

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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, 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, 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, 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: GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2005 TRUST; 1b Three-digit plan number (PN): 001; 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): 38-7289829; 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.

Form 5500 (2024) v. 240311

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>GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2005 TRUST</u>	B Three-digit plan number (PN)	<u>001</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>38-7289829</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>T. ROWE PRICE RETIREMENT 2005 FUND</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>61-6434302-001</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>28921244</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)

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 5.11 INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor 511 INC	c EIN-PN 61-1443499-001
a	Plan name ABS 401(K) SAVINGS PLAN	
b	Name of plan sponsor AMERICAN BUREAU OF SHIPPING	c EIN-PN 13-4921556-003
a	Plan name ACCOLADE CAPITAL MANAGEMENT LLC 401K	
b	Name of plan sponsor ACCOLADE CAPITAL MANAGEMENT LLC	c EIN-PN 52-2227070-001
a	Plan name AERO CENTER 401K RETIREMENT PLAN	
b	Name of plan sponsor SAR TRILOGY LLC	c EIN-PN 47-3502827-001
a	Plan name AEROTECH, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST	
b	Name of plan sponsor AEROTECH, INC.	c EIN-PN 25-1207279-001
a	Plan name AIRX CLIMATE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor AIRX CLIMATE SOLUTIONS, INC.	c EIN-PN 76-0629847-001
a	Plan name AQUAFIN INC 401K PLAN	
b	Name of plan sponsor AQUAFIN INC	c EIN-PN 52-1612456-001
a	Plan name ATALYS 401(K) PLAN	
b	Name of plan sponsor ATALYS LLC	c EIN-PN 88-2793261-001
a	Plan name ATLANTIC ELEVATOR SOUTH CO., INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTIC ELEVATOR SOUTH CO., INC.	c EIN-PN 04-3204998-001
a	Plan name AVESHKA INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AVESHKA INC	c EIN-PN 27-2056047-002
a	Plan name B & M PRECISION, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor B & M PRECISION, INC.	c EIN-PN 59-2025611-001
a	Plan name BAILEY MACHINE COMPANY	
b	Name of plan sponsor BAILEY MACHINE COMPANY	c EIN-PN 25-1153896-001

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	BEAN KINNEY & KORMAN P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BEAN KINNEY & KORMAN P.C.	c EIN-PN 54-1392904-001
a	Plan name	BLICK CLINIC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	BLICK CLINIC, INC.	c EIN-PN 23-7176525-001
a	Plan name	BRIGHTWAY INSURANCE 401(K) PLAN	
b	Name of plan sponsor	BRIGHTWAY INSURANCE, LLC	c EIN-PN 76-0738082-001
a	Plan name	BUTZEL LONG EMPLOYEES THRIFT PLAN AND TRUST	
b	Name of plan sponsor	BUTZEL LONG, A PROFESSIONAL CORPORATION	c EIN-PN 38-2384883-002
a	Plan name	CADUCEUS 401(K) PLAN	
b	Name of plan sponsor	CADUCEUS, INC.	c EIN-PN 22-3475067-001
a	Plan name	CANFOR SOUTHERN PINE, INC. 401(K) PLAN	
b	Name of plan sponsor	CANFOR SOUTHERN PINE, INC.	c EIN-PN 57-1128614-002
a	Plan name	CANVAS WORLDWIDE LLC RETIREMENT PLAN	
b	Name of plan sponsor	CANVAS WORLDWIDE LLC	c EIN-PN 38-3975313-001
a	Plan name	CHELSEA BUILDING PRODUCTS INC RETIREMENT	
b	Name of plan sponsor	CHELSEA BUILDING PRODUCTS INC	c EIN-PN 23-2869908-001
a	Plan name	CMBS PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA MEDICAL BUSINESS SERVICES, LLC	c EIN-PN 45-4468735-001
a	Plan name	COAKLEY & WILLIAMS CONSTRUCTION CO, 401(K) PLAN	
b	Name of plan sponsor	COAKLEY & WILLIAMS CONSTRUCTION, INC.	c EIN-PN 52-1574472-001
a	Plan name	COEN OIL COMPANY 401(K) PLAN	
b	Name of plan sponsor	COEN OIL COMPANY, LLC	c EIN-PN 25-1852754-001
a	Plan name	COMMUNITY DENTAL PARTNERS 401K PLAN	
b	Name of plan sponsor	STRATEGIC DENTAL EXECUTIVES LLC DBA COMM	c EIN-PN 27-2885572-001

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 CONSOLIDATED CATHOLIC BENEFIT PLAN	
b	Name of plan sponsor CONSOLIDATED CATHOLIC ADMINISTRATIVE SERVICES, INC.	c EIN-PN 13-4064939-001
a	Plan name CORELOGIC, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CORELOGIC, INC.	c EIN-PN 95-1068610-001
a	Plan name COUNTY OF DUNN MONEY PURCHASE PLAN	
b	Name of plan sponsor COUNTY OF DUNN	c EIN-PN 39-6005690-002
a	Plan name D.R. HORTON, INC. PROFIT SHARING PLUS PLAN	
b	Name of plan sponsor D.R. HORTON, INC.	c EIN-PN 75-2386963-001
a	Plan name DAIRYLAND VETERINARY SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAIRYLAND VETERINARY SERVICE, SC	c EIN-PN 39-1731272-003
a	Plan name DIRECT AUTOMOTIVE MANAGEMENT, INC 401(K) PLAN	
b	Name of plan sponsor DIRECT AUTOMOTIVE MANAGEMENT, IN	c EIN-PN 20-0308465-001
a	Plan name DIVERSIFIED TOOLING GROUP EMPLOYEES 401K	
b	Name of plan sponsor DIVERSIFIED TOOLING GROUP INC	c EIN-PN 32-0020441-002
a	Plan name DUNN COUNTY 457 DEFERRED COMPENSATION	
b	Name of plan sponsor COUNTY OF DUNN	c EIN-PN 39-6005690-001
a	Plan name DYNTEK INC. 401K PLAN	
b	Name of plan sponsor DYNTEK INC	c EIN-PN 95-4228470-001
a	Plan name E.A. SWEEN COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor E.A. SWEEN COMPANY EMPLOYEE RETIREMENT PLAN	c EIN-PN 41-0878603-001
a	Plan name ELEMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor ELEMENT MATERIALS TECHNOLOGY HOLDING USA INC.	c EIN-PN 26-2658878-001
a	Plan name EQUITY HR, INC. 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor EQUITY HR, INC.	c EIN-PN 27-0037153-001

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	ESSENTIAL INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ESSENTIAL INDUSTRIES, INC.	c EIN-PN 39-1021170-001
a	Plan name	EXCELL SERVICES LLC 401K PLAN	
b	Name of plan sponsor	EXCELL SERVICES LLC	c EIN-PN 27-4169992-001
a	Plan name	FIBRIX FILTRATION 401K PLAN	
b	Name of plan sponsor	BRANFORD FILTRATION LLC	c EIN-PN 85-2075925-001
a	Plan name	FORT WORTH TRANSPORTATION AUTHORITY 457(B) PLAN	
b	Name of plan sponsor	FORT WORTH TRANSPORTATION AUTHORITY	c EIN-PN 75-2793063-457
a	Plan name	G & M OIL CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	G & M OIL CO., INC.	c EIN-PN 33-0259692-001
a	Plan name	GEMINI PLASTICS, INC. 401 K PROFIT	
b	Name of plan sponsor	GEMINI PLASTICS INC 401K	c EIN-PN 39-1198267-001
a	Plan name	H.J. BAKER AND BRO LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	HJ BAKER AND BRO LLC	c EIN-PN 81-4867907-010
a	Plan name	H.W. KAUFMAN FINANCIAL GROUP RETIREMENT SAVINGS PLAN H.W. KAUFMAN FINANCIAL GROUP	
b	Name of plan sponsor	H.W. KAUFMAN FINANCIAL GROUP	c EIN-PN 38-1903339-001
a	Plan name	HALLETT & SONS EXPERT MOVERS, INC EMPLOYEES PLAN & TRUST	
b	Name of plan sponsor	HALLETT & SONS EXPERT MOVERS, INC.	c EIN-PN 36-2438075-003
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	HASELDEN CONSTRUCTION LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HASELDEN CONSTRUCTION LLC	c EIN-PN 30-0956514-001
a	Plan name	HAWAIIAN GARDENS CASINO 401(K) PLAN	
b	Name of plan sponsor	HAWAIIAN GARDENS CASINO	c EIN-PN 33-0691298-001

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 HERZOG CONTRACTING CORP 401K PLAN	
b	Name of plan sponsor HERZOG CONTRACTING CORP	c EIN-PN 43-0918005-001
a	Plan name HF SINCLAIR CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HF SINCLAIR CORPORATION	c EIN-PN 87-2092143-002
a	Plan name HOLLINGSWORTH 401K RETIREMENT SAVINGS	
b	Name of plan sponsor HOLLINGSWORTH LLP	c EIN-PN 52-1279928-002
a	Plan name HONDA LOGISTICS NORTH AMERICA, INC., RETIREMENT SA	
b	Name of plan sponsor HONDA LOGISTICS NORTH AMERICA, INC.	c EIN-PN 46-4014349-001
a	Plan name IMC AMERICAS, INC. 401(K) PLAN	
b	Name of plan sponsor IMC AMERICAS, INC.	c EIN-PN 36-4366168-002
a	Plan name INREACH 401K PLAN	
b	Name of plan sponsor INREACH	c EIN-PN 52-1084075-001
a	Plan name IQEQ US MANAGEMENT CO. LLC RETIREMENT PLAN	
b	Name of plan sponsor IQEQ US MANAGEMENT COMPANY, LLC	c EIN-PN 87-2324421-001
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 KAGAN LUBIC LEPPER FINKELSTEIN & GOLD	
b	Name of plan sponsor KAGAN LUBIC LEPPER FINKELSTEIN AND GOLD	c EIN-PN 13-2708697-001
a	Plan name KEYSTONE INNOVATIVE SOLUTIONS LLC	
b	Name of plan sponsor KEYSTONE INNOVATIVE SOLUTIONS LLC	c EIN-PN 47-4274061-001
a	Plan name KING SCHOOLS, INC. SAVINGS PLAN	
b	Name of plan sponsor KING SCHOOLS, INC.	c EIN-PN 33-0492638-001
a	Plan name KINGSTON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KINGSTON TECHNOLOGY GROUP INC	c EIN-PN 33-0883440-002

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 LEADING AGILE LLC 401K PLAN	
b	Name of plan sponsor LEADING AGILE LLC	c EIN-PN 27-3116104-001
a	Plan name LITHKO CONTRACTING, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LITHKO CONTRACTING, LLC	c EIN-PN 43-1214734-001
a	Plan name LUDWIG VON MISES INSTITUTE 401K PLAN	
b	Name of plan sponsor LUDWIG VON MISES INSTITUTE FOR AUSTRIAN	c EIN-PN 52-1263436-001
a	Plan name LUNDBECK 401K NORTH	
b	Name of plan sponsor LUNDBECK LLC	c EIN-PN 36-4408953-001
a	Plan name MACHADO CONSTRUCTION CO INC. 401K	
b	Name of plan sponsor MACHADO CONSTRUCTION CO	c EIN-PN 52-1390788-002
a	Plan name NATIONAL RESILIENCE INC 401K PLAN	
b	Name of plan sponsor NATIONAL RESILIENCE INC	c EIN-PN 85-0788227-001
a	Plan name NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a	Plan name NEIGHBORWORKS AMERICA RETIREMENT PLAN	
b	Name of plan sponsor NEIGHBORWORKS AMERICA	c EIN-PN 52-1148078-002
a	Plan name OBHG 401(K) PLAN	
b	Name of plan sponsor OBHG MANAGEMENT SERVICES, LLC	c EIN-PN 80-0950275-002
a	Plan name ON TOP OF THE WORLD COMMUNITIES, LLC 401(K) PLAN	
b	Name of plan sponsor ON TOP OF THE WORLD COMMUNITIES, LLC	c EIN-PN 59-6059413-333
a	Plan name ONEAMERICA SEPARATE ACCOUNT	
b	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-100
a	Plan name PACIFIC INDUSTRIAL DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRU	
b	Name of plan sponsor PACIFIC INDUSTRIAL DEVELOPMENT	c EIN-PN 38-3088899-001

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 PAULO PRODUCTS COMPANY 401(K) PLAN	
b	Name of plan sponsor PAULO PRODUCTS COMPANY	c EIN-PN 43-0618815-011
a	Plan name PROLEC-GE WAUKESHA, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PROLEC GE WAUKESHA, INC	c EIN-PN 39-1139625-002
a	Plan name R.A. TOWNSEND CO. PROFIT SHARING 401(K) TRUST	
b	Name of plan sponsor R.A. TOWNSEND COMPANY	c EIN-PN 38-1746453-001
a	Plan name R.H. WHITE 401(K) PROFIT SHARING-PREVAILING WAGE PLAN	
b	Name of plan sponsor R.H. WHITE COMPANIES, INC.	c EIN-PN 04-2133102-003
a	Plan name ROBBINS MANUFACTURING COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor ROBBINS MANUFACTURING COMPANY	c EIN-PN 59-0424645-001
a	Plan name SAVINGS PLAN FOR EMPLOYEES OF AQUARION	
b	Name of plan sponsor AQUARION WATER COMPANY	c EIN-PN 06-0852232-006
a	Plan name SGH PROFIT SHARING & 401K PL AND TR	
b	Name of plan sponsor SIMPSON GUMPERTZ AND HEGER INC	c EIN-PN 04-2256923-001
a	Plan name SHELBY COUNTY BANCORP RETIREMENT PLAN	
b	Name of plan sponsor SHELBY COUNTY BANCORP, INC.	c EIN-PN 31-1176325-001
a	Plan name SIERRA RAILROAD COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIERRA RAILROAD COMPANY	c EIN-PN 77-0373437-001
a	Plan name SIGNIFICANCE INC. 401K PLAN	
b	Name of plan sponsor SIGNIFICANCE INC	c EIN-PN 47-2454872-001
a	Plan name STEIN GARDEN CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor STEIN GARDEN CENTERS, INC.	c EIN-PN 39-0965827-001
a	Plan name TEACHER CREATED RESOURCES, INC. 401K	
b	Name of plan sponsor TEACHER CREATED RESOURCES, INC.	c EIN-PN 20-1253563-001

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 COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING COMPANY OF KOKOMO	c EIN-PN 35-0902269-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BINKS BOTTLING	c EIN-PN 38-0430900-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VIKING COCA-COLA BOTTLING COMPANY	c EIN-PN 41-0722845-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ATLANTIC BOTTLING COMPANY	c EIN-PN 42-0666479-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MACON COCA-COLA BOTTLING COMPANY	c EIN-PN 43-0388889-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING CO. OF DICKINSON	c EIN-PN 45-0119345-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING CO. OF WILLISTON	c EIN-PN 45-0119360-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING CO. HIGH COUNTRY	c EIN-PN 46-0259684-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BEVERAGES FLORIDA	c EIN-PN 47-2685591-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ORANGEBURG COCA-COLA BOTTLING COMPANY, INC.	c EIN-PN 57-0219400-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROCK HILL COCA-COLA BOTTLING CO.	c EIN-PN 57-0236040-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA SCHOLARS FOUNDATION, INC.	c EIN-PN 58-1686023-002

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 THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLERS SALES AND SERVICE CO., LLC	c EIN-PN 59-3761746-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MIDDLESBORO COCA-COLA BOTTLING WORKS, INC.	c EIN-PN 61-0279960-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLERS OF TULLAHOMA	c EIN-PN 62-0164520-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MERIDIAN COCA-COLA BOTTLING COMPANY	c EIN-PN 64-0203190-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CORINTH COCA-COLA BOTTLING WORKS, INC.	c EIN-PN 64-0663438-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MAGNOLIA COCA-COLA BOTTLING COMPANY, INC.	c EIN-PN 71-0112215-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FORT SMITH BOTTLING	c EIN-PN 71-0256055-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING COMPANY OF MINDEN	c EIN-PN 72-0155730-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADA COCA-COLA BOTTLING COMPANY	c EIN-PN 73-0120471-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LOVE BOTTLING	c EIN-PN 73-0956850-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SOONER COCA-COLA BOTTLING COMPANY	c EIN-PN 73-1110711-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WESTERN CONTAINER CORPORATION	c EIN-PN 75-1710284-002

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 THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LEHRKINDS, INC.	c EIN-PN 81-0252830-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GLENDIVE COCA-COLA BOTTLING COMPANY	c EIN-PN 81-0305591-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HEARTLAND COCA-COLA BOTTLING COMPANY	c EIN-PN 81-3590283-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LIBERTY COCA-COLA BEVERAGES	c EIN-PN 82-1396019-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DURANGO COCA-COLA BOTTLING COMPANY INC.	c EIN-PN 84-0192884-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE DOLSEN COMPANIES COCA-COLA BOTTLING CO.	c EIN-PN 91-0710461-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TIMBER COUNTRY COCA-COLA BEVERAGES	c EIN-PN 93-0477754-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 58-0198280-002
a	Plan name THE GEMOLOGICAL INSTITUE OF AMERICA INC.	
b	Name of plan sponsor GEMOLOGICAL INSTITUTE OF AMERICA INC	c EIN-PN 95-3797687-003
a	Plan name THE PLOTE COMPANIES 401(K) PLAN	
b	Name of plan sponsor PLOTE CONSTRUCTION, INC.	c EIN-PN 36-2814492-001
a	Plan name THELEN MATERIALS, LLC RETIREMENT PLAN	
b	Name of plan sponsor THELEN MATERIALS, LLC	c EIN-PN 20-3975462-001
a	Plan name THELEN SAND AND GRAVEL, INC. RETIREMENT PLAN	
b	Name of plan sponsor THELEN SAND AND GRAVEL, INC.	c EIN-PN 36-2585728-001

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	TRIWEST HEALTHCARE ALLIANCE CORP 401(K) PLAN	
b	Name of plan sponsor	TRIWEST HEALTHCARE ALLIANCE CORP	c EIN-PN 86-0813402-001
a	Plan name	TYLK GUSTAFSON RECKERS WILSON ANDREWS	
b	Name of plan sponsor	TYLK GUSTAFSON RECKERS WILSON ANDRES	c EIN-PN 36-4370172-001
a	Plan name	UNISON-UJG 401(K) PLAN	
b	Name of plan sponsor	UNISON CONSULTING, INC.	c EIN-PN 36-3648595-002
a	Plan name	UNIVERSITY FINANCIAL CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	UNIVERSITY FINANCIAL CORPORATION	c EIN-PN 41-1557799-001
a	Plan name	US INTERNATIONAL MEDIA 401(K) PLAN	
b	Name of plan sponsor	USIM	c EIN-PN 20-0244617-001
a	Plan name	USALCO, LLC PUERTO RICO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	USALCO, LLC	c EIN-PN 22-2492075-004
a	Plan name	VELUX AMERICA LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	VELUX AMERICA LLC	c EIN-PN 04-2559488-001
a	Plan name	W & T OFFSHORE, INC. 401(K) PLAN	
b	Name of plan sponsor	W & T OFFSHORE, INC.	c EIN-PN 72-1121985-001
a	Plan name	WALSH COLUCCI LUBELEY & WALSH PC	
b	Name of plan sponsor	WALSH COLUCCI LUBELEY WALSH PC	c EIN-PN 54-1235076-003
a	Plan name	WCM PHYSICIANS PRACTICES, LLC 401(K) PLAN	
b	Name of plan sponsor	WCM PHYSICIANS PRACTICES, LLC	c EIN-PN 46-1883875-001
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.	<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 GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2005 TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7289829

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)	846224
		172715
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)	23049403
(10) Value of interest in pooled separate accounts	1c(10)	28921244
(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)	
(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	23895627	29093959
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	4583
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	848179	172715
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	848179	177298
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	23047448	28916661

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)		
(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)		0
(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)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		2027683
(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		2027683

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)	1282	
(5) Investment advisory and investment management fees	2i(5)	5917	
(6) Bank or trust company trustee/custodial fees	2i(6)	8558	
(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)		15757
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15757

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2011926
l Transfers of assets:			
(1) To this plan.....	2l(1)		11554298
(2) From this plan	2l(2)		7697011

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 _____.