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
- ☒ 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
CASH BALANCE CIT

1b Three-digit plan number (PN) ▶ 560

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
GREAT GRAY TRUST COMPANY, LLC

6725 VIA AUSTI PARKWAY, SUITE 260
LAS VEGAS, NV 89119

2b Employer Identification Number (EIN)
38-4126256

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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2025	MATT FALCIANI
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan 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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2024
Department of Labor Employee Benefits Security Administration	▶ **File as an attachment to Form 5500.**	**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
CASH BALANCE CIT

B Three-digit plan number (PN) ▶ 560

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
GREAT GRAY TRUST COMPANY, LLC

D Employer Identification Number (EIN)
38-4126256

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: 1-3 YEAR GOV BOND INDEX FUND F
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.
c EIN-PN 94-3272267-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16532654

a Name of MTIA, CCT, PSA, or 103-12 IE: BR MSCI ACWI EX-US INDEX FUND M
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.
c EIN-PN 45-4431087-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5836479

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM TOTAL RETURN BOND FUND
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC
c EIN-PN 38-4097323-471 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2914203

a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE TRUST
b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY, LLC
c EIN-PN 82-3639536-275 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1945493

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND F
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.
c EIN-PN 94-3357216-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7781972

a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. DEBT INDEX FUND F
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.
c EIN-PN 94-3291425-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6805189

a Name of MTIA, CCT, PSA, or 103-12 IE: AB US LARGE CAP GROWTH CIT
b Name of sponsor of entity listed in (a): ALLIANCEBERNSTEIN LP
c EIN-PN 04-6948485-007 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1945493

a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SHORT DURATION CREDIT		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 82-1116174-322	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36964366
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	ACCOLADE CAPITAL MANAGEMENT CASH BALANCE		
b Name of plan sponsor	ACCOLADE CAPITAL MANAGEMENT LLC	**c** EIN-PN	52-2227070-002
a Plan name	ADVANCED ALLERGY, ASTHMA & SINUS CARE, P.A. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ADVANCED ALLERGY, ASTHMA & SINUS CARE, P.A.	**c** EIN-PN	26-2878180-001
a Plan name	AIRPARK MOTOR VEHICLES SERVICES, LLC CASH BALANCE PLAN		
b Name of plan sponsor	AIRPARK MOTOR VEHICLES SERVICES, LLC	**c** EIN-PN	26-0066740-002
a Plan name	ALTERNATE FINISHING, INC. CASH BALANCE PLAN		
b Name of plan sponsor	ALTERNATE FINISHING	**c** EIN-PN	01-0590974-002
a Plan name	AMES AND PETERSON ORTHODONTICS 401(K) PLAN		
b Name of plan sponsor	MATTHEW S. AMES, DDS, MS, PLLC	**c** EIN-PN	82-1182310-001
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	BALLISTIC VENTURES ALPHA, LLC 401K PLAN		
b Name of plan sponsor	BALLISTIC VENTURES ALPHA, LLC	**c** EIN-PN	86-3865853-001
a Plan name	BE BETTER TOMORROW 401(K) PLAN		
b Name of plan sponsor	BE BETTER TOMORROW, LLC	**c** EIN-PN	86-2467201-001
a Plan name	BEVER FAMILY DENTISTRY CASH BALANCE PLAN		
b Name of plan sponsor	BEVER FAMILY DENTISTRY, PLLC	**c** EIN-PN	85-4257064-002
a Plan name	BLUE POINT SOLUTIONS CASH BALANCE PLAN		
b Name of plan sponsor	BLUE POINT SOLUTIONS, LLC	**c** EIN-PN	81-1519650-001
a Plan name	BNPN ENTERPRISES PROFIT SHARING PLAN		
b Name of plan sponsor	BNPN ENTERPRISES	**c** EIN-PN	83-4259053-001
a Plan name	BONNIE LI ACCOUNTING & TAX SERVICE LLP		
b Name of plan sponsor	BONNIE LI ACCOUNTING TAX SERVICE LLP	**c** EIN-PN	81-4254215-002

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	BOUNDARY USA CASH BALANCE PLAN		
b Name of plan sponsor	BOUNDARY USA	**c** EIN-PN	87-3022759-001
a Plan name	BREATHE OKLAHOMA CASH BALANCE PLAN		
b Name of plan sponsor	OKLAHOMA SLEEP LG CC PLLC DBA BREATHE OKLAHOMA	**c** EIN-PN	26-4734580-002
a Plan name	BROCO PRODUCTS, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	BROCO PRODUCTS, INC.	**c** EIN-PN	34-1029991-001
a Plan name	CAMERON GLOBAL STRATEGIES LLC		
b Name of plan sponsor	CAMERON GLOBAL STRATEGIES LLC	**c** EIN-PN	87-2048721-001
a Plan name	CENTRAL IOWA ORTHODONTICS CASH BALANCE		
b Name of plan sponsor	CENTRAL IOWA ORTHODONTICS	**c** EIN-PN	93-1771111-002
a Plan name	CHATTANOOGA PLASTIC SURGERY, PLLC CASH BALANCE PENSION PLAN		
b Name of plan sponsor	CHATTANOOGA PLASTIC SURGERY, PLLC	**c** EIN-PN	62-1837080-002
a Plan name	CHI HSIN IMPEX, INC. CASH BALANCE PLAN		
b Name of plan sponsor	CHI HSIN IMPEX, INC.	**c** EIN-PN	95-3765138-001
a Plan name	CHICAGO LAW PARTNERS LLC 401K PLAN		
b Name of plan sponsor	CHICAGO LAW PARTNERS LLC	**c** EIN-PN	27-2026991-001
a Plan name	CHICAGO TICKET AUTHORITY, LLC 401(K) PLAN		
b Name of plan sponsor	CHICAGO TICKET AUTHORITY, LLC	**c** EIN-PN	84-1926141-001
a Plan name	CLEAREDJOBS.NET, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CLEAREDJOBS.NET, INC.	**c** EIN-PN	76-0751686-001
a Plan name	COHEN FAMILY ORTHODONTICS, P.C. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	COHEN FAMILY ORTHODONTICS, P.C.	**c** EIN-PN	47-4595133-001
a Plan name	DAWES/FRETZIN DERMATOLOGY GROUP, LLC CASH BALANCE PENSION PLAN		
b Name of plan sponsor	DAWES/FRETZIN DERMATOLOGY GROUP, LLC	**c** EIN-PN	35-2072221-002

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	DESTEFANO & ASSOCIATES, INC. CASH BALANCE PLAN		
b Name of plan sponsor	DESTEFANO & ASSOCIATES, INC.	**c** EIN-PN	02-0505207-001
a Plan name	DOUGLAS R. PEETE AND ASSOCIATES 401(K) PLAN		
b Name of plan sponsor	DOUGLAS R. PEETE AND ASSOCIATES	**c** EIN-PN	48-0947538-003
a Plan name	EAGLE CONSULTING SERVICES, LLC CASH BALANCE PLAN		
b Name of plan sponsor	EAGLE CONSULTING SERVICES	**c** EIN-PN	46-1166908-002
a Plan name	ENDODONTIC ASSOCIATES OF LOUISVILLE, PLLC CASH BALANCE PLAN		
b Name of plan sponsor	ENDODONTIC ASSOCIATES OF LOUISVILLE, PLLC	**c** EIN-PN	36-4565287-002
a Plan name	ESKRA AND ASSOCIATES 401(K) PLAN		
b Name of plan sponsor	ESKRA AND ASSOCIATES, INC.	**c** EIN-PN	65-0969883-001
a Plan name	ESSENTIAL PLANNING CASH BALANCE PENSION		
b Name of plan sponsor	ESSENTIAL PLANNING LLC	**c** EIN-PN	87-3834659-002
a Plan name	F/V MARGARET F. INC. CASH BALANCE PLAN		
b Name of plan sponsor	FV MARGARET F INC	**c** EIN-PN	01-0434101-002
a Plan name	FACE FORWARD HOUSTON CASH BALANCE PLAN		
b Name of plan sponsor	RODMAN SURGICAL	**c** EIN-PN	81-2388597-002
a Plan name	FOUR BRIDGES DERMATOLOGY & COSMETICS PLLC CBP		
b Name of plan sponsor	FOUR BRIDGES DERMATOLOGY & COSMETICS, PLLC	**c** EIN-PN	87-3160077-001
a Plan name	FREESTYLE CAPITAL, LLC CASH BALANCE PLAN		
b Name of plan sponsor	FREESTYLE CAPITAL MANAGEMENT, LLC.	**c** EIN-PN	45-1060837-002
a Plan name	FREY INC DEFINED BENEFIT PLAN & TRUST		
b Name of plan sponsor	FREY INC	**c** EIN-PN	68-0465252-002
a Plan name	GENERATION HEALTHCARE PROFIT SHARING PLAN		
b Name of plan sponsor	GENERATION HEALTHCARE	**c** EIN-PN	31-1670500-003

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	GODWIN PLASTIC SURGERY CENTER LLC CASH BALANCE PLAN		
b Name of plan sponsor	GODWIN PLASTIC SURGERY CENTER LLC	**c** EIN-PN	46-5478217-001
a Plan name	GRAY REED & MCGRAW LLP PROFIT SHARING PLAN		
b Name of plan sponsor	GRAY REED & MCGRAW LLP	**c** EIN-PN	81-4045088-001
a Plan name	GREWAL ORTHOPEDIC AND SPINE CARE CASH BALANCE PLAN		
b Name of plan sponsor	KANWARPAUL S GREWAL MEDICAL PLLC	**c** EIN-PN	83-1167547-002
a Plan name	GROWING OPPORTUNITIES 401(K) PLAN		
b Name of plan sponsor	GROWING OPPORTUNITIES, LLC	**c** EIN-PN	22-3734618-001
a Plan name	GYM BUGS LLC CASH BALANCE PLAN		
b Name of plan sponsor	GYM BUGS LLC	**c** EIN-PN	45-5277300-002
a Plan name	HAMPTON ROADS RADIOLOGY ASSOCIATES CB		
b Name of plan sponsor	HAMPTON ROADS RADIOLOGY ASSOCIATES P C	**c** EIN-PN	54-1147892-001
a Plan name	HAPPY SMILES FAMILY DENTISTRY 401K PLAN		
b Name of plan sponsor	HAPPY SMILES FAMILY DENTISTRY	**c** EIN-PN	81-4907948-001
a Plan name	HIGH QUALITY MORTGAGE, LLC CASH BALANCE PLAN		
b Name of plan sponsor	HIGH QUALITY MORTGAGE, LLC	**c** EIN-PN	47-2152350-002
a Plan name	I MUST GARDEN 401(K) PLAN		
b Name of plan sponsor	I MUST GARDEN, LLC	**c** EIN-PN	52-2443582-001
a Plan name	IN MOTION DESIGN INC. CASH BALANCE		
b Name of plan sponsor	IN MOTION DESIGN INC	**c** EIN-PN	93-1645419-002
a Plan name	INTEGRATED INSPECTION DB PLAN		
b Name of plan sponsor	INTEGRATED INSPECTION LLC	**c** EIN-PN	46-3749679-001
a Plan name	JO MAY LOGISTICS L.L.C. 401(K) PLAN		
b Name of plan sponsor	JO MAY LOGISTICS L.L.C.	**c** EIN-PN	85-2862852-001

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	JSA PLUMBING ESTIMATES LLC		
b Name of plan sponsor	JSA PLUMBING ESTIMATES LLC	**c** EIN-PN	86-3481749-001
a Plan name	KELLA RAD LLC 401K PLAN		
b Name of plan sponsor	KELLA RED LLC	**c** EIN-PN	92-0948331-001
a Plan name	KELLY GOODMAN NP AND ASSOCIATES, PC 401(K) PLAN		
b Name of plan sponsor	KELLY GOODMAN NP AND ASSOCIATES, PC	**c** EIN-PN	26-4566160-001
a Plan name	KLAROS ADVISORS CASH BALANCE PLAN		
b Name of plan sponsor	KLAROS ADVISORS LLC	**c** EIN-PN	84-2428473-002
a Plan name	KNEAFSEY INVESTMENT GROUP LLC CASH		
b Name of plan sponsor	KNEAFSEY INVESTMENT GROUP LLC	**c** EIN-PN	82-3790846-002
a Plan name	LAKESIDE FOOD SALES CASH BALANCE PLAN		
b Name of plan sponsor	LAKESIDE FOOD SALES, INC.	**c** EIN-PN	36-3454543-002
a Plan name	LAW OFFICES OF DAVID B. RICHARDSON, PS CASH BALANCE PLAN		
b Name of plan sponsor	LAW OFFICE OF DAVID B. RICHARDSON	**c** EIN-PN	91-1680600-002
a Plan name	LEIGH ESKENASI DEFINED BENEFIT PLAN		
b Name of plan sponsor	LEIGH ESKENASI	**c** EIN-PN	99-3737276-001
a Plan name	LENK & KUNA ORTHODONTICS, PLLC CB PLAN		
b Name of plan sponsor	LENK & KUNA ORTHODONTICS, PLLC	**c** EIN-PN	93-2542681-401
a Plan name	LIMA BEAN CASH BALANCE PLAN		
b Name of plan sponsor	LIMA BEAN TECHNOLOGY AND SERVICES, INC	**c** EIN-PN	20-5564947-002
a Plan name	MA PETROLEUM 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MA PETROLEUM, INC.	**c** EIN-PN	06-1536384-001
a Plan name	MALIK DENTAL CORPORATION CASH BALANCE PLAN		
b Name of plan sponsor	MALIK DENTAL CORPORATION	**c** EIN-PN	20-0414480-001

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	MGL DEVELOPERS, LLC CASH BALANCE PLAN		
b Name of plan sponsor	MGL DEVELOPERS LLC.	**c** EIN-PN	20-4847210-002
a Plan name	MOHAN CONSULTING AND CONSTRUCTION		
b Name of plan sponsor	MOHAN CONSULTING AND CONSTRUCTION LLC	**c** EIN-PN	82-4302387-001
a Plan name	NATIONWIDE SEPARATE ACCOUNT		
b Name of plan sponsor	NATIONWIDE TRUST COMPANY	**c** EIN-PN	31-1592130-001
a Plan name	NORTH METRO DERMATOLOGY CASH BALANCE PLAN		
b Name of plan sponsor	NORTH METRO DERMATOLOGY PLLC	**c** EIN-PN	46-1137943-002
a Plan name	NORTH RIVER ADVISORS LLC DB PLAN		
b Name of plan sponsor	NORTH RIVER ADVISORS LLC	**c** EIN-PN	45-2680352-001
a Plan name	NUVATION PAIN GROUP CASH BALANCE PLAN		
b Name of plan sponsor	NUVATION PAIN GROUP	**c** EIN-PN	47-4482077-001
a Plan name	OREGON SURGICAL SPECIALISTS, P.C. NEW COMPARABILITY CASH BALANCE PLAN		
b Name of plan sponsor	OREGON SURGICAL SPECIALISTS, P.C.	**c** EIN-PN	93-0592325-003
a Plan name	ORTHOPEDIC SPECIALISTS OF CONNECTICUT		
b Name of plan sponsor	ORTHOPAEDIC SPECIALISTS OF CONNECTICUT	**c** EIN-PN	06-1016137-001
a Plan name	PARKER HIGHLANDER CASH BALANCE PLAN		
b Name of plan sponsor	PARKER HIGHLANDER P.L.L.C.	**c** EIN-PN	45-5534164-002
a Plan name	PIG TRAIL HARLEY-DAVIDSON/BUELL CASH BALANCE PLAN		
b Name of plan sponsor	NORTHWEST ARKANSAS MOTORCYCLE, LLC	**c** EIN-PN	20-2589725-003
a Plan name	PROSTHODONTIC AND IMPLANT ASSOC. P.C. PROFIT SHARING PLAN		
b Name of plan sponsor	PROSTHODONTIC AND IMPLANT ASSOCIATES, P.	**c** EIN-PN	13-3781973-001
a Plan name	PUBLISHING CONCEPTS, INC. 401(K) PLAN		
b Name of plan sponsor	PUBLISHING CONCEPTS, INC	**c** EIN-PN	71-0763356-001

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	RALEIGH EMERGENCY MEDICINE ASSOC, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	RALEIGH EMERGENCY MEDICINE ASSOCIATES, INC.	**c** EIN-PN	56-1614999-001
a Plan name	RAYMOND J. DOUMAR PC CASHBALANCE PENSION PLAN		
b Name of plan sponsor	RAYMOND J. DOUMAR PC	**c** EIN-PN	93-2622400-001
a Plan name	REBOOT.IO, INC. CASH BALANCE PLAN		
b Name of plan sponsor	REBOOT.IO, INC.	**c** EIN-PN	47-1251453-001
a Plan name	RED CRANE MANAGEMENT, LLC CASH BALANCE PLAN		
b Name of plan sponsor	RED CRANE MANAGEMENT, LLC	**c** EIN-PN	87-3626565-002
a Plan name	RIVERBIRCH HOMES OF WEST TENNESSEE, LLC CASH BALANCE PENSION PLAN		
b Name of plan sponsor	RIVERBIRCH HOMES OF WEST TENNESSEE, LLC	**c** EIN-PN	20-3234528-002
a Plan name	ROGER L. BURK & ASSOCIATES CASH BALANCE PLAN		
b Name of plan sponsor	ROGER L BURK & ASSOCIATES INC	**c** EIN-PN	41-1588384-002
a Plan name	ROYAL PIPE & SUPPLY CO CASH BALANCE PLAN		
b Name of plan sponsor	ROYAL PIPE & SUPPLY CO	**c** EIN-PN	92-0497571-001
a Plan name	RURAL WELLNESS HEALTHCARE INC. CASH BALANCE PLAN		
b Name of plan sponsor	RURAL WELLNESS HEALTHCARE INC.	**c** EIN-PN	84-5051588-401
a Plan name	SANCTUARY SOFTWARE STUDIO INC CASH BALANCE PLAN		
b Name of plan sponsor	SANCTUARY SOFTWARE STUDIO INC	**c** EIN-PN	34-1759656-002
a Plan name	SCI CASH BALANCE PLAN		
b Name of plan sponsor	SHORE CONSULTING, INC.	**c** EIN-PN	94-3358748-003
a Plan name	SHADY RECORDS CASH BALANCE PLAN		
b Name of plan sponsor	SHADY RECORDS, INC.	**c** EIN-PN	11-3497444-002
a Plan name	SIERRA PRE-CASTING COMPANY CASH BALANCE PENSION PLAN		
b Name of plan sponsor	SIERRA PRE-CASTING COMPANY	**c** EIN-PN	94-2706999-002

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	SLOANES OF VONORE CASH BALANCE PLAN		
b Name of plan sponsor	SLOANS OF VONORE	**c** EIN-PN	62-1766490-001
a Plan name	SMART PATIO PLUS INC PENSION PLAN		
b Name of plan sponsor	ST PAUL PUMBING AND HEATING CO INC	**c** EIN-PN	82-1553709-001
a Plan name	SNYDERS ANTIQUE AUTO PARTS, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	SNYDERS ANTIQUE AUTO PARTS, INC.	**c** EIN-PN	34-1101594-001
a Plan name	SOLARA HEALTH PROFIT SHARING PLAN		
b Name of plan sponsor	SOLARA HEALTH, INC.	**c** EIN-PN	81-1553458-001
a Plan name	STEDMAN CONSTRUCTION CASH BALANCE PLAN		
b Name of plan sponsor	STEDMAN CONSTRUCTION INC	**c** EIN-PN	46-1640371-001
a Plan name	STEVEN R. MOORE, D.D.S., INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	STEVEN R. MOORE, D.D.S., INC.	**c** EIN-PN	38-3115851-001
a Plan name	STRUMWASSER SERVICES, INC 401K PLAN		
b Name of plan sponsor	STRUMWASSER SERVICES, INC.	**c** EIN-PN	84-3930707-002
a Plan name	STUDIO K DESIGN, LLC 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	STUDIO K DESIGN, LLC	**c** EIN-PN	46-4094630-001
a Plan name	SULLIVAN ORTHODONTICS 401(K) PLAN		
b Name of plan sponsor	SULLIVAN ORTHODONTICS, PLLC	**c** EIN-PN	46-5716597-001
a Plan name	TEAM POPP DENTAL, PLLC 401(K) PLAN		
b Name of plan sponsor	TEAM POPP DENTAL, PLLC	**c** EIN-PN	62-1645520-001
a Plan name	TECHNIMETALS, INC. CASH BALANCE PLAN		
b Name of plan sponsor	TECHNIMETALS, INC	**c** EIN-PN	20-8119045-002
a Plan name	THOMPSON BUILDERS CORPORATION 401K PROFIT SHARING PLAN		
b Name of plan sponsor	THOMPSON BUILDERS CORPORATION	**c** EIN-PN	68-0250401-001

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	TIGHTER LINES, LLC 401 (K) PROFIT SHARING PLAN		
b Name of plan sponsor	TIGHTER LINES, LLC	**c** EIN-PN	46-5422175-002
a Plan name	TIMOTHY F. KELLEY MD INC		
b Name of plan sponsor	TIMOTHY F KELLEY MD INC	**c** EIN-PN	99-4717543-001
a Plan name	TMAC SERVICES, INC. 401(K) PLAN		
b Name of plan sponsor	TMAC SERVICES, INC.	**c** EIN-PN	05-0556161-001
a Plan name	TRETON, INC. 401(K) PLAN		
b Name of plan sponsor	TRETON INC.	**c** EIN-PN	20-5525746-001
a Plan name	UNIK, INC PROFIT SHARING PLAN		
b Name of plan sponsor	UNIK, INC	**c** EIN-PN	03-0469102-001
a Plan name	USA ROLLER CHAIN & SPROCKETS CASH BALANCE PLAN		
b Name of plan sponsor	SCREAMIN EXPRESS METAL WORKS, INC. DBA USA ROLLER CHAIN & SPROCKETS	**c** EIN-PN	26-3954867-002
a Plan name	VALLEYVIEW INJURY & PHYSICAL MEDICINE 401(K) PLAN		
b Name of plan sponsor	VALLEYVIEW INJURY & PHYSICAL MEDICINE, INC.	**c** EIN-PN	47-4407311-004
a Plan name	VASCULAR SURGERY ASSOCIATES CASH BALANCE PLAN		
b Name of plan sponsor	VASCULAR SURGERY ASSOCIATES MEDICAL GROUP, APC	**c** EIN-PN	92-1249712-002
a Plan name	VELOCIRAX CASH BALANCE PL		
b Name of plan sponsor	VELOCIRAX	**c** EIN-PN	93-4446995-002
a Plan name	WESTIN TRADING, INC. CASH BALANCE PENSION PLAN		
b Name of plan sponsor	WESTIN TRADING, INC.	**c** EIN-PN	43-1691494-002
a Plan name	WILSON ANESTHESIA SERVICE LLC		
b Name of plan sponsor	WILSON ANESTHESIA SERVICES LLC	**c** EIN-PN	46-1627386-001
a Plan name	ZERO POINT INTERNATIONAL, INC. CASH BALANCE PENSION PLAN		
b Name of plan sponsor	ZERO POINT INTERNATIONAL, INC.	**c** EIN-PN	83-1457829-002

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**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
CASH BALANCE CIT

B Three-digit plan number (PN) ▶ 560

C Plan sponsor's name as shown on line 2a of Form 5500
GREAT GRAY TRUST COMPANY, LLC

D Employer Identification Number (EIN)
38-4126256

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	31	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6822558	7191608
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)	74694582	80725849
(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)	13250845	16530558
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	94768016	104448015

Liabilities

			(a) Beginning of Year	(b) End of Year
g	Benefit claims payable	1g		
h	Operating payables	1h	0	44208
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	7336037	7191607
k	Total liabilities (add all amounts in lines 1g through1j)	1k	7336037	7235815

Net Assets

			(a) Beginning of Year	(b) End of Year
l	Net assets (subtract line 1k from line 1f)	1l	87431979	97212200

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)	526304	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		526304
	(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)		5895532
(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)		-198761
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		6223075

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)	4232	
(5) Investment advisory and investment management fees	2i(5)	100306	
(6) Bank or trust company trustee/custodial fees	2i(6)	43175	
(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)		147713
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		147713

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		6075362
l Transfers of assets:			
(1) To this plan	2l(1)		59704759
(2) From this plan	2l(2)		55999900

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **(2)** EIN:

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

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

Part IV Compliance Questions

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

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

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

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

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

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

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