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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> |
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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

| | |
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| <p>1a Name of plan <u>COTA STREET MANAGED BLEND ACCUMULATION FUND</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>524</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>38-4116856</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 | | | |
| | 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 |

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| 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:

| | |
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| 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)

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

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

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

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

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

Receipt Confirmation Code _____

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| SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection. |
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| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A Name of plan <u>COTA STREET MANAGED BLEND ACCUMULATION FUND</u> | B Three-digit plan number (PN) <u>524</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>38-4116856</u> |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
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| | | |
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| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>1-3 YEAR GOV BOND INDEX FUND F</u> | | |
| b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | | |
| c EIN-PN <u>94-3272267-001</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>0</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>20+ TREASURY BOND FUND F</u> | | |
| b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | | |
| c EIN-PN <u>94-3272815-001</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>5848748</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX FUND F</u> | | |
| b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | | |
| c EIN-PN <u>94-3262720-001</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>7018498</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GOLDMAN SACHS STABLE VALUE CT</u> | | |
| b Name of sponsor of entity listed in (a): <u>THE GOLDMAN SACHS TRUST COMPANY NA</u> | | |
| c EIN-PN <u>13-4166989-025</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>1169750</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP EQUITY INDEX FUND F</u> | | |
| b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | | |
| c EIN-PN <u>94-3272818-001</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>13</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COHEN & STEERS COLLECTIVE INVESTMEN</u> | | |
| b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u> | | |
| c EIN-PN <u>46-3411346-064</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>1754624</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR GLOBAL ALLOC COLLECTIVE FUND F</u> | | |
| b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | | |
| c EIN-PN <u>46-2224552-001</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>1169750</u> |

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| 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) 4678999 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TOTAL RETURN BOND FUND F | | |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. | | |
| c EIN-PN 47-1222253-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: HOTCHKIS & WILEY SMALL CAP DIV VALU | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC | | |
| c EIN-PN 38-7264533-696 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1169750 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HIGH YIELD BOND FUND CIT | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC | | |
| c EIN-PN 38-7275331-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2924374 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 GROWTH INDEX FUND F | | |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. | | |
| c EIN-PN 94-3330725-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7018497 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2500 INDEX FUND F | | |
| b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. | | |
| c EIN-PN 80-0254284-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5848749 |
| 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) 15206745 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL CORE BOND PORTFOLIO CL | | |
| b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC | | |
| c EIN-PN 38-4139841-618 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9942872 |
| 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 | ABCOM, LLC 401(K) PLAN | |
| b | Name of plan sponsor | ABCOM, LLC | c EIN-PN 20-8151352-001 |
| a | Plan name | ACCESS PARTNERS INC. 401K PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | ACCESS PARTNERS, INC. | c EIN-PN 95-2924273-004 |
| a | Plan name | ACMA 401(K) PLAN | |
| b | Name of plan sponsor | AMERICAN COMPOSITES MANUFACTURERS ASSOCIATION | c EIN-PN 52-1144059-001 |
| a | Plan name | ALLIANCE MANUFACTURING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ALLIANCE MANUFACTURING, INC. | c EIN-PN 39-1791438-001 |
| a | Plan name | ALPHA GAMMA RHO 401(K) PLAN | |
| b | Name of plan sponsor | ALPHA GAMMA RHO FRATERNITY | c EIN-PN 37-0152080-002 |
| a | Plan name | AMBIENT CONTROL 401(K) PLAN | |
| b | Name of plan sponsor | AMBIENT CONTROL CO., INC. | c EIN-PN 91-1411259-001 |
| a | Plan name | AMERICAN ACADEMY OF COSMETIC DENTISTRY RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | AMERICAN ACADEMY OF COSMETIC DENTISTRY | c EIN-PN 39-1544025-001 |
| a | Plan name | AMERITEX PIPE & PRODUCTS 401(K) PLAN | |
| b | Name of plan sponsor | AMERITEX PIPE & PRODUCTS LLC | c EIN-PN 26-1600755-001 |
| a | Plan name | ANTAYA TECHNOLOGIES CORP. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ANTAYA TECHNOLOGIES CORP | c EIN-PN 05-0501678-001 |
| a | Plan name | APPLIED MEMBRANES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | APPLIED MEMBRANES, INC. | c EIN-PN 33-0157219-001 |
| a | Plan name | AUSENCO 401(K) PLAN | |
| b | Name of plan sponsor | AUSENCO USA INC. | c EIN-PN 20-3249968-001 |
| a | Plan name | B & H PATTERN, INC. 401 (K) PS PLAN | |
| b | Name of plan sponsor | B & H PATTERN | c EIN-PN 39-1164241-001 |

| 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 B & W INDUSTRIAL SALES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor B&W INDUSTRIAL SALES, INC. | c EIN-PN 95-4545213-002 |
| a | Plan name BURGER PHYSICAL THERAPY PROFIT SHARING & 401(K) PLAN | |
| b | Name of plan sponsor BURGER REHABILITATION SYSTEMS, INC. | c EIN-PN 84-1251420-002 |
| a | Plan name BURNHAM USA EQUITIES, INC. | |
| b | Name of plan sponsor BURNHAM USA EQUITIES, INC. | c EIN-PN 33-0354613-001 |
| a | Plan name CAB AND TOPS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CABINETS AND COUNTERTOPS, LLC | c EIN-PN 91-2155202-001 |
| a | Plan name CEDAR VALLEY SERVICES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CEDAR VALLEY SERVICES, INC. | c EIN-PN 41-0870082-001 |
| a | Plan name CIRKS CONSTRUCTION, INC. 401(K) PLAN | |
| b | Name of plan sponsor CIRKS CONSTRUCTION, INC. | c EIN-PN 33-0803265-001 |
| a | Plan name CITY TRANSFER, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CITY TRANSFER, INC. | c EIN-PN 91-0828036-001 |
| a | Plan name COLVIN AUTO RETIREMENT PLAN | |
| b | Name of plan sponsor GILBERT TILBURY COMPANY, LLC DBA COLVIN AUTO CENTER | c EIN-PN 71-0967873-001 |
| a | Plan name CONVERGENT COMPUTING 401(K) PLAN | |
| b | Name of plan sponsor COMPUTER OPTIONS, INC. DBA CONVERGENT COMPUTING | c EIN-PN 94-3018069-001 |
| a | Plan name CSC GENERATION HOLDINGS, LLC 401(K) PLAN | |
| b | Name of plan sponsor CSC GENERATION HOLDINGS, LLC | c EIN-PN 82-3294581-001 |
| a | Plan name CUROLOGY 401(K) PLAN | |
| b | Name of plan sponsor CUROLOGY, INC. | c EIN-PN 47-2748073-001 |
| a | Plan name DARDEN ARCHITECTS 401(K) PLAN | |
| b | Name of plan sponsor DARDEN ARCHITECTS | c EIN-PN 94-2618171-002 |

| 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 | DELTA DELTA DELTA 401(K) PLAN | |
| b | Name of plan sponsor | DELTA DELTA DELTA FRATERNITY | c EIN-PN 36-2374316-001 |
| a | Plan name | DEMME INVESTMENTS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | DEMME INVESTMENTS INC | c EIN-PN 27-2189941-003 |
| a | Plan name | DYNAMIC CAMPUS SOLUTIONS INC 401(K) PLAN | |
| b | Name of plan sponsor | DYNAMIC CAMPUS SOLUTIONS INC. | c EIN-PN 20-2903771-001 |
| a | Plan name | EIGHTFOLD AI INC 401(K) PLAN | |
| b | Name of plan sponsor | EIGHTFOLD AI INC. | c EIN-PN 81-2902748-001 |
| a | Plan name | ELIXIR TECHNOLOGIES CORPORATION 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | ELIXIR TECHNOLOGIES CORPORATION | c EIN-PN 95-3992088-001 |
| a | Plan name | EXTRAMILE CONVENIENCE STORES LLC 401(K) PLAN | |
| b | Name of plan sponsor | EXTRAMILE CONVENIENCE STORES LLC | c EIN-PN 82-3047301-001 |
| a | Plan name | FIDUCIARY RETIREMENT ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FIDUCIARY RETIREMENT ADVISORY GROUP, INC | c EIN-PN 81-5477407-001 |
| a | Plan name | FIRST ELECTRONIC BANK 401(K) PLAN | |
| b | Name of plan sponsor | FIRST ELECTRONIC BANK | c EIN-PN 87-0634840-001 |
| a | Plan name | FIRST NORTHERN BANK PROFIT SHARING/401(K) PLAN | |
| b | Name of plan sponsor | FIRST NORTHERN BANK OF DIXON | c EIN-PN 94-0475380-001 |
| a | Plan name | HANCOCK MCGILL & BLEAU, LLLP 401(K) PLAN | |
| b | Name of plan sponsor | HANCOCK MCGILL & BLEAU, LLLP | c EIN-PN 35-2535807-004 |
| a | Plan name | HUNT ELECTRIC CORPORATION AND ECSI 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HUNT ELECTRIC CORPORATION | c EIN-PN 41-0888550-001 |
| a | Plan name | HUNZINGER CONSTRUCTION COMPANY SAV & PS | |
| b | Name of plan sponsor | HUNZINGER CONSTRUCTION COMPANY | c EIN-PN 39-0363420-001 |

| 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 | IMPROVING 401(K) PLAN | |
| b | Name of plan sponsor | IMPROVING ENTERPRISES, INC. | c EIN-PN 34-2013309-001 |
| a | Plan name | INFLUXDATA INC. RETIREMENT TRUST | |
| b | Name of plan sponsor | INFLUXDATA INC | c EIN-PN 46-1726908-001 |
| a | Plan name | INTERNATIONAL COLOR SERVICES 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | INTERNATIONAL COLOR SERVICES, INC. | c EIN-PN 13-4043292-001 |
| a | Plan name | JANUS ET CIE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | JANUS ET CIE | c EIN-PN 95-3150326-001 |
| a | Plan name | JEFFERSON VETERINARY CLINIC, S.C. PS PLAN | |
| b | Name of plan sponsor | JEFFERSON VETERINARY CLINIC, S.C. PS PLAN | c EIN-PN 39-1441396-001 |
| a | Plan name | KABATECK BROWN KELLNER PROFIT SHARING PLAN AND KABATECK BROWN KELLNER 401(K) PLAN | |
| b | Name of plan sponsor | KABATECK, LLP | c EIN-PN 61-1474978-001 |
| a | Plan name | LIMITED ENERGY 401(K) FIELD PLAN | |
| b | Name of plan sponsor | ECSI | c EIN-PN 41-0888550-002 |
| a | Plan name | LUND FOOD HOLDINGS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | LUND FOOD HOLDINGS, INC. | c EIN-PN 41-1865892-004 |
| a | Plan name | NELSON & SCHMIDT, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NELSON & SCHMIDT, INC. | c EIN-PN 39-1152229-001 |
| a | Plan name | NEW BH, LLC 401(K) | |
| b | Name of plan sponsor | NEW BH LLC | c EIN-PN 20-3600906-001 |
| a | Plan name | NORCAL HARVESTING, LLC 401(K) PLAN | |
| b | Name of plan sponsor | NORCAL HARVESTING, LLC | c EIN-PN 77-0506140-001 |
| a | Plan name | NORTHWEST REAL ESTATE CAPITAL CORP. 401(K) PLAN | |
| b | Name of plan sponsor | NORTHWEST REAL ESTATE CAPITAL CORP | c EIN-PN 82-0508784-001 |

| 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 ORCAS NETWORK, LTD. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ORCAS NETWORK LTD. | c EIN-PN 91-1402826-001 |
| a | Plan name PACIFIC ONESOURCE, INC. 401(K) PLAN | |
| b | Name of plan sponsor PACIFIC ONESOURCE, INC. DBA SCHOOL TECH SUPPLY | c EIN-PN 26-4053225-002 |
| a | Plan name PLANTSCAPES, INC. EMPLOYEE INVESTMENT PLAN AND TRUST | |
| b | Name of plan sponsor PLANTSCAPES, INC | c EIN-PN 91-1222963-001 |
| a | Plan name POTRERO DISTILLING HOLDINGS RETIREMENT PLAN | |
| b | Name of plan sponsor POTRERO DISTILLING HOLDINGS | c EIN-PN 27-2332086-002 |
| a | Plan name PRECISE PRODUCTS CORPORATION PS 401(K) PLAN | |
| b | Name of plan sponsor PRECISE PRODUCTS CORPORATION | c EIN-PN 41-0834080-002 |
| a | Plan name PREMIER ORAL & MAXILLOFACIAL SURGERY, S.C. SAFE HARBOR PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor PREMIER ORAL & MAXILLOFACIAL SURGERY, S.C. | c EIN-PN 39-1341282-001 |
| a | Plan name PROGRESSIVE SERVICES, INC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor PROGRESSIVE SERVICES, INC | c EIN-PN 86-0345657-001 |
| a | Plan name PRORETIRE SAVINGS PLAN | |
| b | Name of plan sponsor THE FINWAY GROUP | c EIN-PN 42-1468222-013 |
| a | Plan name PROSTEEL SECURITY PRODUCTS INC 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor PROSTEEL SECURITY PRODUCTS | c EIN-PN 27-5414093-002 |
| a | Plan name PUGET SOUND SURGICAL, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PUGET SOUND SURGICAL, INC. | c EIN-PN 91-1046416-001 |
| a | Plan name R. MUELLER SERVICE & EQUIPMENT CO., INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor R. MUELLER SERVICE & EQUIPMENT CO., INC. | c EIN-PN 39-1579172-001 |
| a | Plan name RAHR CORPORATION EMPLOYEES RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor RAHR CORPORATION | c EIN-PN 39-0556630-001 |

| 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 RAHR CORPORATION PLANT EMPLOYEES' RETIREMENT AND 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor RAHR CORPORATION | c EIN-PN 39-0556630-002 |
| a | Plan name REEDSBURG AREA MEDICAL CENTER PENSION TRUST | |
| b | Name of plan sponsor REEDSBURG AREA MEDICAL CENTER | c EIN-PN 39-1091432-510 |
| a | Plan name REGIONAL ANESTHESIA SERVICES, P.A. EMPLOYEES' MONEY PURCHASE PENSION PLAN | |
| b | Name of plan sponsor REGIONAL ANESTHESIA | c EIN-PN 41-1409704-002 |
| a | Plan name REGIONAL ANESTHESIA SERVICES, P.A. EMPLOYEES' PROFIT SHARING PLAN | |
| b | Name of plan sponsor REGIONAL ANESTHESIA SERVICES PA | c EIN-PN 41-1409704-001 |
| a | Plan name RETIREMINT PEP | |
| b | Name of plan sponsor THE FINWAY GROUP, LLC | c EIN-PN 42-1468222-012 |
| a | Plan name RIVER VALLEY VETERINARY CLINIC, S.C. SAFE HARBOR 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor RIVER VALLEY VETERINARY CLINIC, S.C | c EIN-PN 39-1186380-002 |
| a | Plan name ROBERT E. STOVER, D.D.S., P.S. 401(K) PLAN | |
| b | Name of plan sponsor ROBERT E. STOVER D.D.S. P.S. | c EIN-PN 26-2717755-001 |
| a | Plan name RONNOCO COFFEE, LLC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor RONNOCO COFFEE, LLC | c EIN-PN 80-0834134-001 |
| a | Plan name SENECA FOODS CORPORATION EES' SAV PLAN | |
| b | Name of plan sponsor SENECA FOODS CORPORATION | c EIN-PN 16-0733425-003 |
| a | Plan name SENSORTOWER, INC. 401(K) PLAN | |
| b | Name of plan sponsor SENSOR TOWER, INC. | c EIN-PN 46-2301305-001 |
| a | Plan name SHIFFLET BROTHERS ENTERPRISES 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor SHIFFLET BROTHERS ENTERPRISES, INC. | c EIN-PN 68-0301244-001 |
| a | Plan name SMARTY, LLC 401(K) PLAN | |
| b | Name of plan sponsor SMARTY, LLC | c EIN-PN 35-2651525-001 |

| 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 SPERBER LANDSCAPE COMPANIES AND SUBSIDIARIES 401(K) PLAN | |
| b | Name of plan sponsor SPERBER LANDSCAPE COMPANIES, LLC | c EIN-PN 82-4405778-001 |
| a | Plan name STOIC 401K PLAN | |
| b | Name of plan sponsor STOIC STUDIO, INC. | c EIN-PN 45-4128149-002 |
| a | Plan name TEAMCRAFT ROOFING 401(K) PLAN | |
| b | Name of plan sponsor TEAMCRAFT ROOFING, INC. | c EIN-PN 56-1986226-001 |
| a | Plan name THE ARCHITECT RETIREMENT PEP | |
| b | Name of plan sponsor THE FINWAY GROUP STEVE FINNEGAN | c EIN-PN 42-1468222-010 |
| a | Plan name THE COBURN COMPANY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE COBURN COMPANY, INC. | c EIN-PN 39-1101749-001 |
| a | Plan name THE FOOTHILLS PARK & REC DISTRICT SAL DEF PLN | |
| b | Name of plan sponsor THE FOOTHILLS PARK & REC DISTRICT | c EIN-PN 84-6013730-001 |
| a | Plan name THE OUTDOOR RECREATION GROUP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE OUTDOOR RECREATION GROUP HOLDINGS, LLC | c EIN-PN 95-2111600-001 |
| a | Plan name THE OUTFIT INC. 401(K) PLAN | |
| b | Name of plan sponsor THE OUTFIT INC. | c EIN-PN 90-0903469-001 |
| a | Plan name THOMAS CUISINE MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor THOMAS MANAGEMENT, LLC | c EIN-PN 82-0410020-001 |
| a | Plan name THRIVEDX 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor HACKERUSA, INC. D/B/A THRIVEDX | c EIN-PN 30-0997446-001 |
| a | Plan name TIER 1 COMPLETION SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor TIER 1 COMPLETION SOLUTIONS | c EIN-PN 83-2901730-001 |
| a | Plan name TRADEMARK PLASTICS RETIREMENT PLAN | |
| b | Name of plan sponsor TRADEMARK PLASTICS, INC. | c EIN-PN 47-3688260-003 |

| 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 | TRALIAN OPERATING, LLC. 401(K) PLAN | |
| b | Name of plan sponsor | TRALIAN OPERATING, LLC. | c EIN-PN 85-4314864-001 |
| a | Plan name | TRANS-LEASE, INC. 401(K) INV & SAV PLN | |
| b | Name of plan sponsor | TRANS-LEASE, INC. | c EIN-PN 43-1132111-001 |
| a | Plan name | TRAVIS COMPANIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | TRAVIS COMPANIES, INC. | c EIN-PN 26-1803743-001 |
| a | Plan name | UNITED COOPERATIVE 401(K) PLAN | |
| b | Name of plan sponsor | UNITED COOPERATIVE | c EIN-PN 39-0191260-002 |
| a | Plan name | USFOREX, INC. 401(K) PLAN | |
| b | Name of plan sponsor | USFOREX, INC. DBA OFX | c EIN-PN 72-1621909-001 |
| a | Plan name | VAN VREEDE TV AND APPLIANCE, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | VAN VREEDE TV & APPLIANCE, INC. | c EIN-PN 39-1186226-001 |
| a | Plan name | VAUGHAN & SONS, INC. 401(K) RETIREMENT AND SAVINGS PLAN | |
| b | Name of plan sponsor | VAUGHAN & SONS INC. | c EIN-PN 74-0963640-001 |
| a | Plan name | VIZANCE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | VIZANCE, INC. | c EIN-PN 39-1309381-001 |
| a | Plan name | VOYAGE HEALTHCARE RETIREMENT PLAN | |
| b | Name of plan sponsor | NORTH CLINIC, P.A. DBA VOYAGE HEALTHCARE | c EIN-PN 41-0955922-001 |
| a | Plan name | WDP POOLED EMPLOYER PLAN | |
| b | Name of plan sponsor | AXIOS ADVISORY GROUP, LTD. | c EIN-PN 25-1722805-003 |
| a | Plan name | WEBCOR BUILDERS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | WEBCOR CONSTRUCTION, LP IN DATA WAREHOUSE | c EIN-PN 20-8399744-001 |
| a | Plan name | WERIDE CORP. 401(K) PLAN | |
| b | Name of plan sponsor | WERIDE, CORP. | c EIN-PN 81-5463676-001 |

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 | WISCONSIN MASONS 401(K) PLAN | |
| b Name of plan sponsor | WISCONSIN MASONS 401(K) PLAN | c EIN-PN 39-2008571-001 |

| | | |
|-------------------------------|--------------------------------|--------------------------------|
| a Plan name | WORLD RETIREMENT PLAN | |
| b Name of plan sponsor | WORLD INSURANCE ASSOCIATES LLC | c EIN-PN 45-3601219-001 |

| | | |
|-------------------------------|-----------------------------------|--------------------------------|
| a Plan name | WOW LOGISTICS COMPANY 401(K) PLAN | |
| b Name of plan sponsor | WOW LOGISTICS COMPANY | c EIN-PN 39-2000702-001 |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

| | | |
|-------------------------------|--|-----------------|
| a Plan name | | |
| b Name of plan sponsor | | c EIN-PN |

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| 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. | 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 COTA STREET MANAGED BLEND ACCUMULATION FUND | B Three-digit plan number (PN) ▶ 524 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC | D Employer Identification Number (EIN) 38-4116856 |

| | |
|---------------|--------------------------------------|
| 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) | 1117294 | 26492468 |
| 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) | 33448707 | 63751369 |
| (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) | 21741655 | 52063803 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 557478 | 1169750 |
| (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 | 56865134 | 143477390 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 0 | 33171 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 1132770 | 26491456 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 1132770 | 26524627 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 55732364 | 116952763 |

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) | 17302 | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 17302 |
| (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) | 1575838 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 1575838 |
| (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) | | 5889711 |
| (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) | | -232959 |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 7249892 |

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) | 4548 | |
| (5) Investment advisory and investment management fees | 2i(5) | 30011 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 74245 | |
| (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) | | 108804 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 108804 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 7141088 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 85290347 |
| (2) From this plan | 2l(2) | | 31211036 |

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 _____.