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| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p> |
|---|---|---|

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

| | |
|--|--|
| <p>1a Name of plan <u>CORE PLUS BOND FUND II</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>758</u></p> |
| <p>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) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p> | <p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-7271377</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p> |

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 | | Date | |
| | Signature of plan administrator | | Enter name of individual signing as plan administrator |
| SIGN HERE | | Date | |
| | Signature of employer/plan sponsor | | 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 <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. | OMB No. 1210-0110 <hr/> 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>CORE PLUS BOND FUND II</u> | B Three-digit plan number (PN) | <u>758</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>38-7271377</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>FIAM CORE PLUS COMMINGLED POOL CLAS</u> | | |
| b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> | | |
| c EIN-PN <u>20-4659714-052</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>106550112</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:

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d Entity code

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

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

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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 ACTIVE MEDICAL, INC. 401(K) PLAN | |
| b | Name of plan sponsor ACTIVE MEDICAL, INC. | c EIN-PN 23-2484990-002 |
| a | Plan name ADENA CORPORATION & AMCRETE 401(K) PLAN | |
| b | Name of plan sponsor ADENA CORPORATION | c EIN-PN 34-1376430-002 |
| a | Plan name AIRMARK, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor AIRMARK, INC. | c EIN-PN 41-1549927-001 |
| a | Plan name ALBION ENGINEERING COMPANY 401(K) PLAN | |
| b | Name of plan sponsor ALBION ENGINEERING COMPANY | c EIN-PN 20-1965714-001 |
| a | Plan name ALIXA RX, LLC 401(K) PLAN | |
| b | Name of plan sponsor ALIXA RX, LLC | c EIN-PN 36-4717407-001 |
| a | Plan name ALLEGIANCE MOBILE HEALTH 401(K) PLAN | |
| b | Name of plan sponsor BLUEBIRD MEDICAL ENTERPRISES, LLC DBA ALLEGIANCE MOBILE HEALTH | c EIN-PN 01-0915530-001 |
| a | Plan name ANGERHOLZER BROZ CONSULTING 401(K) PLAN | |
| b | Name of plan sponsor ANGERHOLZER BROZ CONSULTING, LLC | c EIN-PN 20-3017960-001 |
| a | Plan name AUTOMATIC ENTRANCES OF WISCONSIN, INC. 401(K) PLAN | |
| b | Name of plan sponsor AUTOMATIC ENTRANCES OF WISCONSIN, INC. | c EIN-PN 39-1232314-001 |
| a | Plan name BACCELLIERI FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor BACCELLIERI FAMILY DENTISTRY | c EIN-PN 82-1754768-001 |
| a | Plan name BACKD 401(K) PLAN | |
| b | Name of plan sponsor AUSTIN BUSINESS FINANCE DBA BACKD | c EIN-PN 36-4909669-001 |
| a | Plan name BADER USA INC. 401K PLAN & TRUST | |
| b | Name of plan sponsor BADER USA INC. 401K | c EIN-PN 38-3154969-001 |
| a | Plan name BANC3 ENGINEERING INC. 401K PROFIT | |
| b | Name of plan sponsor BANC3 ENGINEERING INC | c EIN-PN 81-4174250-001 |

| 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 | BASELL RSP | |
| b | Name of plan sponsor | LYONDELLBASELL | c EIN-PN 76-0550481-014 |
| a | Plan name | BASELL SIP | |
| b | Name of plan sponsor | LYONDELLBASELL | c EIN-PN 76-0550481-013 |
| a | Plan name | BENEFICIAL INTERNATIONAL 401(K) PLAN | |
| b | Name of plan sponsor | BENEFICIAL INTERNATIONAL, INC. | c EIN-PN 87-0433825-001 |
| a | Plan name | BETTERS & ASSOCIATES, S. C. 401(K) PLAN | |
| b | Name of plan sponsor | BETTERS & ASSOCIATES, S.C. | c EIN-PN 39-1783820-001 |
| a | Plan name | BHM 401(K) PLAN | |
| b | Name of plan sponsor | BACKBAR HOSPITALITY MANAGEMENT LLC | c EIN-PN 82-1831964-001 |
| a | Plan name | BOLLINGER MOTORS 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | BOLLINGER MOTORS | c EIN-PN 85-3949915-001 |
| a | Plan name | BOUNDLESS NETWORK, INC. | |
| b | Name of plan sponsor | BOUNDLESS NETWORK, INC. | c EIN-PN 20-2240417-001 |
| a | Plan name | BOYS & GIRLS CLUBS OF DELAWARE INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | BOYS & GIRLS CLUBS OF DELAWARE INC. | c EIN-PN 51-0068712-001 |
| a | Plan name | CARITE CORPORATE, LLC CARITE 401(K)PLAN | |
| b | Name of plan sponsor | CARITE INC. | c EIN-PN 45-2551081-001 |
| a | Plan name | CHARLES PENZONE, INC. 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | CHARLES PENZONE, INC. | c EIN-PN 31-0749362-003 |
| a | Plan name | CHARTER BANK 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | CHARTER BANK | c EIN-PN 42-1470586-001 |
| a | Plan name | CHURNZERO 401(K) PLAN | |
| b | Name of plan sponsor | CHURNZERO, INC | c EIN-PN 47-4149122-001 |

| 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 | CITY OF NORTH LAUDERDALE 401A - 107397 | |
| b | Name of plan sponsor | CITY OF NORTH LAUDERDALE | c EIN-PN 59-1205666-402 |
| a | Plan name | CITY OF NORTH LAUDERDALE 457B - 301160 | |
| b | Name of plan sponsor | CITY OF NORTH LAUDERDALE | c EIN-PN 59-1205666-404 |
| a | Plan name | COMMUNITY AUTO GROUP 401(K) PLAN | |
| b | Name of plan sponsor | RAECOM HOLDINGS, LLC | c EIN-PN 20-2052978-001 |
| a | Plan name | COMPASSUS 401(K) PLAN | |
| b | Name of plan sponsor | FC COMPASSUS, LLC | c EIN-PN 47-2468370-001 |
| a | Plan name | CONGDON, FLAHERTY, O'CALLAGHAN, REID, DONLON, TRAVIS & FISHLINGER 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CONGDON, FLAHERTY, OCALLAGHAN, REID, DONLON, TRAVIS & FISHLINGER | c EIN-PN 11-2579360-001 |
| a | Plan name | CST GROUP, CPAS, PC 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CST GROUP, CPAS, PC | c EIN-PN 54-1019610-001 |
| a | Plan name | DAVID A. BRESLER DDS PC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | DAVID A. BRESLER DDS PC | c EIN-PN 23-2708126-001 |
| a | Plan name | DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DECISIVEDGE, LLC | c EIN-PN 26-1440851-001 |
| a | Plan name | DESIGN SCIENCE GROUP, LLC 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DESIGN SCIENCE GROUP, LLC | c EIN-PN 84-3925662-001 |
| a | Plan name | DESTINATION MADISON 401(K) PLAN | |
| b | Name of plan sponsor | GREATER MADISON CONVENTION & VISITORS BUREAU | c EIN-PN 39-1174876-001 |
| a | Plan name | DEWYS MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DEWYS MANUFACTURING, INC | c EIN-PN 38-3324858-001 |
| a | Plan name | DIAGNOSTICA STAGO, INC. 401(K) PLAN | |
| b | Name of plan sponsor | DIAGNOSTICA STAGO, INC. | c EIN-PN 22-2586618-001 |

| 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 DIAMOND CELLAR 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor DIAMOND CELLAR HOLDINGS, LLC DBA DIAMOND CELLAR | c EIN-PN 20-5589137-001 |
| a | Plan name DIETZ-FUTRELL & WALTERS INSURANCE, INC. 401(K) PLAN | |
| b | Name of plan sponsor DIETZ-FUTRELL & WALTERS INS INC | c EIN-PN 31-1015616-001 |
| a | Plan name DISPLAY PACK, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor DISPLAY PACK, INC. | c EIN-PN 38-1960355-001 |
| a | Plan name DLZ HOLDINGS 401(K) PLAN | |
| b | Name of plan sponsor DLZ HOLDINGS LLC | c EIN-PN 81-3302714-001 |
| a | Plan name DN AUTOMOTIVE USA 401(K) PLAN | |
| b | Name of plan sponsor DN AUTOMOTIVE USA INC | c EIN-PN 38-3630955-001 |
| a | Plan name ENGINEERED PROTECTION SYSTEMS INC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor ENGINEERED PROTECTION SYSTEMS INC | c EIN-PN 38-1844884-001 |
| a | Plan name ENVIRONMENTAL ENGINEERING SYSTEMS 401(K) PLAN | |
| b | Name of plan sponsor ENVIRONMENTAL ENGINEERING SYSTEMS, INC. | c EIN-PN 31-0864813-002 |
| a | Plan name EPHRATA AREA SOCIAL SERVICES 401(K) PLAN | |
| b | Name of plan sponsor EPHRATA AREA SOCIAL SERVICES | c EIN-PN 23-1857457-001 |
| a | Plan name EQUISTAR CHEMICALS, LP SAVINGS & INVESTMENT PLAN FOR HOURLY REPRESENTED EMPLOYEES | |
| b | Name of plan sponsor EQUISTAR CHEMICALS, LP | c EIN-PN 76-0550481-007 |
| a | Plan name FIRST IMPRESSIONS, S.C. 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor FIRST IMPRESSIONS, S.C. | c EIN-PN 39-1825887-001 |
| a | Plan name FOOTHILLS ANIMAL SHELTER 401(K) PLAN | |
| b | Name of plan sponsor FOOTHILLS ANIMAL SHELTER | c EIN-PN 84-1311450-001 |
| a | Plan name GARNER FAMILY DENTISTRY, LLC 401K PLAN | |
| b | Name of plan sponsor GARNER FAMILY DENTISTRY, LLC | c EIN-PN 32-0205651-001 |

| 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 GATEWAY TERMINALS 401(K) PLAN | |
| b | Name of plan sponsor GATEWAY TERMINALS LLC | c EIN-PN 58-2179291-001 |
| a | Plan name GBC FOOD SERVICES 401(K) PLAN | |
| b | Name of plan sponsor GBC FOOD SERVICES, LLC | c EIN-PN 45-2304217-001 |
| a | Plan name GELLERT SCALI BUSENKELL & BROWN, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GELLERT SCALI BUSENKELL & BROWN, LLC | c EIN-PN 46-0997626-001 |
| a | Plan name GRAND TRAVERSE OPHTHALMOLOGY CLINIC P.C. | |
| b | Name of plan sponsor GRAND TRAVERSE OPHTHALMOLOGY CLINIC | c EIN-PN 38-1950606-002 |
| a | Plan name GROUND EFFECTS, LLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor INNOVATIVE XCESSORIES AND SERVICES LLC | c EIN-PN 36-4756635-001 |
| a | Plan name GS GLOBAL RESOURCES, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor GS GLOBAL RESOURCES, INC. | c EIN-PN 39-1155511-001 |
| a | Plan name HEALTHCARE SYSTEMS FEDERAL CREDIT UNION 401K PLAN & TRUST | |
| b | Name of plan sponsor HEALTHCARE SYSTEMS FEDERAL CREDIT UNION | c EIN-PN 54-0892111-001 |
| a | Plan name HFI, LLC SAVINGS PLAN | |
| b | Name of plan sponsor HFI, LLC | c EIN-PN 20-3914731-001 |
| a | Plan name HORIZON MEDIA, LLC 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor HORIZON MEDIA HOLDINGS, LLC | c EIN-PN 13-3494927-002 |
| a | Plan name HOSPICE FOR ALL SEASONS 401(K) PLAN | |
| b | Name of plan sponsor HOSPICE FOR ALL SEASONS | c EIN-PN 27-3524967-001 |
| a | Plan name HOUSTON REFINING LP 401(K) AND SAVINGS PLAN FOR REPRESENTED EMPLOYEES | |
| b | Name of plan sponsor HOUSTON REFINING LP | c EIN-PN 76-0395303-065 |
| a | Plan name HRGI HOLDINGS INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor HRGI HOLDINGS, INC. | c EIN-PN 84-3029583-001 |

| 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 | I.H.S. DISTRIBUTING COMPANY, INC. PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor | I.H.S. DISTRIBUTING COMPANY, INC. | c EIN-PN 38-1301232-001 |
| a | Plan name | IMPACT MAKERS 401K PLAN | |
| b | Name of plan sponsor | IMPACT MAKERS | c EIN-PN 84-1716041-001 |
| a | Plan name | INDUSTRIAL ARTS WORKSHOP 401(K) PLAN | |
| b | Name of plan sponsor | INDUSTRIAL ARTS WORKSHOP | c EIN-PN 84-1824326-001 |
| a | Plan name | INDUSTRIAL CERAMIC PRODUCTS INC. 401K | |
| b | Name of plan sponsor | INDUSTRIAL CERAMIC PRODUCTS | c EIN-PN 31-4215190-001 |
| a | Plan name | INLAND LAKES MANAGEMENT, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | INLAND LAKES MANAGEMENT, INC. | c EIN-PN 38-2733182-001 |
| a | Plan name | JAMESTOWN PAINTING AND DECORATING, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | JAMESTOWN PAINTING AND DECORATING, INC. | c EIN-PN 51-0306000-002 |
| a | Plan name | KENTUCKY NONPROFIT NETWORK 401(K) PLAN | |
| b | Name of plan sponsor | KENTUCKY NONPROFIT NETWORK | c EIN-PN 46-0963142-001 |
| a | Plan name | KODAK ALARIS RETIREMENT | |
| b | Name of plan sponsor | KODAK ALARIS INC | c EIN-PN 46-2969770-001 |
| a | Plan name | KORPORATE COMPUTING 401(K) PLAN | |
| b | Name of plan sponsor | KASUAL COMPUTING DBA KORPORATE COMPUTING | c EIN-PN 23-2939453-001 |
| a | Plan name | LA DOLCE VITA, LLC 401(K) PLAN | |
| b | Name of plan sponsor | LA DOLCE VITA, LLC | c EIN-PN 20-1892386-001 |
| a | Plan name | LANCESOFT, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | LANCESOFT, INC. | c EIN-PN 54-1974095-001 |
| a | Plan name | LEAFHOUSE 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LEAFHOUSE FINANCIAL GROUP, LLC | c EIN-PN 26-3479399-001 |

| 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 | LIGHT & WONDER, INC. 401K PLAN | |
| b | Name of plan sponsor | LIGHT & WONDER, INC. | c EIN-PN 81-0422894-003 |
| a | Plan name | LYONDELLBASELL | |
| b | Name of plan sponsor | LYONDELLBASELL | c EIN-PN 95-4160558-009 |
| a | Plan name | MAIN BEVERAGE COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | MAIN BEVERAGE COMPANY | c EIN-PN 38-2084541-002 |
| a | Plan name | MAIN BEVERAGE COMPANY UNION 401(K) PLAN | |
| b | Name of plan sponsor | MAIN BEVERAGE COMPANY | c EIN-PN 38-2084541-003 |
| a | Plan name | MARDEN'S, INC. 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | MARDENS, INC. | c EIN-PN 01-0373270-002 |
| a | Plan name | MATTHEWS DENTAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MATTHEWS DENTAL ASSOCIATES, P.A. | c EIN-PN 27-2053073-001 |
| a | Plan name | MCCABE & MACK LLP RETIREMENT PLAN | |
| b | Name of plan sponsor | MCCABE & MACK LLP | c EIN-PN 14-1336856-001 |
| a | Plan name | MICHIGAN BEER & WINE WHOLESALERS ASSOCIATION 401(K) PLAN | |
| b | Name of plan sponsor | MICHIGAN BEER & WINE WHOLESALERS ASSOCIATION | c EIN-PN 38-0832060-001 |
| a | Plan name | MIDDLETOWN FAMILY DENTISTRY, P.A. 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MIDDLETOWN FAMILY DENTISTRY | c EIN-PN 42-1613231-001 |
| a | Plan name | MILLER PRODUCTS COMPANY 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | MILLER PRODUCTS COMPANY | c EIN-PN 42-0822333-001 |
| a | Plan name | MINORITY BEHAVIORAL HEALTH GROUP 401(K) PLAN | |
| b | Name of plan sponsor | AKRON COMMUNITY DEVELOPMENT ASSOCIATION INC. DBA MINORITY BEHAVIORAL H | c EIN-PN 34-1965936-001 |
| a | Plan name | MITCHELL ASSOCIATES TAX DEFERRED & SAVINGS PLAN | |
| b | Name of plan sponsor | SABER GROUP, LLC | c EIN-PN 88-4404678-001 |

| 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 | MSC BIOMEDICAL HOLDINGS 401(K) PLAN | |
| b | Name of plan sponsor | MSC BIOMEDICAL HOLDINGS | c EIN-PN 87-3498426-001 |
| a | Plan name | MUSKEGON OPERATING COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | MUSKEGON OPERATING COMPANY LLC | c EIN-PN 83-4066833-002 |
| a | Plan name | NATIONWIDE SEPARATE ACCOUNT | |
| b | Name of plan sponsor | NATIONWIDE TRUST COMPANY | c EIN-PN 31-1592130-001 |
| a | Plan name | NEUMANN COMPANIES RETIREMENT PLAN | |
| b | Name of plan sponsor | NEUMANN DEVELOPMENTS, INC. | c EIN-PN 27-1417301-001 |
| a | Plan name | NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NORTHEAST MICHIGAN COMMUNITY SERVICE AGENCY | c EIN-PN 38-1873461-002 |
| a | Plan name | NORTHLAKE STEEL CORP. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | NORTHLAKE STEEL CORP. | c EIN-PN 34-1219952-001 |
| a | Plan name | NOVO BUILDING PRODUCTS | |
| b | Name of plan sponsor | NOVO DISTRIBUTION, LLC | c EIN-PN 38-3135188-001 |
| a | Plan name | ONEONCOLOGY LLC ONEREWARDS RETIREMENT | |
| b | Name of plan sponsor | ONEONCOLOGY LLC | c EIN-PN 82-3416811-001 |
| a | Plan name | OPERATIONS PATHWAY SYSTEMS L.P. | |
| b | Name of plan sponsor | OPERATIONS PATHWAY SYSTEMS LP | c EIN-PN 75-2850532-001 |
| a | Plan name | PARAGON MICRO INC. 401(K) PLAN | |
| b | Name of plan sponsor | PARAGON MICRO INC. | c EIN-PN 20-0144408-001 |
| a | Plan name | PENNOCK COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | PENNOCK COMPANY 401(K) PLAN | c EIN-PN 23-0954578-004 |
| a | Plan name | PENSKE VEHICLE SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PENSKE VEHICLE SERVICES, INC. | c EIN-PN 51-0395686-001 |

| 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 PROFESSIONAL VISIONCARE LLC 401K PSP & | |
| b | Name of plan sponsor PROFESSIONAL VISIONCARE LLC | c EIN-PN 31-1306885-001 |
| a | Plan name PROLINE EQUIPMENT COMPANY 401(K) PLAN | |
| b | Name of plan sponsor PROLINE EQUIPMENT COMPANY | c EIN-PN 38-3218838-001 |
| a | Plan name R.A. TOWNSEND CO. PROFIT SHARING 401(K) TRUST | |
| b | Name of plan sponsor R.A. TOWNSEND COMPANY | c EIN-PN 38-1746453-001 |
| a | Plan name R3 CONTINUUM, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor R3 CONTINUUM LLC | c EIN-PN 46-4003573-001 |
| a | Plan name REGAL ENTERTAINMENT GROUP 401(K) PLAN | |
| b | Name of plan sponsor REGAL ENTERTAINMENT GROUP 401(K) PLAN | c EIN-PN 62-1412720-001 |
| a | Plan name REPCO-LITE PAINTS, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor REPCOLITE PAINTS, INC. | c EIN-PN 38-1653198-001 |
| a | Plan name RESULTANT, LLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor RESULTANT, LLC | c EIN-PN 30-0517849-001 |
| a | Plan name RETIREGUIDE CONSERVATIVE GROWTH | |
| b | Name of plan sponsor RETIREGUIDE CONSERVATIVE GROWTH | c EIN-PN 84-4074165-001 |
| a | Plan name RETIREGUIDE CONSERVATIVE GROWTH & INCOME | |
| b | Name of plan sponsor RETIREGUIDE CONSERVATIVE GROWTH & INCOME | c EIN-PN 84-4094462-001 |
| a | Plan name RETIREGUIDE GROWTH | |
| b | Name of plan sponsor RETIREGUIDE GROWTH | c EIN-PN 84-4095754-001 |
| a | Plan name RETIREGUIDE GROWTH & INCOME | |
| b | Name of plan sponsor RETIREGUIDE GROWTH & INCOME | c EIN-PN 84-4095989-001 |
| a | Plan name RETIREGUIDE MODERATE GROWTH | |
| b | Name of plan sponsor RETIREGUIDE MODERATE GROWTH | c EIN-PN 84-4096529-001 |

| 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 | RETIREGUIDE MODERATE GROWTH & INCOME | |
| b | Name of plan sponsor | RETIREGUIDE MODERATE GROWTH & INCOME | c EIN-PN 84-4096260-001 |
| a | Plan name | REV UP BRANDS 401(K) PLAN | |
| b | Name of plan sponsor | REVOLUTION DANCEWEAR, LLC | c EIN-PN 80-0615298-001 |
| a | Plan name | RHD TIRE, INC RETIREMENT PLAN | |
| b | Name of plan sponsor | RHD TIRE, INC | c EIN-PN 38-2067684-001 |
| a | Plan name | RKG 401(K) PLAN | |
| b | Name of plan sponsor | RETIREMENT (K)ONCIERGE GROUP | c EIN-PN 86-1926015-001 |
| a | Plan name | ROBERT J. KACMARIK, JR., D.D.S., P.A. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ROBERT J. KACMARIK, JR., D.D.S., P.A. | c EIN-PN 02-0637461-001 |
| a | Plan name | ROBRYAN CONSTRUCTION, LP 401(K) PLAN | |
| b | Name of plan sponsor | ROBRYAN CONSTRUCTION, LP | c EIN-PN 55-0881960-001 |
| a | Plan name | SALVO ROGERS ELINSKI & SCULLIN 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SALVO ROGERS ELINSKI & SCULLIN P.C. | c EIN-PN 23-2793666-001 |
| a | Plan name | SCHWARTZ & SCHWARTZ 401(K) PLAN | |
| b | Name of plan sponsor | SCHWARTZ & SCHWARTZ ENTERPRISES INC. | c EIN-PN 47-2798848-001 |
| a | Plan name | SCOTT BROTHERS 401(K) PLAN | |
| b | Name of plan sponsor | SCOTT BROTHERS WINDOWS & DOORS | c EIN-PN 87-2222565-001 |
| a | Plan name | SEPRIO, LLC 401(K) PLAN | |
| b | Name of plan sponsor | SEPRIO, LLC | c EIN-PN 42-1507519-001 |
| a | Plan name | SEWER SENTRY 401K PLAN | |
| b | Name of plan sponsor | SEWER SENTRY | c EIN-PN 84-3766680-001 |
| a | Plan name | SHANAHAN & ASSOCIATES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SHANAHAN & ASSOCIATES, INC, | c EIN-PN 23-2970161-001 |

| 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 | SHELLY ORTHODONTICS, PC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DOCTORS SHELLY & SHELLY P.C. | c EIN-PN 42-1168708-002 |
| a | Plan name | SMILE SOLUTIONS OF DELAWARE, P.A. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SMILE SOLUTIONS OF DELAWARE, P.A. | c EIN-PN 51-0233332-001 |
| a | Plan name | SPENCE TRUCKING, INC 401(K) PLAN | |
| b | Name of plan sponsor | SPENCE TRUCKING, INC | c EIN-PN 52-1662963-001 |
| a | Plan name | SPORTSMITH LLC 401K | |
| b | Name of plan sponsor | SPORTSMITH LLC | c EIN-PN 73-1473897-001 |
| a | Plan name | STOELZLE GLASS USA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | STOELZLE GLASS USA, INC. | c EIN-PN 27-1766515-001 |
| a | Plan name | STRATEGIC OPERATIONAL SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor | STRATEGIC OPERATIONAL SOLUTIONS, INC. | c EIN-PN 20-5439932-001 |
| a | Plan name | SUMMIT PRIMARY AND PAIN 401(K) PLAN | |
| b | Name of plan sponsor | SUMMIT PRIMARY AND PAIN LLC | c EIN-PN 85-1978996-001 |
| a | Plan name | SUNDOG PARTNERSHIP 401K PLAN | |
| b | Name of plan sponsor | SUNDOG PARTNERSHIP | c EIN-PN 75-3046044-001 |
| a | Plan name | SUNSHARE COMMUNITY SOLAR 401(K) PLAN | |
| b | Name of plan sponsor | SUNSHARE, LLC | c EIN-PN 45-2324951-002 |
| a | Plan name | SUPERIOR INDUSTRIES INTERNATIONAL, INC. SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor | SUPERIOR INDUSTRIES INTERNATIONAL, INC. | c EIN-PN 95-2594729-001 |
| a | Plan name | TDS PHARMACY INC | |
| b | Name of plan sponsor | TDS PHARMCY INC | c EIN-PN 38-3056691-001 |
| a | Plan name | THE HASKELL COMPANY TAX DEFERRED SAVINGS PLAN (401(K)) | |
| b | Name of plan sponsor | THE HASKELL COMPANY | c EIN-PN 59-2387450-001 |

| 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 | THE PRICE ORGANIZATION 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | THE PRICE ORGANIZATION | c EIN-PN 51-0294525-003 |
| a | Plan name | THE PRINCETON GROUP RETIREMENT PLAN | |
| b | Name of plan sponsor | THE PRINCETON GROUP | c EIN-PN 20-4336265-001 |
| a | Plan name | TITAN WEALTH ADVISORS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | TITAN WEALTH ADVISORS, LLC | c EIN-PN 43-3001778-001 |
| a | Plan name | TRACHTE, LLC 401(K) PLAN | |
| b | Name of plan sponsor | TRACHTE, LLC | c EIN-PN 39-0992606-001 |
| a | Plan name | VBS, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | VBS, INC. | c EIN-PN 42-1432674-001 |
| a | Plan name | VIRGIN GALACTIC, LLC 401(K) PLAN | |
| b | Name of plan sponsor | VIRGIN GALACTIC, LLC | c EIN-PN 84-2252157-001 |
| a | Plan name | WHITLOCK ENTERPRISES 401(K) PLAN | |
| b | Name of plan sponsor | WHITLOCK ENTERPRISES LLC | c EIN-PN 45-3134696-001 |
| a | Plan name | WOMENCARE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | WOMENCARE, INC. | c EIN-PN 55-0691297-001 |
| a | Plan name | YOUR 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | STANDARD RETIREMENT SERVICES, INC. | c EIN-PN 25-1838406-042 |
| a | Plan name | YUTAKA TECHNOLOGIES 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | CARDINGTON YUTAKA TECHNOLOGIES, INC. | c EIN-PN 31-1428274-001 |
| 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. | OMB No. 1210-0110 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 CORE PLUS BOND FUND II | B Three-digit plan number (PN) ▶ 758 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC | D Employer Identification Number (EIN) 38-7271377 |

| | |
|---------------|--------------------------------------|
| 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.

| | | (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) | 381787 | 19900936 |
| 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) | 150288828 | 106550112 |
| (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 | 150670615 | 126451048 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 0 | 97824 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 490829 | 19899114 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 490829 | 19996938 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 150179786 | 106454110 |

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) | | 155864 |
| (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 | | 155864 |

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) | 6892 | |
| (5) Investment advisory and investment management fees | 2i(5) | 323626 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 70326 | |
| (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) | | 400844 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 400844 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -244980 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 40791282 |
| (2) From this plan | 2l(2) | | 84271978 |

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 _____.