

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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: T. ROWE PRICE RETIREMENT BLEND SELECT TRUST 2010
1b Three-digit plan number (PN): 734
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): 38-7264570
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.

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>T. ROWE PRICE RETIREMENT BLEND SELECT TRUST 2010</u>	B Three-digit plan number (PN) ▶	<u>734</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>38-7264570</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>T. ROWE PRICE DYNAMIC CREDIT TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>93-2020168-001</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>287044</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE DYNAMIC GLOBAL BOND</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>37-6652415-001</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>663411</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRP EMERGING MARKETS BOND TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>38-7011723-001</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>631619</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE EQUITY INDEX TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-6559833-001</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>620690</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE FLOATING RATE TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>38-4044370-001</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>205301</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE GROWTH STOCK TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>52-6559833-013</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>791192</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE HEDGED EQUITY TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>92-2748860-001</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>891053</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HIGH YIELD TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-2425740-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 601689
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL BOND TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 30-6304154-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1033446
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL EQUITY IND TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 61-6591055-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1063389
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL GROWTH EQ TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6942416-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 286513
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE INTL VALUE EQ TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-2425742-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 331702
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE NEW HORIZONS TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-6559833-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99376
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE REAL ASSETS TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6785642-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 537948
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE U.S. BOND INDEX TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 36-4882015-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2831207
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE U.S. VALUE EQUITY TRU		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 38-7010951-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 814314
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP EMERGING MARKETS EQUITY TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-1309931-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 190011

a Name of MTIA, CCT, PSA, or 103-12 IE: TRP EMERGING MKT DISCOV STOCK TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 84-3612736-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 212534
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. 1-5 YEAR TIPS INDEX TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 32-6493592-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2930303
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. MID-CAP INDEX TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 61-6555368-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 280285
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. MID-CAP VALUE EQUITY TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-6941663-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137948
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP U.S. SMALL CAP INDEX TRUST FUND		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-7124469-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 219239
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US MID-CAP GROWTH EQUITY TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 35-2425738-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162974
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US SMALL CAP VALUE EQUITY TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 37-6495449-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 138958
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY LONG-TERM IND TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 61-6593158-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 583406
a Name of MTIA, CCT, PSA, or 103-12 IE: TRP US TREASURY MONEY MARKET TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 52-6559833-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 348675
a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. LARGE CAP STRUCTURED INDEX TRU		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-7264567-732	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1827195

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	401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF RED ROCK CENTER FOR INDEPENDENCE	
b	Name of plan sponsor	401(K) PROFIT-SHARING PLAN FOR EMPLOYEES	c EIN-PN 84-1419008-001
a	Plan name	48FORTY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	48FORTY SOLUTIONS, LLC	c EIN-PN 59-3593261-001
a	Plan name	ACCUMETRICS LIMITED 401(K) PLAN	
b	Name of plan sponsor	ACCUMETRICS LIMITED AND SUBSIDIARY	c EIN-PN 23-2147951-001
a	Plan name	ACE ENTITIES, LLC 401(K) PLAN	
b	Name of plan sponsor	ACE ENTITIES, LLC	c EIN-PN 27-2393539-001
a	Plan name	ACORN ENGINEERING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ACORN ENGINEERING COMPANY, INC.	c EIN-PN 95-1864304-002
a	Plan name	AIAC INTERNATIONAL PHARMA RET PLAN	
b	Name of plan sponsor	AIAC INTERNATIONAL PHARMA LLC	c EIN-PN 66-0839778-001
a	Plan name	ALDRICH & ELLIOTT PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALDRICH & ELLIOTT PC	c EIN-PN 03-0348593-001
a	Plan name	ALEXANDRIA NICOLE CELLARS 401(K) PLAN	
b	Name of plan sponsor	ALEXANDRIA NICOLE CELLARS	c EIN-PN 75-3021651-001
a	Plan name	ALPINE REST HOME 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALPINE REST HOME	c EIN-PN 05-0365908-001
a	Plan name	ANESTHESIA ASSOCIATES, P.S. 401(K) PLAN	
b	Name of plan sponsor	ANESTHESIA ASSOCIATES, P.S.	c EIN-PN 91-0854525-004
a	Plan name	AP THERAPY LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	A P REHAB LLC	c EIN-PN 88-3978140-001
a	Plan name	ARCHITECTS ORANGE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARCHITECTS ORANGE LLP, DBA AO	c EIN-PN 95-3428586-004

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	ARROW SIGN COMPANY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ARROW SIGN COMPANY	c EIN-PN 94-1746602-003
a	Plan name	BALANCE OF NATURE MEP	
b	Name of plan sponsor	BALANCE OF NATURE, INC.	c EIN-PN 27-1011855-001
a	Plan name	BLACHFORD GROUP SAVINGS & RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	BLACHFORD, INC.	c EIN-PN 36-3658961-003
a	Plan name	BRAFMAN FAMILY DENTISTRY, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAFMAN FAMILY DENTISTRY, P.A.	c EIN-PN 51-0413028-001
a	Plan name	BREAKTHRU BEVERAGE	
b	Name of plan sponsor	BREAKTHRU BEVERAGE CALIFORNIA	c EIN-PN 95-2460478-001
a	Plan name	BUDDHIST CHURCHES OF AMERICA 403(B) PLAN	
b	Name of plan sponsor	BUDDHIST CHURCHES OF AMERICA	c EIN-PN 94-1498382-001
a	Plan name	BUDROVICH CONTRACTING CO., INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	BUDROVICH CONTRACTING CO.	c EIN-PN 43-0916784-001
a	Plan name	BUNN-O-MATIC CORPORATION 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	BUNN-O-MATIC CORPORATION	c EIN-PN 37-0840805-002
a	Plan name	CACHEAUX, CAVAZOS & NEWTON LLP 401(K) PLAN	
b	Name of plan sponsor	CACHEAUX, CAVAZOS & NEWTON, LLP	c EIN-PN 74-2720417-001
a	Plan name	CAL-TEX LUMBER CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CAL-TEX LUMBER CO., INC.	c EIN-PN 74-2466148-001
a	Plan name	CAREONSITE MANAGEMENT, INC. EMPLOYEES' 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	CAREONSITE MANAGEMENT, INC.	c EIN-PN 88-1146270-002
a	Plan name	CCFI COMPANIES LLC 401(K) PLAN	
b	Name of plan sponsor	CCFI COMPANIES LLC	c EIN-PN 87-2161861-001

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 COLLECTION B. INC. 401(K) PLAN	
b	Name of plan sponsor COLLECTION B. INC.	c EIN-PN 90-0130436-001
a	Plan name COREL INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COREL INC.	c EIN-PN 87-0557105-001
a	Plan name CRESCENT REAL ESTATE LLC 401(K) PLAN	
b	Name of plan sponsor CRESCENT REAL ESTATE LLC	c EIN-PN 75-2752117-001
a	Plan name DEDEKIAN, GEORGE, SMALL & MARKARIAN ACCOUNTANCY CORPORATION EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor DEDEKIAN, GEORGE, SMALL & MARKARIAN ACCOUNTANCY CORPORATION	c EIN-PN 77-0000369-001
a	Plan name DORSO REALTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DORSO REALTY GROUP, INC.	c EIN-PN 22-1862306-002
a	Plan name DUFFY BROS. MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUFFY BROS. MANAGEMENT CO., INC.	c EIN-PN 04-3107203-001
a	Plan name EARLY LEARNING INDIANA, INC. 401(K) PLAN	
b	Name of plan sponsor EARLY LEARNING INDIANA INC.	c EIN-PN 35-0888763-002
a	Plan name ELITE MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELITE MECHANICAL, INC.	c EIN-PN 99-0320681-001
a	Plan name EMPLOYEES' PROFIT SHARING PLAN AND TRUST OF BOCH ENTERPRISES	
b	Name of plan sponsor BOCH ENTERPRISES	c EIN-PN 04-2050016-001
a	Plan name EMPLOYSHARE, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE FINWAY GROUP	c EIN-PN 42-1468222-010
a	Plan name EMPLOYSHARE, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMPLOYSHARE, INC.	c EIN-PN 34-1832544-002
a	Plan name EMPOWERME WELLNESS, LLC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EMPOWERME WELLNESS, LLC	c EIN-PN 82-1906428-002

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 FLUIDMASTER, INC. SAVINGS PLAN	
b	Name of plan sponsor FLUIDMASTER, INC.	c EIN-PN 95-1942465-003
a	Plan name FOCKE & CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FOCKE & CO., INC.	c EIN-PN 22-2288745-001
a	Plan name GARDNER 401(K) PLAN FOR NON-UNION EMPLOYEES	
b	Name of plan sponsor GARDNER FAMILY HEALTH NETWORK, INC	c EIN-PN 94-1743078-004
a	Plan name GILL FAMILY MEDICINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GILL FAMILY MEDICINE, PC	c EIN-PN 63-0968329-001
a	Plan name GMI COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMI COMPANIES, INC.	c EIN-PN 31-0895928-001
a	Plan name GODBERSEN EQUIPMENT COMPANY 401(K) PS PLAN	
b	Name of plan sponsor GODBERSEN EQUIPMENT COMPANY	c EIN-PN 42-1485959-001
a	Plan name GODBERSEN-SMITH CONSTRUCTION CO. 401(K) PS PL	
b	Name of plan sponsor GOMACO CORP	c EIN-PN 42-0823217-001
a	Plan name GRATITUDE WITH AN ATTITUDE 401(K) PLAN	
b	Name of plan sponsor BENEFIT PLANS PLUS, LLC	c EIN-PN 43-1829594-001
a	Plan name HELLERMANN TYTON CORPORATION 401(K) RETIREMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor HELLERMANN TYTON CORPORATION	c EIN-PN 39-1154824-001
a	Plan name HOLZ & HENRY, INC. 401(K) PLAN	
b	Name of plan sponsor HOLZ & HENRY, INC.	c EIN-PN 23-1738342-001
a	Plan name HOPEWELL FUND 401(K) PLAN	
b	Name of plan sponsor HOPEWELL FUND	c EIN-PN 47-3681860-001
a	Plan name IDEA AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor IDEA AUTO GROUP, LLC	c EIN-PN 92-1263510-001

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	KEYWORDS US HOLDINGS, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	KEYWORDS US HOLDINGS, INC.	c EIN-PN 61-1859078-001
a	Plan name	MERUELO GROUP 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MERUELO GROUP LLC	c EIN-PN 90-1017707-001
a	Plan name	MYERS CARPET COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MYERS CARPET CO., INC	c EIN-PN 58-0941550-001
a	Plan name	NEW VENTURE FUND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW VENTURE FUND	c EIN-PN 20-5806345-001
a	Plan name	NORTH SHORE BANK 401(K) PLAN	
b	Name of plan sponsor	NORTH SHORE BANK OF COMMERCE	c EIN-PN 41-0138390-002
a	Plan name	ONEDIGITAL POOLED EMPLOYER PLAN	
b	Name of plan sponsor	PLAN COMPLIANCE SERVICES, INC.	c EIN-PN 59-3708427-003
a	Plan name	PETVET CARE CENTERS MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PETVET CARE CENTERS MANAGEMENT, LLC	c EIN-PN 45-4459242-001
a	Plan name	PLEASANT RIVER LUMBER COMPANY 401(K)	
b	Name of plan sponsor	PLEASANT RIVER LUMBER COMPANY	c EIN-PN 01-0465420-001
a	Plan name	PTH & AB STAFFING 401(K) PLAN	
b	Name of plan sponsor	PRIME TIME HEALTHCARE, LLC	c EIN-PN 45-4687406-001
a	Plan name	QSC, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	QSC, LLC	c EIN-PN 95-3412527-001
a	Plan name	QUALITYHUB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALITYHUB, INC.	c EIN-PN 20-0561319-001
a	Plan name	R.W. GRIFFIN FEED SEED & FERTILIZER 401(K) PLAN	
b	Name of plan sponsor	R.W. GRIFFIN FEED SEED & FERTILIZER, INC.	c EIN-PN 58-1095836-001

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 RICHARD HEATH & ASSOCIATES, INC. 401(K) PSP	
b	Name of plan sponsor RICHARD HEATH & ASSOCIATES, INC.	c EIN-PN 94-2625839-001
a	Plan name ROBERT L. LIPTON, INC. DBA LIPTON TOYOTA EMPLOYEES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor ROBERT L. LIPTON, INC. DBA LIPTON TOYOTA	c EIN-PN 65-0131357-001
a	Plan name ROBERT R. MCGILL AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROBERT R. MCGILL AIR CONDITIONING, INC.	c EIN-PN 59-1923208-001
a	Plan name ROCKSIDE EQUIPMENT COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ROCKSIDE EQUIPMENT COMPANY, INC.	c EIN-PN 34-1055492-001
a	Plan name ROLLER DERBY SKATE CORP. SAVINGS PLAN	
b	Name of plan sponsor ROLLER DERBY SKATE CORP.	c EIN-PN 37-0676319-001
a	Plan name SAATVA RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor WHITESTONE HOME FURNISHINGS, LLC	c EIN-PN 32-0526953-001
a	Plan name SAN FRANCISCO BALLET ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor SAN FRANCISCO BALLET ASSOCIATION	c EIN-PN 94-1415298-002
a	Plan name SCELZI ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCELZI ENTERPRISES, INC.	c EIN-PN 77-0195640-001
a	Plan name SEIDEL TANNING CORPORATION SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor SEIDEL TANNING CORPORATION	c EIN-PN 39-0744143-002
a	Plan name SERENITY LIVING CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor SERENITY LIVING CENTER	c EIN-PN 46-1128000-001
a	Plan name SLEEPY HOLLOW AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor SLEEPY HOLLOW CHEVROLET BUICK GMC INC.	c EIN-PN 39-1930264-001
a	Plan name SMITH INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor SMITH INDUSTRIES, INC.	c EIN-PN 27-2803061-001

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 SOUTHERN CONCRETE CONSTRUCTION COMPANY, INC. EMPLOYEES' INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor SOUTHERN CONCRETE CONSTRUCTION COMPANY, INC.	c EIN-PN 58-0827830-002
a	Plan name SOUTHWEST STEEL CASTING CO. 401(K) PLAN	
b	Name of plan sponsor SOUTHWEST STEEL CASTING CO.	c EIN-PN 75-2940613-001
a	Plan name SPENCER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor SPENCER ENTERPRISES, INC.	c EIN-PN 94-2396533-001
a	Plan name STROMQUIST & COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor STROMQUIST & COMPANY, INC.	c EIN-PN 58-0684488-001
a	Plan name T&T ELECTRIC 401(K) PLAN	
b	Name of plan sponsor T&T ELECTRIC CO. INC.	c EIN-PN 84-0719869-001
a	Plan name TAKE2 CONSULTING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TAKE2 CONSULTING, LLC	c EIN-PN 47-2507011-001
a	Plan name THALNER ELECTRONIC LABORATORIES 401(K) PLAN	
b	Name of plan sponsor THALNER ELECTRONIC LABORATORIES, INC.	c EIN-PN 38-1794617-003
a	Plan name THE BEACON LIGHT & SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor THE BEACON LIGHT & SUPPLY COMPANY, INC.	c EIN-PN 06-0691805-002
a	Plan name THE CAVENDER EMPLOYEE CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor CAVENDER OLDSMOBILE CO., INC.	c EIN-PN 74-1619391-001
a	Plan name THE OPRW 401(K) PLAN	
b	Name of plan sponsor PROFORMANCE ASSOCIATES, INC.	c EIN-PN 68-0007693-003
a	Plan name THE REESE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE REESE GROUP, INC.	c EIN-PN 62-1077825-001
a	Plan name TRICAL GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor TSS CORPORATE SERVICES, LLC	c EIN-PN 83-3977647-001

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	TSE INDUSTRIES INC. PROFIT SHARING/401K PLAN	
b Name of plan sponsor	TSE INDUSTRIES, INC.	c EIN-PN 59-1089552-001
a Plan name	TY, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	TY, INC.	c EIN-PN 58-1666131-001
a Plan name	UHA 401K PLAN	
b Name of plan sponsor	UNIVERSITY HEALTH ALLIANCE	c EIN-PN 99-0263440-001
a Plan name	UNITED FIRE PROTECTION CORPORATION 401(K) PLAN A	
b Name of plan sponsor	UNITED FIRE PROTECTION CORPORATION	c EIN-PN 22-2882889-001
a Plan name	VVG RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	VVG RETIREMENT SAVINGS PLAN	c EIN-PN 86-3119853-001
a Plan name	WEST VIRGINIA SPINE CENTER 401K RETIREMENT PLAN	
b Name of plan sponsor	WEST VIRGINIA SPINE CENTER PLLC	c EIN-PN 87-2562107-001
a Plan name	WINDWARD FUND 401(K) PLAN	
b Name of plan sponsor	WINDWARD FUND	c EIN-PN 47-3522162-001
a Plan name	WORCESTER COUNTY DEFERRED COMPENSATION PLAN 457	
b Name of plan sponsor	WORCESTER COUNTY GOVERNMENT	c EIN-PN 52-6001064-002
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 T. ROWE PRICE RETIREMENT BLEND SELECT TRUST 2010	B Three-digit plan number (PN) ▶ 734
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7264570

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)	5169 228977
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)	9924733 18721422
(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	9929902	18950399
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	10117
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	9675	228262
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9675	238379
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9920227	18712020

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)	1059904
(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	1059904

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)	683
(5) Investment advisory and investment management fees	2i(5)	24382
(6) Bank or trust company trustee/custodial fees	2i(6)	6274
(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)	31339
j Total expenses. Add all expense amounts in column (b) and enter total	2j	31339

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1028565
l Transfers of assets:		
(1) To this plan	2l(1)	12093127
(2) From this plan	2l(2)	4329899

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 _____.