

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: PGIM SELECT REAL ESTATE FUND CIT; 1b Three-digit plan number (PN): 706; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 38-7264543; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code

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, Date, and Name. Rows include plan administrator, 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
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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) <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.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PGIM SELECT REAL ESTATE FUND CIT</u>	B Three-digit plan number (PN)	<u>706</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>38-7264543</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>NT COLLECTIVE GOVERNMENT STIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</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>744573</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:		
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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)
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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)

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c EIN-PN

d Entity code

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d Entity code

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d Entity code

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d Entity code

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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:

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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	A.D. STOWE, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	A. D. STOWE, INC.	c EIN-PN 54-0951262-001
a	Plan name	AFAR 401(K) PLAN	
b	Name of plan sponsor	AFAR MEDIA, LLC	c EIN-PN 20-4707740-001
a	Plan name	AFFINITY WOMEN'S HEALTH CARE RETIREMENT PLAN	
b	Name of plan sponsor	AFFINITY WOMENS HEALTH CARE, SC	c EIN-PN 46-4014469-001
a	Plan name	AIR INDUSTRIES GROUP 401(K) PLAN	
b	Name of plan sponsor	AIR INDUSTRIES GROUP	c EIN-PN 80-0948413-001
a	Plan name	ALAMO FARMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALAMO FARMS, INC.	c EIN-PN 73-1693156-001
a	Plan name	ALLEN STEELE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEN STEELE CO., INC.	c EIN-PN 39-1178810-001
a	Plan name	ALT RETIREMENT PLAN	
b	Name of plan sponsor	ALEXS LAWN & TURF	c EIN-PN 01-0643522-001
a	Plan name	AMERICAN FOOD SYSTEMS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	AMERICAN FOOD SYSTEMS INC.	c EIN-PN 04-2749081-001
a	Plan name	AMP'D ELECTRIC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	AMPD ELECTRIC, LLC	c EIN-PN 27-2821852-001
a	Plan name	ANDERSON BROTHERS CONSTRUCTION COMPANY OF BRAINERD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDERSON BROTHERS CONSTRUCTION COMPANY OF BRAINERD, LLC	c EIN-PN 90-0952537-001
a	Plan name	APOLLON WEALTH MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	APOLLON WEALTH MANAGEMENT, LLC	c EIN-PN 82-3706323-001
a	Plan name	ARCHER REVIEW 401K PLAN	
b	Name of plan sponsor	USMLEGALAXY LLC DBA ARCHER REVIEW	c EIN-PN 26-4288906-001

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	ASCENDHR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ASCENDHR LLC	c EIN-PN 87-2071253-001
a	Plan name	BACKFLOW PREVENTION SPECIALISTS 401(K) PLAN	
b	Name of plan sponsor	BACKFLOW PREVENTION SPECIALISTS, INC	c EIN-PN 94-2795163-001
a	Plan name	BAMA PROFIT SHARING PLAN	
b	Name of plan sponsor	THE BAMA COMPANIES, INC.	c EIN-PN 73-0988323-001
a	Plan name	BARD RAO ATHANAS CONSULTING ENGINEERS, LLC 401K PLAN	
b	Name of plan sponsor	BARD RAO ATHANAS CONSULTING ENGINEERS, LLC	c EIN-PN 04-2578380-001
a	Plan name	BARRY, EVANS, JOSEPHS & SNIPES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	J.M. BARRY & ASSOCIATES, LLC	c EIN-PN 26-2748759-001
a	Plan name	BAY AREA MANAGEMENT SERVICES, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BAY AREA MANAGEMENT SERVICES, INC.	c EIN-PN 38-2657836-001
a	Plan name	BEAMACO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEAMACO, LLC	c EIN-PN 32-0137967-001
a	Plan name	BEST LAW 401(K) PLAN	
b	Name of plan sponsor	BEST LAW, P.A.	c EIN-PN 46-3051196-001
a	Plan name	BETSY ROSS REHABILITATION CENTER INC 401K PLAN	
b	Name of plan sponsor	BETSY ROSS REHABILITATION CENTER INC	c EIN-PN 16-1549991-002
a	Plan name	BNK CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BNK CONSTRUCTION, INC.	c EIN-PN 93-1179120-001
a	Plan name	BOB'S TIRE/USED TIRE WAREHOUSE 401(K) PLAN	
b	Name of plan sponsor	BOBS TIRE CO. INC.	c EIN-PN 04-2877666-001
a	Plan name	BOSTON NORTH 401(K) PLAN	
b	Name of plan sponsor	BOSTON NORTH PROPERTIES, LLC	c EIN-PN 03-0516365-002

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	BOSTON RETAIL PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor	BOSTON RETAIL PRODUCTS, INC.	c EIN-PN 04-2440547-002
a	Plan name	BRIGHT HEALTH MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	BRIGHT HEALTH MANAGEMENT, INC.	c EIN-PN 81-1108911-001
a	Plan name	BUD MAHAS CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BUD MAHAS CONSTRUCTION, INC.	c EIN-PN 87-0390127-001
a	Plan name	CABANA PEP SOLUTION	
b	Name of plan sponsor	TRG FIDUCIARY SERVICES LLC	c EIN-PN 82-3095168-014
a	Plan name	CACHE VALLEY BANK EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CACHE VALLEY BANK	c EIN-PN 87-0310100-001
a	Plan name	CARDINAL STRATEGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	CARDINAL STRATEGIES, LLC	c EIN-PN 14-1919515-001
a	Plan name	CELLTRION RETIREMENT	
b	Name of plan sponsor	CELLTRION USA, INC.	c EIN-PN 36-4905731-001
a	Plan name	CENTER CUT 401(K) PLAN	
b	Name of plan sponsor	CENTER CUT LANDSCAPING, LLC	c EIN-PN 82-4776291-001
a	Plan name	CENTRAL TOOLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL TOOLS, INC.	c EIN-PN 05-0402749-002
a	Plan name	CENTURY GROUP 401(K) PLAN	
b	Name of plan sponsor	CENTURY GROUP INTERNATIONAL, INC. DBA THE CENTURY GROUP	c EIN-PN 93-1022773-001
a	Plan name	CERVELLO GLOBAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CERVELLO GLOBAL CORPORATION	c EIN-PN 27-2488822-001
a	Plan name	CHERRYTREE/MACON 401(K) PLAN	
b	Name of plan sponsor	MACON GC, LLC	c EIN-PN 46-3824036-001

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 CLEAN CUT TREE COMPANIES 401(K) PLAN	
b	Name of plan sponsor CLEAN CUT TREE SERVICE, INC.	c EIN-PN 36-3963749-002
a	Plan name COMMERCIAL GLASS & ALUMINUM INC.	
b	Name of plan sponsor COMMERCIAL GLASS AND ALUMINUM INC	c EIN-PN 20-8113192-001
a	Plan name CONNECT LOGISTICS, INC. 401(K) PLAN	
b	Name of plan sponsor CONNECT LOGISTICS, INC.	c EIN-PN 20-8567688-001
a	Plan name CORNERSTONE CHURCH 403(B) PLAN	
b	Name of plan sponsor CORNERSTONE CHURCH OF AMES IOWA	c EIN-PN 42-1425755-001
a	Plan name CROWN ERAM, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CROWN ERAM, LLC	c EIN-PN 20-1601681-001
a	Plan name CUSTOM MOLDING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CUSTOM MOLDING SOLUTIONS	c EIN-PN 01-0646199-001
a	Plan name D. GREG SEAL, D.D.S., P.C. PROFIT SHARING PLAN % TRUST	
b	Name of plan sponsor D. GREG SEAL, D.D.S., P.C.	c EIN-PN 43-1226091-003
a	Plan name DATAXOOM 401(K) PLAN	
b	Name of plan sponsor DATAXOOM CORPORATION	c EIN-PN 45-5073812-001
a	Plan name DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DECISIVEDGE, LLC	c EIN-PN 26-1440851-001
a	Plan name DEE'S INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEES INC.	c EIN-PN 87-0221456-001
a	Plan name DOHN CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor DOHN CONSTRUCTION, INC.	c EIN-PN 84-1209327-001
a	Plan name EDM MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EDM MANAGEMENT, INC.	c EIN-PN 20-0415273-001

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 ELLIS, LI & MCKINSTRY PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELLIS, LI & MCKINSTRY PLLC	c EIN-PN 91-1240777-001
a	Plan name EMERGING MARKET SEPARATE ACCOUNT	
b	Name of plan sponsor EMERGING MARKET SEPARATE ACCOUNT	c EIN-PN 46-3943208-001
a	Plan name EUROTRANCIATURA USA LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EUROTRANCIATURA USA LLC	c EIN-PN 46-4657373-001
a	Plan name FALCON RAPPAPORT & BERKMAN LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FALCON RAPPAPORT & BERKMAN LLP	c EIN-PN 92-0665282-001
a	Plan name FOOT HEALTHCARE ASSOCIATES PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FOOT HEALTHCARE ASSOCIATES, P.C.	c EIN-PN 38-2777871-002
a	Plan name FPI MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor FPI MANAGEMENT, INC.	c EIN-PN 68-0217638-002
a	Plan name FRAMERICA CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FRAMERICA CORPORATION	c EIN-PN 11-2835418-001
a	Plan name FRED OLIVIERI CONSTRUCTION CO. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor FRED OLIVIERI CONSTRUCTION CO.	c EIN-PN 34-0936045-003
a	Plan name FRENCHTOWN CHARTER TOWNSHIP GOVERNMENTAL NON-ERISA RETIREMENT PLAN	
b	Name of plan sponsor FRENCHTOWN CHARTER TOWNSHIP	c EIN-PN 38-6019659-001
a	Plan name FRICKER'S USA, LLC 401(K) PLAN	
b	Name of plan sponsor FRICKERS USA, LLC	c EIN-PN 20-5808051-001
a	Plan name GLOBAL INTEGRITY REALTY CORPORATION 401(K) PLAN	
b	Name of plan sponsor GLOBAL INTEGRITY REALTY CORPORATION	c EIN-PN 95-4801473-001
a	Plan name GOLDEN COAST CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor GOLDEN COAST CONSTRUCTION AND RESTORATION	c EIN-PN 52-2449794-001

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	GOV SOLUTIONS GROUP 401(K) PLAN	
b	Name of plan sponsor	THE CAMERON BELL CORPORATION DBA	c EIN-PN 57-0994802-001
a	Plan name	GRACO CONCRETE, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	GRACO CONCRETE	c EIN-PN 26-4731704-001
a	Plan name	H & L CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	H & L CONTRACTING LLC	c EIN-PN 46-4082629-001
a	Plan name	HAITIAN BRIDGE ALLIANCE, INC. 401(K) PLAN	
b	Name of plan sponsor	HAITIAN BRIDGE ALLIANCE, INC.	c EIN-PN 81-3558713-001
a	Plan name	HAYES TRANSPORT 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HAYES TRANSPORT	c EIN-PN 39-1761906-001
a	Plan name	HBRA ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	HBRA ARCHITECTS, INC.	c EIN-PN 36-2473024-001
a	Plan name	HEALY CAPITAL PARTNERS 401(K) PLAN	
b	Name of plan sponsor	MRH IRISH INVESTMENTS, LLC DBA HEALY CAPITAL PARTNERS	c EIN-PN 83-0867343-001
a	Plan name	HIELAN RESTAURANT GROUP 401(K) PLAN	
b	Name of plan sponsor	HIELAN PAYROLL, LLC	c EIN-PN 45-5631630-001
a	Plan name	HIGHHOUSE OIL OPERATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGHHOUSE OIL OPERATIONS, INC.	c EIN-PN 20-3844440-001
a	Plan name	HSDC 401(K) PLAN	
b	Name of plan sponsor	HEARING SPEECH AND DEAF CENTER	c EIN-PN 91-0681207-002
a	Plan name	IAM8BIT INC 401K PLAN	
b	Name of plan sponsor	IAM8BIT INC	c EIN-PN 20-5687099-001
a	Plan name	IMMATICS US INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	IMMATICS US, INC.	c EIN-PN 47-2194527-001

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 INSIGHTS NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor INSIGHTS NORTH AMERICA, INC.	c EIN-PN 61-1413692-001
a	Plan name INTECH DIRECT INC. 401K PLAN	
b	Name of plan sponsor INTECH DIRECT INC	c EIN-PN 36-4101450-001
a	Plan name INTEGRA TOOL & MANUFACTURING INC 401K PLAN	
b	Name of plan sponsor INTEGRA TOOL & MANUFACTURING, INC.	c EIN-PN 20-4841170-001
a	Plan name INVENTURE RENEWABLES INC. 401K PLAN	
b	Name of plan sponsor INVENTURE RENEWABLES INC	c EIN-PN 45-4890950-001
a	Plan name IRWIN COHEN GROUP 401K PLAN	
b	Name of plan sponsor AFFILIATED FINANCIAL SPECIALISTS INC DB	c EIN-PN 36-4458690-001
a	Plan name J.C. NORBY & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor J.C. NORBY & ASSOCIATES, INC	c EIN-PN 20-8197487-001
a	Plan name JEMS FOOT CARE 401(K) PLAN	
b	Name of plan sponsor JEMS FOOT CARE PLLC	c EIN-PN 87-2143678-001
a	Plan name JIVETEL LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor JIVETEL LLC	c EIN-PN 27-5540532-001
a	Plan name JSW 401(K) PLAN	
b	Name of plan sponsor JAPAN STEEL WORKS AMERICA, INC.	c EIN-PN 13-2953926-001
a	Plan name KEYSTONE DEDICATED LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor KEYSTONE DEDICATED LOGISTICS, LLC	c EIN-PN 25-1829631-001
a	Plan name LARA & LUNA APC 401K PLAN	
b	Name of plan sponsor LARA & LUNA APC	c EIN-PN 80-0715437-001
a	Plan name LAUDERDALE ELECTRIC INC.	
b	Name of plan sponsor LAUDERDALE ELECTRIC INC	c EIN-PN 36-3834309-001

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 LEAFHOUSE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LEAFHOUSE FINANCIAL GROUP, LLC	c EIN-PN 26-3479399-001
a	Plan name MACHINE TOOL CAMP 401(K) PLAN	
b	Name of plan sponsor MACHINE TOOL CAMP LLC	c EIN-PN 30-0869027-001
a	Plan name MAST HEATING RETIREMENT PLAN	
b	Name of plan sponsor MAST HEATING & COMMERCIAL REFRIGERATION, INC.	c EIN-PN 38-2263878-001
a	Plan name METROPOLITAN CONTRACTING CO., LLC EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor METROPOLITAN CONTRACTING CO., LLC	c EIN-PN 74-2538899-001
a	Plan name MICHIGAN PHARMACISTS ASSOC EE DEF COMP PLAN	
b	Name of plan sponsor MICHIGAN PHARMACISTS ASSOCIATION	c EIN-PN 38-0830740-002
a	Plan name MINTZ & HOKE INC. PROFIT SHARING/TAX-DEFERRED SAVINGS PLAN	
b	Name of plan sponsor MINTZ & HOKE INC.	c EIN-PN 06-0871841-001
a	Plan name MITCHELL SANDLER PLLC 401K PLAN	
b	Name of plan sponsor MITCHELL SANDLER PLLC	c EIN-PN 83-4349626-001
a	Plan name MOELLER GRAF 401(K) PLAN	
b	Name of plan sponsor MOELLER GRAF P.C.	c EIN-PN 20-3612236-001
a	Plan name MONTGOMERY NURSING HOME 401(K) PLAN	
b	Name of plan sponsor MONTGOMERY NURSING HOME	c EIN-PN 14-1739366-002
a	Plan name MP-SQUARED STRUCTURAL ENGINEERS, LLC 401(K) PLAN	
b	Name of plan sponsor MP - SQUARED STRUCTURAL ENGINEERS, LLC	c EIN-PN 20-2023337-001
a	Plan name MPM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MADISON PROPERTY MANAGEMENT, INC.	c EIN-PN 39-1622225-001
a	Plan name MRO BUILT 401(K) PLAN	
b	Name of plan sponsor MRO BUILT, LLC	c EIN-PN 34-1217343-001

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	MYWAYRETIREMENT REAL ESTATE FUND	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-7264530-003
a	Plan name	NATIONAL SKEET SHOOTING ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL SKEET SHOOTING ASSOCIATION	c EIN-PN 75-0108632-001
a	Plan name	NATURE'S WAY FARMS, LLC 401(K) PLAN	
b	Name of plan sponsor	NATURES WAY FARMS, LLC	c EIN-PN 83-1033824-001
a	Plan name	NICKLES BAKERIES EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	ALFRED NICKLES BAKERY, INC.	c EIN-PN 34-0428345-002
a	Plan name	NICKLES BAKERY 401(K) PLAN FOR BARGAINING EMPLOYEES	
b	Name of plan sponsor	NICKLES BAKERY 401(K) PLAN FOR BARGAINING EMPLOYEES	c EIN-PN 34-0428345-003
a	Plan name	PABLO CENTER AT THE CONFLUENCE RETIREMENT PLAN	
b	Name of plan sponsor	PABLO CENTER AT THE CONFLUENCE	c EIN-PN 45-5405233-001
a	Plan name	PACIFIC VALLEY BANK 401(K) PLAN	
b	Name of plan sponsor	PACIFIC VALLEY BANK	c EIN-PN 41-2138340-001
a	Plan name	PACIFIC WEST ASSOCIATION OF REALTORS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PACIFIC WEST ASSOCIATION OF REALTORS	c EIN-PN 33-0729887-001
a	Plan name	PALMETTO PROACTIVE HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	PALMETTO PROACTIVE HEALTHCARE, LLC	c EIN-PN 27-1636007-002
a	Plan name	PARALLAX VISUAL COMMUNICATION 401(K) PLAN	
b	Name of plan sponsor	PARALLAX VISUAL COMMUNICATION	c EIN-PN 36-4664280-001
a	Plan name	PELHAM HEALTHCARE ASSOCIATES, PLLC 401(K)	
b	Name of plan sponsor	PELHAM HEALTHCARE ASSOCIATES, PLLC	c EIN-PN 27-0134323-001
a	Plan name	PHILADELPHIA RESERVE SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHILADELPHIA RESERVE SUPPLY COMPANY	c EIN-PN 23-0973030-003

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	PION INC. RETIREMENT PLAN	
b	Name of plan sponsor	PION INC	c EIN-PN 04-3333487-001
a	Plan name	PREMIER GOLD MINES USA, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	PREMIER GOLD MINES USA, INC.	c EIN-PN 32-0353333-001
a	Plan name	PROFESSIONAL RETAIL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL RETAIL SERVICES INC.	c EIN-PN 11-3568901-001
a	Plan name	PROFIT SHARING PLAN AND TRUST OF GI MEDICINE ASSOC	
b	Name of plan sponsor	G I MEDICINE ASSOCIATES PC	c EIN-PN 38-2081222-002
a	Plan name	PUERTO RICO ENERGY LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PUERTO RICO ENERGY LLC	c EIN-PN 66-0759525-001
a	Plan name	QUESTEK INNOVATIONS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	QUESTEK INNOVATIONS LLC	c EIN-PN 36-4116425-001
a	Plan name	QUESTPRO CONSULTANTS, L.P. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	QUESTPRO CONSULTANTS, LP	c EIN-PN 75-2757054-001
a	Plan name	R & D TOOL & ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	R & D TOOL & ENGINEERING COMPANY	c EIN-PN 43-1237713-001
a	Plan name	RAPID RESPONSE 401(K) PLAN	
b	Name of plan sponsor	RAPID RESPONSE	c EIN-PN 43-1925523-001
a	Plan name	RETHWISCH TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	RETHWISCH TRANSPORT, LLC	c EIN-PN 90-0531803-001
a	Plan name	RETIREGUIDE GROWTH	
b	Name of plan sponsor	RETIREGUIDE GROWTH	c EIN-PN 84-4095754-001
a	Plan name	RETIREGUIDE GROWTH & INCOME	
b	Name of plan sponsor	RETIREGUIDE GROWTH & INCOME	c EIN-PN 84-4095989-001

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 RETIREGUIDE MODERATE GROWTH	
b	Name of plan sponsor RETIREGUIDE MODERATE GROWTH	c EIN-PN 84-4096529-001
a	Plan name RETIREGUIDE MODERATE GROWTH & INCOME	
b	Name of plan sponsor RETIREGUIDE MODERATE GROWTH & INCOME	c EIN-PN 84-4096260-001
a	Plan name RIGHT QUESTION INSTITUTE 401(K) PLAN	
b	Name of plan sponsor THE RIGHT QUESTION INSTITUTE	c EIN-PN 04-3099027-001
a	Plan name RIVERWAY FAMILY DENTAL 401(K) PLAN	
b	Name of plan sponsor JEFFERY & DAVIES DDS, PLLC	c EIN-PN 83-2539901-001
a	Plan name ROONEY PROPERTIES 401(K) PLAN	
b	Name of plan sponsor ROONEY PROPERTIES, LLC	c EIN-PN 39-1976054-001
a	Plan name RTI/COMMUNITY MANAGEMENT ASSOCIATES 401(K) SAVINGS PLAN	
b	Name of plan sponsor RTI/COMMUNITY MANAGEMENT ASSOCIATES, INC.	c EIN-PN 75-1892308-001
a	Plan name RUTHERFORD EQUIPMENT RENTAL 401(K) PLAN	
b	Name of plan sponsor RUTHERFORD EQUIPMENT RENTAL, LLC	c EIN-PN 27-4345599-002
a	Plan name SCHREIBER MULLANEY CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor SCHREIBER MULLANEY CONSTRUCTION COMPANY, INC.	c EIN-PN 41-1561623-001
a	Plan name SELLWOOD MEDICAL CLINIC 401(K) PLAN	
b	Name of plan sponsor SELLWOOD MEDICAL CLINIC	c EIN-PN 71-0920784-001
a	Plan name SEMPER PIE 401(K) PLAN	
b	Name of plan sponsor SEMPER PIE	c EIN-PN 47-5340602-001
a	Plan name SESSIONS, ISRAEL & S	
b	Name of plan sponsor SESSIONS, ISRAEL & SHARTLE, LLC	c EIN-PN 47-2102132-001
a	Plan name SILOTECH GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor SILOTECH GROUP, INC.	c EIN-PN 26-3512026-002

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	SMA CPA 401(K) PLAN
b	Name of plan sponsor	SCOTT MILLER CPA & ASSOCIATES INC.
c	EIN-PN	87-3523115-001
a	Plan name	SMILELYNN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SMILELYNN PEDIATRIC DENTISTRY
c	EIN-PN	82-1709491-001
a	Plan name	SOUNDVIEW HEATING & AIR CONDITIONING, INC. 401(K) PLAN
b	Name of plan sponsor	SOUNDVIEW HEATING & AIR CONDITIONING INC
c	EIN-PN	80-0004498-001
a	Plan name	SPS NEW ENGLAND, INC. PROFIT SHARING/RETIREMENT PLAN
b	Name of plan sponsor	SPS NEW ENGLAND, INC.
c	EIN-PN	04-2741165-002
a	Plan name	SUNDOG PARTNERSHIP 401K PLAN
b	Name of plan sponsor	SUNDOG PARTNERSHIP
c	EIN-PN	75-3046044-001
a	Plan name	SUPERIOR MOTION CONTROLS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SUPERIOR MOTION CONTROLS, INC
c	EIN-PN	20-5992878-001
a	Plan name	SYNERGY DISASTER RECOVERY 401(K) PLAN
b	Name of plan sponsor	SYNERGY DISASTER RECOVERY
c	EIN-PN	84-3533519-001
a	Plan name	TCSI - TRANSLAND, INC. 401(K) PLAN
b	Name of plan sponsor	TCSI -TRANSLAND, INC.
c	EIN-PN	43-1869361-001
a	Plan name	TENNYSON CAPITAL PARTNERS 401(K) PLAN
b	Name of plan sponsor	TENNYSON CAPITAL PARTNERS, LLC
c	EIN-PN	47-2877272-001
a	Plan name	THE ANTERO GROUP 401(K) PLAN
b	Name of plan sponsor	THE ANTERO GROUP LLC
c	EIN-PN	47-3959204-001
a	Plan name	THE HIGH ROAD PROGRAM 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	THE HIGH ROAD PROGRAM
c	EIN-PN	95-3175986-001
a	Plan name	THE HUNT CORPORATE SERVICES, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	THE HUNT CORPORATE SERVICES, INC.
c	EIN-PN	11-2557534-001

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	THINK ARCHITECTURE 401(K) PLAN	
b	Name of plan sponsor	THINK ARCHITECTURE, INC.	c EIN-PN 45-3638396-001
a	Plan name	TISCH MILLS 401(K) PLAN	
b	Name of plan sponsor	TISCH MILLS FARM CENTER, INC.	c EIN-PN 39-1332778-001
a	Plan name	TRAFFIC AUDIT & BUREAU SERVICES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRAFFIC AUDIT & BUREAU SERVICES	c EIN-PN 82-3781309-001
a	Plan name	TRYCO INC. 401(K) PLAN	
b	Name of plan sponsor	TRYCO, INC.	c EIN-PN 54-1416179-001
a	Plan name	TUSCAN BRANDS, LLC 401(K) PLAN	
b	Name of plan sponsor	TUSCAN BRANDS, LLC	c EIN-PN 46-0637989-002
a	Plan name	TWIN OAKS COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TWIN OAKS COUNTRY CLUB	c EIN-PN 44-0596038-001
a	Plan name	ULTIVUE, INC. 401(K) PLAN	
b	Name of plan sponsor	ULTIVUE, INC.	c EIN-PN 47-3394722-001
a	Plan name	UNITED PLANT GROWERS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNITED PLANT GROWERS, INC.	c EIN-PN 33-0783952-001
a	Plan name	UNITY BANK EMPLOYEES' SAVINGS & PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	UNITY BANK	c EIN-PN 22-3110915-001
a	Plan name	UNMANNED SYSTEMS INC. 401(K) PLAN	
b	Name of plan sponsor	UNMANNED SYSTEMS INCORPORATED DBA ALBERS AEROSPACE	c EIN-PN 27-0056512-001
a	Plan name	WALDEN SAVINGS BANK 401(K) PLAN	
b	Name of plan sponsor	WALDEN SAVINGS BANK	c EIN-PN 14-1155630-002
a	Plan name	WALKER TAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WALKER TAPE COMPANY	c EIN-PN 87-0442825-001

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 PGIM SELECT REAL ESTATE FUND CIT	B Three-digit plan number (PN) ▶ 706
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7264543

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
a Total noninterest-bearing cash	1a	0	52121
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	233707	425389
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)	6363030	78367138
(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)	101322	744573
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	32449710	0

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	39147769	79589221
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	82108
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1084914	196661
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1084914	278769
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	38062855	79310452

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)	2902605	
(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)		2902605
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	99205591	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	93625483	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		5580108
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1463443	
(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)		33421
(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		7052691

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)	3774	
(5) Investment advisory and investment management fees	2i(5)	267542	
(6) Bank or trust company trustee/custodial fees	2i(6)	35672	
(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)		306988
j Total expenses. Add all expense amounts in column (b) and enter total	2j		306988

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6745703
l Transfers of assets:			
(1) To this plan	2l(1)		57696790
(2) From this plan	2l(2)		23194896

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 _____.