

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: COTA STREET MANAGED FIXED INCOME ACCUMULATION FUND
1b Three-digit plan number (PN): 525
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 38-4116857
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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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>	
<b>A</b> Name of plan <u>COTA STREET MANAGED FIXED INCOME ACCUMULATION FUND</u>	<b>B</b> Three-digit plan number (PN) <u>525</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-4116857</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>1-3 YEAR GOV BOND INDEX FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3272267-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>20+ TREASURY BOND FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3272815-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2032526</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EQUITY INDEX FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3262720-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>338755</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID CAP EQUITY INDEX FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3272818-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COHEN &amp; STEERS COLLECTIVE INVESTMEN</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>46-3411346-064</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>112918</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR GLOBAL ALLOC COLLECTIVE FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>46-2224552-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR MSCI ACWI EX-US INDEX FUND M</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>45-4431087-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>225836</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK TOTAL RETURN BOND FUND F		
<b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
<b>c</b> EIN-PN 47-1222253-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 GROWTH INDEX FUND F		
<b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
<b>c</b> EIN-PN 94-3330725-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225836
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2500 INDEX FUND F		
<b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
<b>c</b> EIN-PN 80-0254284-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225836
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: DIAMOND HILL CORE BOND PORTFOLIO		
<b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
<b>c</b> EIN-PN 38-4139841-618	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3387544
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: PGIM HIGH YIELD BOND FUND CIT CLASS		
<b>b</b> Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
<b>c</b> EIN-PN 38-7275331-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1016263
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GOLDMAN SACHS STABLE VALUE COLLECTI		
<b>b</b> Name of sponsor of entity listed in (a): THE GOLDMAN SACHS STABLE VALUE CT		
<b>c</b> EIN-PN 13-4166989-025	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 903345
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: U.S. DEBT INDEX FUND F		
<b>b</b> Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
<b>c</b> EIN-PN 94-3291425-001	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5420070
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ABCOM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABCOM, LLC	<b>c</b> EIN-PN 20-8151352-001
<b>a</b>	Plan name	ACCESS PARTNERS INC. 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ACCESS PARTNERS, INC.	<b>c</b> EIN-PN 95-2924273-004
<b>a</b>	Plan name	ALLIANCE MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE MANUFACTURING, INC.	<b>c</b> EIN-PN 39-1791438-001
<b>a</b>	Plan name	AMBIENT CONTROL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMBIENT CONTROL CO., INC.	<b>c</b> EIN-PN 91-1411259-001
<b>a</b>	Plan name	AMERITEX PIPE & PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERITEX PIPE & PRODUCTS LLC	<b>c</b> EIN-PN 26-1600755-001
<b>a</b>	Plan name	ANTAYA TECHNOLOGIES CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANTAYA TECHNOLOGIES CORP	<b>c</b> EIN-PN 05-0501678-001
<b>a</b>	Plan name	APPLIED MEMBRANES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APPLIED MEMBRANES, INC.	<b>c</b> EIN-PN 33-0157219-001
<b>a</b>	Plan name	B & H PATTERN, INC. 401 (K) PS PLAN	
<b>b</b>	Name of plan sponsor	B & H PATTERN	<b>c</b> EIN-PN 39-1164241-001
<b>a</b>	Plan name	B & W INDUSTRIAL SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B&W INDUSTRIAL SALES, INC.	<b>c</b> EIN-PN 95-4545213-002
<b>a</b>	Plan name	BURGER PHYSICAL THERAPY PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BURGER REHABILITATION SYSTEMS, INC.	<b>c</b> EIN-PN 84-1251420-002
<b>a</b>	Plan name	BURNHAM USA EQUITIES, INC.	
<b>b</b>	Name of plan sponsor	BURNHAM USA EQUITIES, INC.	<b>c</b> EIN-PN 33-0354613-001
<b>a</b>	Plan name	CAB AND TOPS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CABINETS AND COUNTERTOPS, LLC	<b>c</b> EIN-PN 91-2155202-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CEDAR VALLEY SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CEDAR VALLEY SERVICES, INC.	<b>c</b> EIN-PN 41-0870082-001
<b>a</b>	Plan name	CIRKS CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CIRKS CONSTRUCTION, INC.	<b>c</b> EIN-PN 33-0803265-001
<b>a</b>	Plan name	COLVIN AUTO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GILBERT TILBURY COMPANY, LLC DBA COLVIN AUTO CENTER	<b>c</b> EIN-PN 71-0967873-001
<b>a</b>	Plan name	CSC GENERATION HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CSC GENERATION HOLDINGS, LLC	<b>c</b> EIN-PN 82-3294581-001
<b>a</b>	Plan name	DARDEN ARCHITECTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DARDEN ARCHITECTS	<b>c</b> EIN-PN 94-2618171-002
<b>a</b>	Plan name	DELTA DELTA DELTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELTA DELTA DELTA FRATERNITY	<b>c</b> EIN-PN 36-2374316-001
<b>a</b>	Plan name	DEMME INVESTMENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEMME INVESTMENTS INC	<b>c</b> EIN-PN 27-2189941-003
<b>a</b>	Plan name	DYNAMIC CAMPUS SOLUTIONS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC CAMPUS SOLUTIONS INC.	<b>c</b> EIN-PN 20-2903771-001
<b>a</b>	Plan name	EIGHTFOLD AI INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EIGHTFOLD AI INC.	<b>c</b> EIN-PN 81-2902748-001
<b>a</b>	Plan name	ELIXIR TECHNOLOGIES CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELIXIR TECHNOLOGIES CORPORATION	<b>c</b> EIN-PN 95-3992088-001
<b>a</b>	Plan name	EXTRAMILE CONVENIENCE STORES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXTRAMILE CONVENIENCE STORES LLC	<b>c</b> EIN-PN 82-3047301-001
<b>a</b>	Plan name	FIRST NORTHERN BANK PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST NORTHERN BANK OF DIXON	<b>c</b> EIN-PN 94-0475380-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HUNT ELECTRIC CORPORATION AND ECSI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUNT ELECTRIC CORPORATION	<b>c</b> EIN-PN 41-0888550-001
<b>a</b>	Plan name	HUNZINGER CONSTRUCTION COMPANY SAV & PS	
<b>b</b>	Name of plan sponsor	HUNZINGER CONSTRUCTION COMPANY	<b>c</b> EIN-PN 39-0363420-001
<b>a</b>	Plan name	IMPROVING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMPROVING ENTERPRISES, INC.	<b>c</b> EIN-PN 34-2013309-001
<b>a</b>	Plan name	INFLUXDATA INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	INFLUXDATA INC	<b>c</b> EIN-PN 46-1726908-001
<b>a</b>	Plan name	INTERNATIONAL COLOR SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INTERNATIONAL COLOR SERVICES, INC.	<b>c</b> EIN-PN 13-4043292-001
<b>a</b>	Plan name	JANUS ET CIE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JANUS ET CIE	<b>c</b> EIN-PN 95-3150326-001
<b>a</b>	Plan name	JEFFERSON VETERINARY CLINIC, S.C. PS PLAN	
<b>b</b>	Name of plan sponsor	JEFFERSON VETERINARY CLINIC, S.C. PS PLAN	<b>c</b> EIN-PN 39-1441396-001
<b>a</b>	Plan name	LIMITED ENERGY 401(K) FIELD PLAN	
<b>b</b>	Name of plan sponsor	ECSI	<b>c</b> EIN-PN 41-0888550-002
<b>a</b>	Plan name	LUND FOOD HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUND FOOD HOLDINGS, INC.	<b>c</b> EIN-PN 41-1865892-004
<b>a</b>	Plan name	NELSON & SCHMIDT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NELSON & SCHMIDT, INC.	<b>c</b> EIN-PN 39-1152229-001
<b>a</b>	Plan name	NEW BH, LLC 401(K)	
<b>b</b>	Name of plan sponsor	NEW BH LLC	<b>c</b> EIN-PN 20-3600906-001
<b>a</b>	Plan name	NORCAL HARVESTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORCAL HARVESTING, LLC	<b>c</b> EIN-PN 77-0506140-001

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.)		
<b>a</b>	Plan name <b>NORTHWEST REAL ESTATE CAPITAL CORP. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHWEST REAL ESTATE CAPITAL CORP</b>	<b>c</b> EIN-PN <b>82-0508784-001</b>
<b>a</b>	Plan name <b>ORCAS NETWORK, LTD. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ORCAS NETWORK LTD.</b>	<b>c</b> EIN-PN <b>91-1402826-001</b>
<b>a</b>	Plan name <b>PLANTSCAPES, INC. EMPLOYEE INVESTMENT PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PLANTSCAPES, INC</b>	<b>c</b> EIN-PN <b>91-1222963-001</b>
<b>a</b>	Plan name <b>PRECISE PRODUCTS CORPORATION PS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRECISE PRODUCTS CORPORATION</b>	<b>c</b> EIN-PN <b>41-0834080-002</b>
<b>a</b>	Plan name <b>PREMIER ORAL &amp; MAXILLOFACIAL SURGERY, S.C. SAFE HARBOR PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PREMIER ORAL &amp; MAXILLOFACIAL SURGERY, S.C.</b>	<b>c</b> EIN-PN <b>39-1341282-001</b>
<b>a</b>	Plan name <b>PROGRESSIVE SERVICES, INC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROGRESSIVE SERVICES, INC</b>	<b>c</b> EIN-PN <b>86-0345657-001</b>
<b>a</b>	Plan name <b>PUGET SOUND SURGICAL, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PUGET SOUND SURGICAL, INC.</b>	<b>c</b> EIN-PN <b>91-1046416-001</b>
<b>a</b>	Plan name <b>RAHR CORPORATION EMPLOYEES RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RAHR CORPORATION</b>	<b>c</b> EIN-PN <b>39-0556630-001</b>
<b>a</b>	Plan name <b>REEDSBURG AREA MEDICAL CENTER PENSION TRUST</b>	
<b>b</b>	Name of plan sponsor <b>REEDSBURG AREA MEDICAL CENTER</b>	<b>c</b> EIN-PN <b>39-1091432-510</b>
<b>a</b>	Plan name <b>RETIREMINT PEP</b>	
<b>b</b>	Name of plan sponsor <b>THE FINWAY GROUP, LLC</b>	<b>c</b> EIN-PN <b>42-1468222-012</b>
<b>a</b>	Plan name <b>RIVER VALLEY VETERINARY CLINIC, S.C. SAFE HARBOR 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RIVER VALLEY VETERINARY CLINIC, S.C</b>	<b>c</b> EIN-PN <b>39-1186380-002</b>
<b>a</b>	Plan name <b>ROBERT E. STOVER, D.D.S., P.S. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROBERT E. STOVER D.D.S. P.S.</b>	<b>c</b> EIN-PN <b>26-2717755-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	RONNOCO COFFEE, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RONNOCO COFFEE, LLC	<b>c</b> EIN-PN 80-0834134-001
<b>a</b>	Plan name	SENECA FOODS CORPORATION EES' SAV PLAN	
<b>b</b>	Name of plan sponsor	SENECA FOODS CORPORATION	<b>c</b> EIN-PN 16-0733425-003
<b>a</b>	Plan name	SENSORTOWER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENSOR TOWER, INC.	<b>c</b> EIN-PN 46-2301305-001
<b>a</b>	Plan name	SHIFFLET BROTHERS ENTERPRISES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SHIFFLET BROTHERS ENTERPRISES, INC.	<b>c</b> EIN-PN 68-0301244-001
<b>a</b>	Plan name	SMARTY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMARTY, LLC	<b>c</b> EIN-PN 35-2651525-001
<b>a</b>	Plan name	SPERBER LANDSCAPE COMPANIES AND SUBSIDIARIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPERBER LANDSCAPE COMPANIES, LLC	<b>c</b> EIN-PN 82-4405778-001
<b>a</b>	Plan name	TEAMCRAFT ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEAMCRAFT ROOFING, INC.	<b>c</b> EIN-PN 56-1986226-001
<b>a</b>	Plan name	THE ARCHITECT RETIREMENT PEP	
<b>b</b>	Name of plan sponsor	THE FINWAY GROUP STEVE FINNEGAN	<b>c</b> EIN-PN 42-1468222-010
<b>a</b>	Plan name	THE COBURN COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE COBURN COMPANY, INC.	<b>c</b> EIN-PN 39-1101749-001
<b>a</b>	Plan name	THE FOOTHILLS PARK & REC DISTRICT SAL DEF PLN	
<b>b</b>	Name of plan sponsor	THE FOOTHILLS PARK & REC DISTRICT	<b>c</b> EIN-PN 84-6013730-001
<b>a</b>	Plan name	THE OUTDOOR RECREATION GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE OUTDOOR RECREATION GROUP HOLDINGS, LLC	<b>c</b> EIN-PN 95-2111600-001
<b>a</b>	Plan name	THE OUTFIT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE OUTFIT INC.	<b>c</b> EIN-PN 90-0903469-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THOMAS CUISINE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMAS MANAGEMENT, LLC	<b>c</b> EIN-PN 82-0410020-001
<b>a</b>	Plan name	THRIVEDX 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HACKERUSA, INC. D/B/A THRIVEDX	<b>c</b> EIN-PN 30-0997446-001
<b>a</b>	Plan name	TRALIAN OPERATING, LLC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRALIAN OPERATING, LLC.	<b>c</b> EIN-PN 85-4314864-001
<b>a</b>	Plan name	UNITED COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNITED COOPERATIVE	<b>c</b> EIN-PN 39-0191260-002
<b>a</b>	Plan name	USFOREX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USFOREX, INC. DBA OFX	<b>c</b> EIN-PN 72-1621909-001
<b>a</b>	Plan name	VAN VREEDE TV AND APPLIANCE, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VAN VREEDE TV & APPLIANCE, INC.	<b>c</b> EIN-PN 39-1186226-001
<b>a</b>	Plan name	VAUGHAN & SONS, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VAUGHAN & SONS INC.	<b>c</b> EIN-PN 74-0963640-001
<b>a</b>	Plan name	VIZANCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VIZANCE, INC.	<b>c</b> EIN-PN 39-1309381-001
<b>a</b>	Plan name	VOYAGE HEALTHCARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTH CLINIC, P.A. DBA VOYAGE HEALTHCARE	<b>c</b> EIN-PN 41-0955922-001
<b>a</b>	Plan name	WDP POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	AXIOS ADVISORY GROUP, LTD.	<b>c</b> EIN-PN 25-1722805-003
<b>a</b>	Plan name	WEBCOR BUILDERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEBCOR CONSTRUCTION, LP IN DATA WAREHOUSE	<b>c</b> EIN-PN 20-8399744-001
<b>a</b>	Plan name	WISCONSIN MASONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN MASONS 401(K) PLAN	<b>c</b> EIN-PN 39-2008571-001

**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.)

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

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

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>COTA STREET MANAGED FIXED INCOME ACCUMULATION FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>525</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-4116857</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	139381
		5766369
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	5461928
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	2947703
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	260091
<b>(15)</b> Other .....	<b>1c(15)</b>	13888929
		8020939
		677509

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8809103	28353746
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	5578
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	141359	5765684
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	141359	5771262
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	8667744	22582484

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	9266	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		9266
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	255864	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		255864
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		741138
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		-321963
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		684305

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	814	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	5349	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	13283	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		19446
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		19446

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		664859
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		19742833
(2) From this plan .....	<b>2l(2)</b>		6492952

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.