

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, 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: BLACKROCK RUSSELL 1000 VALUE INDEX FUND; 1b Three-digit plan number (PN): 011; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 81-1009614; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BLACKROCK RUSSELL 1000 VALUE INDEX FUND</u>	B Three-digit plan number (PN)	<u>011</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>81-1009614</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RUSSELL 1000 VALUE INDEX FUND F</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
c EIN-PN <u>94-3330726-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>305730398</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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	501 COMMONS 401(K) PLAN	
b	Name of plan sponsor	501 COMMONS	c EIN-PN 94-3089631-001
a	Plan name	501 SALON 401(K) PLAN	
b	Name of plan sponsor	501 SALON & SPA, LLC	c EIN-PN 27-4811879-001
a	Plan name	AC FOODS WHOLESALE 401(K) PLAN	
b	Name of plan sponsor	A.C. FAMILY, INC. DBA AC FOODS WHOLESALE	c EIN-PN 46-0494814-001
a	Plan name	ADDISON ELECTRICAL CONTRACTORS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADDISON ELECTRICAL CONTRACTORS, LLC	c EIN-PN 20-0837297-001
a	Plan name	AIR BLUE 401(K) PLAN	
b	Name of plan sponsor	AIR BLUE HEATING AND COOLING INC.	c EIN-PN 20-8931569-001
a	Plan name	ALL STATE TRAFFIC CONTROL, INC. 401(K) PLAN	
b	Name of plan sponsor	ALL STATE TRAFFIC CONTROL INC.	c EIN-PN 47-5418502-001
a	Plan name	AMERICAN TRADITIONS INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	AMERICAN TRADITIONS INSURANCE COMPANY	c EIN-PN 20-3159417-001
a	Plan name	AMERICHEER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICHEER, INC.	c EIN-PN 31-1316972-002
a	Plan name	AMMO INC. 401(K) PLAN	
b	Name of plan sponsor	AMMO INC	c EIN-PN 30-0957912-001
a	Plan name	APCO WORLDWIDE 401K PLAN	
b	Name of plan sponsor	APCO WORLDWIDE INC	c EIN-PN 13-3627825-001
a	Plan name	ARCTIC FISHERIES LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCTIC FISHERIES LTD.	c EIN-PN 16-1140108-001
a	Plan name	ARROWMONT SCHOOL OF ARTS AND CRAFTS 403(B) PLAN	
b	Name of plan sponsor	ARROWMONT SCHOOL OF ARTS AND CRAFTS	c EIN-PN 58-2007394-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ASHBURN & MASON, APC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ASHBURN & MASON, P.C.	c EIN-PN 92-0104600-001
a	Plan name	ASSET RECOVERY GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSET RECOVERY GROUP, INC.	c EIN-PN 93-0829043-001
a	Plan name	AUSLEY & MCMULLEN, P.A. RETIREMENT PLAN	
b	Name of plan sponsor	AUSLEY & MCMULLEN, P.A.	c EIN-PN 59-3377662-001
a	Plan name	BASYS PROCESSING 401(K) PLAN	
b	Name of plan sponsor	BASYS PROCESSING, INC.	c EIN-PN 01-0633775-001
a	Plan name	BATES, CARTER & CO., LLP 401(K) PLAN	
b	Name of plan sponsor	BATES, CARTER & CO., LLP	c EIN-PN 20-8004844-001
a	Plan name	BATY OTTO SCHEER P.C. 401(K) PLAN	
b	Name of plan sponsor	BATY OTTO SCHEER P.C.	c EIN-PN 43-1375220-002
a	Plan name	BAY ATLANTIC FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	BAY ATLANTIC FEDERAL CREDIT UNION	c EIN-PN 21-0635246-002
a	Plan name	BELLA VISION, LLC 401(K) PLAN	
b	Name of plan sponsor	BELLA VISION, LLC	c EIN-PN 90-0597232-001
a	Plan name	BIG BROTHERS BIG SISTERS OF GREATER KC 401(K) PLAN	
b	Name of plan sponsor	BIG BROTHERS BIG SISTERS OF GREATER KANSAS CITY	c EIN-PN 43-6068464-001
a	Plan name	BLUE DOT CAPITAL LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BLUE DOT CAPITAL LLC	c EIN-PN 87-1217347-001
a	Plan name	BLUESTEM CAPITAL COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	BLUESTEM CAPITAL COMPANY, LLC	c EIN-PN 91-1770884-001
a	Plan name	BOMIK, INC. 401(K) PLAN	
b	Name of plan sponsor	SMITH BROWN	c EIN-PN 75-2070132-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BONNER ELECTRIC, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	BONNER ELECTRIC, INC.	c EIN-PN 06-0999942-001
a	Plan name	BRS ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	BRS ARCHITECTS	c EIN-PN 82-0345518-002
a	Plan name	BTSE 401(K) PLAN	
b	Name of plan sponsor	BARRETT TREE SERVICE EAST, INC.	c EIN-PN 26-0743647-003
a	Plan name	BUILDING TRADES ANNUITY BENEFIT FUND	
b	Name of plan sponsor	BD OF TRUSTEES OF BUILDING TRADES ANNUITY BENEFIT FUND	c EIN-PN 11-3310059-001
a	Plan name	CAPITAL CITY BANK GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPITAL CITY BANK GROUP, INC.	c EIN-PN 59-2273542-003
a	Plan name	CARLYLE COCOA COMPANY 401(K) PLAN	
b	Name of plan sponsor	CARLYLE COCOA COMPANY LLC	c EIN-PN 51-0398904-001
a	Plan name	CARROUSEL TRAVEL 401(K) PLAN & TRUST	
b	Name of plan sponsor	CARROUSEL TRAVEL	c EIN-PN 41-1614335-001
a	Plan name	CEMENT AND CONCRETE WORKERS DC PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE CEMENT AND CONCRETE WORKERS DC PENSION FD	c EIN-PN 13-5629824-001
a	Plan name	CENTRAL BANCOMPANY TAX REDUCTION THRIFT 401(K) PLAN	
b	Name of plan sponsor	CENTRAL BANCOMPANY	c EIN-PN 43-0959114-002
a	Plan name	CENTRO DE SALUD DE LARES RETIREMENT PLAN	
b	Name of plan sponsor	CENTRO DE SALUD DE LARES INC.	c EIN-PN 66-0426506-001
a	Plan name	CERTIFIED SAFETY MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	CERTIFIED SAFETY MANUFACTURING, INC	c EIN-PN 43-1579136-001
a	Plan name	CFS INVESTMENT ADVISORY SERVICES, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	CFS INVESTMENT ADVISORY SERVICES, L.L.C.	c EIN-PN 22-3558384-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	CHARLESTON ENDOCRINOLOGY ASSOCIATES 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CHARLESTON ENDOCRINOLOGY ASSOCIATES	c EIN-PN 55-0613849-001
a Plan name	CITY FURNITURE PROFIT SHARING PLAN	
b Name of plan sponsor	CITY FURNITURE	c EIN-PN 59-1621198-001
a Plan name	CITY WIDE 401(K) PLAN	
b Name of plan sponsor	JBO MANAGEMENT, LLC	c EIN-PN 46-5159749-001
a Plan name	CLARKE KENT PLUMBING 401(K) PLAN	
b Name of plan sponsor	CLARKE KENT PLUMBING	c EIN-PN 74-2442399-001
a Plan name	CLEARLINK 401(K) PLAN	
b Name of plan sponsor	CLEARLINK TECHNOLOGIES, LLC	c EIN-PN 13-4278523-002
a Plan name	CLYDE & CO US LLP 401(K) PLAN	
b Name of plan sponsor	CLYDE & CO US LLP	c EIN-PN 20-5083001-001
a Plan name	COLT BUILDERS 401(K) PLAN	
b Name of plan sponsor	COLT BUILDERS CORP.	c EIN-PN 20-0655762-001
a Plan name	COOLIBAR 401(K) PLAN	
b Name of plan sponsor	COOLIBAR, INC	c EIN-PN 20-2860307-001
a Plan name	CPA DIAZ-MARTINEZ CSP RETIREMENT PLAN	
b Name of plan sponsor	CPA DIAZ-MARTINEZ, CSP	c EIN-PN 66-0538689-001
a Plan name	CREEKSIDE SURGERY CENTER 401(K) PLAN	
b Name of plan sponsor	PROVIDENCE SURGERY CENTERS LLC DBA CREEKSIDE SURGERY CENTER	c EIN-PN 20-3567411-002
a Plan name	CSC SERVICeworks, INC. 401(K) PLAN	
b Name of plan sponsor	CSC SERVICeworks, INC.	c EIN-PN 53-0188589-001
a Plan name	CUSTOM FABRICATORS, INC. 401(K) PLAN	
b Name of plan sponsor	CUSTOM FABRICATORS INC	c EIN-PN 46-0398652-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DA DEFENSE LOGISTICS 401(K) PLAN	
b	Name of plan sponsor DA DEFENSE LOGISTICS HQ LLC	c EIN-PN 27-1535383-001
a	Plan name DAVID KORDANSKY GALLERY, INC. 401(K) PLAN	
b	Name of plan sponsor DAVID KORDANSKY GALLERY	c EIN-PN 20-3416290-001
a	Plan name DELCO SOLUTIONS LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DELCO SOLUTIONS LLC	c EIN-PN 45-4555782-001
a	Plan name DERING PIERSON GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor DERING PIERSON GROUP, LLC	c EIN-PN 80-0696128-001
a	Plan name DOUGLAS FLOOR COVERING 401(K) EMPLOYEE PLAN	
b	Name of plan sponsor DOUGLAS FLOOR COVERING, INC.	c EIN-PN 36-3343462-003
a	Plan name DOUGLAS FLOOR COVERING 401(K) UNION PLAN	
b	Name of plan sponsor DOUGLAS FLOOR COVERING, INC.	c EIN-PN 36-3343462-004
a	Plan name DSL BUILDERS 401(K) PLAN	
b	Name of plan sponsor DSL BUILDERS, LLC	c EIN-PN 27-2885589-002
a	Plan name E. O. HABHEGGER CO INC PROFIT SHARING PLAN	
b	Name of plan sponsor E. O. HABHEGGER CO, INC.	c EIN-PN 23-1714985-001
a	Plan name EAST BANK CLUB RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor EAST BANK CLUB VENTURE	c EIN-PN 36-3049268-001
a	Plan name EAST TENNESSEE SPINE & SPORT, INC. 401(K) PLAN	
b	Name of plan sponsor EAST TENNESSEE SPINE & SPORT, INC.	c EIN-PN 62-1524290-001
a	Plan name ELDER DEMO LLC EMPLOYEE'S PROFIT SHARING 401K PLAN	
b	Name of plan sponsor ELDER DEMO LLC	c EIN-PN 92-1190284-002
a	Plan name ELECTRICIAN'S RETIREMENT FUND	
b	Name of plan sponsor THE BUILDING INDUSTRY ELECTRICAL CONTRACTORS ASSOCIATION, INC.	c EIN-PN 26-1140509-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name ELECTRO-MATIC VENTURES, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor ELECTRO-MATIC VENTURES, INC.	c EIN-PN 38-1993343-003
a	Plan name EVANS FEARS & SCHUTTERT LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EVANS FEARS & SCHUTTERT LLP	c EIN-PN 82-0831408-001
a	Plan name EXCELSIOR SPRINGS CITY HOSPITAL 457 PLAN	
b	Name of plan sponsor KRISTEN DEHART	c EIN-PN 43-1080811-505
a	Plan name EXCELSIOR SPRINGS CITY HOSPITAL EMPLOYEE	
b	Name of plan sponsor EXCELSIOR SPRINGS CITY HOSPITAL	c EIN-PN 43-1080811-001
a	Plan name FARM BUREAU MUTUAL INSURANCE COMPANY OF IDAHO VOLUNTARY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor FARM BUREAU MUTUAL INSURANCE COMPANY OF IDAHO	c EIN-PN 82-0189910-004
a	Plan name FULCRUM PROPERTY CORP. 401(K) PLAN	
b	Name of plan sponsor FULCRUM PROPERTY CORP.	c EIN-PN 68-0254462-001
a	Plan name G&C STAFFING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor G&C STAFFING LLC	c EIN-PN 87-1184436-001
a	Plan name GARY W LAMBERT AND COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GARY W LAMBERT AND COMPANY	c EIN-PN 74-2145502-001
a	Plan name GENTING USA 401(K) PLAN	
b	Name of plan sponsor RESORTS WORLD LAS VEGAS, LLC	c EIN-PN 32-0444144-001
a	Plan name GLAZIER STEEL 401(K) PLAN	
b	Name of plan sponsor GLAZIER STEEL	c EIN-PN 94-2595045-001
a	Plan name GOULET, SALVIDIO & ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor GOULET, SALVIDIO & ASSOCIATES, P.C.	c EIN-PN 04-2623065-001
a	Plan name GREAT LAKES CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES CREDIT UNION	c EIN-PN 36-1163912-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GUERRERO PRIVATE WEALTH LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GUERRERO PRIVATE WEALTH LLC	c EIN-PN 87-1343825-001
a	Plan name HAINBUCH AMERICA CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAINBUCH AMERICA CORPORATION WORKHOLDING TECHNOLOGY	c EIN-PN 39-1810957-001
a	Plan name HEALTH FACILITIES GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HEALTH FACILITIES GROUP, LLC	c EIN-PN 48-1154636-001
a	Plan name HILDEBRAND ESTIVO DENTAL RETIREMENT PLAN & TRUST	
b	Name of plan sponsor HILDEBRAND ESTIVO DENTAL, LLC	c EIN-PN 45-2550263-001
a	Plan name HINT, INC. 401(K) PLAN	
b	Name of plan sponsor HINT, INC.	c EIN-PN 04-3806328-001
a	Plan name HORSEWARE PRODUCTS, LTD. 401(K) PLAN	
b	Name of plan sponsor HORSEWARE PRODUCTS, LTD.	c EIN-PN 52-2037020-001
a	Plan name IDAHO FARM BUREAU FEDERATION 401(K) PLAN	
b	Name of plan sponsor IDAHO FARM BUREAU FEDERATION	c EIN-PN 82-0181284-004
a	Plan name INSTRUCTURE, INC. 401(K) PLAN	
b	Name of plan sponsor INSTRUCTURE, INC.	c EIN-PN 26-3505687-002
a	Plan name INSURANCE CENTER INC. SAVINGS AND	
b	Name of plan sponsor INSURANCE CENTER INC	c EIN-PN 48-1131349-001
a	Plan name INTERACT ANALYSIS 401(K) PLAN	
b	Name of plan sponsor INTERACT ANALYSIS USA LLC	c EIN-PN 30-0967301-001
a	Plan name INTERLACHEN COUNTRY CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor INTERLACHEN COUNTRY CLUB	c EIN-PN 41-0328845-003
a	Plan name J & B BUILDING CO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor J & B BUILDING COMPANY	c EIN-PN 84-0613757-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	J.A. CROSON, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	J.A. CROSON, LLC	c EIN-PN 20-0751984-001
a Plan name	JMS CONTRACTORS 401(K) PLAN	
b Name of plan sponsor	JMS CONTRACTORS	c EIN-PN 81-1212314-001
a Plan name	JOE TAYLOR RESTORATION, INC. 401(K) PLAN	
b Name of plan sponsor	JOE TAYLOR RESTORATION, INC.	c EIN-PN 13-4221242-001
a Plan name	KANSAS GRAIN INSPECTION SERVICE EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	KANSAS GRAIN INSPECTION SERVICE	c EIN-PN 74-2839052-001
a Plan name	KASAVAN ARCHITECTS, INC. 401(K) PLAN AND TRUST	
b Name of plan sponsor	KASAVAN ARCHITECTS, INC.	c EIN-PN 33-1036098-001
a Plan name	KAUFFMAN CENTER FOR THE PERFORMING ARTS 401K PLAN	
b Name of plan sponsor	KAUFFMAN CENTER	c EIN-PN 43-1866550-001
a Plan name	LAND SERVICES, INC. 401(K) PLAN	
b Name of plan sponsor	LAND SERVICES, INC.	c EIN-PN 82-0439148-002
a Plan name	LAWHON CONSTRUCTION COMPANY EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	LAWHON CONSTRUCTION COMPANY	c EIN-PN 44-0619573-001
a Plan name	LOANMART 401(K) PLAN	
b Name of plan sponsor	WHEELS FINANCIAL GROUP, LLC DBA LOANMART	c EIN-PN 95-4863389-001
a Plan name	MARSHALL, GERSTEIN & BORUN LLP SALARY SAVINGS & PROFIT SHARING PLAN	
b Name of plan sponsor	MARSHALL, GERSTEIN & BORUN LLP	c EIN-PN 36-2353598-004
a Plan name	MARTIN NEWBY MANAGEMENT CORPORATION 401(K) PLAN	
b Name of plan sponsor	MARTIN NEWBY MANAGEMENT CORPORATION	c EIN-PN 59-2238015-001
a Plan name	MCKEEVER ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	MCKEEVER ENTERPRISES, INC.	c EIN-PN 43-1376889-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MERLE STONE CHEVROLET RETIREMENT PLAN	
b	Name of plan sponsor	MERLE STONE CHEVROLET, INC.	c EIN-PN 94-2168067-001
a	Plan name	METAL LATHERS LOCAL 46 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF METAL LATHERS LOCAL 46 PENSION FUND	c EIN-PN 13-6106419-001
a	Plan name	MEYERS + ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	MEYERS + ASSOCIATES	c EIN-PN 31-1780095-001
a	Plan name	MICHAEL LUM, D.D.S., INC.	
b	Name of plan sponsor	MICHAEL LUM, D.D.S., INC.	c EIN-PN 20-8449957-001
a	Plan name	MIKE & JERRY'S PAINT AND SUPPLY 401(K) PLAN	
b	Name of plan sponsor	MIKE & JERRYS PAINT & SUPPLY	c EIN-PN 72-0693495-002
a	Plan name	MILLER & LAW, P.C. 401(K) PLAN	
b	Name of plan sponsor	CDK LITTLETON DBA MILLER & LAW, P.C.	c EIN-PN 84-1191595-001
a	Plan name	MONUMENT CONSTRUCTION, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MONUMENT CONSTRUCTION, LLC	c EIN-PN 26-3904362-001
a	Plan name	MOUNTAIN WEST FARM BUREAU VOLUNTARY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE COMPANY	c EIN-PN 83-0181634-003
a	Plan name	MOUNTAIN WEST PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN WEST PEDIATRICS	c EIN-PN 20-1577619-001
a	Plan name	NAGNOI, LLC PR RETIREMENT PLAN	
b	Name of plan sponsor	NAGNOI, LLC.	c EIN-PN 66-0802359-001
a	Plan name	NAGNOI, LLC US RETIREMENT PLAN	
b	Name of plan sponsor	NAGNOI, LLC.	c EIN-PN 66-0802359-002
a	Plan name	NANOFIBER SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	NANOFIBER SOLUTIONS, LLC	c EIN-PN 80-0377027-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NATIONAL WWI MUSEUM AND MEMORIAL 401(K) PLAN	
b	Name of plan sponsor NATIONAL WWI MUSEUM AND MEMORIAL D/B/A LIBERTY MEMORIAL ASSOCIATION	c EIN-PN 43-6052673-001
a	Plan name NEW HEALTH PROGRAMS ASSOCIATION	
b	Name of plan sponsor NEW HEALTH PROGRAMS ASSOCIATION	c EIN-PN 91-1053847-002
a	Plan name NOMI HEALTH 401(K) PLAN	
b	Name of plan sponsor NOMI HEALTH, INC.	c EIN-PN 84-1905194-001
a	Plan name NORTH CENTRAL VETERINARY EMERGENCY CENTER 401(K) PLAN	
b	Name of plan sponsor NORTH CENTRAL VETERINARY EMERGENCY CENTER, LLC	c EIN-PN 35-2139886-001
a	Plan name NORTHEAST LOUISIANA POWER COOPERATIVE INC. 401(K) PLAN NO.2	
b	Name of plan sponsor NORTHEAST LOUISIANA POWER COOPERATIVE INC	c EIN-PN 72-0275430-003
a	Plan name NORTHEAST TOWERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor NORTHEAST TOWERS, INC.	c EIN-PN 06-1068637-001
a	Plan name OPERATION BREAKTHROUGH 401(K) SAVINGS PLAN	
b	Name of plan sponsor OPERATION BREAKTHROUGH, INC.	c EIN-PN 43-0971560-001
a	Plan name PEREZ PRIVATE WEALTH GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PEREZ PRIVATE WEALTH GROUP LLC	c EIN-PN 87-1219219-001
a	Plan name PMP MARBLE & GRANITE 401(K) PLAN & TRUST	
b	Name of plan sponsor PMP MARBLE & GRANITE, INC.	c EIN-PN 38-3327700-001
a	Plan name PRIDE AG RESOURCES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DODGE CITY COOPERATIVE EXCHANGE DBA PRIDE AG RESOURCES	c EIN-PN 48-0198180-003
a	Plan name PRIVATE WEALTH ASSET MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PRIVATE WEALTH ASSET MANAGEMENT	c EIN-PN 87-0935275-001
a	Plan name PROMAT, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PROMAT, INC.	c EIN-PN 62-1466172-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	R2R 401(K) PLAN	
b	Name of plan sponsor	RENDER TO RADIO, LLC, DBA F3 WIRELESS	c EIN-PN 27-3111922-001
a	Plan name	REDSTONE LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	REDSTONE LOGISTICS	c EIN-PN 45-3660980-001
a	Plan name	REFRIGERATION, A/C & SERVICE DIV. (UA-NJ) PENSION PLAN	
b	Name of plan sponsor	REFRIGERATION, A/C & SERVICE DIV. (UA-NJ) PENSION FUND	c EIN-PN 22-6109064-001
a	Plan name	REISER IMPLEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	REISER IMPLEMENT, INC.	c EIN-PN 42-1070205-001
a	Plan name	RELIANCE GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	RELIANCE GROUP LLC	c EIN-PN 85-4236282-001
a	Plan name	RENAISSANCE PEDIATRICS, P.C. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	RENAISSANCE PEDIATRICS, P. C.	c EIN-PN 54-1736073-001
a	Plan name	RETIRE READY 401(K) PLAN	
b	Name of plan sponsor	NU SKIN ENTERPRISES, INC.	c EIN-PN 87-0565309-001
a	Plan name	RETIREMINT PEP	
b	Name of plan sponsor	THE FINWAY GROUP, LLC	c EIN-PN 42-1468222-012
a	Plan name	REV 401(K) PLAN	
b	Name of plan sponsor	REV ROBOTICS LLC	c EIN-PN 26-1138709-001
a	Plan name	REXH 401(K) PLAN	
b	Name of plan sponsor	ROCKINGHAM EMERGENCY VETERINARY HOSPITAL	c EIN-PN 26-3365948-001
a	Plan name	ROCKHILL MANOR INC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	ROCKHILL MANOR, INC.	c EIN-PN 43-1096224-002
a	Plan name	ROCKY MOUNTAIN COLLEGE, LLC 401(K) PLAN	
b	Name of plan sponsor	ROCKY MOUNTAIN COLLEGE, LLC DBA ROCKY MOUNTAIN COLLEGE OF ART+DESIGN	c EIN-PN 26-4058816-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SABINAL GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SABINAL GROUP LLC	c EIN-PN 20-3114535-001
a	Plan name SAMSON COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor SAMSON COMPANIES, LLC	c EIN-PN 27-0322334-001
a	Plan name SAN MARCOS/ HAYS COUNTY EMS, INC. 401(K) PLAN	
b	Name of plan sponsor SAN MARCOS/ HAYS COUNTY EMS, INC.	c EIN-PN 74-2276859-001
a	Plan name SARAZIN GENERAL CONTRACTORS, INC. CONTRACTORS AND EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SARAZIN GENERAL CONTRACTORS, INC.	c EIN-PN 06-1325403-001
a	Plan name SBS-NOLAN 401K PLAN	
b	Name of plan sponsor SBS-NOLAN POWER GROUP	c EIN-PN 45-5538379-001
a	Plan name SEAVIEW ORTHOPAEDICS 401K PLAN	
b	Name of plan sponsor SEAVIEW ORTHOPAEDICS AND MEDICAL ASSOC	c EIN-PN 22-2398304-003
a	Plan name SEKISUI AEROSPACE	
b	Name of plan sponsor SEKISUI AEROSPACE, INC.	c EIN-PN 91-1419507-001
a	Plan name SHADER BROTHERS 401(K) PLAN	
b	Name of plan sponsor SHADER BROTHERS CORPORATION	c EIN-PN 59-2746397-001
a	Plan name SKALAR PHARMA LLC 1081.01 RETIREMENT PLAN	
b	Name of plan sponsor SKALAR PHARMA, LLC	c EIN-PN 66-0902281-001
a	Plan name SKYVIEW GLASS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SKYVIEW GLASS, LLC	c EIN-PN 04-3849896-001
a	Plan name STEEL DYNAMICS, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STEEL DYNAMICS, INC.	c EIN-PN 35-1929476-001
a	Plan name STORM KING CLAIMS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor STORM KING CLAIMS, LLC	c EIN-PN 20-5008024-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SUN LAKES II HOMEOWNERS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor SUN LAKES II HOMEOWNERS ASSOCIATION	c EIN-PN 86-0381871-001
a	Plan name SWEET DEWBERRY HUBBARD, PLC 401(K) PLAN	
b	Name of plan sponsor SWEET DEWBERRY HUBBARD, PLC	c EIN-PN 47-4155418-001
a	Plan name SYKES, O'CONNOR, SALERNO, HAZAVEH, P.A. 401(K) PLAN	
b	Name of plan sponsor SYKES, OCONNOR, SALERNO, HAZAVEH, P.A.	c EIN-PN 22-2746504-001
a	Plan name SYNDIGO 401(K) PLAN	
b	Name of plan sponsor SYNDIGO LLC	c EIN-PN 20-3328053-001
a	Plan name THE CHICAGO DENTAL STUDIO 401(K) PLAN	
b	Name of plan sponsor THE CHICAGO DENTAL STUDIO	c EIN-PN 45-3975208-001
a	Plan name THE F.A. REQUARTH CO. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor F.A. REQUARTH COMPANY	c EIN-PN 31-0420640-001
a	Plan name THE MACRO GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE MACRO GROUP, INC.	c EIN-PN 41-1583520-001
a	Plan name THE PALLET COMPANY 401(K) PLAN	
b	Name of plan sponsor THE PALLET COMPANY INC.	c EIN-PN 41-1958389-001
a	Plan name THE PAY-O-MATIC CORP. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE PAY-O-MATIC CORP.	c EIN-PN 13-2651875-001
a	Plan name THE PILCHER HAMILTON CORPORATION RETIREMENT PLAN & TRUST	
b	Name of plan sponsor THE PILCHER HAMILTON CORPORATION	c EIN-PN 36-1628160-001
a	Plan name THERAPY SOLUTIONS, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor THERAPY SOLUTIONS LLC	c EIN-PN 27-3224344-001
a	Plan name THOMPSON CONTRACTING 401(K) PLAN	
b	Name of plan sponsor THOMPSON CONTRACTING, INC.	c EIN-PN 20-4155484-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THYSSE PRINTING SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor THYSSE PRINTING SERVICE, INC.	c EIN-PN 39-0918563-001
a	Plan name TRIANGLE PACKAGE MACHINERY COMPANY BARGAINING UNIT 401(K) PLAN	
b	Name of plan sponsor TRIANGLE PACKAGE MACHINERY COMPANY	c EIN-PN 36-2053124-004
a	Plan name TRIANGLE PACKAGE MACHINERY COMPANY OFFICE 401(K) PLAN	
b	Name of plan sponsor TRIANGLE PACKAGE MACHINERY COMPANY	c EIN-PN 36-2053124-003
a	Plan name TUSCALOOSA PLUMBERS & STEAMFITTERS LOCAL 372 PENSION PLAN	
b	Name of plan sponsor TUSCALOOSA PLUMBERS & STEAMFITTERS LOCAL 372 PENSION PLAN	c EIN-PN 63-0267566-002
a	Plan name UNITED ARTS OF CENTRAL FLORIDA, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor UNITED ARTS OF CENTRAL FLORIDA, INC.	c EIN-PN 59-1166446-002
a	Plan name US & S INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor US&S, INC.	c EIN-PN 41-2079418-001
a	Plan name US REALTY CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor US REALTY CONSULTANTS, INC.	c EIN-PN 31-1060030-001
a	Plan name VAIL-VERSAY 401(K) PLAN	
b	Name of plan sponsor VAIL-VERSAY	c EIN-PN 36-3806321-001
a	Plan name VALICOR ENVIRONMENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor VALICOR ENVIRONMENTAL SERVICES, LLC	c EIN-PN 31-1047208-001
a	Plan name VISION RETIREMENT PLAN	
b	Name of plan sponsor BRIGHT EYES VISION CLINIC, P.A.	c EIN-PN 34-2061657-002
a	Plan name VIVID ENGINEERING GROUP INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VIVID ENGINEERING GROUP, INC.	c EIN-PN 81-2158682-001
a	Plan name VUTECH & RUFF, LLC RETIREMENT PLAN	
b	Name of plan sponsor VUTECH & RUFF, LLC	c EIN-PN 26-1557011-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	WASHINGTON FARM BUREAU AND AFFILIATED COMPANIES VOLUNTARY EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	WASHINGTON FARM BUREAU FEDERATION	c EIN-PN 91-0462136-004
a Plan name	WAYFINDER FAMILY SERVICES 401(K) RETIREMENT PLAN	
b Name of plan sponsor	WAYFINDER FAMILY SERVICES	c EIN-PN 95-1977659-002
a Plan name	WELLSTACK, INC. 401(K) PLAN	
b Name of plan sponsor	WELLSTACK INC	c EIN-PN 82-2848147-001
a Plan name	WEST POINT UNDERWRITERS 401(K) PLAN	
b Name of plan sponsor	WEST POINT UNDERWRITERS, LLC	c EIN-PN 52-2226315-001
a Plan name	WILSON & COMPANY 401(K) PLAN	
b Name of plan sponsor	WILSON & COMPANY, INC., ENGINEERS & ARCHITECTS	c EIN-PN 48-1176300-001
a Plan name	WWEX RETIREMENT PLAN	
b Name of plan sponsor	WWEX UNI TOPCO HOLDINGS, LLC	c EIN-PN 32-0780833-002
a Plan name	XML FINANCIAL	
b Name of plan sponsor	XML FINANCIAL	c EIN-PN 81-3654175-001
a Plan name	ZOLA WINDOWS EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b Name of plan sponsor	ZEITGEIST, INC.	c EIN-PN 80-0946150-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
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a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLACKROCK RUSSELL 1000 VALUE INDEX FUND	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 81-1009614

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	70085	29661
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	296266083	305730398
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	296336168	305760059
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	34140
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	123996	29660
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	123996	63800
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	296212172	305696259

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		41742491
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		41742491

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	15318	
(5) Investment advisory and investment management fees	2i(5)	8529	
(6) Bank or trust company trustee/custodial fees	2i(6)	78185	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		102032
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		102032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		41640459
l Transfers of assets:			
(1) To this plan.....	2l(1)		33590609
(2) From this plan	2l(2)		65746981

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.