

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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>MASSMUTUAL SMALL CAP GROWTH EQUITY CIT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>756</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>38-7271375</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	MATT FALCIANI
	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>MASSMUTUAL SMALL CAP GROWTH EQUITY CIT</u>	B Three-digit plan number (PN)	<u>756</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>38-7271375</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>11083842</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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d Entity code

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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)

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. RIFKIN COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor A. RIFKIN CO.	c EIN-PN 23-1659505-002
a	Plan name AIRSHARE 401(K) PLAN	
b	Name of plan sponsor EXECUTIVE FLIGHT SERVICES, LLC	c EIN-PN 45-0486386-001
a	Plan name ALPINE PHYSICIAN PARTNERS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALPINE PHYSICIAN PARTNERS, LLC	c EIN-PN 86-1193595-001
a	Plan name ALTARUM INSTITUTE RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor ALTARUM INSTITUTE	c EIN-PN 38-1983442-003
a	Plan name AMENTUM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMENTUM SERVICES, INC.	c EIN-PN 27-1628265-001
a	Plan name AMERICAN RAILCAR IND, INC. SHIPPERS CAR LINE DIV EES PEN PLAN	
b	Name of plan sponsor AMERICAN INDUSTRIAL TRANSPORT, INC.	c EIN-PN 85-0855127-003
a	Plan name ARENTFOX SCHIFF 401(K) PLAN	
b	Name of plan sponsor ARENTFOX SCHIFF LLP	c EIN-PN 53-0214923-004
a	Plan name ARENTFOX SCHIFF PROFIT SHARING PLAN	
b	Name of plan sponsor ARENTFOX SCHIFF LLP	c EIN-PN 53-0214923-009
a	Plan name ATLAS SP PARTNERS	
b	Name of plan sponsor ATLAS SP PARTNERS LP	c EIN-PN 92-1421772-001
a	Plan name AVADIAN CREDIT UNION DEFINED BENEFIT PLAN	
b	Name of plan sponsor AVADIAN CREDIT UNION	c EIN-PN 63-0207315-001
a	Plan name AVERITT EXPRESS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor AVERITT EXPRESS, INC.	c EIN-PN 62-0755421-001
a	Plan name BAGATELOS GLASS SYSTEMS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BAGATELOS GLASS SYSTEMS, INC.	c EIN-PN 68-0429003-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BALCH & BINGHAM LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BALCH & BINGHAM LLP	c EIN-PN 63-0328165-001
a	Plan name	BLOOMSBURY PUBLISHING INC. 401(K) PLAN	
b	Name of plan sponsor	BLOOMSBURY PUBLISHING INC.	c EIN-PN 98-0200610-001
a	Plan name	BROADWAY SACRAMENTO 401(K) EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor	BROADWAY SACRAMENTO 401(K) EMPLOYEE BENEFIT	c EIN-PN 95-1744392-002
a	Plan name	BRYANT BANK 401(K) PLAN	
b	Name of plan sponsor	BRYANT BANK	c EIN-PN 20-2960984-001
a	Plan name	BS&B SAFETY SYSTEMS 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BS&B SAFETY SYSTEMS, LLC	c EIN-PN 73-0785967-004
a	Plan name	BUZZ OATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUZZ OATES COMMERCIAL REAL ESTATE SERVICES, INC.	c EIN-PN 46-1333423-001
a	Plan name	CADRECO INCORPORATED FLEXIBLE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CADRECO INCORPORATED FLEXIBLE RETIREMENT SAVING	c EIN-PN 34-1912222-002
a	Plan name	CAESARS ENTERTAINMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	CAESARS ENTERTAINMENT INC.	c EIN-PN 46-3657681-002
a	Plan name	CAMP FAMILY VENTURES 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CAMP FAMILY VENTURES	c EIN-PN 26-0497941-001
a	Plan name	CERTIS BIOLOGICALS 401(K) PLAN	
b	Name of plan sponsor	CERTIS U.S.A.,	c EIN-PN 52-2305877-001
a	Plan name	CMC RETIREMENT PLAN	
b	Name of plan sponsor	CONSOLIDATED MACHINE CORPORATION	c EIN-PN 04-2060296-001
a	Plan name	CONCURRENT TECHNOLOGIES CORPORATION	
b	Name of plan sponsor	CONCURRENT TECHNOLOGIES CORP	c EIN-PN 25-1556708-002

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 CRYSTAL CLINIC ORTHOPAEDIC CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CRYSTAL CLINIC ORTHOPAEDIC CENTER, LLC	c EIN-PN 26-1130649-001
a	Plan name CTC ENTERPRISE VENTURES CORPORATION	
b	Name of plan sponsor CONCURRENT TECHNOLOGIES CORP	c EIN-PN 25-1895115-001
a	Plan name CURTIS, MALLET-PREVOST, COLT & MOSLE LLP 401(K) PLAN FOR ASSOCIATES, STAFF AND PARTNERS	
b	Name of plan sponsor CURTIS, MALLET-PREVOST, COLT & MOSLE LLP	c EIN-PN 13-5018900-003
a	Plan name DECISIONLINK CORPORATION 401(K) PLAN	
b	Name of plan sponsor DECISIONLINK CORPORATION	c EIN-PN 30-0568149-001
a	Plan name DEE HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor DEE HOLDINGS, INC.	c EIN-PN 20-0572514-002
a	Plan name DIVERSIFIED HOLDINGS GROUP EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor MYR GROUP INC.	c EIN-PN 36-3158643-003
a	Plan name DUNES CAPITAL LLC 401(K) PLAN	
b	Name of plan sponsor DUNES CAPITAL LLC	c EIN-PN 85-1678272-001
a	Plan name DUPLIN WINE CELLARS, INC 401K PLAN	
b	Name of plan sponsor DUPLIN WINE CELLARS, INC	c EIN-PN 56-1119842-001
a	Plan name DWORKBELL, INC.	
b	Name of plan sponsor DWORKBELL, INC.	c EIN-PN 52-1212543-001
a	Plan name ENDPOINT CLINICAL, INC. 401(K) PLAN	
b	Name of plan sponsor LABCORP ENDPOINT CLINICAL, INC.	c EIN-PN 27-1797837-001
a	Plan name ENERGY REPS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ENERGY REPS, INC.	c EIN-PN 92-2747377-001
a	Plan name ENT CREDIT UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ENT CREDIT UNION	c EIN-PN 84-0470451-002

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	EXTREME REACH INC. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	EXTREME REACH INC.	c EIN-PN 26-0295932-001
a	Plan name	FASTENER INDUSTRIES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	FASTENER INDUSTRIES, INC.	c EIN-PN 34-0439680-002
a	Plan name	FIRST QUALITY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	FIRST QUALITY ENTERPRISES INC.	c EIN-PN 23-2744573-001
a	Plan name	FMBCNC 401(K) PLAN	
b	Name of plan sponsor	FMBCNC, LLC	c EIN-PN 93-3650103-001
a	Plan name	FREEPORT LNG 401(K) PLAN	
b	Name of plan sponsor	FREEPORT LNG DEVELOPMENT, L.P.	c EIN-PN 27-0030411-001
a	Plan name	GALLAGHER-KAISER CORPORATION TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	GALLAGHER-KAISER CORPORATION	c EIN-PN 38-1396724-005
a	Plan name	GD 401K PLAN	
b	Name of plan sponsor	GIESECKEDEVRIENT	c EIN-PN 52-1714114-001
a	Plan name	GEBHART HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	GEBHART HOLDINGS, INC.	c EIN-PN 47-5466057-001
a	Plan name	GLACIER BANCORP, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	GLACIER BANCORP, INC.	c EIN-PN 81-0519541-002
a	Plan name	GREENE, TWEED & CO., INC. UNION EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GREENE, TWEED & CO., INC.	c EIN-PN 46-4212973-004
a	Plan name	GREENE, TWEED & CO., INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	GREENE, TWEED & CO., INC.	c EIN-PN 46-4212973-003
a	Plan name	GURNEE MASON RUSHFORD BONOTTO & FORESTIERE LLP 401(K) PLAN	
b	Name of plan sponsor	GURNEE MASON RUSHFORD BONOTTO & FORESTIERE LLP	c EIN-PN 68-0547078-001

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 HANDS ON LEARNING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor HANDS ON LEARNING SOLUTIONS LLC	c EIN-PN 47-1847469-001
a	Plan name HARNESS, DICKEY & PIERCE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HARNESS, DICKEY & PIERCE, PLC	c EIN-PN 38-1429059-001
a	Plan name HARRIS BEACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARRIS BEACH PLLC	c EIN-PN 84-1623836-003
a	Plan name HENKELS & MCCOY GROUP, INC. PROFIT SHARING/EMPLOYEE VOLUNTARY SAVINGS PLAN	
b	Name of plan sponsor HENKELS & MCCOY GROUP, INC.	c EIN-PN 81-0888039-003
a	Plan name HGS (USA), LLC	
b	Name of plan sponsor HGS (USA), LLC	c EIN-PN 37-0979598-001
a	Plan name HOLLAND HOSPITAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor HOLLAND HOSPITAL	c EIN-PN 38-2800065-002
a	Plan name HOMES BY DICKERSON, INC. 401(K) PLAN	
b	Name of plan sponsor HOMES BY DICKERSON, INC.	c EIN-PN 56-1231859-001
a	Plan name HRP CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HRP CONSTRUCTION, INC.	c EIN-PN 35-1489621-002
a	Plan name HYLIION 401(K) PLAN	
b	Name of plan sponsor HYLIION, INC.	c EIN-PN 81-1230166-001
a	Plan name INDIANA FURNITURE SHOWCASE INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INDIANA FURNITURE SHOWCASE INC	c EIN-PN 35-1520472-001
a	Plan name INTEGRATIVE NUTRITION 401(K) PLAN	
b	Name of plan sponsor INTEGRATIVE NUTRITION, LLC	c EIN-PN 13-3693890-001
a	Plan name INTERSTATE FOAM & SUPPLY RET SAVINGS PLAN	
b	Name of plan sponsor INTERSTATE FOAM & SUPPLY, INC.	c EIN-PN 56-1313514-001

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 IOWA INTERSTATE RAILROAD LLC 401(K) PLAN	
b	Name of plan sponsor IOWA INTERSTATE RAILROAD LLC	c EIN-PN 36-3304791-001
a	Plan name IRONHORSE RESOURCES, INC. PROFIT SHARING 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor IRONHORSE RESOURCES, INC.	c EIN-PN 37-1271172-001
a	Plan name ITI, INC. 401(K) PLAN	
b	Name of plan sponsor ITI, INC.	c EIN-PN 30-0074620-001
a	Plan name LAGORIO MANAGEMENT, CO. INC. 401K PLAN	
b	Name of plan sponsor LAGORIO MANAGEMENT CO., INC.	c EIN-PN 68-0343317-001
a	Plan name LANCASTER BINGO COMPANY, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor LANCASTER BINGO COMPANY, LLC	c EIN-PN 86-2742146-001
a	Plan name LAVANTURE PRODUCTS CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAVANTURE PRODUCTS CO.	c EIN-PN 34-1041124-001
a	Plan name LEEPS SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor LEEPS SUPPLY COMPANY, INC	c EIN-PN 35-1309151-001
a	Plan name LEGACY HEALTH EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor LEGACY HEALTH	c EIN-PN 23-7426300-001
a	Plan name LIFE CARE COMPANIES LLC RETIREMENT AND 401(K) SAVINGS PLAN	
b	Name of plan sponsor LIFE CARE COMPANIES LLC	c EIN-PN 27-2258399-001
a	Plan name LINDAMOOD-BELL LEARNING PROCESSES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LINDAMOOD-BELL LEARNING PROCESSES	c EIN-PN 77-0140920-001
a	Plan name MALLINCKRODT 401(K)	
b	Name of plan sponsor MALLINCKRODT PHARMACEUTICALS	c EIN-PN 65-0952696-001
a	Plan name MAVENIR SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAVENIR SYSTEMS, INC.	c EIN-PN 61-1489105-002

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 MCKESSON CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCKESSON CORPORATION	c EIN-PN 94-3207296-002
a	Plan name MICHAEL & SUSAN DELL FOUNDATION 401(K) PLAN	
b	Name of plan sponsor MICHAEL & SUSAN DELL FOUNDATION	c EIN-PN 36-4336415-001
a	Plan name MULLEN & FILIPPI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MULLEN & FILIPPI, LLP	c EIN-PN 94-1125789-001
a	Plan name MULLEN & HENZELL LLP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MULLEN & HENZELL LLP	c EIN-PN 95-1755542-001
a	Plan name NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a	Plan name NOBLE 401(K) PLAN	
b	Name of plan sponsor ROYAL PETROLEUM CORPORATION	c EIN-PN 23-1037910-001
a	Plan name O & A INC. AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor LONG LEWIS AUTO GROUP	c EIN-PN 63-1171028-001
a	Plan name OSCAR HEALTH 401(K) PLAN	
b	Name of plan sponsor OSCAR MANAGEMENT CORPORATION	c EIN-PN 47-3979452-001
a	Plan name OSCAR W LARSON COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor OSCAR W LARSON COMPANY	c EIN-PN 38-1607330-002
a	Plan name P&P INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor P&P INDUSTRIES	c EIN-PN 36-4038438-002
a	Plan name PAGNOTTI ENTERPRISES, INC. TAX-FAVORED SAVINGS PLAN	
b	Name of plan sponsor PAGNOTTI ENTERPRISES, INC.	c EIN-PN 23-2716071-001
a	Plan name PHRG MANAGEMENT LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor PHRG MANAGEMENT LLC	c EIN-PN 85-3991731-001

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 PRINT MEDIA SERVICES, LTD DBA MEDIA RESOURCES, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRINT MEDIA SERVICES, LTD DBA MEDIA RESOURCES, LTD.	c EIN-PN 34-1839756-004
a	Plan name PROGRESSIVE HOME CARE 401(K) SAVINGS PLAN	
b	Name of plan sponsor GRANITE POINT PARTNERS LLC DBA PROGRESSIVE HOME CARE-AUBURN	c EIN-PN 51-0526782-001
a	Plan name PURITY WHOLESALE GROCERS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PURITY WHOLESALE GROCERS, INC.	c EIN-PN 36-3161525-001
a	Plan name QHP CAPITAL, L.P. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor QHP CAPITAL, L.P.	c EIN-PN 85-3194400-001
a	Plan name QUALITY TECHNOLOGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor QUALITY TECHNOLOGY SERVICES, LLC	c EIN-PN 20-5840402-001
a	Plan name QUINN CONSULTING SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor QUINN CONSULTING SERVICES, INC.	c EIN-PN 54-1871087-001
a	Plan name RAZORLEAF CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RAZORLEAF CORPORATION	c EIN-PN 34-1923913-001
a	Plan name RED HAWK FIRE & SECURITY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor RED HAWK FIRE & SECURITY, LLC	c EIN-PN 90-0008456-001
a	Plan name RETIREMENT INCOME PLAN FOR THE EMPLOYEES OF DANNON	
b	Name of plan sponsor DANONE NORTH AMERICA PUBLIC BENEFIT CORPORATION	c EIN-PN 11-2574006-001
a	Plan name RETIREMENT PLAN FOR PARALEGALS AND PARTNERS OF CURTIS,MALLET-PREVOST, COLT & MOSLE LLP	
b	Name of plan sponsor CURTIS, MALLET-PREVOST, COLT & MOSLE LLP	c EIN-PN 13-5018900-002
a	Plan name RQI PARTNERS RETIREMENT AND INVESTMENT PLAN	
b	Name of plan sponsor RQI PARTNERS LLC	c EIN-PN 83-0935798-001
a	Plan name RUKERT TERMINALS CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor RUKERT TERMINALS CORP.	c EIN-PN 52-0468070-001

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	SACRAMENTO CREDIT UNION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SACRAMENTO CREDIT UNION	c EIN-PN 94-1530642-002
a	Plan name	SAVILLS INC., SECTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAVILLS, INC	c EIN-PN 13-1813318-001
a	Plan name	SCIENS BUILDING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SCIENS BUILDING SOLUTIONS, LLC	c EIN-PN 30-0948178-001
a	Plan name	SGWS OF NEW YORK SALES, WAREHOUSE AND CLERICAL 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN GLAZERS WINE & SPIRITS OF NEW YORK, LLC	c EIN-PN 65-0879542-010
a	Plan name	SIGNIA AEROSPACE 401(K) PLAN	
b	Name of plan sponsor	SIGNIA AEROSPACE HOLDINGS, INC.	c EIN-PN 80-0911254-002
a	Plan name	SOUTHERN GLAZER'S 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN GLAZERS WINE AND SPIRITS, LLC	c EIN-PN 59-1285786-001
a	Plan name	SPARTANNASH COMPANY SAVINGS PLUS PLAN	
b	Name of plan sponsor	SPARTANNASH COMPANY	c EIN-PN 38-0593940-002
a	Plan name	SPERLING & SLATER SAVINGS PLAN	
b	Name of plan sponsor	SPERLING & SLATER, LLC	c EIN-PN 36-3041933-004
a	Plan name	STEVEN L LANGER PC RETIREMENT PLAN	
b	Name of plan sponsor	STEVEN L LANGER PRO CORP	c EIN-PN 35-1521063-001
a	Plan name	SUNLIGHTEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNLIGHTEN, INC.	c EIN-PN 77-0582440-001
a	Plan name	TENERITY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	TENERITY, INC.	c EIN-PN 37-2016579-001
a	Plan name	THE BEAUTY HEALTH 401(K) PLAN	
b	Name of plan sponsor	THE BEAUTY HEALTH COMPANY	c EIN-PN 33-0774920-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE BOBBITT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE BOBBITT GROUP, INC.	c EIN-PN 03-0506079-003
a	Plan name THE EXECUTIVE LEADERSHIP COUNCIL INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor THE EXECUTIVE LEADERSHIP COUNCIL, INC.	c EIN-PN 52-1631358-002
a	Plan name THE GAMBRINUS COMPANY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor THE GAMBRINUS COMPANY	c EIN-PN 74-2404037-001
a	Plan name THE IRON MOUNTAIN COMPANIES PUERTO RICO 401(K) PLAN	
b	Name of plan sponsor IRON MOUNTAIN INCORPORATED	c EIN-PN 23-2588479-005
a	Plan name THE MITRE CORPORATION QUALIFIED RETIREMENT PLAN	
b	Name of plan sponsor THE MITRE CORPORATION	c EIN-PN 04-2239742-002
a	Plan name THE MYR GROUP HOURLY 401(K) PLAN	
b	Name of plan sponsor MYR GROUP INC.	c EIN-PN 84-0739182-005
a	Plan name THE WHITING-TURNER CONTRACTING COMPANY PENSION PLAN	
b	Name of plan sponsor THE WHITING-TURNER CONTRACTING COMPANY	c EIN-PN 52-0529450-001
a	Plan name TIAA-CREF RETIREMENT PLAN FOR EMPLOYEES OF CATE SCHOOL	
b	Name of plan sponsor CATE SCHOOL	c EIN-PN 95-1644630-001
a	Plan name TISENTO THERAPEUTICS 401K PLAN	
b	Name of plan sponsor TISENTO THERAPEUTICS INC	c EIN-PN 96-3672174-001
a	Plan name UNITED BANKSHARES, INC. SAVINGS AND STOCK INVESTMENT PLAN	
b	Name of plan sponsor UNITED BANKSHARES, INC.	c EIN-PN 55-0641179-003
a	Plan name US LBM HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor US LBM HOLDINGS, LLC	c EIN-PN 27-0923448-001
a	Plan name VALLEN DISTRIBUTION, INC. 401(K) PLAN	
b	Name of plan sponsor VALLEN DISTRIBUTION, INC.	c EIN-PN 56-2281578-001

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.	OMB No. 1210-0110 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 MASSMUTUAL SMALL CAP GROWTH EQUITY CIT	B Three-digit plan number (PN) ▶ 756
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7271375

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	1593	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	461970	552516
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)	107310570	292560581
(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)	1513160	11083842
(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)	915176	1925863
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	4445670	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	114648139	306122802
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	540388
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	479335	4379195
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	479335	4919583
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	114168804	301203219

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)	1586770	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	22215	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1608985
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	138974873	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	126334774	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	17666662	
(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)		190232
(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)		61405
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		32167383

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)	10209	
(5) Investment advisory and investment management fees	2i(5)	1354039	
(6) Bank or trust company trustee/custodial fees	2i(6)	125016	
(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)		1489264
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1489264

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30678119
l Transfers of assets:			
(1) To this plan	2l(1)		207379194
(2) From this plan	2l(2)		51022898

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 _____.