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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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:
- [X] 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
DKD PROPERTY MANAGEMENT COMPANY 401(K) & PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/2012

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)
DKD PROPERTY MANAGEMENT COMPANY

2025 GATEWAY PLACE
SUITE 290
SAN JOSE, CA 95110

2b Employer Identification Number (EIN) 94-2770724

2c Plan Sponsor's telephone number 408-297-7849

2d Business code (see instructions) 531310

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	Filed with authorized/valid electronic signature.	10/14/2024	DOROTHY DAVIDSON
	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			
	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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	132
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)**	102
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	107
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	26
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	133
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	2
f	Total. Add lines **6d** and **6e**.	**6f**	135
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)**	118
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)**	113
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	6
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:

2E 2F 2G 2J 2K 2T 3D

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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] 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)** [X] 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)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached 0
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2023** **This Form is Open to Public Inspection.**

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
DKD PROPERTY MANAGEMENT COMPANY 401(K) & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DKD PROPERTY MANAGEMENT COMPANY

D Employer Identification Number (EIN)
94-2770724

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	-7479	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AF AMERICAN MUTAL R5 - AMERICAN FU 95-2566717	0.05%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
COHEN & STEERS RLTY - SS&C GIDS, I 2000 CROWN COLONY DRIVE QUINCY, MA 02169	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INVS DIVRS DIVD R5 - INVESCO INVES 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.35%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
J H BALANCED I - JANUS HENDERSON S 151 DETROIT STREET DENVER, CO 80206	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
METWEST TOT RTN BD M - BNY MELLON 500 ROSS STREET 15253-4426 PITTSBURGH, PA 53442	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MS W LARGE CAP GR I - NYLIM SERVIC 52-2206685	0.15%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NORTHERN SM CAP CORE - THE NORTHER 50 BANK STREET CANARY WHARF LONDON, GB E14 5 GB	0.10%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PGIM J MID-CAP GR A - PRUDENTIAL M 22-3703799	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
SEAFARER OS GR&IN IS - ALPS FUND S 20-3247785	0.10%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP BLUE CHIP GRTH - T. ROWE PRICE 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP OVERSEAS STOCK - T. ROWE PRICE 52-2269240	0.15%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2010 ADV - T. ROWE PRIC 52-2269240	0.40%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2015 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2020 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2025 ADV - T. ROWE PRIC 52-2269240	0.40%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2030 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2035 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2040 ADV - T. ROWE PRIC 52-2269240	0.40%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2045 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2050 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2055 ADV - T. ROWE PRIC 52-2269240	0.40%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2060 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TRP RETIRE 2065 ADV - T. ROWE PRIC 52-2269240	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
VRTS C MDCP VAL EQ I - VIRTUS FUND 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	0.40%

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
DKD PROPERTY MANAGEMENT COMPANY 401(K) & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
DKD PROPERTY MANAGEMENT COMPANY

D Employer Identification Number (EIN)
94-2770724

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: MIP CL 1

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-024	C	1159526

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:

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)

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

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
DKD PROPERTY MANAGEMENT COMPANY 401(K) & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DKD PROPERTY MANAGEMENT COMPANY

D Employer Identification Number (EIN)
94-2770724

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	300233	257485
(9) Value of interest in common/collective trusts	1c(9)	1181164	1159526
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10202696	12345535
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	11684093	13762546
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11684093	13762546

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)	278388	
(B) Participants	2a(1)(B)	341662	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		620050
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	14258	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14258
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	596635	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		596635
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	0	
(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)**		34974
(7) Net investment gain (loss) from pooled separate accounts	**2b(7)**		0
(8) Net investment gain (loss) from master trust investment accounts	**2b(8)**		0
(9) Net investment gain (loss) from 103-12 investment entities	**2b(9)**		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	**2b(10)**		1227114
c Other income	**2c**		0
d Total income. Add all **income** amounts in column (b) and enter total	**2d**		2493031
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	**2e(1)**	415315	
(2) To insurance carriers for the provision of benefits	**2e(2)**	0	
(3) Other	**2e(3)**	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	**2e(4)**		415315
f Corrective distributions (see instructions)	**2f**		5660
g Certain deemed distributions of participant loans (see instructions)	**2g**		-914
h Interest expense	**2h**		0
i Administrative expenses:			
(1) Salaries and allowances	**2i(1)**	0	
(2) Contract administrator fees	**2i(2)**	0	
(3) Recordkeeping fees	**2i(3)**	-7479	
(4) IQPA audit fees	**2i(4)**	0	
(5) Investment advisory and investment management fees	**2i(5)**	1996	
(6) Bank or trust company trustee/custodial fees	**2i(6)**	0	
(7) Actuarial fees	**2i(7)**	0	
(8) Legal fees	**2i(8)**	0	
(9) Valuation/appraisal fees	**2i(9)**	0	
(10) Other trustee fees and expenses	**2i(10)**	0	
(11) Other expenses	**2i(11)**	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	**2i(12)**		-5483
j Total expenses. Add all **expense** amounts in column (b) and enter total	**2j**		414578
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	**2k**		2078453
l Transfers of assets:			
(1) To this plan	**2l(1)**		0
(2) From this plan	**2l(2)**		0

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) [X] 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) [X] 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: APRIO LLP **(2)** EIN: 57-1157523

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**		X	
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**		X	
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**		X	
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**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
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**		X	
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**		X	
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**		X	
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**	X		
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**		X	
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**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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**		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 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

2023

This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan
DKD PROPERTY MANAGEMENT COMPANY 401(K) & PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
DKD PROPERTY MANAGEMENT COMPANY

D Employer Identification Number (EIN)
94-2770724

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | **1** |

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | **3** |

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... | **6a** |

b Enter the amount contributed by the employer to the plan for this plan year ..... | **6b** |

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... | **6c** |

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☒ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A .

2023 FORM 5500 FILING

ATTACHMENT IN LIEU OF ACCOUNTANT'S OPINION

PLAN SPONSOR NAME: DKD Property Management Company

EIN: 94-2770724

PLAN NAME: DKD Property Management Company 401(k) & Profit Sharing Plan

PLAN#: 002

THE ACCOUNTANT'S OPINION FOR THE ABOVE REFERENCED BENEFIT PLAN IS IN THE PROCESS OF BEING COMPLETED AND WILL BE SUBMITTED TO THE DEPARTMENT OF LABOR VIA AN AMENDED FILING AS SOON AS POSSIBLE.

SUMMARY OF PLAN OPERATIONS (TOTALS)

	TOTAL FUND ACTIVITY	TOTAL LOAN ACTIVITY	TOTAL PLAN ACTIVITY
Market Value as of 12/31/2022	$11,469,366.37	$308,803.00	$11,778,169.37
Adjustment to Prior Year	$0.00	$0.00	$0.00
A. TOTAL RECEIPTS			
Contributions/Employer			
EMPLOYER MATCH	$112,402.15	$0.00	$112,402.15
SAFE HARBOR NONELECTIVE	$165,985.68	$0.00	$165,985.68
Contributions/Employee			
EMPLOYEE DEFERRAL	$322,101.30	$0.00	$322,101.30
ROTH DEFERRAL	$19,560.91	$0.00	$19,560.91
Interest and Dividends	$616,022.57	$0.00	$616,022.57
Realized Gain/(Loss)	$36,249.15	$0.00	$36,249.15
Unrealized Gain/(Loss)	$1,190,864.12	$0.00	$1,190,864.12
Loan Repayment (Principal)	$81,471.63	($81,471.63)	$0.00
Loan Repayment (Interest)	$13,858.47	$809.66	$14,668.13
Exchange In	$701,917.54	$0.00	$701,917.54
Forfeiture Credit	$21,722.41	$0.00	$21,722.41
Balance Forward	$0.00	$0.00	$0.00
Transfer In	$0.00	$0.00	$0.00
Adjustment (+)	$953.05	$0.00	$953.05
TOTAL RECEIPTS	$3,283,108.98	($80,661.97)	$3,202,447.01
B. TOTAL DISBURSEMENTS			
Benefit Payments	($406,584.65)	($14,390.01)	($420,974.66)
Forfeiture Debit	($21,722.41)	$0.00	($21,722.41)
Administrative Fee	$5,482.50	$0.00	$5,482.50
Exchange Out	($701,917.54)	$0.00	($701,917.54)
Loan Withdrawal	($51,800.00)	$51,800.00	$0.00
Transfer Out	$0.00	$0.00	$0.00
Adjustment (-)	($878.98)	$0.00	($878.98)
Offset/Previously Defaulted Loans	$0.00	($8,066.33)	($8,066.33)
TOTAL DISBURSEMENTS	($1,177,421.08)	$29,343.66	($1,148,077.42)
Market Value as of 12/31/2023	$13,575,054.27	$257,484.69	$13,832,538.96

SUMMARY OF TOTAL LOAN ACTIVITY

	ACTIVE LOANS	DEEMED W/POST DEFAULT PMTS	DEEMED NO POST DEFAULT PMTS
Market Value as of 12/31/2022	$299,514.32	$718.83	$8,569.85
Adjustment to Prior Year	$0.00	$0.00	$0.00
A. TOTAL RECEIPTS			
Loan Repayment (Principal)	($76,361.30)	($5,110.33)	$0.00
Loan Repayment (Interest)	$107.46	$291.74	$410.46
Balance Forward	$0.00	$0.00	$0.00
Transfer In	$0.00	$0.00	$0.00
Adjustment (+)	$0.00	$0.00	$0.00
TOTAL RECEIPTS	($76,253.84)	($4,818.59)	$410.46
B. TOTAL DISBURSEMENTS			
Benefit Payments	($14,390.01)	$0.00	$0.00
Loan Withdrawal	$51,800.00	$0.00	$0.00
Transfer Out	$0.00	$0.00	$0.00
Adjustment (-)	$0.00	$0.00	$0.00
Deemed Distributions	($31,719.62)	$0.00	$31,719.62
Deemed/Post-Default Payment Received	$0.00	$32,633.60	($32,633.60)
Offset/Previously Defaulted Loans	$0.00	$0.00	($8,066.33)
TOTAL DISBURSEMENTS	$5,690.37	$32,633.60	($8,980.31)
Market Value as of 12/31/2023	$228,950.85	$28,533.84	$0.00

Please Note: The loan information that is required to be reported on the Schedule H (Form 5500) and Schedule I (Form 5500) is the sum of the values reported under "Active Loans" and "Deemed w/Post-Default Pmts". Loans that have been deemed distributed and have had no post-default payment activity are disregarded for purposes of Schedules H and I. The total of the values reported in the three columns on this page reflect the total loan balances and activity on the Fidelity Participant Recordkeeping System for the reporting year. The sum of these columns is reported under the Total Loan Activity column on the prior page and reconciles to the loan information reported on the Trial Balance.

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FIDELITY GOVT INCOME

	CASH	SHARES
Market Value as of 12/31/2022	$170,120.74	18,633.159
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$528.21	58.067
SAFE HARBOR NONELECTIVE	$544.38	59.825
Contributions/Employee		
EMPLOYEE DEFERRAL	$1,160.29	126.682
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$4,015.88	439.811
Realized Gain/(Loss)	$759.19	0.000
Unrealized Gain/(Loss)	$2,138.64	0.000
Loan Repayment (Principal)	$501.61	55.187
Loan Repayment (Interest)	$108.28	11.901
Exchange In	$13,313.29	1,452.911
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$23,069.77	2,204.384
B. TOTAL DISBURSEMENTS		
Benefit Payments	($605.59)	(65.824)
Forfeiture Debit	($127.01)	(13.852)
Administrative Fee	$32.32	3.203
Exchange Out	($47,186.11)	(5,084.785)
Loan Withdrawal	($448.93)	(50.048)
Transfer Out	$0.00	0.000
Adjustment (-)	($2.68)	(0.292)
TOTAL DISBURSEMENTS	($48,338.00)	(5,211.598)
Market Value as of 12/31/2023	$144,852.51	15,625.945

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID LOW PRICED STK

	CASH	SHARES
Market Value as of 12/31/2022	$58,912.62	1,275.441
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$155.21	3.443
SAFE HARBOR NONELECTIVE	$167.16	3.701
Contributions/Employee		
EMPLOYEE DEFERRAL	$363.08	8.007
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$24,578.31	586.659
Realized Gain/(Loss)	($56.20)	0.000
Unrealized Gain/(Loss)	($5,147.87)	0.000
Loan Repayment (Principal)	$415.41	9.202
Loan Repayment (Interest)	$85.31	1.886
Exchange In	$78,078.62	1,685.887
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$98,639.03	2,298.785
B. TOTAL DISBURSEMENTS		
Benefit Payments	($588.43)	(13.157)
Forfeiture Debit	($126.92)	(2.872)
Administrative Fee	$190.56	4.482
Exchange Out	($936.08)	(21.040)
Loan Withdrawal	($137.17)	(2.870)
Transfer Out	$0.00	0.000
Adjustment (-)	($1.69)	(0.037)
TOTAL DISBURSEMENTS	($1,599.73)	(35.494)
Market Value as of 12/31/2023	$155,951.92	3,538.732

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: MIP CL 1

	CASH	SHARES
Market Value as of 12/31/2022	$1,266,670.31	1,266,670.310
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$5,097.19	5,097.190
SAFE HARBOR NONELECTIVE	$6,792.35	6,792.350
Contributions/Employee		
EMPLOYEE DEFERRAL	$28,027.11	28,027.110
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$19,462.57	19,462.570
Realized Gain/(Loss)	$0.00	0.000
Unrealized Gain/(Loss)	$0.00	0.000
Loan Repayment (Principal)	$6,968.22	6,968.220
Loan Repayment (Interest)	$1,338.45	1,338.450
Exchange In	$3,885.25	3,885.250
Forfeiture Credit	$21,722.41	21,722.410
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$93,293.55	93,293.550
B. TOTAL DISBURSEMENTS		
Benefit Payments	($161.55)	(161.550)
Forfeiture Debit	($32.95)	(32.950)
Administrative Fee	$360.23	360.230
Exchange Out	($126,805.01)	(126,805.010)
Loan Withdrawal	($3,803.72)	(3,803.720)
Transfer Out	$0.00	0.000
Adjustment (-)	($1.30)	(1.300)
TOTAL DISBURSEMENTS	($130,444.30)	(130,444.300)
Market Value as of 12/31/2023	$1,229,519.56	1,229,519.560

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID SMALL CAP VALUE

	CASH	SHARES
Market Value as of 12/31/2022	$10,149.40	571.797
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$201.65	11.023
SAFE HARBOR NONELECTIVE	$203.69	11.136
Contributions/Employee		
EMPLOYEE DEFERRAL	$1,105.51	60.348
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$753.14	41.168
Realized Gain/(Loss)	($236.44)	0.000
Unrealized Gain/(Loss)	$750.42	0.000
Loan Repayment (Principal)	$172.06	9.393
Loan Repayment (Interest)	$34.93	1.906
Exchange In	$8,511.03	453.713
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$2.53	0.145
TOTAL RECEIPTS	$11,498.52	588.832
B. TOTAL DISBURSEMENTS		
Benefit Payments	($140.56)	(7.614)
Forfeiture Debit	($33.37)	(1.798)
Administrative Fee	($20.08)	(1.079)
Exchange Out	($8,902.69)	(515.472)
Loan Withdrawal	($47.87)	(2.545)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($9,144.57)	(528.508)
Market Value as of 12/31/2023	$12,503.35	632.121

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID US BOND IDX

	CASH	SHARES
Market Value as of 12/31/2022	$108,427.06	10,650.988
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$1,113.83	109.135
SAFE HARBOR NONELECTIVE	$1,152.14	112.864
Contributions/Employee		
EMPLOYEE DEFERRAL	$4,167.40	406.347
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$6,027.04	593.485
Realized Gain/(Loss)	($1.47)	0.000
Unrealized Gain/(Loss)	$4,789.29	0.000
Loan Repayment (Principal)	$1,225.30	120.364
Loan Repayment (Interest)	$264.07	25.907
Exchange In	$146,061.16	14,185.345
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$164,798.76	15,553.447
B. TOTAL DISBURSEMENTS		
Benefit Payments	($1,579.25)	(153.477)
Forfeiture Debit	($322.25)	(31.388)
Administrative Fee	($642.70)	(63.384)
Exchange Out	($188.62)	(19.426)
Loan Withdrawal	($724.26)	(72.066)
Transfer Out	$0.00	0.000
Adjustment (-)	($0.83)	(0.081)
TOTAL DISBURSEMENTS	($3,457.91)	(339.822)
Market Value as of 12/31/2023	$269,767.91	25,864.613

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID 500 INDEX

	CASH	SHARES
Market Value as of 12/31/2022	$938,494.54	7,049.989
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$6,066.73	40.651
SAFE HARBOR NONELECTIVE	$6,117.82	41.003
Contributions/Employee		
EMPLOYEE DEFERRAL	$17,918.60	121.318
ROTH DEFERRAL	$1,761.13	11.797
Interest and Dividends	$18,287.49	119.699
Realized Gain/(Loss)	$1,906.73	0.000
Unrealized Gain/(Loss)	$241,620.06	0.000
Loan Repayment (Principal)	$6,440.99	43.670
Loan Repayment (Interest)	$1,425.30	9.697
Exchange In	$151,642.82	1,022.099
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$3.05	0.021
TOTAL RECEIPTS	$453,190.72	1,409.955
B. TOTAL DISBURSEMENTS		
Benefit Payments	($2,733.01)	(18.073)
Forfeiture Debit	($582.17)	(3.798)
Administrative Fee	($1,712.86)	(11.378)
Exchange Out	($38,719.30)	(281.382)
Loan Withdrawal	($343.25)	(2.255)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($44,090.59)	(316.886)
Market Value as of 12/31/2023	$1,347,594.67	8,143.058

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID INTL INDEX

	CASH	SHARES
Market Value as of 12/31/2022	$170,471.73	4,138.668
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$1,445.62	32.442
SAFE HARBOR NONELECTIVE	$1,480.12	33.199
Contributions/Employee		
EMPLOYEE DEFERRAL	$4,686.32	105.291
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$5,562.07	122.702
Realized Gain/(Loss)	$532.32	0.000
Unrealized Gain/(Loss)	$25,230.05	0.000
Loan Repayment (Principal)	$1,154.16	25.837
Loan Repayment (Interest)	$245.55	5.502
Exchange In	$3,503.05	79.652
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$43,839.26	404.625
B. TOTAL DISBURSEMENTS		
Benefit Payments	($1,582.73)	(34.655)
Forfeiture Debit	($323.49)	(7.087)
Administrative Fee	($562.31)	(12.518)
Exchange Out	($6,760.62)	(157.436)
Loan Withdrawal	($299.74)	(6.730)
Transfer Out	$0.00	0.000
Adjustment (-)	($5.33)	(0.120)
TOTAL DISBURSEMENTS	($9,534.22)	(218.546)
Market Value as of 12/31/2023	$204,776.77	4,324.747

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID EXTD MKT IDX

	CASH	SHARES
Market Value as of 12/31/2022	$50,514.37	801.561
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$30.61	0.437
SAFE HARBOR NONELECTIVE	$30.81	0.440
Contributions/Employee		
EMPLOYEE DEFERRAL	$59.68	0.854
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$923.31	12.199
Realized Gain/(Loss)	$47.33	0.000
Unrealized Gain/(Loss)	$14,976.69	0.000
Loan Repayment (Principal)	$84.03	1.214
Loan Repayment (Interest)	$16.11	0.233
Exchange In	$14,868.47	228.043
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$31,037.04	243.420
B. TOTAL DISBURSEMENTS		
Benefit Payments	($218.85)	(2.957)
Forfeiture Debit	($59.69)	(0.806)
Administrative Fee	($50.11)	(0.701)
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($328.65)	(4.464)
Market Value as of 12/31/2023	$81,222.76	1,040.517

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: FID TOTAL BOND K6

	CASH	SHARES
Market Value as of 12/31/2022	$0.00	0.000
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$43.02	4.944
SAFE HARBOR NONELECTIVE	$43.02	4.944
Contributions/Employee		
EMPLOYEE DEFERRAL	$430.14	49.442
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$1,220.12	139.816
Realized Gain/(Loss)	$0.00	0.000
Unrealized Gain/(Loss)	$9,419.71	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$127,652.26	15,379.791
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$138,808.27	15,578.937
B. TOTAL DISBURSEMENTS		
Benefit Payments	$0.00	0.000
Forfeiture Debit	$0.00	0.000
Administrative Fee	$0.09	0.003
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	$0.09	0.003
Market Value as of 12/31/2023	$138,808.36	15,578.940

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP BLUE CHIP GRTH

	CASH	SHARES
Market Value as of 12/31/2022	$226,878.19	2,191.848
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$349.53	2.717
SAFE HARBOR NONELECTIVE	$349.79	2.719
Contributions/Employee		
EMPLOYEE DEFERRAL	$2,878.07	22.645
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$12,318.86	83.355
Realized Gain/(Loss)	$116.35	0.000
Unrealized Gain/(Loss)	$102,886.79	0.000
Loan Repayment (Principal)	$116.32	0.800
Loan Repayment (Interest)	$22.24	0.154
Exchange In	$20,245.38	147.401
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$7.95	0.062
TOTAL RECEIPTS	$139,291.28	259.853
B. TOTAL DISBURSEMENTS		
Benefit Payments	($294.14)	(1.959)
Forfeiture Debit	($80.26)	(0.534)
Administrative Fee	$217.56	1.660
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($156.84)	(0.833)
Market Value as of 12/31/2023	$366,012.63	2,450.868

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: COHEN & STEERS RLTY

	CASH	SHARES
Market Value as of 12/31/2022	$2,753.59	47.094
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$325.36	5.521
SAFE HARBOR NONELECTIVE	$325.36	5.521
Contributions/Employee		
EMPLOYEE DEFERRAL	$542.26	9.201
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$123.06	2.084
Realized Gain/(Loss)	$3.34	0.000
Unrealized Gain/(Loss)	$298.37	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$1,617.75	22.327
B. TOTAL DISBURSEMENTS		
Benefit Payments	$0.00	0.000
Forfeiture Debit	$0.00	0.000
Administrative Fee	($21.68)	(0.365)
Exchange Out	($420.47)	(7.140)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($442.15)	(7.505)
Market Value as of 12/31/2023	$3,929.19	61.916

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: SEAFARER OS GR&IN IS

	CASH	SHARES
Market Value as of 12/31/2022	$0.00	0.000
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$40.19	3.380
SAFE HARBOR NONELECTIVE	$40.45	3.403
Contributions/Employee		
EMPLOYEE DEFERRAL	$76.77	6.459
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$153.55	12.412
Realized Gain/(Loss)	$25.37	0.000
Unrealized Gain/(Loss)	$2,312.98	0.000
Loan Repayment (Principal)	$106.62	9.001
Loan Repayment (Interest)	$20.56	1.734
Exchange In	$19,259.41	1,702.866
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$22,035.90	1,739.255
B. TOTAL DISBURSEMENTS		
Benefit Payments	($264.82)	(21.850)
Forfeiture Debit	($72.25)	(5.961)
Administrative Fee	($50.99)	(4.201)
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($388.06)	(32.012)
Market Value as of 12/31/2023	$21,647.84	1,707.243

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: COL EMRG MKT I3

	CASH	SHARES
Market Value as of 12/31/2022	$18,815.16	1,616.423
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$236.33	19.627
SAFE HARBOR NONELECTIVE	$253.14	21.039
Contributions/Employee		
EMPLOYEE DEFERRAL	$771.44	63.849
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$0.00	0.000
Realized Gain/(Loss)	($273.50)	0.000
Unrealized Gain/(Loss)	($0.05)	0.000
Loan Repayment (Principal)	$481.64	40.073
Loan Repayment (Interest)	$104.62	8.702
Exchange In	$616.04	50.614
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$2,189.66	203.904
B. TOTAL DISBURSEMENTS		
Benefit Payments	($516.83)	(43.842)
Forfeiture Debit	($86.99)	(7.397)
Administrative Fee	($156.11)	(13.048)
Exchange Out	($20,109.54)	(1,744.819)
Loan Withdrawal	($132.76)	(10.999)
Transfer Out	$0.00	0.000
Adjustment (-)	($2.59)	(0.222)
TOTAL DISBURSEMENTS	($21,004.82)	(1,820.327)
Market Value as of 12/31/2023	$0.00	0.000

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: MS W LARGE CAP GR I

	CASH	SHARES
Market Value as of 12/31/2022	$121,848.36	14,841.457
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$574.97	60.910
SAFE HARBOR NONELECTIVE	$613.87	64.999
Contributions/Employee		
EMPLOYEE DEFERRAL	$2,919.35	310.381
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$14,377.11	1,417.860
Realized Gain/(Loss)	$9,012.36	0.000
Unrealized Gain/(Loss)	$36,876.19	0.000
Loan Repayment (Principal)	$915.89	94.968
Loan Repayment (Interest)	$194.90	20.295
Exchange In	$40,249.72	4,741.106
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$105,734.36	6,710.519
B. TOTAL DISBURSEMENTS		
Benefit Payments	($1,203.50)	(126.876)
Forfeiture Debit	($206.92)	(21.804)
Administrative Fee	($67.56)	(7.331)
Exchange Out	($48,563.55)	(4,848.009)
Loan Withdrawal	($288.28)	(28.571)
Transfer Out	$0.00	0.000
Adjustment (-)	($0.78)	(0.081)
TOTAL DISBURSEMENTS	($50,330.59)	(5,032.672)
Market Value as of 12/31/2023	$177,252.13	16,519.304

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: METWEST TOT RTN BD M

	CASH	SHARES
Market Value as of 12/31/2022	$179,121.40	19,792.420
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$270.43	29.741
SAFE HARBOR NONELECTIVE	$270.43	29.741
Contributions/Employee		
EMPLOYEE DEFERRAL	$2,399.09	263.868
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$4,748.98	524.704
Realized Gain/(Loss)	($7,974.89)	0.000
Unrealized Gain/(Loss)	($4.15)	0.000
Loan Repayment (Principal)	$5.64	0.613
Loan Repayment (Interest)	$1.36	0.148
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$7.95	0.875
TOTAL RECEIPTS	($275.16)	849.690
B. TOTAL DISBURSEMENTS		
Benefit Payments	($1.28)	(0.137)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$399.78	44.296
Exchange Out	($179,244.74)	(20,686.269)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($178,846.24)	(20,642.110)
Market Value as of 12/31/2023	$0.00	0.000

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: PGIM J MID-CAP GR A

	CASH	SHARES
Market Value as of 12/31/2022	$121,028.07	9,721.130
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$510.34	38.113
SAFE HARBOR NONELECTIVE	$510.34	38.113
Contributions/Employee		
EMPLOYEE DEFERRAL	$1,813.11	135.777
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$4,520.02	328.489
Realized Gain/(Loss)	$797.72	0.000
Unrealized Gain/(Loss)	$13,681.41	0.000
Loan Repayment (Principal)	$89.59	6.919
Loan Repayment (Interest)	$21.48	1.660
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$2.65	0.200
TOTAL RECEIPTS	$21,946.66	549.271
B. TOTAL DISBURSEMENTS		
Benefit Payments	($11.50)	(0.869)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$268.19	19.552
Exchange Out	($33,455.30)	(2,623.154)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($33,198.61)	(2,604.471)
Market Value as of 12/31/2023	$109,776.12	7,665.930

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: INVS DIVRS DIVD R5

	CASH	SHARES
Market Value as of 12/31/2022	$22,531.47	1,286.777
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$45.01	2.528
SAFE HARBOR NONELECTIVE	$45.01	2.528
Contributions/Employee		
EMPLOYEE DEFERRAL	$175.52	9.845
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$0.00	0.000
Realized Gain/(Loss)	($19.66)	0.000
Unrealized Gain/(Loss)	$0.05	0.000
Loan Repayment (Principal)	$49.50	2.780
Loan Repayment (Interest)	$11.88	0.668
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$307.31	18.349
B. TOTAL DISBURSEMENTS		
Benefit Payments	($5.72)	(0.317)
Forfeiture Debit	$0.00	0.000
Administrative Fee	($15.59)	(0.889)
Exchange Out	($22,817.47)	(1,303.920)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($22,838.78)	(1,305.126)
Market Value as of 12/31/2023	$0.00	0.000

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: VRTS C MDCP VAL EQ I

	CASH	SHARES
Market Value as of 12/31/2022	$3,155.40	293.253
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$574.07	52.934
SAFE HARBOR NONELECTIVE	$597.28	55.112
Contributions/Employee		
EMPLOYEE DEFERRAL	$1,482.50	136.601
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$0.00	0.000
Realized Gain/(Loss)	($607.81)	0.000
Unrealized Gain/(Loss)	$12.61	0.000
Loan Repayment (Principal)	$569.42	52.649
Loan Repayment (Interest)	$125.53	11.608
Exchange In	$27,425.42	2,549.669
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$30,179.02	2,858.573
B. TOTAL DISBURSEMENTS		
Benefit Payments	($739.79)	(70.468)
Forfeiture Debit	($124.69)	(11.898)
Administrative Fee	($148.83)	(13.828)
Exchange Out	($32,179.57)	(3,042.697)
Loan Withdrawal	($137.81)	(12.574)
Transfer Out	$0.00	0.000
Adjustment (-)	($3.73)	(0.361)
TOTAL DISBURSEMENTS	($33,334.42)	(3,151.826)
Market Value as of 12/31/2023	$0.00	0.000

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2015 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$34,303.27	3,065.529
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$0.00	0.000
SAFE HARBOR NONELECTIVE	$1,089.46	92.472
Contributions/Employee		
EMPLOYEE DEFERRAL	$0.00	0.000
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$1,275.71	107.023
Realized Gain/(Loss)	$326.90	0.000
Unrealized Gain/(Loss)	$1,554.73	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$4,246.80	199.495
B. TOTAL DISBURSEMENTS		
Benefit Payments	($12,196.36)	(1,064.254)
Forfeiture Debit	$0.00	0.000
Administrative Fee	($762.67)	(64.623)
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($12,959.03)	(1,128.877)
Market Value as of 12/31/2023	$25,591.04	2,136.147

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2025 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$2,126,257.86	146,537.413
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$20,025.89	1,292.415
SAFE HARBOR NONELECTIVE	$27,881.89	1,802.481
Contributions/Employee		
EMPLOYEE DEFERRAL	$42,145.00	2,723.964
ROTH DEFERRAL	$8,297.35	535.106
Interest and Dividends	$141,450.34	9,125.828
Realized Gain/(Loss)	$10,129.53	0.000
Unrealized Gain/(Loss)	$147,184.60	0.000
Loan Repayment (Principal)	$14,787.34	956.278
Loan Repayment (Interest)	$329.32	21.757
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$90.56	5.981
TOTAL RECEIPTS	$412,321.82	16,463.810
B. TOTAL DISBURSEMENTS		
Benefit Payments	($180,247.46)	(11,727.867)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$4,199.00	268.444
Exchange Out	($844.21)	(54.500)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($176,892.67)	(11,513.923)
Market Value as of 12/31/2023	$2,361,687.01	151,487.300

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2035 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$1,342,411.17	79,151.602
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$24,807.07	1,353.337
SAFE HARBOR NONELECTIVE	$29,914.96	1,624.899
Contributions/Employee		
EMPLOYEE DEFERRAL	$62,442.19	3,407.592
ROTH DEFERRAL	$650.36	35.885
Interest and Dividends	$72,964.90	3,844.301
Realized Gain/(Loss)	$4,465.95	0.000
Unrealized Gain/(Loss)	$172,401.47	0.000
Loan Repayment (Principal)	$20,048.21	1,097.831
Loan Repayment (Interest)	$4,335.85	237.516
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$392,030.96	11,601.361
B. TOTAL DISBURSEMENTS		
Benefit Payments	($3,525.28)	(194.627)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$1,518.13	81.168
Exchange Out	($902.31)	(48.800)
Loan Withdrawal	($41,000.00)	(2,172.648)
Transfer Out	$0.00	0.000
Adjustment (-)	($294.10)	(16.457)
TOTAL DISBURSEMENTS	($44,203.56)	(2,351.364)
Market Value as of 12/31/2023	$1,690,238.57	88,401.599

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2045 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$159,087.92	9,297.950
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$7,447.01	399.496
SAFE HARBOR NONELECTIVE	$12,823.26	689.500
Contributions/Employee		
EMPLOYEE DEFERRAL	$17,973.49	965.185
ROTH DEFERRAL	$1,868.96	101.425
Interest and Dividends	$9,695.99	495.705
Realized Gain/(Loss)	$2,508.11	0.000
Unrealized Gain/(Loss)	$25,177.53	0.000
Loan Repayment (Principal)	$7,346.36	397.507
Loan Repayment (Interest)	$1,501.58	81.385
Exchange In	$20,000.00	1,088.732
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$106,342.29	4,218.935
B. TOTAL DISBURSEMENTS		
Benefit Payments	($19,260.42)	(1,017.838)
Forfeiture Debit	($5,649.87)	(297.832)
Administrative Fee	($1,281.86)	(68.949)
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	($118.31)	(6.518)
TOTAL DISBURSEMENTS	($26,310.46)	(1,391.137)
Market Value as of 12/31/2023	$239,119.75	12,125.748

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2050 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$94,156.99	6,525.086
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$1,411.21	90.043
SAFE HARBOR NONELECTIVE	$4,341.32	276.341
Contributions/Employee		
EMPLOYEE DEFERRAL	$2,430.30	154.850
ROTH DEFERRAL	$198.04	12.574
Interest and Dividends	$4,924.49	298.093
Realized Gain/(Loss)	$3,986.32	0.000
Unrealized Gain/(Loss)	$10,982.58	0.000
Loan Repayment (Principal)	$280.22	17.872
Loan Repayment (Interest)	$46.97	3.003
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$28,601.45	852.776
B. TOTAL DISBURSEMENTS		
Benefit Payments	($28,858.09)	(1,736.017)
Forfeiture Debit	($654.21)	(40.837)
Administrative Fee	($1,283.12)	(81.019)
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($30,795.42)	(1,857.873)
Market Value as of 12/31/2023	$91,963.02	5,519.989

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2055 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$84,512.65	5,604.287
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$6,165.44	376.843
SAFE HARBOR NONELECTIVE	$8,191.01	502.252
Contributions/Employee		
EMPLOYEE DEFERRAL	$14,266.58	872.281
ROTH DEFERRAL	$4,658.53	283.231
Interest and Dividends	$2,497.29	143.689
Realized Gain/(Loss)	$4,568.00	0.000
Unrealized Gain/(Loss)	$6,671.86	0.000
Loan Repayment (Principal)	$1,752.88	108.135
Loan Repayment (Interest)	$219.03	13.596
Exchange In	$1,784.60	111.957
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$50,775.22	2,411.984
B. TOTAL DISBURSEMENTS		
Benefit Payments	($37,894.94)	(2,347.736)
Forfeiture Debit	($13,077.71)	(817.503)
Administrative Fee	($1,978.36)	(120.218)
Exchange Out	($10,687.49)	(636.539)
Loan Withdrawal	($905.25)	(55.673)
Transfer Out	$0.00	0.000
Adjustment (-)	($129.08)	(8.063)
TOTAL DISBURSEMENTS	($64,672.83)	(3,985.732)
Market Value as of 12/31/2023	$70,615.04	4,030.539

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2065 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$0.00	0.000
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$0.00	0.000
SAFE HARBOR NONELECTIVE	$837.80	76.937
Contributions/Employee		
EMPLOYEE DEFERRAL	$0.00	0.000
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$16.99	1.501
Realized Gain/(Loss)	$4.43	0.000
Unrealized Gain/(Loss)	$29.18	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$888.40	78.438
B. TOTAL DISBURSEMENTS		
Benefit Payments	$0.00	0.000
Forfeiture Debit	$0.00	0.000
Administrative Fee	($239.49)	(21.566)
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($239.49)	(21.566)
Market Value as of 12/31/2023	$648.91	56.872

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: PIM REAL RETURN INST

	CASH	SHARES
Market Value as of 12/31/2022	$177,829.41	17,800.742
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$248.12	24.837
SAFE HARBOR NONELECTIVE	$250.35	25.058
Contributions/Employee		
EMPLOYEE DEFERRAL	$1,981.83	198.191
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$3,697.32	369.234
Realized Gain/(Loss)	$859.45	0.000
Unrealized Gain/(Loss)	$298.29	0.000
Loan Repayment (Principal)	$50.72	5.092
Loan Repayment (Interest)	$11.39	1.142
Exchange In	$1,247.31	124.790
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$4.87	0.484
TOTAL RECEIPTS	$8,649.65	748.828
B. TOTAL DISBURSEMENTS		
Benefit Payments	($53.18)	(5.300)
Forfeiture Debit	($10.85)	(1.086)
Administrative Fee	($43.78)	(4.417)
Exchange Out	($108,709.89)	(10,795.688)
Loan Withdrawal	($76.99)	(7.848)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($108,894.69)	(10,814.339)
Market Value as of 12/31/2023	$77,584.37	7,735.231

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: AF AMERICAN MUTAL R5

	CASH	SHARES
Market Value as of 12/31/2022	$0.00	0.000
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$14.41	0.296
SAFE HARBOR NONELECTIVE	$14.57	0.299
Contributions/Employee		
EMPLOYEE DEFERRAL	$33.62	0.684
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$153.56	3.048
Realized Gain/(Loss)	$8.14	0.000
Unrealized Gain/(Loss)	$353.42	0.000
Loan Repayment (Principal)	$56.86	1.157
Loan Repayment (Interest)	$10.83	0.218
Exchange In	$5,370.83	112.292
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$6,016.24	117.994
B. TOTAL DISBURSEMENTS		
Benefit Payments	($88.17)	(1.734)
Forfeiture Debit	($24.08)	(0.474)
Administrative Fee	($16.50)	(0.323)
Exchange Out	($10.54)	(0.206)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($139.29)	(2.737)
Market Value as of 12/31/2023	$5,876.95	115.257

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2010 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$53,931.71	4,015.764
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$0.00	0.000
SAFE HARBOR NONELECTIVE	$5,520.00	375.997
Contributions/Employee		
EMPLOYEE DEFERRAL	$0.00	0.000
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$1,050.74	73.017
Realized Gain/(Loss)	$1,180.40	0.000
Unrealized Gain/(Loss)	$1,372.19	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$9,123.33	449.014
B. TOTAL DISBURSEMENTS		
Benefit Payments	($35,548.45)	(2,561.128)
Forfeiture Debit	$0.00	0.000
Administrative Fee	($51.97)	(3.773)
Exchange Out	($602.88)	(42.910)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($36,203.30)	(2,607.811)
Market Value as of 12/31/2023	$26,851.74	1,856.967

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2020 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$772,567.83	46,624.492
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$3,069.54	176.051
SAFE HARBOR NONELECTIVE	$7,786.08	446.886
Contributions/Employee		
EMPLOYEE DEFERRAL	$8,785.29	504.001
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$52,581.26	3,004.645
Realized Gain/(Loss)	$1,975.07	0.000
Unrealized Gain/(Loss)	$45,615.89	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$119,813.13	4,131.583
B. TOTAL DISBURSEMENTS		
Benefit Payments	($40,599.77)	(2,331.002)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$1,299.42	72.972
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($39,300.35)	(2,258.030)
Market Value as of 12/31/2023	$853,080.61	48,498.045

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2030 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$2,382,619.81	110,357.564
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$15,139.66	647.273
SAFE HARBOR NONELECTIVE	$22,581.81	969.462
Contributions/Employee		
EMPLOYEE DEFERRAL	$57,936.36	2,503.989
ROTH DEFERRAL	$938.30	39.419
Interest and Dividends	$162,520.88	6,924.626
Realized Gain/(Loss)	$642.16	0.000
Unrealized Gain/(Loss)	$226,145.59	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$485,904.76	11,084.769
B. TOTAL DISBURSEMENTS		
Benefit Payments	($6,370.20)	(268.843)
Forfeiture Debit	$0.00	0.000
Administrative Fee	$7,054.73	301.334
Exchange Out	($849.72)	(36.500)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	($316.87)	(14.001)
TOTAL DISBURSEMENTS	($482.06)	(18.010)
Market Value as of 12/31/2023	$2,868,042.51	121,424.323

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2040 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$614,710.95	25,474.967
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$13,446.61	515.241
SAFE HARBOR NONELECTIVE	$21,119.46	808.220
Contributions/Employee		
EMPLOYEE DEFERRAL	$36,446.05	1,407.609
ROTH DEFERRAL	$1,188.24	45.371
Interest and Dividends	$41,278.26	1,524.874
Realized Gain/(Loss)	$1,835.49	0.000
Unrealized Gain/(Loss)	$81,058.78	0.000
Loan Repayment (Principal)	$15,758.87	604.205
Loan Repayment (Interest)	$3,134.35	120.488
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$829.06	32.474
TOTAL RECEIPTS	$216,095.17	5,058.482
B. TOTAL DISBURSEMENTS		
Benefit Payments	($30,636.41)	(1,201.795)
Forfeiture Debit	$0.00	0.000
Administrative Fee	($701.30)	(27.319)
Exchange Out	$0.00	0.000
Loan Withdrawal	($1,000.00)	(34.965)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($32,337.71)	(1,264.079)
Market Value as of 12/31/2023	$798,468.41	29,269.370

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: J H BALANCED I

	CASH	SHARES
Market Value as of 12/31/2022	$9,419.35	250.315
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$0.00	0.000
SAFE HARBOR NONELECTIVE	$0.00	0.000
Contributions/Employee		
EMPLOYEE DEFERRAL	$0.00	0.000
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$243.23	6.100
Realized Gain/(Loss)	$4.17	0.000
Unrealized Gain/(Loss)	$1,200.77	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$1,448.17	6.100
B. TOTAL DISBURSEMENTS		
Benefit Payments	$0.00	0.000
Forfeiture Debit	$0.00	0.000
Administrative Fee	($72.35)	(1.812)
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($72.35)	(1.812)
Market Value as of 12/31/2023	$10,795.17	254.603

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: NORTHERN SM CAP CORE

	CASH	SHARES
Market Value as of 12/31/2022	$587.61	23.790
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$137.62	5.396
SAFE HARBOR NONELECTIVE	$147.98	5.807
Contributions/Employee		
EMPLOYEE DEFERRAL	$326.00	12.835
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$228.41	8.493
Realized Gain/(Loss)	($467.05)	0.000
Unrealized Gain/(Loss)	$112.72	0.000
Loan Repayment (Principal)	$236.52	9.252
Loan Repayment (Interest)	$50.40	1.974
Exchange In	$12,813.48	489.437
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$13,586.08	533.194
B. TOTAL DISBURSEMENTS		
Benefit Payments	($357.28)	(14.212)
Forfeiture Debit	($65.53)	(2.596)
Administrative Fee	($79.64)	(3.084)
Exchange Out	($10,072.32)	(403.676)
Loan Withdrawal	($59.22)	(2.262)
Transfer Out	$0.00	0.000
Adjustment (-)	($1.69)	(0.068)
TOTAL DISBURSEMENTS	($10,635.68)	(425.898)
Market Value as of 12/31/2023	$3,538.01	131.086

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: AS SPL MID CP VAL R6

	CASH	SHARES
Market Value as of 12/31/2022	$0.00	0.000
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$52.94	1.186
SAFE HARBOR NONELECTIVE	$52.94	1.186
Contributions/Employee		
EMPLOYEE DEFERRAL	$88.23	1.976
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$227.81	5.084
Realized Gain/(Loss)	$0.56	0.000
Unrealized Gain/(Loss)	$265.67	0.000
Loan Repayment (Principal)	$0.00	0.000
Loan Repayment (Interest)	$0.00	0.000
Exchange In	$3,643.75	84.719
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$4,331.90	94.151
B. TOTAL DISBURSEMENTS		
Benefit Payments	$0.00	0.000
Forfeiture Debit	$0.00	0.000
Administrative Fee	($8.80)	(0.191)
Exchange Out	$0.00	0.000
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($8.80)	(0.191)
Market Value as of 12/31/2023	$4,323.10	93.960

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP RETIRE 2060 ADV

	CASH	SHARES
Market Value as of 12/31/2022	$0.00	0.000
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$2,131.76	154.905
SAFE HARBOR NONELECTIVE	$3,193.10	231.879
Contributions/Employee		
EMPLOYEE DEFERRAL	$3,525.75	256.104
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$256.01	17.632
Realized Gain/(Loss)	$77.09	0.000
Unrealized Gain/(Loss)	$487.96	0.000
Loan Repayment (Principal)	$1,285.04	93.044
Loan Repayment (Interest)	$56.37	4.082
Exchange In	$0.00	0.000
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$0.00	0.000
TOTAL RECEIPTS	$11,013.08	757.646
B. TOTAL DISBURSEMENTS		
Benefit Payments	$0.00	0.000
Forfeiture Debit	$0.00	0.000
Administrative Fee	($212.36)	(15.069)
Exchange Out	$0.00	0.000
Loan Withdrawal	($2,394.75)	(168.399)
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($2,607.11)	(183.468)
Market Value as of 12/31/2023	$8,405.97	574.178

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: TRP OVERSEAS STOCK

	CASH	SHARES
Market Value as of 12/31/2022	$147,077.43	13,407.241
Adjustment to Prior Year	$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
EMPLOYER MATCH	$696.57	58.678
SAFE HARBOR NONELECTIVE	$702.53	59.176
Contributions/Employee		
EMPLOYEE DEFERRAL	$2,744.37	232.280
ROTH DEFERRAL	$0.00	0.000
Interest and Dividends	$3,887.87	317.377
Realized Gain/(Loss)	$113.69	0.000
Unrealized Gain/(Loss)	$20,109.70	0.000
Loan Repayment (Principal)	$572.21	48.579
Loan Repayment (Interest)	$141.81	12.050
Exchange In	$1,745.65	147.822
Forfeiture Credit	$0.00	0.000
Balance Forward	$0.00	0.000
Transfer In	$0.00	0.000
Adjustment (+)	$4.43	0.375
TOTAL RECEIPTS	$30,718.83	876.337
B. TOTAL DISBURSEMENTS		
Benefit Payments	($301.09)	(24.910)
Forfeiture Debit	($61.20)	(5.053)
Administrative Fee	$123.51	10.193
Exchange Out	($2,949.11)	(261.533)
Loan Withdrawal	$0.00	0.000
Transfer Out	$0.00	0.000
Adjustment (-)	$0.00	0.000
TOTAL DISBURSEMENTS	($3,187.89)	(281.303)
Market Value as of 12/31/2023	$174,608.37	14,002.275