
a Plan name	WHITE & ALLEN, PA 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WHITE & ALLEN PA	**c** EIN-PN	56-1057225-001
a Plan name	PRESTON-HILL, INC. 401K PLAN		
b Name of plan sponsor	PRESTON-HILL, INC	**c** EIN-PN	56-1013689-004
a Plan name	NEW ATLANTIC 401(K) PLAN		
b Name of plan sponsor	NEW ATLANTIC CONTRACTING, INC.	**c** EIN-PN	04-3614121-001
a Plan name	CAROLINA INTERNAL MEDICINE 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CAROLINA INTERNAL MEDICINE ASSOCIATES, P.A.	**c** EIN-PN	56-0946696-003

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	COLUMBIA COUNTY CONCRETE 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	COLUMBIA COUNTY CONCRETE CO. INC.	**c** EIN-PN	20-3920502-001
a Plan name	ACL AIRSHOP, LLC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	ACL AIRSHOP, LLC	**c** EIN-PN	26-0169875-001
a Plan name	LILLEY INTERNATIONAL, INC. 401(K) PLAN		
b Name of plan sponsor	LILLEY INTERNATIONAL, INC.	**c** EIN-PN	56-0587623-001
a Plan name	SOUTHERN PRECISION SPRING CO. INC. 401(K) PLAN		
b Name of plan sponsor	SOUTHERN PRECISION SPRING CO. INC.	**c** EIN-PN	56-0637990-001
a Plan name	WALEX 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WALEX PRODUCTS COMPANY, INC.	**c** EIN-PN	56-1587224-001
a Plan name	EAST ATLANTA ANIMAL CLINIC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	EAST ATLANTA ANIMAL CLINIC	**c** EIN-PN	58-2664850-001
a Plan name	NEMA INC. SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	NEMA INC.	**c** EIN-PN	58-1787801-001
a Plan name	CAROLINA MADE, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CAROLINA MADE, INC.	**c** EIN-PN	56-1013822-001
a Plan name	GEOFF MCDONALD EMPLOYEE RETIREMENT PLAN		
b Name of plan sponsor	GEOFFREY R. MCDONALD, P.C.	**c** EIN-PN	54-1667626-001
a Plan name	COASTLINE ELECTRICAL CONSTRUCTION 401(K) PLAN		
b Name of plan sponsor	COASTLINE ELECTRICAL CONSTRUCTION, INC	**c** EIN-PN	56-1741319-101
a Plan name	DRS ARMENTROUT AND SALAS PLC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	DRS ARMENTROUT AND SALAS PLC	**c** EIN-PN	45-4428620-001
a Plan name	INTELIDENT SOLUTIONS LLC, 401K PLAN		
b Name of plan sponsor	INTELIDENT SOLUTIONS LLC	**c** EIN-PN	59-3475694-001

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	ADVANCE TRAILER SYSTEMS, INC. 401(K) PLAN		
b Name of plan sponsor	ADVANCE TRAILER SYSTEMS, INC.	**c** EIN-PN	54-1954647-001
a Plan name	MIDATLANTIC PRINTERS, LTD. 401(K) PLAN		
b Name of plan sponsor	MIDATLANTIC PRINTERS, LTD.	**c** EIN-PN	54-0120920-001
a Plan name	MAP 401(K) PLAN		
b Name of plan sponsor	MEDICAL ASSOCIATES PLUS	**c** EIN-PN	31-1591242-002
a Plan name	ENGINEERED SYSTEMS, INC. 401(K) PLAN		
b Name of plan sponsor	ENGINEERED SYSTEMS, INC.	**c** EIN-PN	57-0538429-001
a Plan name	ATLANTA PERINATAL ASSOCIATES, PC 401(K) PLAN & TRUST		
b Name of plan sponsor	ATLANTA PERINATAL ASSOCIATES, PC	**c** EIN-PN	58-2326016-001
a Plan name	CLASSIC LANDSCAPES 401(K) PLAN		
b Name of plan sponsor	CLASSIC LANDSCAPES	**c** EIN-PN	56-2001894-001
a Plan name	REHAB BUILDERS, INC. 401(K) PLAN		
b Name of plan sponsor	REHAB BUILDERS, INC.	**c** EIN-PN	56-2027384-003
a Plan name	RALEIGH FAMILY PRACTICE, P.A. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	RALEIGH FAMILY PRACTICE, P.A.	**c** EIN-PN	56-2106072-001
a Plan name	SIGNET MARITIME CORPORATION 401(K) P/S PLAN		
b Name of plan sponsor	SIGNET MARITIME CORPORATION	**c** EIN-PN	76-0498186-001
a Plan name	HENDERSON OIL COMPANY, INC. 401(K) PLAN		
b Name of plan sponsor	HENDERSON OIL COMPANY, INC.	**c** EIN-PN	56-0986390-001
a Plan name	GCR UNION 401(K) PLAN		
b Name of plan sponsor	GOVERNMENT CONTRACTING RESOURCES, INC.	**c** EIN-PN	54-1590229-002
a Plan name	ASHEVILLE CHRISTIAN ACADEMY 401(K) PLAN		
b Name of plan sponsor	ASHEVILLE CHRISTIAN ACADEMY	**c** EIN-PN	56-0889168-001

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	MCLEOD ADDICTIVE DISEASE CENTER, INC. 401(K) PLAN		
b Name of plan sponsor	MCLEOD ADDICTIVE DISEASE CENTER, INC.	**c** EIN-PN	56-0953783-001
a Plan name	WILLIAM C. REYNOLDS COMPANY, INC. CAPITAL ACCUMULATION PLAN		
b Name of plan sponsor	WILLIAM C. REYNOLDS COMPANY, INC.	**c** EIN-PN	56-0887844-001
a Plan name	EDWARD FERRELL & LEWIS MITTMAN 401(K) PLAN		
b Name of plan sponsor	DFP, INC. DBA EDWARD FERRELL & LEWIS MITTMAN	**c** EIN-PN	56-1533604-001
a Plan name	JEFFERSON OBSTETRICS AND GYNECOLOGY, LTD. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	JEFFERSON OBSTETRICS AND GYNECOLOGY, LTD.	**c** EIN-PN	54-1005347-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
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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
FIRST CITIZENS GOALVIEW COLLECTIVE RETIREMENT TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AMERICAN TRUST COMPANY

D Employer Identification Number (EIN)
92-2348703

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)	75134	92802
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3294293	3934530
(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)	163679041	193147395
(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	167048468	197174727
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	116085	50741
1k Total liabilities (add all amounts in lines 1g through1j)	1k	116085	50741
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	166932383	197123986

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)	151670	
(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)		151670
(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)	5283029	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		5283029
(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)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		23889406
c Other income	2c		5850
d Total income. Add all **income** amounts in column (b) and enter total	2d		29329955
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)	15750	
(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)	173507	
(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)		189257
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		189257
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		29140698
l Transfers of assets:			
(1) To this plan	2l(1)		35240003
(2) From this plan	2l(2)		34189098

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 _____.