

<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

<p>1a Name of plan <u>DB GROWTH PORTFOLIO</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>187</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>82-0737797</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.	09/19/2025	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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>DB GROWTH PORTFOLIO</u>	B Three-digit plan number (PN) ▶ <u>187</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>82-0737797</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>EAFE 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>94-3358162-001</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>106128235</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>296257062</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MKTS 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>45-4544245-001</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>46205414</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PIMCO STOCKSPPLUS SMALL CT</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>27-0834899-035</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>37042340</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2500 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>80-0254284-001</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>31601255</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP EUROPACIFIC GROWTH TR</u>		
b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u>		
c EIN-PN <u>95-6597294-661</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>89942142</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT STIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, COMPANY</u>		
c EIN-PN <u>45-6138589-068</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>6144146</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 AECOM CARIBE RETIREMENT PLAN	
b	Name of plan sponsor AECOM GLOBAL II, LLC	c EIN-PN 47-1336341-102
a	Plan name AIRXCEL, INC. 401(K) PLAN	
b	Name of plan sponsor AIRXCEL, INC.	c EIN-PN 48-1071795-001
a	Plan name ALLIANCE COMPRESSORS, LLC 401K PLAN	
b	Name of plan sponsor ALLIANCE COMPRESSORS, LLC	c EIN-PN 13-3757304-001
a	Plan name AMERICAN CHROME & CHEMICALS, INC. CORPUS CHRISTI PLANT PENSION PLAN	
b	Name of plan sponsor AMERICAN CHROME & CHEMICALS, INC.	c EIN-PN 42-1557978-004
a	Plan name ANYWHERE REAL ESTATE GROUP LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor ANYWHERE REAL ESTATE GROUP LLC	c EIN-PN 20-4381990-001
a	Plan name ARCHROMA PENSION PLAN	
b	Name of plan sponsor ARCHROMA U.S., INC.	c EIN-PN 46-2402680-002
a	Plan name ASSOCIATED MATERIALS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATED MATERIALS, LLC	c EIN-PN 75-1872487-017
a	Plan name ASSOCIATED SPRING PENSION PLAN FOR	
b	Name of plan sponsor ASSOCIATED SPRING	c EIN-PN 99-1101264-001
a	Plan name ASSOCIATED SPRING UAW 629 PENSION PLAN	
b	Name of plan sponsor ASSOCIATED SPRING	c EIN-PN 99-1101264-020
a	Plan name CARDONE INDUSTRIES, INC. UNION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor CARDONE INDUSTRIES, INC.	c EIN-PN 23-1916269-002
a	Plan name COCA-COLA CONSOLIDATED, INC. BARGAINING EMPLOYEES PENSION PLAN	
b	Name of plan sponsor CCBCC OPERATIONS LLC	c EIN-PN 20-0234821-001
a	Plan name COPELAND EMPLOYEE SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor COPELAND, LP	c EIN-PN 34-4210902-001

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 CURTIS, MALLET-PREVOST, COLT & MOSLE LLP 401(K) PLAN FOR ASSOCIATES, STAFF AND PARTNERS	
b	Name of plan sponsor CURTIS, MALLET-PREVOST, COLT & MOSLE LLP	c EIN-PN 13-5018900-003
a	Plan name DAY & ZIMMERMANN 401(K) PLAN FOR CONTRACT EMPLOYEES	
b	Name of plan sponsor DAY & ZIMMERMANN GROUP, INC.	c EIN-PN 23-3024522-015
a	Plan name DEFINED BENEFIT PENSION PLAN FOR EMPLOYEES OF UNITED WAY OF CENTRAL ALABAMA, INC.	
b	Name of plan sponsor UNITED WAY OF CENTRAL ALABAMA, INC.	c EIN-PN 63-0288846-001
a	Plan name DOLESE BROS. CO. 401(K) EMPLOYEES SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor DOLESE BROS. CO.	c EIN-PN 73-1359190-006
a	Plan name DUCK RIVER ELECTRIC MEMBERSHIP CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor DUCK RIVER ELECTRIC MEMBERSHIP CORPORATION	c EIN-PN 62-0186725-001
a	Plan name EMPLOYEES RETIREMENT PLAN OF SI GROUP, INC.	
b	Name of plan sponsor SI GROUP, INC.	c EIN-PN 14-1041790-001
a	Plan name ERMCO DEFINED BENEFIT PLAN	
b	Name of plan sponsor ERMCO, INC.	c EIN-PN 61-0701489-001
a	Plan name FAIRBANKS MORSE LLC RETIREMENT PROGRAM	
b	Name of plan sponsor FAIRBANKS MORSE LLC	c EIN-PN 84-4235872-002
a	Plan name FOURTH EDITION INC. PENSION PLAN	
b	Name of plan sponsor FOURTH EDITION INC.	c EIN-PN 22-1734198-001
a	Plan name GENTEK BUILDING PRODUCTS, INC. WOODBRIDGE HOURLY PENSION PLAN	
b	Name of plan sponsor ASSOCIATED MATERIALS, LLC	c EIN-PN 75-1872487-004
a	Plan name GRANGES AMERICAS INC. PENSION PLAN FOR HOURLY EMPLOYEES OF THE NEWPORT ROLLING MILL	
b	Name of plan sponsor GRANGES AMERICAS INC.	c EIN-PN 37-1830395-002
a	Plan name GRANGES AMERICAS INC. PENSION PLAN FOR HOURLY PAID EMPLOYEES AT SALISBURY, NC PLANT	
b	Name of plan sponsor GRANGES AMERICAS INC.	c EIN-PN 37-1830395-001

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	GREENE, TWEED & CO., INC. PENSION PLAN	
b	Name of plan sponsor	GREENE, TWEED & COMPANY, INC.	c EIN-PN 46-4212973-002
a	Plan name	GREENE, TWEED & CO., INC. UNION EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	GREENE, TWEED & COMPANY, INC.	c EIN-PN 46-4212973-001
a	Plan name	GUY C. LEE MANUFACTURING COMPANY DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	LAMPE & MALPHRUS LUMBER CO. INC.	c EIN-PN 56-1533996-001
a	Plan name	HOUSTON ENDOWMENT INC. ET AL PENSION TRUST	
b	Name of plan sponsor	HOUSTON ENDOWMENT INC. DB	c EIN-PN 74-6013920-001
a	Plan name	ISO NEW ENGLAND INC. SUPPLEMENTAL RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	ISO NEW ENGLAND INC.	c EIN-PN 04-3372500-001
a	Plan name	KEENELAND ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	KEENELAND ASSOCIATION, INC.	c EIN-PN 61-0597425-002
a	Plan name	LOWENSTEIN SANDLER EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	LOWENSTEIN SANDLER, INC.	c EIN-PN 22-2205010-002
a	Plan name	LUMOS NETWORKS SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor	LUMOS NETWORKS OPERATING COMPANY	c EIN-PN 90-0673286-002
a	Plan name	MOMENTIVE TECHNOLOGIES PENSION PLAN	
b	Name of plan sponsor	MOMENTIVE TECHNOLOGIES	c EIN-PN 34-1839929-001
a	Plan name	MY SAVINGS PLAN	
b	Name of plan sponsor	HAIER US APPLIANCE SOLUTIONS, INC.	c EIN-PN 81-1692501-001
a	Plan name	NOBLE SERVICES COMPANY LLC SALARIED EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	NOBLE SERVICES COMPANY LLC	c EIN-PN 76-0295033-001
a	Plan name	OHIO EDUCATION ASSOCIATION MANAGEMENT EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	OHIO EDUCATION ASSOCIATION	c EIN-PN 31-4269414-002

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 OHIO EDUCATION ASSOCIATION UNION PENSION PLAN	
b	Name of plan sponsor OHIO EDUCATION ASSOCIATION	c EIN-PN 31-4269414-001
a	Plan name OLYMPUS CORPORATION OF THE AMERICAS PENSION PLAN	
b	Name of plan sponsor OLYMPUS CORPORATION OF THE AMERICAS	c EIN-PN 11-3046497-001
a	Plan name PEDERNALES ELECTRIC COOPERATIVE, INC. EMPLOYEES DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor PEDERNALES ELECTRIC COOPERATIVE, INC.	c EIN-PN 74-0828412-001
a	Plan name PENSION PLAN OF WAYNE MEMORIAL HOSPITAL, INC.	
b	Name of plan sponsor WAYNE MEMORIAL HOSPITAL, INC.	c EIN-PN 56-1484844-001
a	Plan name QUALITY SPRING/TOGO, INC. SALARIED EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor QUALITY SPRING/TOGO, INC.	c EIN-PN 38-2813160-001
a	Plan name RETIREMENT PLAN FOR EES OF MASON & HANGER CORP	
b	Name of plan sponsor MASON & HANGER CORPORATION	c EIN-PN 61-0272020-003
a	Plan name SEI PRIVATE TRUST COMPANY CO PRINCIPAL	
b	Name of plan sponsor COMMONWEALTH ROLLED PRD INC HRLY PP	c EIN-PN 23-3060382-001
a	Plan name THE ADDIVANT PENSION PLAN	
b	Name of plan sponsor ADDIVANT USA, LLC	c EIN-PN 46-1524730-003
a	Plan name THE SI GROUP, INC. PENSION PLAN FOR REPRESENTED EMPLOYEES IN ORANGEBURG, SOUTH CAROLINA	
b	Name of plan sponsor SI GROUP, INC.	c EIN-PN 14-1041790-005
a	Plan name THE SPRINGS OF ACHIEVEMENT PARTNERSHIP PLAN	
b	Name of plan sponsor SPRINGS GLOBAL US, INC.	c EIN-PN 20-3707005-006
a	Plan name TOKAI CARBON GE LLC RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor TOKAI CARBON GE LLC	c EIN-PN 81-0785534-001
a	Plan name URS FEDERAL SERVICES, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor AMENTUM NUCLEAR & ENVIRONMENT HOLDINGS, INC	c EIN-PN 26-1320627-003

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.	<small>OMB No. 1210-0110</small> 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 DB GROWTH PORTFOLIO	B Three-digit plan number (PN) ▶ 187
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 82-0737797

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)	304743	369116
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)	610973202	613320594
(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)	405851919	407207793
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1017129864	1020897503
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	322872
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	610019	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	610019	322872
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1016519845	1020574631

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)	17714191	
(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)	51006050	
(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)		3982949
(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)		36234958
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		108938148

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)	47964	
(5) Investment advisory and investment management fees	2i(5)	427273	
(6) Bank or trust company trustee/custodial fees	2i(6)	544120	
(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)		1019357
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1019357

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		107918791
l Transfers of assets:			
(1) To this plan	2l(1)		266163515
(2) From this plan	2l(2)		370027520

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 _____.