

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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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1a Name of plan <u>COTA STREET MANAGED EQUITY ACCUMULATION FUND</u>	1b Three-digit plan number (PN) ▶ <u>523</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u> <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	2b Employer Identification Number (EIN) <u>38-4116855</u> 2c Plan Sponsor's telephone number <u>866-427-6885</u> 2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) 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 01/01/2024 and ending 12/31/2024

A Name of plan <u>COTA STREET MANAGED EQUITY ACCUMULATION FUND</u>	B Three-digit plan number (PN)	<u>523</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>38-4116855</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>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>2801597</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>11206385</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>2661517</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>1867731</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR MSCI ACWI EX-US INDEX FUND M</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>45-4431087-001</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>7190764</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK TOTAL RETURN 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>47-1222253-001</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>HOTCHKIS & WILEY SMALL CAP DIV VALU</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-7264533-696</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>1867731</u>

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	ARKENSTONE WINERY RETIREMENT PLAN	
b	Name of plan sponsor	ARKENSTONE VINEYARDS, LLC	c EIN-PN 94-3353768-001
a	Plan name	AUSENCO 401(K) PLAN	
b	Name of plan sponsor	AUSENCO USA INC.	c EIN-PN 20-3249968-001

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 & H PATTERN, INC. 401 (K) PS PLAN	
b	Name of plan sponsor	B & H PATTERN	c EIN-PN 39-1164241-001
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	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	DEMMEER INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	DEMMEER 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	FINCH, LLC 401(K) PLAN	
b	Name of plan sponsor	FINCH LLC	c EIN-PN 80-0437053-001
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

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	HUNZINGER CONSTRUCTION COMPANY SAV & PS	
b	Name of plan sponsor	HUNZINGER CONSTRUCTION COMPANY	c EIN-PN 39-0363420-001
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	IPSIS 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL PAIN AND SPINE INTERVENTION SOCIETY	c EIN-PN 94-3160988-002
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	LA MOUSSE DESSERTS, INC. 401(K) PLAN	
b	Name of plan sponsor	LA MOUSSE DESSERTS, INC.	c EIN-PN 81-5120290-001
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

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	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
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	PERSONALIZED SKIN SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	PERSONALIZED SKIN SOLUTIONS, INC.	c EIN-PN 85-1565820-001
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

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 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
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 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

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 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
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 BLUEPRINT 401K PLAN	
b	Name of plan sponsor THE BLUEPRINT 401K PLAN	c EIN-PN 42-1468222-003
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

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	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
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

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	VOYAGE HEALTHCARE RETIREMENT PLAN	c	EIN-PN	
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	c	EIN-PN	
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	c	EIN-PN	
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	c	EIN-PN	
b	Name of plan sponsor	WERIDE, CORP.	c	EIN-PN	81-5463676-001
a	Plan name	WISCONSIN MASONS 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	WISCONSIN MASONS 401(K) PLAN	c	EIN-PN	39-2008571-001
a	Plan name	WORLD RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	WORLD INSURANCE ASSOCIATES LLC	c	EIN-PN	45-3601219-001
a	Plan name	WOW LOGISTICS COMPANY 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	WOW LOGISTICS COMPANY	c	EIN-PN	39-2000702-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan COTA STREET MANAGED EQUITY ACCUMULATION FUND	B Three-digit plan number (PN) ▶ 523
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4116855

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	578484
		17456039
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)	26977602
(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)	21196686
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	46646581
		46739968

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	48752772	110842588
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	27343
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	591577	17456040
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	591577	17483383
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	48161195	93359205

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)	1291879	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		6891509
(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)		681690
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		8865078

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)	3661	
(5) Investment advisory and investment management fees	2i(5)	22634	
(6) Bank or trust company trustee/custodial fees	2i(6)	59778	
(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)		86073
j Total expenses. Add all expense amounts in column (b) and enter total	2j		86073

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8779005
l Transfers of assets:			
(1) To this plan	2l(1)		61327237
(2) From this plan	2l(2)		24908232

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 _____.