

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>NEUBERGER BERMAN SMALL CAP GROWTH (GG) TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>637</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>38-4139860</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <hr/> <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>10/08/2025</u>	<u>BRIAN MULLER</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
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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>NEUBERGER BERMAN SMALL CAP GROWTH (GG) TRUST</u>	B Three-digit plan number (PN) ▶	<u>637</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>38-4139860</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: NEUBERGER BERMAN SMALL CAP GROWTH T

b Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST COMPANY N.A.

c EIN-PN <u>20-4797982-013</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>46628042</u>
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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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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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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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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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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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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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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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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. TREFFEISEN & SON, LLC 401(K) P/S PLAN	
b	Name of plan sponsor A. TREFFEISEN & SON, LLC	c EIN-PN 16-1590910-001
a	Plan name ACW PLASTIC PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ACW PLASTIC PRODUCTS, INC.	c EIN-PN 84-3606146-001
a	Plan name AG TEAM 401K RETIREMENT PLAN	
b	Name of plan sponsor AGRICULTURAL LOGISTICS LLC	c EIN-PN 82-2398817-001
a	Plan name AGC NYS LLC RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATED GENERAL CONTRACTORS OF NEW YORK STATE	c EIN-PN 26-3822145-002
a	Plan name AIDS HEALTHCARE FOUNDATION 1081 PLAN	
b	Name of plan sponsor AIDS HEALTHCARE FOUNDATION	c EIN-PN 95-4112121-002
a	Plan name AJC LOGISTICS, LLC RETIREMENT PLAN	
b	Name of plan sponsor AJC LOGISTICS, LLC	c EIN-PN 04-3751413-001
a	Plan name ALIVIA HEALTH INVESTMENT & RETIREMENT PLAN	
b	Name of plan sponsor ALIVIA HEALTH MANAGEMENT LLC	c EIN-PN 66-0859095-001
a	Plan name ALLEN MELLO COMPANIES 401(K) PLAN	
b	Name of plan sponsor ALLEN MELLO COMPANIES LLC	c EIN-PN 04-2563716-002
a	Plan name ALLTEK 401(K) PLAN	
b	Name of plan sponsor ALLTEK ENERGY SYSTEMS, INC.	c EIN-PN 14-1620911-001
a	Plan name ALTUM PUERTO RICO LLC RETIREMENT PLAN	
b	Name of plan sponsor ALTUM PR, LLC	c EIN-PN 66-0974586-001
a	Plan name AMERICAN EAGLE EXPRESS 401(K) PLAN	
b	Name of plan sponsor AMERICAN EAGLE EXPRESS, INC. D/B/A AEXGROUP	c EIN-PN 13-3204185-001
a	Plan name ANNSEAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANNSEAL, INC.	c EIN-PN 03-0435899-002

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	ASSOCIATED SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSOCIATED SUPPLY COMPANY, INC.	c EIN-PN 75-1386410-001
a	Plan name	AXIS SPECIALTY U.S. SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	AXIS SPECIALTY U.S. SERVICES, INC.	c EIN-PN 41-2030082-001
a	Plan name	AYNI BRIGADE, LLC RETIREMENT PLAN	
b	Name of plan sponsor	AYNI BRIGADE, LLC	c EIN-PN 46-2975071-001
a	Plan name	BASIC CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	BCC HOLDING, INC.	c EIN-PN 30-0756214-002
a	Plan name	BAUSCH & LOMB AMERICAS INC. RETIREMENT PLAN (PUERTO RICO)	
b	Name of plan sponsor	BAUSCH & LOMB AMERICAS, INC.	c EIN-PN 85-1359919-002
a	Plan name	BEACON HILL CLUB 401(K) PLAN	
b	Name of plan sponsor	BEACON HILL CLUB	c EIN-PN 22-1582044-001
a	Plan name	BEN'S PROSERV 401(K) PLAN	
b	Name of plan sponsor	BENS PROFESSIONAL SERVICES, LLC	c EIN-PN 81-4813136-001
a	Plan name	BERGER ELECTRIC INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BERGER ELECTRIC, INC.	c EIN-PN 45-0340547-001
a	Plan name	BERGSTEIN ENTERPRISES, LTD. 401(K) PLAN	
b	Name of plan sponsor	BERGSTEIN ENTERPRISES, LTD	c EIN-PN 20-2069767-001
a	Plan name	BIO-NUCLEAR RETIREMENT PLAN CASHOR DEFFERED ARRANGEMENT PLAN	
b	Name of plan sponsor	BIO-NUCLEAR OF PUERTO RICO, INC.	c EIN-PN 66-0477919-001
a	Plan name	BNC INTERNATIONAL BANKING CORP. PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	BNC INTERNATIONAL BANKING CORPORATION	c EIN-PN 66-0508760-001
a	Plan name	BOLTON'S PHARMACY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BOLTONS PHARMACY, INC.	c EIN-PN 16-1048121-001

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 BOSS PRECISION LTD. SAVINGS & INVESTMENT 401(K) PLAN	
b	Name of plan sponsor BOSS PRECISION LTD.	c EIN-PN 16-1459548-001
a	Plan name CADWELL PRODUCTS COMPANY, INC. 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CADWELL PRODUCTS COMPANY, INC.	c EIN-PN 04-2916304-001
a	Plan name CATAWBA ISLAND CLUB EMPL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CATAWBA CLEVELAND DEVELOPMENT CORPORATION	c EIN-PN 34-1092037-001
a	Plan name CC1 FLORIDA EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FLORIDA CAN MANUFACTURING, LLC	c EIN-PN 84-3908221-001
a	Plan name CEM MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor CEM MACHINE, INC.	c EIN-PN 16-1585083-002
a	Plan name CIPM RETIREMENT PLAN	
b	Name of plan sponsor CAPITAL IMPROVEMENTS PROGRAM MANAGEMENT	c EIN-PN 66-0721178-001
a	Plan name CITIZENS BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CITIZENS BANK	c EIN-PN 85-0021005-003
a	Plan name CMM SITEWORK, INC. 401(K) PLAN	
b	Name of plan sponsor CMM SITEWORK, INC.	c EIN-PN 20-2744632-001
a	Plan name COMMUNITY BANK SYSTEM, INC. 401(K) EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor COMMUNITY BANK SYSTEM, INC.	c EIN-PN 16-1213679-002
a	Plan name COREPLUS SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor COREPLUS SERVICIOUS CLINICOS Y PATOLOGICOS, LLC	c EIN-PN 66-0593710-001
a	Plan name COSTREAM 401(K) PLAN	
b	Name of plan sponsor VZRSCADA, INC. DBA COSTREAM	c EIN-PN 87-1550200-001
a	Plan name CSJB HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor CSJB HOLDINGS, INC.	c EIN-PN 75-2164905-001

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 CUSTOM ARCHITECTURAL DESIGN MANAGEMENT LLC PS PLAN	
b	Name of plan sponsor CUSTOM ARCHITECTURAL DESIGN MANAGEMENT LLC	c EIN-PN 22-3886461-001
a	Plan name DAKOTA COMMUNITY BANK & TRUST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DAKOTA COMMUNITY BANK & TRUST	c EIN-PN 45-0192605-001
a	Plan name DANA CONSULTING 401(K) PLAN	
b	Name of plan sponsor DANA CONSULTING, INC.	c EIN-PN 41-1877335-001
a	Plan name DATUM FILING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor DATUM FILING SYSTEMS, INC.	c EIN-PN 45-3083374-001
a	Plan name DELAWARE PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor DELAWARE PUERTO RICO, LLC	c EIN-PN 86-3692530-001
a	Plan name DR. PATRICK MOLLIGAN PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor PATRICK F. MOLLIGAN, MD, P.A.	c EIN-PN 75-2538518-001
a	Plan name DRK & ASSOCIATES, INC 401(K) PLAN	
b	Name of plan sponsor DRK & ASSOCIATES, INC.	c EIN-PN 22-3504141-001
a	Plan name DURUS / FISHER GROUP 401(K) PLAN	
b	Name of plan sponsor DURUS INDUSTRIAL, LLC	c EIN-PN 27-5431246-001
a	Plan name E-3 CONSULTING RETIREMENT PLAN	
b	Name of plan sponsor E-3 CONSULTING, INC.	c EIN-PN 66-0717771-001
a	Plan name EMPIRE STATE MERIT APPRENTICE ALLIANCE, INC. 401(K) RETIRE PLN	
b	Name of plan sponsor EMPIRE STATE MERIT APPRENTICESHIP ALLIANCE, INC.	c EIN-PN 20-8482142-001
a	Plan name EMSL ANALYTICAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EMSL ANALYTICAL, INC.	c EIN-PN 22-2357101-002
a	Plan name ENVESTNET 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ENVESTNET FINANCIAL TECHNOLOGIES, INC.	c EIN-PN 81-2162327-001

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 ESSEX GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE ESSEX GROUP INCORPORATED	c EIN-PN 04-2557391-001
a	Plan name ETS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ETS, INC.	c EIN-PN 14-1656330-001
a	Plan name FCC COMMERCIAL FURNITURE, INC. 401(K) PLAN	
b	Name of plan sponsor FCC COMMERCIAL FURNITURE, INC.	c EIN-PN 93-1097012-001
a	Plan name FDHP RETIREMENT PLAN	
b	Name of plan sponsor FUNDACION PARA EL DESARROLLO DEL HOGAR PROPIO, INC	c EIN-PN 66-0484507-001
a	Plan name FIRST KEYSTONE COMMUNITY BANK EMPLOYEES' PS & SAVINGS PLAN	
b	Name of plan sponsor FIRST KEYSTONE COMMUNITY BANK	c EIN-PN 24-0525403-002
a	Plan name FOAM PACK RETIREMENT PLAN	
b	Name of plan sponsor FOAM PACK PUERTO RICO, INC.	c EIN-PN 66-0385951-001
a	Plan name FREDERICO CONST. & DEV LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FREDERICO CONSTRUCTION & DEVELOPMENT, LLC	c EIN-PN 20-8934007-001
a	Plan name FT.BERTHOLD SERVICES 401(K) PLAN	
b	Name of plan sponsor FT. BERTHOLD SERVICES, LLC	c EIN-PN 90-0493262-001
a	Plan name GARRISON ENTERPRISE, INC. 401(K) PLAN	
b	Name of plan sponsor GARRISON ENTERPRISE, INC.	c EIN-PN 22-1730183-001
a	Plan name GE HEALTHCARE PUERTO RICO SAVINGS PLANS	
b	Name of plan sponsor GEA CARIBBEAN EXPORT, LLC	c EIN-PN 66-0549331-007
a	Plan name GE PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor GE INDUSTRIAL OF PR, LLC	c EIN-PN 66-0549331-001
a	Plan name GMAX EXPRESS LLC. 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GMAX EXPRESS, LLC. DBA HERITAGE PAYMENT SOLUTIONS	c EIN-PN 65-0934117-001

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	GMR ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GMR ASSOCIATES, INC.	c EIN-PN 16-1412837-001
a	Plan name	GTC RETIREMENT PLAN	
b	Name of plan sponsor	GONZALEZ TORRES & COMPANY, CPA, PSC	c EIN-PN 66-0528656-001
a	Plan name	HALO SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	HALO SERVICES, INC.	c EIN-PN 26-1666678-001
a	Plan name	HENDERSHOT MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HENDERSHOT MANAGEMENT COMPANY	c EIN-PN 34-1941434-001
a	Plan name	HOME ETC., INC. RETIREMENT PLAN	
b	Name of plan sponsor	HOME ETC., INC.	c EIN-PN 66-0408467-001
a	Plan name	HORNE LLP PUERTO RICO EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	HORNE LLP	c EIN-PN 35-2626672-001
a	Plan name	HOSPITAL VETERINARIO S FRANCISCO DE ASIS RETIREMENT PLAN	
b	Name of plan sponsor	HOSPITAL VETERINARIO SAN FRANCISCO DE ASIS	c EIN-PN 66-0658499-001
a	Plan name	HUDDL3 GROUP 401(K) PLAN	
b	Name of plan sponsor	HUDDL3 GROUP	c EIN-PN 85-2208820-001
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
a	Plan name	INTERACTIVE LIQUID, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INTERACTIVE LIQUID, LLC	c EIN-PN 20-5695060-001
a	Plan name	J.A. DRAKE WELL SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J.A. DRAKE WELL SERVICE, INC.	c EIN-PN 85-0213208-001
a	Plan name	JUVENILE JUSTICE CENTER OF PHILADELPHIA 401(K) PLAN	
b	Name of plan sponsor	JUVENILE JUSTICE CENTER OF PHILADELPHIA	c EIN-PN 23-2097840-003

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 KEENAN ENERGY COMPANY 401(K) PLAN	
b	Name of plan sponsor KEENAN ENERGY COMPANY	c EIN-PN 57-0349595-003
a	Plan name LAURY HEATING COOLING, LLC 401(K) PLAN	
b	Name of plan sponsor LAURY HEATING COOLING, LLC	c EIN-PN 22-3766156-001
a	Plan name LEGEND BANK EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN	
b	Name of plan sponsor LEGEND BANK, N.A.	c EIN-PN 75-0150372-001
a	Plan name LEMERY GREISLER LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LEMERY GREISLER LLC	c EIN-PN 14-1811197-001
a	Plan name LEVANGIE ELECTRIC CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LEVANGIE ELECTRIC CO., INC.	c EIN-PN 04-2836469-001
a	Plan name LOU RITENOUR DECORATORS, INC. 401(K) PLAN	
b	Name of plan sponsor LOU RITENOUR DECORATORS, INC.	c EIN-PN 34-1092625-104
a	Plan name M.L. CACCAMISE ELECTRIC CORP 401(K) PLAN	
b	Name of plan sponsor M.L. CACCAMISE ELECTRIC CORPORATION	c EIN-PN 16-1469532-001
a	Plan name MARGARETVILLE TELEPHONE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARGARETVILLE TELEPHONE COMPANY, INC.	c EIN-PN 15-0582945-004
a	Plan name MAVERICK TRAVEL & LOGISTICS 401(K) PLAN	
b	Name of plan sponsor MAVERICK TRAVEL & LOGISTICS	c EIN-PN 99-3383076-001
a	Plan name MAY CABINETS, INC. 401(K) PLAN	
b	Name of plan sponsor MAY CABINETS, INC.	c EIN-PN 20-8181016-001
a	Plan name MENDEZ & CO., INC. RETIREMENT PLAN	
b	Name of plan sponsor MENDEZ & CO., INC.	c EIN-PN 66-0177198-002
a	Plan name MERCER SAVINGS BANK PS & 401(K) SAVING PLAN & TRUST	
b	Name of plan sponsor MERCER SAVINGS BANK	c EIN-PN 34-4302175-002

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 MEYER CONTRACTING CORP. PS 401(K) PLAN & TRUST	
b	Name of plan sponsor MEYER CONTRACTING CORP.	c EIN-PN 14-1693847-002
a	Plan name MINERVA ANALYTICS, INC. 401(K) PLAN	
b	Name of plan sponsor MINERVA ANALYTICS, INC.	c EIN-PN 83-3734529-001
a	Plan name MURRAY & MURRAY, CO., L.P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MURRAY & MURRAY, CO., L.P.A.	c EIN-PN 34-1088750-001
a	Plan name NEW ENGLAND HOME MAGAZINE, LLC 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND HOME MAGAZINE, LLC 401(K) PLAN	c EIN-PN 47-2030386-001
a	Plan name NORTHERN GLASS COMPANY, INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN GLASS COMPANY, INC.	c EIN-PN 16-1134337-001
a	Plan name NORTHLAND ASSOCIATES, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor NORTHLAND ASSOCIATES, INC.	c EIN-PN 16-1186414-003
a	Plan name O&M CONSULTING ENGINEERING RETIREMENT PLAN	
b	Name of plan sponsor O&M CONSULTING ENGINEERING, PSC	c EIN-PN 66-0803932-001
a	Plan name OLD COLONY ELDER SERVICES 401(K) PLAN	
b	Name of plan sponsor OLD COLONY ELDER SERVICES, INC.	c EIN-PN 01-0644916-003
a	Plan name OMEGA OVERSEAS SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor OMEGA OVERSEAS INVESTMENTS	c EIN-PN 66-0647728-001
a	Plan name OTIS PRODUCTS, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor OTIS PRODUCTS, INC. DBA OTIS TECHNOLOGY, INC.	c EIN-PN 16-1367664-001
a	Plan name PATTERSON-UTI ENERGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PATTERSON-UTI ENERGY, INC	c EIN-PN 75-2504748-001
a	Plan name PAY DEFERRAL AND SAVINGS PLAN OF HINES INTERESTS LIMITED PARTNERSHIP	
b	Name of plan sponsor HINES INTERESTS LIMITED PARTNERSHIP	c EIN-PN 76-0293595-001

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	PEPE GANGA RETIREMENT PLAN	
b	Name of plan sponsor	PEPE GANGA, CORP.	c EIN-PN 66-0547279-002
a	Plan name	QANTAS AIRWAYS LIMITED CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	QANTAS AIRWAYS LIMITED	c EIN-PN 94-1096229-002
a	Plan name	RANDSCO PIPELINE, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RANDSCO PIPELINE, INC.	c EIN-PN 16-1160897-002
a	Plan name	RECYCLING AND GENERAL INDUSTRIAL UNION LOCAL 108 ANNUITY PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES - RECYCLING AND GENERAL INDUSTRIAL UNION LOCAL 108	c EIN-PN 61-1429515-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF DEYA ELEVATOR SERVICES, INC.	
b	Name of plan sponsor	DEYA ELEVATOR SERVICE, INC.	c EIN-PN 66-0448839-001
a	Plan name	RIO MAR HOSPITALITY MANAGEMENT PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	RIO MAR HOSPITALITY MANAGEMENT LLC	c EIN-PN 66-1001258-001
a	Plan name	RSI ROOFING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	RSI ROOFING, INC.	c EIN-PN 16-1212717-002
a	Plan name	SAVINGS AND RETIREMENT PLAN FOR CIVISTA BANCSHARES, INC.	
b	Name of plan sponsor	CIVISTA BANCSHARES, INC.	c EIN-PN 34-1558688-002
a	Plan name	SCHLUTER SYSTEMS, L.P. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHLUTER SYSTEMS, L.P.	c EIN-PN 14-1772376-001
a	Plan name	SNYDER ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SNYDER ENVIRONMENTAL SERVICES, INC.	c EIN-PN 55-0595347-001
a	Plan name	SOUTH SHORE GENERATOR SVC, INC. PS PLAN & TRUST	
b	Name of plan sponsor	SOUTH SHORE GENERATOR SERVICE, INC.	c EIN-PN 04-2915434-001
a	Plan name	SOUTHERN ONCOLOGY HEMATOLOGY ASSOCIATES, PA	
b	Name of plan sponsor	SOUTHERN ONCOLOGY HEMATOLOGY ASSOCIATES, PA	c EIN-PN 22-2182145-001

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	SPECIALIZED TURNING, INC. 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALIZED TURNING, INC.	c EIN-PN 20-2035893-001
a	Plan name	STANDARD E & S, LLC 401(K) PLAN	
b	Name of plan sponsor	STANDARD E & S, LLC	c EIN-PN 27-1295198-001
a	Plan name	STANLEY MARVEL, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	STANLEY MARVEL, INC.	c EIN-PN 23-1667378-001
a	Plan name	STARK MEDIA PLANNING, LLC 401 (K) RETIREMENT PLAN	
b	Name of plan sponsor	STARK MEDIA PLANNING, LLC	c EIN-PN 30-0952895-001
a	Plan name	STATE MOTORS, LLC PROFIT SHARING / 401(K) PLAN	
b	Name of plan sponsor	STATE MOTORS, LLC	c EIN-PN 02-0193657-001
a	Plan name	STATEWIDE AQUASTORE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STATEWIDE AQUASTORE, INC.	c EIN-PN 16-1416056-001
a	Plan name	STEWART WELDING & FABRICATING 401K PROFIT SHARING PL & TRUST	
b	Name of plan sponsor	STEWART WELDING & FABRICATING, INC.	c EIN-PN 23-2526025-001
a	Plan name	STORM KING GROUP, INC. 401 (K) PLAN	
b	Name of plan sponsor	STORM KING GROUP, INC.	c EIN-PN 27-2819331-002
a	Plan name	STRUCTURAL INTEGRITY ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	SI HOLDING COMPANY	c EIN-PN 94-2872355-004
a	Plan name	SUNROAD ENTERPRISES EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	SUNROAD HOLDING CORPORATION	c EIN-PN 33-0473258-001
a	Plan name	SUN-STAR ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUN-STAR ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 61-1658632-001
a	Plan name	SUPERMERCADO MAXIMO, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SUPERMERCADOS MAXIMO, INC.	c EIN-PN 66-0615815-002

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	TEVA PR LLC SAVINGS PLAN	
b	Name of plan sponsor	TEVA PR LLC	c EIN-PN 66-0638938-001
a	Plan name	THE ANIMAL DOCTORS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STEPHANIE H. YOUNG DVM PC	c EIN-PN 81-0890978-001
a	Plan name	THE DOUG FLUTIE, JR FOUNDATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE DOUG FLUTIE, JR. FOUNDATION FOR AUTISM, INC.	c EIN-PN 04-3543134-001
a	Plan name	TOWNE MOTOR COMPANY 401(K) PLAN	
b	Name of plan sponsor	TOWNE MOTOR COMPANY DBA TOWNE FORD	c EIN-PN 94-1234570-001
a	Plan name	TPC GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TPC GROUP LLC	c EIN-PN 74-1778313-001
a	Plan name	TRANSPERFECT PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	TRANSPERFECT INTERNATIONAL, LLC	c EIN-PN 66-0925062-001
a	Plan name	TRAVEL + LEISURE CO. PUERTO RICOEMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	TRAVEL + LEISURE CO.	c EIN-PN 20-0052541-001
a	Plan name	TROY SAVINGS BANK CHARITABLE FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	THE TROY SAVINGS BANK CHARITABLE FOUNDATION	c EIN-PN 14-1813865-001
a	Plan name	TU COOP RETIREMENT PLAN	
b	Name of plan sponsor	COOPERATIVA DE AHORRO Y CREDITO TU COOP	c EIN-PN 66-0821817-001
a	Plan name	VERTRAX, INC. 401(K) PLAN	
b	Name of plan sponsor	VERTRAX, INC.	c EIN-PN 06-1424707-001
a	Plan name	VISUAL GRAPHIC SYSTEMS, INC. EMP STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	VISUAL GRAPHIC SYSTEMS, INC.	c EIN-PN 13-3079017-002
a	Plan name	WEITSMAN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WEITSMAN RECYCLING, LLC	c EIN-PN 27-4293290-001

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	WOODWARD SPECIALTY RETIREMENT PLAN	
b Name of plan sponsor	WOODWARD SPECIALTY LLC	c EIN-PN 66-0992507-001

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

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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
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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 NEUBERGER BERMAN SMALL CAP GROWTH (GG) TRUST	B Three-digit plan number (PN) ▶ 637
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4139860

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.

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)	15831 64330
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)	32608537 46628042
(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)	
(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	32624368	46692372
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	72436
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	61362	64330
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	61362	136766
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	32563006	46555606

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)	9117298
(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	9117298

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)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	244802
(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)	244802
j Total expenses. Add all expense amounts in column (b) and enter total	2j	244802

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	8872496
l Transfers of assets:		
(1) To this plan	2l(1)	13003224
(2) From this plan	2l(2)	7883120

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 _____.