

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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) _____

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
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1a Name of plan <u>CHRISTOPHERSON ANDAVO LP 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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>CHRISTOPHERSON ANDAVO TRAVEL, LP</u> <u>5588 S GREEN STREET, SUITE 300</u> <u>SALT LAKE CITY, UT 84123</u>	1c Effective date of plan <u>01/01/1999</u> 2b Employer Identification Number (EIN) <u>46-1790204</u> 2c Plan Sponsor's telephone number <u>801-327-7776</u> 2d Business code (see instructions) <u>488990</u>

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	Filed with authorized/valid electronic signature.	10/15/2025	HEATHER YOUNG
	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			
	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	
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	412
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.....	6a(1)	302
	6a(2)	270
	6b	6
	6c	56
	6d	332
	6e	0
	6f	332
	6g(1)	356
6g(2)	289	
6h	31	
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:
 2F 2G 2J 2K 2R 2T 3D 3H 2E

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)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (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>	Service Provider 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 CHRISTOPHERSON ANDAVO LP 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTOPHERSON ANDAVO TRAVEL, LP	D Employer Identification Number (EIN) 46-1790204	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

SOLTIS INVESTMENT ADVISORS LLC

27-3188744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	19183	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

GLS CERTIFIED PUBLIC ACCOUNTANTS,

27-3754613

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT/A UDITOR	12800	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65	RECORDKEEPER	8414	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN MID CAP INV - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BP SM CAP VAL II IS - U.S. BANCORP 615 EAST MICHIGAN STREET MILWAUKEE, WI 53201	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COHEN & STEERS RLTY - SS&C GIDS, I 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX INCOME I - SS&C GIDS, 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GP INTL OPP INV - ULTIMUS FUND SOL 31-1663251	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS GOLD SPL MIN A - INVESCO INVE 11 GREENWAY PLAZA, SUITE 100 HOUSTON, TX 77046	0.50%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MID CAP VALUE R4 - MFS SERVICE 04-2865649	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORLEY SV 50 - I 1300 SW FIFTH AVENUE PORTLAND, OR 97201	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK FUND INV - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.35%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTL INV - SS&C GIDS, INC 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA LARGE CAP GRTH 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2020 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2025 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2030 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2035 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2040 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2045 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2050 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2055 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SIA TD 2060 2 185 FRANKLIN STREET SUITE 105 BOSTON, MA 02110	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRP RETIRE BAL - T. ROWE PRICE SER 52-2269240	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WM BLAIR INTL GRTH N - SS&C GLOBAL 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>CHRISTOPHERSON ANDAVO LP 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHRISTOPHERSON ANDAVO TRAVEL, LP</u>	D Employer Identification Number (EIN) <u>46-1790204</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TARGET DATE 2055</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6941728-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TARGET DATE 2060</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>47-1088316-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TARGET DATE 2020</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7594871-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TARGET DATE 2025</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>37-6495447-001</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>4106609</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TARGET DATE 2030</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>38-7010946-001</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>1425402</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TARGET DATE 2035</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7595913-001</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>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SIA TARGET DATE 2040</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6941729-001</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>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TARGET DATE 2045		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 32-6198848-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TARGET DATE 2050		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 30-6303214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 864993
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2055 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1392402-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 678088
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2060 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1401342-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 248177
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2020 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1273151-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1297048
a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY SV 50 - I		
b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST CO		
c EIN-PN 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60923
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHDRS INTL EQ H1		
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY		
c EIN-PN 46-4679164-072	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124158
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA LARGE CAP GRTH 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1419179-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 444909
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2035 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1318731-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1700596
a Name of MTIA, CCT, PSA, or 103-12 IE: SIA TD 2040 2		
b Name of sponsor of entity listed in (a): ALTA TRUST COMPANY		
c EIN-PN 83-1335569-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2321502

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 CHRISTOPHERSON ANDAVO LP 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CHRISTOPHERSON ANDAVO TRAVEL, LP	D Employer Identification Number (EIN) 46-1790204

Part I	Asset and Liability Statement
---------------	--------------------------------------

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	952	5466
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	197345	290823
(9) Value of interest in common/collective trusts	1c(9)	11495714	14439727
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6320703	4783152
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	0	0
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	18014714	19519168
Liabilities			
g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	0	0
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	0	3750
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	3750
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	18014714	19515418

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)	551241	
(B) Participants.....	2a(1)(B)	1508434	
(C) Others (including rollovers).....	2a(1)(C)	137490	
(2) Noncash contributions.....	2a(2)	0	2197165
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	667	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	11669	
(F) Other.....	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12336
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	0	
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	140479	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		140479
(3) Rents.....	2b(3)		0
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	0	
(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)	0	
(B) Other.....	2b(5)(B)	0	
(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)	1435635
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	707731
c Other income	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	4493346

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2885786
(2) To insurance carriers for the provision of benefits	2e(2)	0
(3) Other.....	2e(3)	0
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	2885786
f Corrective distributions (see instructions)	2f	0
g Certain deemed distributions of participant loans (see instructions).....	2g	0
h Interest expense.....	2h	0
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	0
(2) Contract administrator fees	2i(2)	0
(3) Recordkeeping fees	2i(3)	74713
(4) IQPA audit fees	2i(4)	12800
(5) Investment advisory and investment management fees	2i(5)	19343
(6) Bank or trust company trustee/custodial fees	2i(6)	0
(7) Actuarial fees	2i(7)	0
(8) Legal fees	2i(8)	0
(9) Valuation/appraisal fees	2i(9)	0
(10) Other trustee fees and expenses	2i(10)	0
(11) Other expenses.....	2i(11)	0
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	106856
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	2992642

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	1500704
l Transfers of assets:		
(1) To this plan.....	2l(1)	0
(2) From this plan	2l(2)	0

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: GLS CERTIFIED PUBLIC ACCOUNTANTS PC

(2) EIN: 27-3754613

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.)		X	
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.)		X	
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.)		X	
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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
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.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		

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 _____.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 <u>CHRISTOPHERSON ANDAVO LP 401(K) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHRISTOPHERSON ANDAVO TRAVEL, LP</u>	D Employer Identification Number (EIN) <u>46-1790204</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1	
---	--

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 04-6568107 58-1428634

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3	
---	--

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702438A.

G&S

CPAS

**GREGORY
&
STINEBAUGH**

G&S CERTIFIED PUBLIC ACCOUNTANTS, PC

675 East 2100 South | Suite 150 | SLC, UT 84106

**CHRISTOPHERSON ANDAVO
TRAVEL 401(K) PLAN**

**Financial Statements and Supplemental
Schedule with Independent Auditor's Report**

December 31, 2024

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of the
Christopherson Andavo Travel 401(k) Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed an audit of the financial statements of the Christopherson Andavo Travel 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Christopherson Andavo Travel 401(k) Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Christopherson Andavo Travel 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Christopherson Andavo Travel 401(k) Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments; administering the plan; and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Christopherson Andavo Travel 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Christopherson Andavo Travel 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

A handwritten signature in black ink that reads "Gregory + Stinebaugh". The signature is written in a cursive, flowing style.

G&S Certified Public Accountants
October 14, 2025

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Statements of Net Assets Available for Benefits

December 31,

<u>ASSETS</u>	<u>2024</u>	<u>2023</u>
Investments:		
Mutual funds, at fair value	\$ 4,783,152	\$ 6,320,703
Common trust funds, at fair value	14,439,727	11,495,714
Notes receivable from participants, at cost which approximates fair value	<u>290,823</u>	<u>197,345</u>
Total investments	<u>19,513,702</u>	<u>18,013,762</u>
Receivables:		
Employer receivable	<u>5,466</u>	<u>952</u>
Total receivables	<u>5,466</u>	<u>952</u>
Total assets	<u>19,519,168</u>	<u>18,014,714</u>
 <u>LIABILITIES</u>		
Excess contribution payable	<u>3,750</u>	<u>-</u>
Total liabilities	<u>3,750</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 19,515,418</u></u>	<u><u>\$ 18,014,714</u></u>

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2024

ADDITIONS

Net appreciation in fair value of investments	\$ 2,143,366
Employee contributions	1,508,434
Employer contributions	551,241
Rollover contributions	137,490
Interest and dividends	<u>152,815</u>
Total additions	<u>4,493,346</u>

DEDUCTIONS

Benefits paid to participants or rolled over to qualified plans	2,885,786
Administrative expenses	<u>106,856</u>
Total deductions	<u>2,992,642</u>
Net change	1,500,704
Net assets available for benefit, beginning of year	<u>18,014,714</u>
Net assets available for benefit, end of year	<u>\$ 19,515,418</u>

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Notes to Financial Statements

December 31, 2024

1. DESCRIPTION OF THE PLAN

The following description of the Christopherson Andavo Travel 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is designed to be a defined contribution plan covering employees of CB Travel Corp. (the "Company") who are 18 years of age or older, have completed one hour of service, and have elected to become participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions

Each year, participants may elect under a salary reduction agreement, to contribute to the Plan up to 100% of their compensation, as defined by the Plan agreement, through payroll deductions subject to certain limitations under the Internal Revenue Code (IRC). Salary deferrals can be pre-tax 401(k) deferrals or Roth 401(k) deferrals. In addition, the Company may make a discretionary matching contribution equal to a uniform percentage of participant salary deferrals. Each year the Company will determine the amount of the discretionary percentage. The Company may also make a discretionary profit-sharing contribution to participant accounts. Participants direct the investment of all contributions made on their behalf.

Participant Accounts

Each participant's account is credited with the participant's contributions and (a) the Company's contributions and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the balance in the participant's vested account.

Investment Options and Investment Trustees

The Plan's investment options were managed by the trustee of the Plan. Upon enrollment in the Plan, a participant may direct employee contributions in any of the available funds managed by the trustee.

Administrative Expenses

The Plan's governing document allows administrative expenses to be paid by either the Plan or the sponsor. During the year ended December 31, 2024, all administrative expenses were paid by the Plan.

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Notes to Financial Statements

Continued

1. DESCRIPTION OF THE PLAN - *Continued*

Vesting

Participants are vested immediately in their voluntary contributions plus actual earnings thereon. Vesting for employer profit sharing and match contributions plus earnings thereon is based on years of continuous service. A participant is 20% vested after 2 years of credited service and additional 20% vests each year thereafter until the participant is 100% vested after 6 years of credited service.

Distribution of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive his or her contribution and the vested portion of the employer's contribution in a lump sum or annual installments over a reasonable period of time. For termination of service due to other reasons, participants with vested benefits less than \$1,000 will receive a lump sum distribution. Under certain circumstances, participants may withdraw their account balances prior to the occurrence of these events.

Forfeitures

Forfeitures of non-vested Company contributions are used to reduce future Company contributions. As of December 31, 2024 and 2023, forfeitures totaled \$60,802 and \$469, respectively. During 2024, \$37,697 were used to pay for certain administrative expenses and \$98,453 were used to reduce company contributions.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 3.25% to 9.50%, which is commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through monthly payroll deductions.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and the Plan. In the event of Plan termination, participants would become 100% vested in their employer contributions.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared using the accrual method of accounting based on accounting principles generally accepted in the United States of America, which requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Notes to Financial Statements

Continued

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - *Continued*

Payment of Benefits

Benefits are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See the fair value measurements footnote below.

Net appreciation or depreciation of investments included in the accompanying statement of changes in net assets available for benefits includes realized gains or losses from the sale of investments and unrealized appreciation or depreciation in fair value of investments. Net unrealized appreciation or depreciation in the fair value of investments represents the net change in the fair value of the investments held during the year. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investment as of the beginning of the year or the cost of the investment if purchased during the year.

Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Risks and Uncertainties

The Plan provides for investments in securities that are exposed to various risks, such as interest rate, currency exchange rate, credit and overall market fluctuation. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Notes to Financial Statements

Continued

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - *Continued*

Fair Value Measurements – *Continued*

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common collective trust (CCT) and pooled separate accounts (PSA) - The fair value of the investment in the common collective trust and pooled separate accounts are determined by the fund trustee based on the fair value of the underlying securities within the fund, which represents the net asset value of the shares held by the Plan at year end. The net asset value as provided by the trustee is used as a practical expedient to estimate fair value.

Mutual Funds – Valued at the net asset value (“NAV”) of shares held by the plan at year end. The NAV is a quoted price in an active market.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Notes to Financial Statements

Continued

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - *Continued*

Tax Status and Uncertain Tax Position

The Plan is a non-standardized defined contribution prototype plan sponsored by Fidelity Management Trust Company. The prototype plan has received a letter from the Internal Revenue Service as to its qualified status. The Plan obtained its latest opinion letter on June 30, 2020, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has not applied for a subsequent determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provisions for income taxes have been made in the financial statements.

Subsequent Events

The plan administrator has evaluated events and transactions subsequent to the statements of net assets available for benefits date through the date of the independent auditor's report (the date the financial statements were available to be issued) for potential recognition or disclosure in the financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified to as complete and accurate by the Trustee as of December 31:

	<u>2024</u>	<u>2023</u>
Investments, at fair value	\$ 19,222,879	\$ 17,816,417
Investment income:		
Interest and dividends	\$ 152,815	\$ 155,966
Net appreciation in fair value of investments	\$ 2,143,366	\$ 2,435,245

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Notes to Financial Statements

Continued

4. FAIR VALUE MEASUREMENTS

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31:

2024

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 4,783,152	\$ -	\$ -	\$ 4,783,152
Common collective trusts *	-	-	-	14,439,727
Total assets at fair value	<u>\$ 4,783,152</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 19,222,879</u>

2023

	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 6,320,703	\$ -	\$ -	\$ 6,320,703
Common collective trusts *	-	-	-	11,495,714
Total assets at fair value	<u>\$ 6,320,703</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 17,816,417</u>

* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

5. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds or common collective trusts managed by Fidelity. Fidelity is the custodian as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the plan to Fidelity and other parties for investment management services amounted to \$106,856 for the year ended December 31, 2024.

6. CHANGE IN SERVICE PROVIDERS

During 2024, the Plan transitioned its recordkeeping and third-party administration services from PCS Retirement to Fidelity. Prior to this transition, Fidelity served solely as the Plan's custodian of assets but assumed the additional role of recordkeeper and third-party administrator effective May 1, 2024. This change did not have a material impact on the Plan's net assets available for benefits or its operations.

**CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Plan 001**

EIN 87-0474355

Schedule H Part IV

Line 4i

Schedule of Assets Held at End of Year

December 31, 2024

(a) Party in Interest	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Soltis Collective Invt TR SIA Target Date 2025	278,037 Shares	\$ 4,106,609
	Soltis Collective Invt TR SIA Target Date 2040	141,211 Shares	2,321,502
*	Fidelity 500 Index Fund	9,058 Shares	1,849,490
	Soltis Collective Invt TR SIA Target Date 2035	106,620 Shares	1,700,596
	Soltis Collective Invt TR SIA Target Date 2030	93,776 Shares	1,425,402
	Soltis Collective Invt TR SIA Target Date 2020	91,341 Shares	1,297,048
	Soltis Collective Invt TR SIA Target Date 2045	68,909 Shares	1,167,322
*	Fidelity Mid Cap Index Fund	26,476 Shares	894,103
	Soltis Collective Invt TR SIA Target Date 2050	50,673 Shares	864,993
	Soltis Collective Invt TR SIA Target Date 2055	39,701 Shares	678,088
*	Fidelity Government Cash Reserves	505,367 Shares	505,367
	Soltis Collective Invt TR SIA Large Cap Growth	20,269 Shares	444,909
	Oakmark Fund I	2,451 Shares	372,888
	MFS Mid Cap Value R4	11,280 Shares	348,316
	Soltis Collective Invt TR SIA Target Date 2060	14,454 Shares	248,177
	Artisan Mid Cap Inv	5,106 Shares	173,097
	Schroder International Equity	8,592 Shares	124,158
	Dodge & Cox	9,642 Shares	119,371
*	Fidelity U.S. Bond Index Fund	7,308 Shares	74,687
*	Fidelity Small Cap Index Fund	2,441 Shares	67,580
	Morley Stable Value Fund	2,188 Shares	60,923
*	Fidelity International Index Fund	1,220 Shares	58,003
	T Rowe Price Retirement Income	4,121 Shares	54,601
	Janus Triton N	1,886 Shares	51,912

CHRISTOPHERSON ANDAVO TRAVEL 401(K) PLAN
Plan 001
EIN 87-0474355
Schedule H Part IV
Line 4i
Schedule of Assets Held at End of Year

Continued

(a) Party in Interest	(b) Identity of Issue	(c) Description of Investment	(e) Current Value
	Invesco Oppenheimer Gold & Special Minerals	1,939 Shares	49,776
*	Fidelity Emerging Markets Index Fund	3,885 Shares	40,632
	PIMCO Income Instl	3,678 Shares	38,691
	Boston Partners Small Cap Value FD II Instl CL	1,288 Shares	33,463
*	Fidelity Emerging Markets	705 Shares	26,841
*	Fidelity Inflation-Protected Bond Index Fund	1,492 Shares	13,260
	Cohen & Steers Realty Shares	168 Shares	<u>11,074</u>
			19,222,879
*	Participant loans	Interest ranging from 3.25% to 9.50%	<u>290,823</u>
			<u>\$19,513,702</u>

* A Party-in-Interest as defined by ERISA
Note: Column (d), cost, has been omitted, as all Investments are participant directed.

Client:
Engagement:
Period Ending: 1/0/1900
Trial Balance:
Workpaper:

Account	Description	UNADJ 12/31/2024	JE Ref #	AJE 12/31/2024	ADJ 12/31/2024	1st PP-Adj 12/31/2023	2nd PP-Adj 12/31/2022	%Var	\$Var
Group : [1000]	Cash								
Subgroup : [1001]	Cash								
1072	Fidelity Government Cash Reserves	505,367.00		0.00	505,367.00	564,770.00	427,477.00	11.75%	59,403.00
Subtotal [1001]	Cash	505,367.00		0.00	505,367.00	564,770.00	427,477.00	11.75%	59,403.00
Total [1000]	Cash	505,367.00		0.00	505,367.00	564,770.00	427,477.00	11.75%	59,403.00
Group : [1200]	Investments								
Subgroup : [1202]	Mutual funds equity								
1002	Fidelity 500 Index Fund	1,849,490.00		0.00	1,849,490.00	1,838,567.00	1,219,640.00	(0.59%)	(10,923.00)
1007	Fidelity Emerging Markets	26,841.00		0.00	26,841.00	10,947.00	0.00	(59.22%)	(15,894.00)
1011	Oakmark Fund I	372,888.00		0.00	372,888.00	341,093.00	261,353.00	(8.53%)	(31,795.00)
1014	Dodge & Cox	119,371.00		0.00	119,371.00	219,731.00	0.00	84.07%	100,360.00
1025	William Blair International Growth Fund	0.00		0.00	0.00	8,376.00	2,288.00	0.00%	8,376.00
1027	Cohen & Steers Realty Shares	11,074.00		0.00	11,074.00	9,282.00	4,627.00	(16.18%)	(1,792.00)
1031	Artisan Mid Cap Inv	173,097.00		0.00	173,097.00	234,055.00	127,517.00	35.22%	60,958.00
1037	Grandeur Peak Intl Optlys Inv	0.00		0.00	0.00	17,299.00	10,596.00	0.00%	17,299.00
1038	JPMorgan Mid Cap Value Fund A	0.00		0.00	0.00	202.00	1,916.00	0.00%	202.00
1039	Wells Fargo ADV Prem LG CO GR ADM	0.00		0.00	0.00	3,432.00	613.00	0.00%	3,432.00
1056	T. Rowe Price Retirement 2010	0.00		0.00	0.00	177,160.00	165,138.00	0.00%	177,160.00
1066	T. Rowe Price Retirement 2015	0.00		0.00	0.00	1,112,760.00	992,934.00	0.00%	1,112,760.00
1067	T. Rowe Price Retirement 2005	0.00		0.00	0.00	16.00	0.00	0.00%	16.00
1068	Vanguard Mid Cap Index ADM	0.00		0.00	0.00	684,872.00	527,293.00	0.00%	684,872.00
1069	Vanguard Small Cap Index ADM	0.00		0.00	0.00	288,845.00	196,429.00	0.00%	288,845.00
1073	Oakmark International I	0.00		0.00	0.00	132,510.00	127,808.00	0.00%	132,510.00
1074	Janus Triton N	51,912.00		0.00	51,912.00	79,323.00	59,263.00	52.80%	27,411.00
1075	T. Rowe Price Emerging Markets Stock	0.00		0.00	0.00	96.00	8,378.00	0.00%	96.00
1076	Vanguard Developed Markets Stock ID	0.00		0.00	0.00	48,365.00	31,300.00	0.00%	48,365.00
1077	Vanguard Emerging Markets Stock IDX	0.00		0.00	0.00	25,606.00	34,601.00	0.00%	25,606.00
1079	Invesco Oppenheimer Gold & Special M	49,776.00		0.00	49,776.00	40,973.00	5,768.00	(17.69%)	(8,803.00)
1091	T Rowe Price Retirement Income	54,601.00		0.00	54,601.00	30,385.00	38,968.00	(44.35%)	(24,216.00)
1092	Boston Partners Small Cap Value FD II	33,463.00		0.00	33,463.00	31,453.00	23,269.00	(6.01%)	(2,100.00)
1093	MFS Mid Cap Value R4	348,316.00		0.00	348,316.00	284,759.00	227,661.00	(18.25%)	(63,557.00)
1096	SCHRDRS INTL EQ H1	124,158.00		0.00	124,158.00	0.00	0.00	(100.00%)	(124,158.00)
1098	FID EMRG MKTS IDX	40,632.00		0.00	40,632.00	0.00	0.00	(100.00%)	(40,632.00)
1099	FID MID CAP IDX	894,103.00		0.00	894,103.00	0.00	0.00	(100.00%)	(894,103.00)
1100	FID SM CAP IDX	67,580.00		0.00	67,580.00	0.00	0.00	(100.00%)	(67,580.00)
1101	FID INTL INDEX	58,003.00		0.00	58,003.00	0.00	0.00	(100.00%)	(58,003.00)
Subtotal [1202]	Mutual funds equity	4,275,305.00		0.00	4,275,305.00	5,620,107.00	4,067,360.00	31.46%	1,344,802.00
Subgroup : [1203]	Mutual funds fixed income								
1041	Metropolitan West Total Return Bond M	0.00		0.00	0.00	917.00	192,319.00	0.00%	917.00
1071	Vanguard Total Bond Market Index ADM	0.00		0.00	0.00	57,177.00	44,961.00	0.00%	57,177.00
1080	Fidelity Inflation-Protected Bond Index F	13,260.00		0.00	13,260.00	13,510.00	10,021.00	1.89%	250.00
1094	PIMCO Income Instl	38,691.00		0.00	38,691.00	64,222.00	52,933.00	65.99%	25,531.00
1097	FID US BOND IDX	74,687.00		0.00	74,687.00	0.00	0.00	(100.00%)	(74,687.00)
Subtotal [1203]	Mutual funds fixed income	126,638.00		0.00	126,638.00	135,826.00	300,234.00	7.26%	9,188.00
Subgroup : [1204]	Common Trust Funds								
1008	Morley Stable Value Fund	60,923.00		0.00	60,923.00	0.00	0.00	(100.00%)	(60,923.00)
1081	Soltis Collective Invnt TR SIA Large Cap	444,909.00		0.00	444,909.00	377,082.00	303,918.00	(15.25%)	(67,827.00)
1082	Soltis Collective Invnt TR SIA Target Date	248,177.00		0.00	248,177.00	220,738.00	93,621.00	(11.06%)	(27,439.00)
1083	Soltis Collective Invnt TR SIA Target Date	678,088.00		0.00	678,088.00	362,175.00	211,176.00	(46.59%)	(315,913.00)
1084	Soltis Collective Invnt TR SIA Target Date	864,993.00		0.00	864,993.00	725,579.00	433,933.00	(16.12%)	(139,414.00)
1085	Soltis Collective Invnt TR SIA Target Date	1,167,322.00		0.00	1,167,322.00	995,909.00	704,434.00	(14.68%)	(171,413.00)
1086	Soltis Collective Invnt TR SIA Target Date	2,321,502.00		0.00	2,321,502.00	2,000,326.00	1,487,852.00	(13.83%)	(321,176.00)

1087	Soltis Collective Invnt TR SIA Target Date	1,700,596.00	0.00	1,700,596.00	1,359,643.00	859,436.00	(20.05%)	(340,953.00)
1088	Soltis Collective Invnt TR SIA Target Date	1,425,402.00	0.00	1,425,402.00	1,134,380.00	1,604,629.00	(20.42%)	(291,022.00)
1089	Soltis Collective Invnt TR SIA Target Date	4,106,609.00	0.00	4,106,609.00	3,758,511.00	3,212,192.00	(8.48%)	(348,098.00)
1090	Soltis Collective Invnt TR SIA Target Date	1,297,048.00	0.00	1,297,048.00	513,087.00	545,738.00	(60.44%)	(783,961.00)
1095	Invnt Omnibus Intl CL	0.00	0.00	0.00	48,284.00	146,791.00	0.00%	48,284.00
Subtotal [1204]	Common Trust Funds	14,315,569.00	0.00	14,315,569.00	11,495,714.00	9,603,720.00	(19.70%)	(2,819,855.00)
Total [1200]	Investments	18,717,512.00	0.00	18,717,512.00	17,251,647.00	13,971,314.00	(7.83%)	(1,465,865.00)
Group : [1300]	Participant loans							
Subgroup : [1301]	Participant loans							
1300	Participant Loan	0.00	290,823.00	290,823.00	197,345.00	192,126.00	(32.14%)	(93,478.00)
Subtotal [1301]	Participant loans	0.00	290,823.00	290,823.00	197,345.00	192,126.00	(32.14%)	(93,478.00)
Total [1300]	Participant loans	0.00	290,823.00	290,823.00	197,345.00	192,126.00	(32.14%)	(93,478.00)
Group : [1500]	Receivables							
Subgroup : [1502]	Employer Receivables							
1500	Employer Contributions Receivable	0.00	5,466.00	5,466.00	952.00	9,565.00	(82.58%)	(4,514.00)
Subtotal [1502]	Employer Receivables	0.00	5,466.00	5,466.00	952.00	9,565.00	(82.58%)	(4,514.00)
Total [1500]	Receivables	0.00	5,466.00	5,466.00	952.00	9,565.00	(82.58%)	(4,514.00)
Group : [3000]	Payables							
Subgroup : [3001]	Excess Contribution Payable							
2001	Excess contribution payable	0.00	(3,750.00)	(3,750.00)	0.00	0.00	(100.00%)	3,750.00
Subtotal [3001]	Excess Contribution Payable	0.00	(3,750.00)	(3,750.00)	0.00	0.00	(100.00%)	3,750.00
Subgroup : [3003]	Distribution Payable							
2002	Distributions payable (per PPT)	0.00	0.00	0.00	0.00	(6,437.00)	0.00%	0.00
Subtotal [3003]	Distribution Payable	0.00	0.00	0.00	0.00	(6,437.00)	0.00%	0.00
Total [3000]	Payables	0.00	(3,750.00)	(3,750.00)	0.00	(6,437.00)	(100.00%)	3,750.00
Group : [6000]	Net Assets							
Subgroup : [6001]	Net Assets							
3000	Net Assets Available for Plan Benefits	(17,995,931.00)	(18,783.00)	(18,014,714.00)	(14,594,045.00)	(17,276,350.00)	(18.99%)	3,420,669.00
Subtotal [6001]	Net Assets	(17,995,931.00)	(18,783.00)	(18,014,714.00)	(14,594,045.00)	(17,276,350.00)	(18.99%)	3,420,669.00
Total [6000]	Net Assets	(17,995,931.00)	(18,783.00)	(18,014,714.00)	(14,594,045.00)	(17,276,350.00)	(18.99%)	3,420,669.00
Group : [7500]	Investment Income							
Subgroup : [7501]	Net appreciation in fair value of investment							
4590	Realized Gain or Loss	(513,744.00)	0.00	(513,744.00)	(118,602.00)	387,583.00	(76.91%)	395,142.00
4900	Unrealized Gain / Loss	(1,629,622.00)	0.00	(1,629,622.00)	(2,316,643.00)	2,754,165.00	42.16%	(687,021.00)
Subtotal [7501]	Net appreciation in fair value of inves	(2,143,366.00)	0.00	(2,143,366.00)	(2,435,245.00)	3,141,748.00	13.62%	(291,879.00)
Subgroup : [7502]	Interest							
4960	Interest	(667.00)	0.00	(667.00)	(9.00)	0.00	(98.65%)	658.00
Subtotal [7502]	Interest	(667.00)	0.00	(667.00)	(9.00)	0.00	(98.65%)	658.00
Subgroup : [7505]	Interest on Participant Loans							
4950	Loan interest	(11,669.00)	0.00	(11,669.00)	(7,903.00)	(6,980.00)	(32.27%)	3,766.00
Subtotal [7505]	Interest on Participant Loans	(11,669.00)	0.00	(11,669.00)	(7,903.00)	(6,980.00)	(32.27%)	3,766.00
Subgroup : [7503]	Dividends							
4910	Dividends	(140,479.00)	0.00	(140,479.00)	(148,054.00)	(200,729.00)	5.39%	(7,575.00)
Subtotal [7503]	Dividends	(140,479.00)	0.00	(140,479.00)	(148,054.00)	(200,729.00)	5.39%	(7,575.00)
Subgroup : [7510]	Miscellaneous receipts							
4595	Miscellaneous Receipts	0.00	0.00	0.00	(17,679.00)	0.00	0.00%	(17,679.00)
Subtotal [7510]	Miscellaneous receipts	0.00	0.00	0.00	(17,679.00)	0.00	0.00%	(17,679.00)
Total [7500]	Investment Income	(2,296,181.00)	0.00	(2,296,181.00)	(2,608,890.00)	2,934,039.00	13.62%	(312,709.00)

Group : [7000]	Contributions							
Subgroup : [7001]	Employee Contributions							
4510	Employee Pretax Contributions	(1,175,596.00)	0.00	(1,175,596.00)	(1,072,225.00)	(807,786.00)	(8.79%)	103,371.00
4515	Employee After-tax Contribution	0.00	0.00	0.00	(301,869.00)	0.00	0.00%	(301,869.00)
4530	Roth Deferrals	(332,838.00)	0.00	(332,838.00)	0.00	(243,601.00)	(100.00%)	332,838.00
Subtotal [7001]	Employee Contributions	(1,508,434.00)	0.00	(1,508,434.00)	(1,374,094.00)	(1,051,387.00)	(8.91%)	134,340.00
Subgroup : [7002]	Employer Contributions							
4520	Employer Match Contributions	(549,525.00)	(1,716.00)	(551,241.00)	(592,317.00)	(461,050.00)	7.45%	(41,076.00)
4525	Other Employer Contributions	0.00	0.00	0.00	(469.00)	0.00	0.00%	(469.00)
Subtotal [7002]	Employer Contributions	(549,525.00)	(1,716.00)	(551,241.00)	(592,786.00)	(461,050.00)	7.54%	(41,545.00)
Subgroup : [7003]	Rollovers							
4600	Rollovers	(117,396.00)	0.00	(117,396.00)	(66,114.00)	(26,068.00)	(43.68%)	51,282.00
4601	Roth Rollover	(20,094.00)	0.00	(20,094.00)	0.00	0.00	(100.00%)	20,094.00
Subtotal [7003]	Rollovers	(137,490.00)	0.00	(137,490.00)	(66,114.00)	(26,068.00)	(51.91%)	71,376.00
Total [7000]	Contributions	(2,195,449.00)	(1,716.00)	(2,197,165.00)	(2,032,994.00)	(1,538,505.00)	(7.47%)	164,171.00
Group : [8100]	Deductions							
Subgroup : [8101]	Benefits paid to participants							
4700	Redeposit for Stopped Checks	0.00	0.00	0.00	(116,526.00)	(130,940.00)	0.00%	(116,526.00)
5100	Withdrawals	2,867,003.00	18,783.00	2,885,786.00	1,123,001.00	1,215,272.00	(61.09%)	(1,762,785.00)
5500	Loans	290,823.00	(290,823.00)	0.00	0.00	0.00	0.00%	0.00
5510	Other Payments to Participants	0.00	0.00	0.00	130,112.00	133,441.00	0.00%	130,112.00
Subtotal [8101]	Benefits paid to participants	3,157,826.00	(272,040.00)	2,885,786.00	1,136,587.00	1,217,773.00	(60.61%)	(1,749,199.00)
Subgroup : [8200]	Expenses							
4970	Other Additions	35,487.00	0.00	35,487.00	0.00	0.00	(100.00%)	(35,487.00)
5200	Expenses	0.00	0.00	0.00	3,129.00	0.00	0.00%	3,129.00
5210	Trustee/Custodian Fees	71,369.00	0.00	71,369.00	14,160.00	4,200.00	(80.16%)	(57,209.00)
5211	Investment Advisory Fees	0.00	0.00	0.00	67,579.00	64,918.00	0.00%	67,579.00
Subtotal [8200]	Expenses	106,856.00	0.00	106,856.00	84,868.00	69,118.00	(20.58%)	(21,988.00)
Total [8100]	Deductions	3,264,682.00	(272,040.00)	2,992,642.00	1,221,455.00	1,286,891.00	(59.18%)	(1,771,187.00)
Group : [8500]	Transfers							
Subgroup : [8501]	Transfers							
5212	Transfers	0.00	0.00	0.00	(240.00)	(120.00)	0.00%	(240.00)
Subtotal [8501]	Transfers	0.00	0.00	0.00	(240.00)	(120.00)	0.00%	(240.00)
Total [8500]	Transfers	0.00	0.00	0.00	(240.00)	(120.00)	0.00%	(240.00)
	NET (INCOME) LOSS	(1,226,948.00)	(273,756.00)	(1,500,704.00)	(3,420,669.00)	2,682,305.00	127.94%	(1,919,965.00)
	Sum of Account Groups	0.00	0.00	0.00	0.00	0.00	0.00%	0.00