

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
---	---	---

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>FIXED INCOME ALLOCATION FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>573</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-4126269</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/19/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

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

A Name of plan <u>FIXED INCOME ALLOCATION FUND</u>	B Three-digit plan number (PN)	<u>573</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>38-4126269</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG-TERM GOVERNMENT BOND INDEX FUN</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>82-3997809-001</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>3342929</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. DEBT 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>94-3291425-001</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>35100752</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM CREDIT BOND INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>87-1467186-001</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>3342929</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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 2B CLAIM SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor 2B CLAIM SERVICES, INC.	c EIN-PN 36-4730711-001
a	Plan name AIM DISTRIBUTION SERVICES, LLC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor AIM DISTRIBUTION SERVICES, LLC	c EIN-PN 26-0866986-001
a	Plan name AIM TRANSFER & STORAGE, INC PROFIT SHARING 401(K)	
b	Name of plan sponsor AIM TRANSFER & STORAGE	c EIN-PN 26-0103327-001
a	Plan name ALEXANDER STEARNS HOLDINGS 401(K) PLAN	
b	Name of plan sponsor ALEXANDER STEARNS LLC	c EIN-PN 47-4600345-001
a	Plan name ASSEMBLY INTERMEDIATE LLC 401(K) PLAN	
b	Name of plan sponsor ASSEMBLY INTERMEDIATE LLC	c EIN-PN 84-2986791-001
a	Plan name ATHENA MANAGEMENT INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ATHENA MANAGEMENT INC.	c EIN-PN 45-2516242-001
a	Plan name B & W WELDING, INC. 401(K) PLAN	
b	Name of plan sponsor B & W WELDING, INC.	c EIN-PN 34-1250851-001
a	Plan name BANK OF DADE ASSET ACCUMULATION PLAN	
b	Name of plan sponsor BANK OF DADE	c EIN-PN 58-0657039-002
a	Plan name BARENTZ NORTH AMERICA, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BARENTZ NORTH AMERICA, LLC	c EIN-PN 34-1209005-001
a	Plan name BAUMANN & DE GROOT 401(K) PLAN	
b	Name of plan sponsor BAUMANN & DE GROOT, INC.	c EIN-PN 38-3205394-001
a	Plan name BCI 401(K) PLAN	
b	Name of plan sponsor BLENDED CLOTHING, INC.	c EIN-PN 46-5385454-001
a	Plan name BEST PROCESS SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEST PROCESS SOLUTIONS, INC.	c EIN-PN 90-0856674-001

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	BETON 401(K) PLAN	
b Name of plan sponsor	BETON, LLC	c EIN-PN 82-1552785-001
a Plan name	BFS SERVICES, INC. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	BFS SERVICES, INC.	c EIN-PN 75-1567376-002
a Plan name	BLUE ICE VODKA 401(K) PLAN	
b Name of plan sponsor	21ST CENTURY SPIRITS LLC	c EIN-PN 95-4767942-001
a Plan name	BMC HOLDCO, LLC 401(K) PLAN	
b Name of plan sponsor	BMC HOLDCO, LLC	c EIN-PN 92-1216638-001
a Plan name	BMT COMMERCIAL USA, INC. 401(K) PLAN	
b Name of plan sponsor	BMT COMMERCIAL USA INC	c EIN-PN 33-0516320-001
a Plan name	BRAZELTON LEASING INC. 401(K) PLAN	
b Name of plan sponsor	BRAZELTON LEASING INC.	c EIN-PN 43-1964683-001
a Plan name	BRENNAN INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	BRENNAN INDUSTRIES, INC.	c EIN-PN 34-0859271-003
a Plan name	BRG 401(K) PLAN	
b Name of plan sponsor	BRG 401(K) PLAN	c EIN-PN 75-1605963-001
a Plan name	BURNET HOSPICE CARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	BURNET HOSPICE CARE, INC.	c EIN-PN 45-1783432-001
a Plan name	CALIFORNIA INTERCONTINENTAL UNIVERSITY, INC.	
b Name of plan sponsor	CALIFORNIA INTERCONTINENTAL UNIVERSITY	c EIN-PN 02-0681380-001
a Plan name	CANYON CONSULTING 401(K) PLAN	
b Name of plan sponsor	CANYON CONSULTING	c EIN-PN 22-3943890-001
a Plan name	CAPITOL-HUSTING COMPANY, INC. SAVINGS AND RETIREMENT PLAN AND TRUST	
b Name of plan sponsor	CAPITOL-HUSTING COMPANY, INC.	c EIN-PN 39-0363870-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CARE DIMENSIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CARE DIMENSIONS, LLC	c EIN-PN 20-3580705-001
a	Plan name	CCINTEGRATION, INC. 401(K) PLAN	
b	Name of plan sponsor	CCINTEGRATION INC.	c EIN-PN 77-0197130-001
a	Plan name	CENTRAL PARK ENT 401(K) PLAN	
b	Name of plan sponsor	CENTRAL PARK EAR, NOSE AND THROAT, LLP	c EIN-PN 75-2733623-001
a	Plan name	CMC ENGINEERING 401(K) PLAN	
b	Name of plan sponsor	CMC ENGINEERING	c EIN-PN 23-2149767-002
a	Plan name	COMPOUND ADVISORS LLC 401(K) PROFIT SHARING PAN & TRUST	
b	Name of plan sponsor	COMPOUND ADVISORS, LLC	c EIN-PN 26-2927841-001
a	Plan name	CORRELATION MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CORRELATION MANAGEMENT, LLC	c EIN-PN 20-4584639-001
a	Plan name	CORROTEC, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CORROTEC, INC.	c EIN-PN 31-1011158-001
a	Plan name	CORSO MARKETING GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CORSO MARKETING GROUP, LLC	c EIN-PN 84-4505155-002
a	Plan name	COUNTY OF TULARE DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	COUNTY OF TULARE DEFERRED COMPENSATION PLAN	c EIN-PN 94-6000545-001
a	Plan name	CPT RETIREMENT PLAN	
b	Name of plan sponsor	CPT, INC.	c EIN-PN 39-1996506-001
a	Plan name	CREW BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	CREW BUILDERS INC	c EIN-PN 20-5499129-001
a	Plan name	CRIHB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA RURAL INDIAN HEALTH BOARD, INC.	c EIN-PN 23-7052541-003

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	DEFFET GROUP 401(K) PLAN	
b	Name of plan sponsor	DEFFET GROUP	c EIN-PN 31-1268478-001
a	Plan name	DELTA HEALTH SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WM. MICHAEL STEMLER, INC. DBA DELTA HEALTH SYSTEMS	c EIN-PN 94-2353289-001
a	Plan name	DESIGN WORLD, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	DESIGN WORLD, LLC	c EIN-PN 20-4393625-001
a	Plan name	DOWNEY, SMITH & FIER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOWNEY, SMITH & FIER	c EIN-PN 46-0479115-001
a	Plan name	DWORKEN & BERNSTEIN CO. L.P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DWORKEN & BERNSTEIN CO. L.P.A.	c EIN-PN 34-1082604-001
a	Plan name	ECLIPSE VENTURES, LLC RETIREMENT TRUST	
b	Name of plan sponsor	ECLIPSE VENTURES, LLC	c EIN-PN 61-1760903-001
a	Plan name	EQUIDOX SOFTWARE COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	EQUIDOX SOFTWARE COMPANY LLC	c EIN-PN 88-3065096-001
a	Plan name	EVOLVE BIOLOGICS (USA), INC. 401(K) PLAN	
b	Name of plan sponsor	EVOLVE BIOLOGICS INC.	c EIN-PN 36-4941724-001
a	Plan name	FEE, SMITH & SHARP, LLP 401(K) PLAN	
b	Name of plan sponsor	FEE, SMITH & SHARP, LLP	c EIN-PN 68-0502076-001
a	Plan name	FORMATION BIO 401(K) PLAN	
b	Name of plan sponsor	TRIALSPARK INC. DBA FORMATION BIO	c EIN-PN 47-1134239-001
a	Plan name	FOX FIRE PROTECTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FOX FIRE, INC.	c EIN-PN 34-1711931-001
a	Plan name	FREESTYLE CAPITAL RETIREMENT PLAN	
b	Name of plan sponsor	FREESTYLE CAPITAL MANAGEMENT, LLC.	c EIN-PN 45-1060837-001

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	FULLER REALTY ADVISERS LTD 401(K) PLAN	
b	Name of plan sponsor	FULLER REALTY ADVISERS LTD	c EIN-PN 20-3158533-001
a	Plan name	GEISLER BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GEISLER BROTHERS INC	c EIN-PN 42-0920935-001
a	Plan name	GENERAL LABOR & INDUSTRIAL STAFFING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	GENERAL LABOR & INDUSTRIAL STAFFING SOLUTIONS, LLC	c EIN-PN 90-0771061-001
a	Plan name	GREATER HOPE FOUNDATION FOR CHILDREN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GREATER HOPE FOUNDATION FOR CHILDREN, INC.	c EIN-PN 90-0111715-001
a	Plan name	GROUP RETIREMENT PLAN	
b	Name of plan sponsor	SVB FINANCIAL GROUP	c EIN-PN 91-1962278-002
a	Plan name	GUESS?, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GUESS , INC.	c EIN-PN 95-3679695-001
a	Plan name	HALLMARK AVIATION SERVICES, LP 401(K) PLAN	
b	Name of plan sponsor	HALLMARK AVIATION SERVICES, L.P.	c EIN-PN 95-4217627-001
a	Plan name	HENDERSON, SCHMIDLIN & MCGARRY CO., L.P.A. 401(K) PLAN	
b	Name of plan sponsor	HENDERSON, SCHMIDLIN & MCGARRY CO., L.P.A.	c EIN-PN 46-1226372-001
a	Plan name	HHS GOVERNMENT SERVICES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	HHS GOVERNMENT SERVICES, LLC	c EIN-PN 82-5298220-001
a	Plan name	HMT ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HMT ASSOCIATES, INC.	c EIN-PN 31-1508707-001
a	Plan name	HOPEWELL FUND 401(K) PLAN	
b	Name of plan sponsor	HOPEWELL FUND	c EIN-PN 47-3681860-001
a	Plan name	HORROCKS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	HORROCKS ENGINEERS, INC.	c EIN-PN 87-0296502-001

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 HOUSTON EAR, NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HOUSTON EAR, NOSE & THROAT CLINIC, LLP	c EIN-PN 74-1195579-002
a	Plan name ILLUMINATIVE 401(K) PLAN	
b	Name of plan sponsor ILLUMINATIVE, INC	c EIN-PN 92-1975377-001
a	Plan name INNOVATIVE LIGHTING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor INNOVATIVE LIGHTING, LLC	c EIN-PN 26-3370831-001
a	Plan name INTERNATIONAL SEALS 401(K) PLAN	
b	Name of plan sponsor HDZ BROTHERS INC. DBA INTERNATIONAL SEALS	c EIN-PN 20-8120687-001
a	Plan name ISU VETERINARY SERVICES CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ISU VETERINARY SERVICES CORPORATION	c EIN-PN 42-6409168-001
a	Plan name J.S. PARIS EXCAVATING, INC. 401(K) PLAN	
b	Name of plan sponsor J.S. PARIS EXCAVATING, INC.	c EIN-PN 34-1665120-001
a	Plan name JAMAL'S ENTERPRISES, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JAMALS ENTERPRISES, INC.	c EIN-PN 94-2178844-001
a	Plan name JBM PACKAGING COMPANY RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor JBM PACKAGING COMPANY	c EIN-PN 31-1277407-001
a	Plan name JOHN K. MCGILL & COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor JOHN K. MCGILL & COMPANY, INC.	c EIN-PN 56-1385310-002
a	Plan name KERN-LIEBERS 401(K) PLAN	
b	Name of plan sponsor KERN-LIEBERS USA, INC.	c EIN-PN 34-1210887-001
a	Plan name KILN MANAGEMENT, LLC RETIREMENT PLAN	
b	Name of plan sponsor KILN MANAGEMENT, LLC	c EIN-PN 92-1295165-001
a	Plan name MARKETLAUNCHER INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MARKETLAUNCHER, INC.	c EIN-PN 59-3714133-002

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 MARTINEZ STEEL CORPORATION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor MARTINEZ STEEL CORPORATION	c EIN-PN 33-0615378-001
a	Plan name MAZANEC, RASKIN & RYDER CO., L.P.A. 401(K) PLAN	
b	Name of plan sponsor MAZANEC, RASKIN & RYDER CO., L.P.A.	c EIN-PN 34-1440259-001
a	Plan name MEDSPEED, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MEDSPEED LLC	c EIN-PN 36-4279497-001
a	Plan name MENLO VENTURES RETIREMENT PLAN	
b	Name of plan sponsor MENLO VENTURES MANAGEMENT, L.P.	c EIN-PN 81-2382086-001
a	Plan name METROPOLITAN PUBLIC DEFENDER RETIREMENT PLAN	
b	Name of plan sponsor METROPOLITAN PUBLIC DEFENDER SERVICES, INC.	c EIN-PN 93-0591637-001
a	Plan name MILLARD ELECTRIC COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLARD ELECTRIC COMPANY, INC.	c EIN-PN 47-0494470-001
a	Plan name MILLER EQUIPMENT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor MILLER EQUIPMENT COMPANY	c EIN-PN 20-0017568-001
a	Plan name MISSION CLOUD SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor MISSION CLOUD SERVICES, INC.	c EIN-PN 82-3413386-001
a	Plan name MNA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEMORIAL NEUROLOGICAL ASSOCIATION	c EIN-PN 74-1824287-003
a	Plan name MOUNTAIN VALLEY CHILD AND FAMILY SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor MOUNTAIN VALLEY CHILD AND FAMILY SERVICES, INC.	c EIN-PN 94-2742653-001
a	Plan name MP GLOBAL PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor MP GLOBAL PRODUCTS LLC	c EIN-PN 91-1838266-001
a	Plan name MTC US CORP. 401(K) PLAN	
b	Name of plan sponsor MTC US CORP.	c EIN-PN 26-1314191-001

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 NATIONAL ASSOCIATION OF COLLEGIATE DIRECTORS OF ATHLETICS 401(K) PLAN	
b	Name of plan sponsor NATIONAL ASSOCIATION OF COLLEGIATE DIRECTORS OF ATHLETICS	c EIN-PN 41-0906322-002
a	Plan name NEW DUDS, INC. 401(K) PLAN	
b	Name of plan sponsor NEW DUDS INC.	c EIN-PN 27-3618434-001
a	Plan name NEW VENTURE FUND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW VENTURE FUND	c EIN-PN 20-5806345-001
a	Plan name NEW WATERLOO 401(K) PLAN	
b	Name of plan sponsor 6H MANAGEMENT LLC	c EIN-PN 30-0913137-001
a	Plan name NORTH AMERICAN CLIENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor NORTH AMERICAN CLIENT SERVICES, INC.	c EIN-PN 88-0252963-001
a	Plan name ONIX NETWORKING 401(K) PLAN	
b	Name of plan sponsor ONIX NETWORKING CORP.	c EIN-PN 34-1729033-001
a	Plan name PDG 401(K) PLAN	
b	Name of plan sponsor PROCESS DISTRIBUTION GROUP	c EIN-PN 71-1043927-006
a	Plan name PEOPLES SERVICES INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PEOPLES SERVICES INC	c EIN-PN 34-1692443-002
a	Plan name PINEGROVE VENTURES 401(K) PLAN	
b	Name of plan sponsor SVB CAPITAL MANAGEMENT LLC	c EIN-PN 92-3286102-001
a	Plan name PLANET PARTNERSHIP LLC 401(K) PLAN	
b	Name of plan sponsor PLANET PARTNERSHIP LLC	c EIN-PN 86-1764141-001
a	Plan name PMC GAGE 401(K) PLAN AND TRUST	
b	Name of plan sponsor PMC GAGE, INC.	c EIN-PN 34-1889157-001
a	Plan name PORTLAND BOLT & MANUFACTURING CO. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor PORTLAND BOLT AND MANUFACTURING LLC	c EIN-PN 93-1129217-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	PRODUCT HUNT 401(K)
b	Name of plan sponsor	PRODUCT HUNT INC. c EIN-PN 46-5540176-001
a	Plan name	PURVIS SYSTEMS, INC. RETIREMENT PLAN
b	Name of plan sponsor	PURVIS SYSTEMS, INC. c EIN-PN 11-2299301-002
a	Plan name	R.D. PINAULT 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	R.D. PINAULT CO., INC. c EIN-PN 33-0645294-002
a	Plan name	RELISHIQ INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	RELISH IQ c EIN-PN 85-4099959-001
a	Plan name	RETIREMENT PLAN ADVISORY GROUP RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	RETIREMENT PLAN ADVISORY GROUP c EIN-PN 26-0341714-001
a	Plan name	RHODE ISLAND BLACK BUSINESS ASSOCIATION 401(K) PLAN
b	Name of plan sponsor	RHODE ISLAND BLACK BUSINESS ASSOCIATION (RIBBA) c EIN-PN 45-1454867-001
a	Plan name	RYBURN MOTOR COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	RYBURN MOTOR COMPANY, INC. c EIN-PN 71-0667793-001
a	Plan name	SALZMAN INTERNATIONAL PROFIT SHARING PLAN
b	Name of plan sponsor	SALZMAN INTERNATIONAL, INC. c EIN-PN 42-1429738-003
a	Plan name	SAXCO INTERNATIONAL, LLC SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	SAXCO INTERNATIONAL, LLC c EIN-PN 27-3989735-002
a	Plan name	SBA 401(K) PLAN
b	Name of plan sponsor	SCHOELLER BLECKMANN AMERICA, INC. c EIN-PN 51-0332482-001
a	Plan name	SEASONS EVOO HOLDINGS LLC RETIREMENT SAVINGS PLAN 401(K)
b	Name of plan sponsor	SEASONS EVOO HOLDINGS, LLC c EIN-PN 47-1946111-001
a	Plan name	SHAFFER'S AUTO BODY, INC. 401(K) PLAN
b	Name of plan sponsor	SHAFFERS AUTO BODY COMPANY, INC. c EIN-PN 42-1128616-001

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 SIETE FAMILY FOODS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIETE FAMILY FOODS	c EIN-PN 46-5012862-001
a	Plan name SLAY ENGINEERING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SLAY ENGINEERING COMPANY, INC.	c EIN-PN 74-2289557-001
a	Plan name SOMOS MAYFAIR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOMOS MAYFAIR INC.	c EIN-PN 77-0499813-001
a	Plan name SPENCER CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor SPENCER CONSTRUCTION, LLC	c EIN-PN 82-4089972-001
a	Plan name STEPHEN HOVANCSEK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STEPHEN HOVANCSEK & ASSOCIATES INC.	c EIN-PN 34-1341235-001
a	Plan name STRAVOS EDUCATION, LLC 401(K) PLAN	
b	Name of plan sponsor STRAVOS EDUCATION, LLC	c EIN-PN 87-3558636-002
a	Plan name SZANCA SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SZANCA SOLUTIONS, INC.	c EIN-PN 52-2447092-001
a	Plan name TEXAS NATIONAL BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEXAS NATIONAL BANK	c EIN-PN 75-2574061-001
a	Plan name THE 401K PLAN PEP	
b	Name of plan sponsor PENTEGRA SERVICES INC	c EIN-PN 13-5645888-003
a	Plan name THE FAMILY 401(K) PLAN	
b	Name of plan sponsor DENCO FAMILY, INC.	c EIN-PN 46-1731629-002
a	Plan name THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE LAWRENCE COMMUNITY MANAGEMENT GROUP, INC.	c EIN-PN 31-1504597-001
a	Plan name THE MILLS GROUP EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE MILLS GROUP	c EIN-PN 42-1574355-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE PYRO-COMM SYSTEMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PYRO-COMM SYSTEMS, INC.	c EIN-PN 33-0429397-001
a	Plan name THE TSG PEP	
b	Name of plan sponsor PENTEGRA SERVICES, INC.	c EIN-PN 13-3745616-014
a	Plan name TRIO SUPPLY CHAIN SOLUTIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TRIO SUPPLY CHAIN SOLUTIONS, LLC	c EIN-PN 46-1741870-001
a	Plan name U.S.A. DUTCH INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor U.S.A. DUTCH, INC.	c EIN-PN 56-1665987-001
a	Plan name UNITED EXCHANGE CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNITED EXCHANGE CORP.	c EIN-PN 33-0574628-001
a	Plan name VIVOS THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor VIVOS THERAPEUTICS, INC.	c EIN-PN 81-3224056-001
a	Plan name VULCAN SPRING 401(K) PLAN	
b	Name of plan sponsor VULCAN SPRING & MANUFACTURING COMPANY	c EIN-PN 23-1726315-001
a	Plan name WENTWOOD COMPANIES 401(K) PLAN	
b	Name of plan sponsor WENTWOOD COMPANIES, INC.	c EIN-PN 83-2138839-001
a	Plan name WILLIAM M. AERNI, DDS RETIREMENT PLAN	
b	Name of plan sponsor WILLIAM M, AERNI, DDS LLC	c EIN-PN 26-3907707-001
a	Plan name WINDWARD FUND 401(K) PLAN	
b	Name of plan sponsor WINDWARD FUND	c EIN-PN 47-3522162-001
a	Plan name WONOLO 401(K) PLAN	
b	Name of plan sponsor WONOLO INC.	c EIN-PN 47-1657372-001
a	Plan name WOODS SUPER MARKETS, INC.	
b	Name of plan sponsor WOODS SUPER MARKETS, INC.	c EIN-PN 43-0955307-501

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	WRA, INC. 401(K) PLAN	
b Name of plan sponsor	WRA, INC.	c EIN-PN 94-2765386-002

a Plan name	ZINKAN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	ZINKAN ENTERPRISES, INC	c EIN-PN 34-1381429-001

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FIXED INCOME ALLOCATION FUND	B Three-digit plan number (PN) ▶ 573
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4126269

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
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)	1458404
		1611619
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)	51746315
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	51746316
(15) Other.....	1c(15)	41786610

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	104951035	85184839
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	14130
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1478247	1611618
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1478247	1625748
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	103472788	83559091

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)	897437	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		897437
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		128381
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1025818

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)	4753	
(5) Investment advisory and investment management fees	2i(5)	6526	
(6) Bank or trust company trustee/custodial fees	2i(6)	48499	
(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)		59778
j Total expenses. Add all expense amounts in column (b) and enter total	2j		59778

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		966040
l Transfers of assets:			
(1) To this plan	2l(1)		47166172
(2) From this plan	2l(2)		68045909

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 _____.