

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) C
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK RUSSELL 2000 GROWTH INDEX FUND
1b Three-digit plan number (PN): 006
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 20-3802395
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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
--	--

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)
---	--

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.
---	--	---

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 2000 GROWTH INDEX FUND</u>	B Three-digit plan number (PN)	<u>006</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>20-3802395</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RUSSELL 2000 GROWTH FUND F</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
c EIN-PN <u>94-3357211-001</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>40799362</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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 A BETTER 401K PLAN	
b	Name of plan sponsor PENTEGRA SERVICES, INC.	c EIN-PN 13-5645888-002
a	Plan name AIR CHILLER MECHANICAL RETIREMENT PLAN	
b	Name of plan sponsor AIR CHILLER MECHANICAL CONTRACTOR C.P.	c EIN-PN 66-0640388-001
a	Plan name ALESSANDRO ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor ALESSANDRO ELECTRIC, INC.	c EIN-PN 20-3974498-001
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 AM1 DOMESTIC EQUITY	
b	Name of plan sponsor ALTA OPERATIONS	c EIN-PN 99-0743104-001
a	Plan name AMERICAN HOME DESIGN, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMERICAN HOME DESIGN, INC.	c EIN-PN 62-1036575-002
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 AMIGA SERVICES, LLC RETIREMENT PLAN	
b	Name of plan sponsor AMIGA SERVICES LLC	c EIN-PN 66-0979008-001
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 APEX LAW GROUP, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APEX LAW GROUP, PLLC	c EIN-PN 84-3223058-001
a	Plan name ARNOLD'S & EDDIE'S FOODS, INC. 401K PLAN	
b	Name of plan sponsor ARNOLDS & EDDIES FOOD INC	c EIN-PN 04-2543595-001

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 ARTEMIS CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARTEMIS CONSULTING, LLC	c EIN-PN 20-4041454-001
a	Plan name ARTIFEX SOLUTIONS LLC RETIREMENT PLAN	
b	Name of plan sponsor ARTIFEX SOLUTIONS LLC	c EIN-PN 66-0991199-001
a	Plan name ATZL, NASHER & ZIGLER ENGINEERING AND LAND SURVEYING, P.C.	
b	Name of plan sponsor ATZL, NASHER & ZIGLER ENGINEERING AND LAND SURVEYING, P.C.	c EIN-PN 13-3598663-003
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 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 BEATTY HARVEY COCO ARCHITECTS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEATTY HARVEY COCO ARCHITECTS LLP	c EIN-PN 13-4038454-003
a	Plan name BELLWETHER TECHNOLOGY CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BELLWETHER TECHNOLOGY CORPORATION	c EIN-PN 72-1073257-002
a	Plan name BEST-ONE TIRE & SERVICE 401(K) MEP - SIDNEY	
b	Name of plan sponsor BEST-ONE TIRE & SERVICE 401(K) MEP - SIDNEY	c EIN-PN 20-0823271-002
a	Plan name BEST-ONE TIRE & SERVICE 401K MEP	
b	Name of plan sponsor ZURCHER TIRE, INC.	c EIN-PN 35-1106685-002
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 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 BOSTON CORPORATE HOUSING, INC. RETIREMENT PLAN	
b	Name of plan sponsor HAGE CORPORATION	c EIN-PN 46-2713080-001

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	BREADWORKS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BREADWORKS, INC.	c EIN-PN 25-1877450-001
a	Plan name	BROWN BAG MARKETING, INC. 401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor	BROWN BAG MARKETING, INC.	c EIN-PN 55-0795039-001
a	Plan name	C-AXIS PR RETIREMENT PLAN	
b	Name of plan sponsor	C-AXIS	c EIN-PN 47-0858529-001
a	Plan name	CAISSON INVESTMENTS INC. 401(K) PLAN	
b	Name of plan sponsor	CAISSON INVESTMENTS INC.	c EIN-PN 84-1396755-001
a	Plan name	CALDERA ENGINEERING 401(K) PLAN	
b	Name of plan sponsor	CALDERA ENGINEERING, LLC	c EIN-PN 84-1375809-001
a	Plan name	CAMDEN HOMES 401(K) PLAN	
b	Name of plan sponsor	CAMDEN HOMES	c EIN-PN 75-2755663-001
a	Plan name	CAP CITY 401K PLAN	
b	Name of plan sponsor	CAPCITY PROPERTY SOLUTIONS	c EIN-PN 27-2793980-001
a	Plan name	CDE LIGHTBAND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CDE LIGHTBAND	c EIN-PN 62-6000262-001
a	Plan name	CENTER LINE PRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CENTER LINE PRODUCTIONS, INC.	c EIN-PN 56-1982024-001
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	CGF INSURANCE LLC 1081.01(D) RETIREMENT PLAN	
b	Name of plan sponsor	CGF INSURANCE LLC	c EIN-PN 66-0793599-001

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	CHATBOOKS 401(K) PLAN	
b Name of plan sponsor	CHATBOOKS, INC.	c EIN-PN 38-3866293-001
a Plan name	CINEGRATION, LLC 401(K) PLAN	
b Name of plan sponsor	CINEGRATION, LLC	c EIN-PN 27-4492067-001
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	COLLISION AUTO PARTS LLC 401K PLAN	
b Name of plan sponsor	COLLISION AUTO PARTS LLC	c EIN-PN 45-0404698-001
a Plan name	COLORADO HOSPITALITY SERVICES 401(K) PLAN	
b Name of plan sponsor	COLORADO HOSPITALITY SERVICES, INC.	c EIN-PN 06-1647786-001
a Plan name	COOLIBAR 401(K) PLAN	
b Name of plan sponsor	COOLIBAR, INC	c EIN-PN 20-2860307-001
a Plan name	CREATIVE ASSOCIATES INTERNATIONAL, INC. INCENTIVE SAVINGS PROGRAM	
b Name of plan sponsor	CREATIVE ASSOCIATES INTERNATIONAL, INC.	c EIN-PN 52-1154258-001
a Plan name	D. BEACOM & SONS INC. 401(K) PLAN	
b Name of plan sponsor	D BEACOM & SONS INC	c EIN-PN 38-2218617-001
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	DUPLASS, APLC 401K PLAN	
b Name of plan sponsor	DUPLASS, A PROFESSIONAL LAW CORPORATION	c EIN-PN 72-1087327-001
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

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	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	EDGE ELECTRICAL SYSTEMS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EDGE ELECTRICAL SYSTEMS, LLC	c EIN-PN 46-4200887-001
a	Plan name	EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	THE INSTITUTE FOR LIVER HEALTH II LLC	c EIN-PN 81-3777464-001
a	Plan name	ENTRATA 401(K) PLAN	
b	Name of plan sponsor	ENTRATA, INC.	c EIN-PN 86-1072180-001
a	Plan name	EPLAN SERVICES GROUP TRUST	
b	Name of plan sponsor	EPLAN SERVICES GROUP TRUST	c EIN-PN 77-6214267-001
a	Plan name	ESPIRE DENTAL 401(K) PLAN	
b	Name of plan sponsor	ESPIRE DENTAL PRACTICE, LLC	c EIN-PN 45-5435065-001
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	EYE CONSULTANTS OF NORTHERN VIRGINIA, P.C. PROFIT-SHARING PLAN	
b	Name of plan sponsor	EYE CONSULTANTS OF NORTHERN VIRGINIA, P.C.	c EIN-PN 54-1168250-003
a	Plan name	FALCON ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor	PELICAN, LLC DBA FALCON ENVIRONMENTAL	c EIN-PN 84-3551354-001
a	Plan name	FALLS STAMPING AND WELDING CO. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	FALLS STAMPING AND WELDING CO	c EIN-PN 34-1630889-003
a	Plan name	FERNANDO L. SUMAZA & CO., INC. AND AFFILIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FERNANDO L. SUMAZA & CO.	c EIN-PN 66-0392250-001
a	Plan name	FIRST CALL FINANCIAL 401 (K) PLAN	
b	Name of plan sponsor	FIRST CALL FINANCIAL	c EIN-PN 85-3228259-001

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 FOX AND JAMES INC 401K PROFIT SHARING	
b	Name of plan sponsor FOX AND JAMES INC	c EIN-PN 25-0978850-001
a	Plan name FREEDOM TRUST - SPLINTEK, INC. 401(K) PLAN	
b	Name of plan sponsor SPLINTEK, INC.	c EIN-PN 43-1735801-001
a	Plan name FRONTIER NURSING UNIVERSITY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FRONTIER NURSING UNIVERSITY	c EIN-PN 61-1124267-002
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 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 GENTRY CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor BUILDERS GUILD, INC. DBA GENTRY CONSTRUCTION	c EIN-PN 32-0133857-001
a	Plan name GLAZIER STEEL 401(K) PLAN	
b	Name of plan sponsor GLAZIER STEEL	c EIN-PN 94-2595045-001
a	Plan name GONZALEZ TRADING RETIREMENT PLAN	
b	Name of plan sponsor GONZALEZ TRADING, LLC	c EIN-PN 66-0255916-001
a	Plan name GOOD FAITH ENERGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor GOOD FAITH ENERGY, LLC	c EIN-PN 47-1136310-001
a	Plan name GOVERNMENT TACTICAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor GOVERNMENT TACTICAL SOLUTIONS	c EIN-PN 27-3025869-001
a	Plan name GREEN HILLS COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor GREEN HILLS COUNTRY CLUB	c EIN-PN 94-1024565-001
a	Plan name GREENFIELD BANKING COMPANY 401K PSP & TR	
b	Name of plan sponsor GREENFIELD BANKING CO	c EIN-PN 35-0352340-002

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 GRHPR RETIREMENT PLAN	
b	Name of plan sponsor GRHPR MANAGEMENT COMPANY LLC	c EIN-PN 87-2212356-001
a	Plan name HAWKINS FAMILY DENTAL 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HAWKINS FAMILY DENTAL LLC	c EIN-PN 26-2823076-001
a	Plan name HEAD START CHILD & FAMILY DEVELOPMENT PROGRAM, INC.	
b	Name of plan sponsor HEAD START CHILD & FAMILY DEVELOPMENT PROGRAM, INC.	c EIN-PN 47-0773713-501
a	Plan name HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor HEARTHSIDE BANK CORPORATION	c EIN-PN 61-0305840-002
a	Plan name HINT, INC. 401(K) PLAN	
b	Name of plan sponsor HINT, INC.	c EIN-PN 04-3806328-001
a	Plan name HURON CONSULTING GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HURON CONSULTING GROUP INC.	c EIN-PN 01-0666114-001
a	Plan name INVEST PUERTO RICO EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor INVEST PUERTO RICO	c EIN-PN 66-0891535-001
a	Plan name IPC GLOBAL SOLUTIONS SAVINGS PLAN	
b	Name of plan sponsor IMPORT PRODUCTS CO., LLC	c EIN-PN 04-2935545-001
a	Plan name IPM ALLIANCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IPM ALLIANCE, LLC	c EIN-PN 38-3995053-001
a	Plan name JRJ CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE R. JONES CONSTRUCTION, INC.	c EIN-PN 75-2231030-001
a	Plan name K-T HEATING AND AIR CONDITIONING 401K PLAN	
b	Name of plan sponsor K-T HEATING AND AIR CONDITIONING	c EIN-PN 81-2309365-001
a	Plan name KAUFFMAN CENTER FOR THE PERFORMING ARTS 401K PLAN	
b	Name of plan sponsor KAUFFMAN CENTER	c EIN-PN 43-1866550-001

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	KEMP SMITH LLP 401(K) PLAN	
b	Name of plan sponsor	KEMP SMITH LLP	c EIN-PN 04-3657264-001
a	Plan name	LAGASSE UTILITIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAGASSE UTILITIES, INC.	c EIN-PN 65-1036258-001
a	Plan name	LALLIER CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	LALLIER CONSTRUCTION, INC.	c EIN-PN 84-1313776-001
a	Plan name	LAW OFFICE OF DOUGLAS J. FANNING, LLP 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICE OF DOUGLAS J. FANNING, LLP	c EIN-PN 47-5319632-001
a	Plan name	LAW OFFICES OF GEHRKE, BAKER, DOULL & KELLY, PLLC 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF GEHRKE, BAKER, DOULL & KELLY, PLLC	c EIN-PN 46-4499000-001
a	Plan name	LEON SPRINGS GAS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEON SPRINGS GAS, LLC	c EIN-PN 20-1928655-001
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	LOUIS CALDER FOUNDATION 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	LOUIS CALDER FOUNDATION	c EIN-PN 13-6015562-001
a	Plan name	MACLEAN ENGINEERING & APPLIED TECH 401(K) P/S PLAN	
b	Name of plan sponsor	MACLEAN ENGINEERING & APPLIED TECHNOLOGIES,	c EIN-PN 20-1058844-001
a	Plan name	MADIGAN REFRIGERATION & ENERGY SYSTEMS, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MADIGAN REFRIGERATION & ENERGY SYSTEMS INC.	c EIN-PN 39-1156854-001
a	Plan name	MALNAT Y ASOCIADOS RETIREMENT PLAN	
b	Name of plan sponsor	MALNAT & ASOCIADOS, INC.	c EIN-PN 66-0612539-001
a	Plan name	MICROWAVE FILTER COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICROWAVE FILTER COMPANY, INC.	c EIN-PN 16-0928443-001

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	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	MILTON B. GRIN MD PA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MILTON B GRIN MD PA	c EIN-PN 48-1211938-001
a	Plan name	MONTROSE ORAL & MAXILLOFACIAL SURGERY PARTNERSHIP 401(K) PLAN	
b	Name of plan sponsor	MONTROSE ORAL AND MAXILLOFACIAL SURGERY PARTNERSHIP	c EIN-PN 26-4490612-001
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	MPR 401K	
b	Name of plan sponsor	METRIC ENGINEERING OF PUERTO RICO, PSC	c EIN-PN 66-0783248-001
a	Plan name	MTM MARKETING LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MTM MARKETING LLC	c EIN-PN 46-2857045-001
a	Plan name	MUDDY WATER DREDGING 401(K) PLAN	
b	Name of plan sponsor	MUDDY WATER DREDGING, LP	c EIN-PN 87-2926864-001
a	Plan name	MURRAY'S CO., INC. 401(K) PLAN	
b	Name of plan sponsor	MURRAY'S CO. INC.	c EIN-PN 41-0430545-002
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	NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor	NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
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	NEW MEXICO ONCOLOGY HEMATOLOGY CONSULTANTS, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW MEXICO ONCOLOGY HEMATOLOGY CONSULTANTS, LTD	c EIN-PN 85-0367056-001

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 NIXON & VANDERHYE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NIXON & VANDERHYE, P.C.	c EIN-PN 54-1344667-001
a	Plan name NORLEN, INC 401(K) PLAN	
b	Name of plan sponsor NORLEN, INC.	c EIN-PN 39-1033368-001
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 O'KANE AND MONSSEN, D.D.S., P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OKANE AND MONSSEN, D.D.S., P.A.	c EIN-PN 41-0977720-002
a	Plan name OAKSTREET WHOLESALE NURSERY, LLC 401(K) PLAN	
b	Name of plan sponsor OAKSTREET WHOLESALE NURSERY, LLC	c EIN-PN 23-1078996-001
a	Plan name ODDO PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor ODDO PROPERTY MANAGEMENT LLC	c EIN-PN 87-4385185-001
a	Plan name OMEGA ENGINEERING CONSULTANTS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OMEGA ENGINEERING CONSULTANTS	c EIN-PN 90-0599765-001
a	Plan name ONEAMERICA SEPARATE ACCOUNT	
b	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-100
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 PATHWAYS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PATHWAYS, INC.	c EIN-PN 61-0661987-001
a	Plan name PBIRX 401K PLAN	
b	Name of plan sponsor PBIRX	c EIN-PN 06-1364863-001
a	Plan name PEPE ABAD RETIREMENT PLAN	
b	Name of plan sponsor EMPRESAS PEPE ABAD LLC	c EIN-PN 66-0999701-001

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	PRIME FIDUCIARY SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIME FIDUCIARY SERVICES, LLC	c EIN-PN 11-3748954-001
a	Plan name	PRL, INC. 401(K) PLAN	
b	Name of plan sponsor	PRL, INC.	c EIN-PN 23-2341561-002
a	Plan name	PUMP AND METER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PUMP AND METER SERVICE, INC.	c EIN-PN 41-1710183-001
a	Plan name	PURE SEED 401(K) PLAN	
b	Name of plan sponsor	ROSE AGRI-SEED, INC DBA PURE SEED	c EIN-PN 93-0584935-001
a	Plan name	PWC PROPERTY SOLUTIONS, LLC DBA NAI PITTSBURGH 401(K) PLAN	
b	Name of plan sponsor	PWC PROPERTY SOLUTIONS, LLC DBA NAI PITTSBURGH	c EIN-PN 20-4291817-001
a	Plan name	QUALITY IS RETIREMENT PLAN	
b	Name of plan sponsor	QUALITY INDUSTRIAL PRODUCTS	c EIN-PN 66-0471603-001
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	RENO ORTHOPAEDIC CLINIC, LTD. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RENO ORTHOPAEDIC CLINIC, LTD.	c EIN-PN 88-0103557-001
a	Plan name	ROCHEUX INTERNATIONAL, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ROCHEUX INTERNATIONAL OF NEW JERSEY, INC.	c EIN-PN 22-3140384-001
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	ROOF CONNECT 401(K) PLAN	
b	Name of plan sponsor	ROOF CONNECT LOGISTICS, INC.	c EIN-PN 27-3073979-001
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	SARAH A, MESS, LLC 401(K) PLAN	
b	Name of plan sponsor	SARAH A MESS M.D., LLC.	c EIN-PN 20-2007034-001
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	SIEGEL BRILL P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SIEGEL BRILL PA	c EIN-PN 41-1626742-001
a	Plan name	SKYBRIDGE RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor	SKYBRIDGE RESOURCES, LLC	c EIN-PN 20-1947062-001
a	Plan name	SMARTY, LLC 401(K) PLAN	
b	Name of plan sponsor	SMARTY, LLC	c EIN-PN 35-2651525-001
a	Plan name	STAGE CAPITAL LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STAGE CAPITAL LLC	c EIN-PN 46-1602513-001
a	Plan name	STEEL AND PIPES 1081.01(D) RETIREMENT PLAN	
b	Name of plan sponsor	STEEL AND PIPES, INC	c EIN-PN 66-0368761-001
a	Plan name	SUNVIEW 401(K) PLAN	
b	Name of plan sponsor	SUNVIEW VINEYARDS OF CALIFORNIA, INC.	c EIN-PN 77-0199908-001
a	Plan name	SUPERIOR HEALTH HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR HEALTH HOLDINGS, INC	c EIN-PN 86-2824178-001

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	SYNDIGO 401(K) PLAN	
b Name of plan sponsor	SYNDIGO LLC	c EIN-PN 20-3328053-001
a Plan name	TASA RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	TEXAS ASSOCIATION OF SCHOOL ADMINISTRATORS	c EIN-PN 74-1540525-001
a Plan name	TCG GROUP HOLDINGS, LLP 401(K) PLAN	
b Name of plan sponsor	TCG GROUP HOLDINGS, LLP	c EIN-PN 20-0529591-001
a Plan name	THE ARIZONA STATE UROLOGICAL INSTITUTE RETIREMENT PLAN	
b Name of plan sponsor	THE ARIZONA STATE UROLOGICAL INSTITUTE	c EIN-PN 36-4526566-001
a Plan name	THE GUNTER GROUP 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THE GUNTER GROUP, LLC	c EIN-PN 80-0712674-001
a Plan name	THE HANA GROUP, INC. RETIREMENT PLAN	
b Name of plan sponsor	THE HANA GROUP, INC.	c EIN-PN 99-0320188-001
a Plan name	THE NOVAK 401(K) PLAN	
b Name of plan sponsor	MARV SMITH ELECTRIC, PLUMBING & HEATING, LLC	c EIN-PN 82-3770166-001
a Plan name	THERMCOR, INC. 401(K) P/S PLAN	
b Name of plan sponsor	THERMCOR, INC.	c EIN-PN 27-0067944-001
a Plan name	TRANSPORTE M AMADOR RETIREMENT PLAN	
b Name of plan sponsor	TRANSPORTE M. AMADOR, INC.	c EIN-PN 66-0727065-001
a Plan name	TRENEGY INCORPORATED 401(K) PLAN	
b Name of plan sponsor	TRENEGY INCORPORATED	c EIN-PN 27-3083464-001
a Plan name	UNIVERSAL POWER & SYSTEMS INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	UNIVERSAL POWER & SYSTEMS, INC.	c EIN-PN 47-1356460-001
a Plan name	UPDIKE DISTRIBUTION LOGISTICS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	UPDIKE DISTRIBUTION LOGISTICS	c EIN-PN 26-2955885-001

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	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	USA ENVIRONMENTAL, INC.	
b Name of plan sponsor	USA ENVIRONMENTAL, INC.	c EIN-PN 59-3516898-001
a Plan name	VICTORIA U.S. HOLDINGS 401(K) PLAN	
b Name of plan sponsor	VICTORIA U.S. HOLDINGS	c EIN-PN 20-3050842-001
a Plan name	VUTECH & RUFF, LLC RETIREMENT PLAN	
b Name of plan sponsor	VUTECH & RUFF, LLC	c EIN-PN 26-1557011-001
a Plan name	WALLACE & SMITH CONTRACTORS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WALLACE & SMITH CONTRACTORS, INC.	c EIN-PN 77-0071899-001
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	WOODRUFF CONSTRUCTION, EMPLOYEES PROFIT SHARING 401(K) PLAN & TRUST	
b Name of plan sponsor	WOODRUFF CONSTRUCTION	c EIN-PN 76-0721180-002
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) <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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLACKROCK RUSSELL 2000 GROWTH INDEX FUND	B Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 20-3802395

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 2	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 66782	45713
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) 33452575	40799362
(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	33519359	40845075
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	15950
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	77404	45036
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	77404	60986
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	33441955	40784089

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)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4425516
(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		4425516

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)	1674	
(5) Investment advisory and investment management fees	2i(5)	38689	
(6) Bank or trust company trustee/custodial fees	2i(6)	17398	
(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)		57761
j Total expenses. Add all expense amounts in column (b) and enter total	2j		57761

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4367755
l Transfers of assets:			
(1) To this plan	2l(1)		15665081
(2) From this plan	2l(2)		12690702

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 _____.