

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>SUMMITT ENTERPRISES INC 401(K) PROFIT SHARING PLAN & TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>003</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SUMMITT ENTERPRISES INC</u></p> <p><u>2305 ASHLAND ST</u> <u>STE 104 - PMB 432</u> <u>ASHLAND, OR 97520-3777</u></p>	<p>1c Effective date of plan <u>01/01/1991</u></p> <p>2b Employer Identification Number (EIN) <u>93-0443822</u></p> <p>2c Plan Sponsor's telephone number <u>541-535-8920</u></p> <p>2d Business code (see instructions) <u>115310</u></p>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	12/02/2025	BARRY LEDBETTER
	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	287
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)	32
	6a(2)	69
	6b	17
	6c	224
	6d	310
	6e	0
	6f	310
	6g(1)	287
	6g(2)	307
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:
2A 2E 2J 2K 3D

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 type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input 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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SUMMITT ENTERPRISES INC 401(K) PROFIT SHARING PLAN & TRUST	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMITT ENTERPRISES INC	D Employer Identification Number (EIN) 93-0443822

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	1469251	1531890
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	413604	436510
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	8264	8455
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	391529	800623
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	781879	780047
(7) Loans (other than to participants)	1c(7)	201983	195499
(8) Participant loans	1c(8)	14307	3724
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4329311	5128567
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	2233767	2767288

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	9843895	11652603
Liabilities			
g Benefit claims payable.....	1g	4230	0
h Operating payables.....	1h	1628	1878
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2450	2450
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	8308	4328
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9835587	11648275

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)	436510	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		436510
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1591	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)	12808	
(E) Participant loans.....	2b(1)(E)	546	
(F) Other.....	2b(1)(F)	63639	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		78584
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	34435	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	83634	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		118069
(3) Rents.....	2b(3)		23940
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	43870	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)	-1832	
(B) Other.....	2b(5)(B)		
(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		996893
c Other income	2c		152391
d Total income. Add all income amounts in column (b) and enter total	2d		1848425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	35033	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		35033
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	250	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	454	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		704
j Total expenses. Add all expense amounts in column (b) and enter total	2j		35737

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1812688
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: **KBFALK, PLLC**

(2) EIN: **82-3097971**

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		1000000
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		195499
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.			

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>SUMMITT ENTERPRISES INC 401(K) PROFIT SHARING PLAN & TRUST</u>	B Three-digit plan number (PN) ▶	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMITT ENTERPRISES INC</u>	D Employer Identification Number (EIN) <u>93-0443822</u>	

Part I	Distributions
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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		0
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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): 93-1072581

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	
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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
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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.
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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 11 / 23 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704220A.

Audit Report to be submitted @ a later date.

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 2024 This Form is Open to Public Inspection
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Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

1a Name of plan Summitt Enterprises Inc 401(k) Profit Sharing Plan & Trust	1b Three-digit plan number (PN) ▶ 003 1c Effective date of plan 01/01/1991
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) Summitt Enterprises Inc 2305 Ashland St Ste 104 - PMB 432 Ashland OR 97520-3777	2b Employer Identification Number (EIN) 93-0443822 2c Plan Sponsor's telephone number 541-535-8920 2d Business code (see instructions) 115310

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		12/2/25	Scott Nelson
	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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
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	287
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)	32
	6a(2)	69
	6b	17
	6c	224
	6d	310
	6e	0
	6f	310
	6g(1)	287
6g(2)	307	
6h	25	
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:
2A 2E 2J 2K 3D

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**
- (1) **R** (Retirement Plan Information)
 - (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 - (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
 - (4) **DCG** (Individual Plan Information) – Number Attached _____
 - (5) **MEP** (Multiple-Employer Retirement Plan Information)

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached _____
 - (4) **C** (Service Provider Information)
 - (5) **D** (DFE/Participating Plan Information)
 - (6) **G** (Financial Transaction Schedules)

(a) (b) & (c) Identity and Description	(d) Cost	(e) Value
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)		
1/10th oz U.S. Gold Eagle	19,389	147,469
1/2 oz Gold Krugerrand	168	1,312
1 oz Gold Krugerrand	21,235	162,688
1 oz Canada Gold Maples	20,970	157,440
1 oz Silver Rounds	5,048	31,039
1 oz U.S. Gold Eagles	41,642	310,419
AECOM (195 shares)	Common Stock 22,454	20,830
Acadia Rlty TR REIT (876 shares)	Common Stock 22,259	21,164
Akre Focus Retail (3434 shares)	Mutual Fund 161,792	221,673
Alex Way house	Real Estate 334,450	381,177
Advanced Micro Device (106 shares)	Common Stock 20,460	12,804
Abercrombie & Fitch (193 shares)	Common Stock 20,157	28,848
Astrazeneca PLC (254 shares)	Common Stock 21,334	16,642
Boeing Co (105 shares)	Common Stock 15,225	18,585
Baron Growth Retail (3062 shares)	Mutual Fund 132,675	274,430
Blackrock Technology Opp (829 shares)	Mutual Fund 46,305	54,548
Blackrock Mid-Cap Growth (2077 shares)	Mutual Fund 54,588	76,104
BP PLC (1065 shares)	Common Stock 26,334	31,491
Baron Partners Retail (357 shares)	Mutual Fund 46,906	75,204
Dutch Bros Inc (219 shares)	Common Stock 11,149	11,471
Columbia Small Cap Growth (1607 shares)	Mutual Fund 32,131	41,446
Pacific Trust Deed Note 20	Mortgage Loan 195,500	195,500
Costco Wholesale (21 shares)	Common Stock 20,601	19,242
Columbia Global Techology (1465 shares)	Mutual Fund 60,775	126,664
Cubsmart REIT (412 shares)	Common Stock 22,100	17,654
Fidelity Capital & INCOM (17217 shares)	Mutual Fund 174,785	174,755
Franklin Dynatech A (884 shares)	Mutual Fund 76,933	154,377
FMI Common Stock Invest (5692 shares)	Mutual Fund 66,206	210,186
Interactive Brokers Group (118 shares)	Common Stock 21,993	20,847
Loal house	Real Estate 363,450	398,870
Nisource Inc (602 shares)	Common Stock 22,394	22,130
Nicholas (2030 shares)	Mutual Fund 75,511	189,219
Oakmark Investor (2634 shares)	Mutual Fund 51,596	400,702
Outfront Media Inc REIT (1107 shares)	Common Stock 20,756	19,638
Particiant Loans	Participant Loan 3,724	3,724
Virtus Kar Mid-Cap Growth (1276 shares)	Mutual Fund 52,002	75,659
Rydex NASDAQ-100 Inv (9129 shares)	Mutual Fund 247,248	751,617
x	Money Market 1,069,749	1,069,749
AllSpring Growth A (3595 shares)	Mutual Fund 125,993	87,141
Shell PLC (600 shares)	Common Stock 19,530	37,590
Alger Spectra A (17622 shares)	Mutual Fund 264,382	501,179
SPDR S&P 500 ETF	699,394	1,956,921

(a) (b) & (c) Identity and Description	(d) Cost	(e) Value
Schwab Health Care (724 shares)	Mutual Fund 8,744	16,826
Tesla Inc (345 shares)	Common Stock 46,818	139,325
Total Energies SE (550 shares)	Common Stock 23,051	29,975
Wells Fargo & Co (662 shares)	Common Stock 26,511	46,529
Waste Management Inc (98 shares)	Common Stock 21,991	19,775
Walmart Inc (220 shares)	Common Stock 20,636	19,877
Exxon Mobil Corp (676 shares)	Common Stock 35,391	72,673
Rounding adjustment		-3
	4,914,435	8,875,125

(a) & (b) Identity and Description	(c) Cost	(d) Proceeds
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Schedule H, Line 4i - Schedule of Assets (Acquired and Disposed of Within Year)

Abbvie Inc	Common Stock 18,613	18,112
Abbott Laboratories	Common Stock 20,679	20,825
Arch Cap Group LTD	Common Stock 41,542	42,393
Albertsons CO SHS CLASS	Common Stock 19,787	19,148
Accenture PLC	Common Stock 19,095	19,641
Auto Data Processing	Common Stock 20,550	19,846
Agnico Eagle Mines	Common Stock 21,733	22,311
Amern Eagle Outfits	Common Stock 19,104	17,592
Aercap Holdings NV	Common Stock 42,072	42,527
A G N C Investment Corp	Common Stock 21,609	21,843
American Intl Group	Common Stock 39,952	40,858
Akamai Technologies Inc	Common Stock 19,265	19,192
Allstate Corp	Common Stock 21,753	21,655
Applied Materials	Common Stock 20,163	20,569
Amazon.com Inc	Common Stock 20,611	20,183
Arista Networks Inc	Common Stock 62,347	62,351
API Group Corp	Common Stock 20,651	21,086
Amphenol Corp	Common Stock 21,061	21,082
Apollo Global Mgmt Inc	Common Stock 20,542	21,018
Aramark	Common Stock 41,776	41,549
Avepoint Inc	Common Stock 21,949	22,616
American Express Co	Common Stock 21,080	20,790
Bank of America Corp	Common Stock 21,478	21,330
Ball Corp	Common Stock 19,049	19,322
Banco BBVA Argentina S F	Common Stock 20,479	20,808
Biohaven LTD	Common Stock 20,579	20,850
Bank of NY Mellon Co	Common Stock 21,258	21,494
Bellring Brands Inc	Common Stock 20,504	19,457
Boston Scientific Co	Common Stock 21,218	21,398

(a) & (b) Identity and Description		(c) Cost	(d) Proceeds
Compania De Minas Buen	Common Stock	20,915	19,577
Blackstone Inc	Common Stock	20,558	20,660
CitiGroup Inc	Common Stock	20,750	21,105
Chubb LTD	Common Stock	81,737	82,363
Cameco Corp	Common Stock	20,844	21,233
Carnical Corp	Common Stock	19,425	15,854
Constellation Energy Cor	Common Stock	21,063	20,905
Colgate-Palmolive CO	Common Stock	106,331	107,034
Cellebrite DI LTD	Common Stock	22,108	21,651
Celestica	Common Stock	19,319	19,319
Cinemark Holdings	Common Stock	43,692	44,015
Capital Once	Common Stock	20,501	20,475
Cencora Inc	Common Stock	61,254	62,364
Camden PPTY TR REIT	Common Stock	22,115	21,909
Corebridge Finl Inc	Common Stock	39,460	41,380
Crefo Technology Group	Common Stock	41,701	44,202
Salesforce Inc	Common Stock	20,515	20,672
CSX Corp	Common Stock	20,857	20,536
Cintas Corp	Common Stock	22,027	22,474
Dominion Energy Inc	Common Stock	43,746	44,364
Dupont De Nemours Inc	Common Stock	21,149	21,381
Walt Disney Co	Common Stock	20,659	21,024
Dicks Sporting Goods	Common Stock	21,099	21,099
Digital Realty Trust	Common Stock	40,818	40,819
Dover Corp	Common Stock	22,514	22,235
Duke Energy Corp	Common Stock	43,457	43,767
Electronic Arts Inc	Common Stock	20,384	19,829
Brinker Intl Inc	Common Stock	22,248	22,280
EBAY Inc	Common Stock	22,254	22,511
Ecopetrol S A	Common Stock	20,745	20,416
Ecolab Inc	Common Stock	20,906	21,087
Eldorado Gold	Common Stock	21,523	21,891
Edison Internatnl	Common Stock	20,140	18,742
Enbridge Inc	Common Stock	22,002	22,069
Entegris INC	Common Stock	19,101	19,744
Equitable Hldgs Inc	Common Stock	61,094	62,179
Embraer S A	Common Stock	22,104	21,781
Element Solutions INC	Common Stock	20,198	20,296
Energy Transfer L P	Common Stock	19,009	19,199
Grayscale Wthereum TR ET	Common Stock	41,037	46,003
Eaton Corp PLC	Common Stock	40,824	40,854
Exelixis	Common Stock	21,886	21,537
Diamondback Energy	Common Stock	20,859	21,359

(a) & (b) Identity and Description		(c) Cost	(d) Proceeds
FERGUSON PLC NEW	Common Stock	20,516	20,866
Fidelity Natl Finl	Common Stock	20,274	20,636
Frontline PLC	Common Stock	41,244	42,611
FTAI Aviation LTD	Common Stock	22,118	22,479
Technipfmc LTD	Common Stock	20,944	21,038
Fortinet Inc	Common Stock	22,497	22,135
General Dynamics Co	Common Stock	20,711	20,586
GE Aerospace	Common Stock	20,819	21,300
Gen Digital Inc	Common Stock	21,232	21,765
Golar Lng Limited	Common Stock	24,743	24,286
Corning Inc	Common Stock	21,043	21,668
Alphabet Inc	Common Stock	42,123	42,107
Graphic Packaging HL	Common Stock	40,967	41,582
Global Payments Inc	Common Stock	20,722	20,741
Goldman Sachs Group Inc	Common Stock	21,664	22,196
GSK PLC ADR	Common Stock	19,811	20,144
Halozyme Therapeutic	Common Stock	21,320	21,503
Hayward Hldgs Inc	Common Stock	22,225	22,376
Home Depot Inc	Common Stock	20,457	20,644
Hartford Finl SVC GP	Common Stock	21,049	21,294
Hilton Worldwide Hldgs	Common Stock	21,994	22,319
Harmony GLD MNG LTD	Common Stock	21,445	21,614
Block H & R Incorp	Common Stock	21,378	21,885
IBM Corp	Common Stock	21,965	21,849
Intercontinental EXC	Common Stock	20,695	20,592
Illumina Inc	Common Stock	22,243	21,833
Ing Groep ADR REP 1 OR F	Common Stock	19,326	19,067
Intuit Inc	Common Stock	19,475	20,039
Iron Mtn Inc	Common Stock	21,705	22,028
Independence RLTY TR Inc	Common Stock	22,166	22,326
Intuitive Surgical	Common Stock	64,215	65,492
JPMorgan Chase & Co	Common Stock	39,511	39,705
Kyndryl Hldgs Inc	Common Stock	20,733	21,590
KLA Corp	Common Stock	19,760	20,042
The Coca-Cola Co	Common Stock	21,649	21,875
Lazard Inc	Common Stock	23,520	23,642
Levi Strauss & Co	Common Stock	20,619	20,712
Linde PLC	Common Stock	40,291	40,357
Eli Lilly and Co	Common Stock	20,387	21,101
Mastercard Inc	Common Stock	19,897	20,281
The Macerich Co	Common Stock	20,954	20,716
Microchip Technology	Common Stock	19,824	19,836
Mondelez Intl	Common Stock	41,227	40,916

(a) & (b) Identity and Description		(c) Cost	(d) Proceeds
Manulife Finl	Common Stock	42,514	43,005
Marsh & McLennan Co	Common Stock	20,365	20,604
3M Co	Common Stock	20,631	20,186
MPLX LP	Common Stock	41,044	41,482
Merck & Co Inc	Common Stock	62,085	63,043
Microsoft Corp	Common Stock	40,981	41,654
MGIC INVT CORP WIS	Common Stock	41,238	40,519
Micron Technology	Common Stock	20,124	20,377
Netflix Inc	Common Stock	61,895	62,648
NRG Energy INC	Common Stock	39,800	40,788
NVIDIA Corp	Common Stock	20,758	20,630
Novo-Norfolk as Vormal	Common Stock	60,795	61,615
NEWS CORP NEW	Common Stock	20,087	20,486
Nextacker Inc	Common Stock	20,959	21,251
Blue Owl Cap Corp	Common Stock	41,430	40,967
Oneok Inc	Common Stock	22,114	22,677
Old Republic Intl Co	Common Stock	20,143	20,092
OTIS Worldwide Corp	Common Stock	19,140	19,171
Plains All American	Common Stock	20,214	20,371
Palo Alto Netwoks	Common Stock	20,320	20,401
Petroleo Brasileiro	Common Stock	20,674	20,921
PACCAR INC	Common Stock	40,769	39,041
Progressive Co Ohio	Common Stock	41,267	41,216
Pultegroup Inc	Common Stock	22,278	22,394
Pinterest Inc Class	Common Stock	21,166	20,353
PPL Corp	Common Stock	22,048	22,454
Prudential Finl	Common Stock	20,956	21,222
Phillips 66	Common Stock	59,497	58,635
Rithm Capital Corp	Common Stock	20,478	19,914
Rollings Inc	Common Stock	43,065	43,465
Rapid Seven Inc	Common Stock	19,328	19,328
Republic Services	Common Stock	43,212	43,356
Rush Street Interactive Class	Common Stock	20,799	20,252
RTX Corp	Common Stock	21,081	20,830
Revolution Medicines Inc	Common Stock	20,865	21,143
Southern Copper Corp	Common Stock	21,314	21,787
Charles Schwab Corp	Common Stock	20,601	21,093
Sprouts Farmers Mark	Common Stock	20,711	20,266
Skechers U S A Inc	Common Stock	21,144	21,503
SLM Corp	Common Stock	40,199	41,398
Southern Co	Common Stock	21,760	21,792
S&P Global Inc	Common Stock	21,507	21,782
SS&C Technologies Hldgs	Common Stock	22,057	21,944

(a) & (b) Identity and Description		(c) Cost	(d) Proceeds
Seagate Technology	Common Stock	19,195	19,778
Suncor Energy Inc	Common Stock	21,920	22,290
Springworks Therapeutics	Common Stock	20,267	22,359
Synchrony Finl	Common Stock	19,401	19,263
A T & T Inc	Common Stock	21,306	21,222
TE Connectivity LTD	Common Stock	20,970	21,207
TEVA Pharmaceutical	Common Stock	166,277	168,071
Tenet Healthcare	Common Stock	21,167	21,632
TJX Companies Inc	Common Stock	42,232	42,138
TKO Group Hldgs Inc	Common Stock	22,160	22,729
T-Mobile US Inc	Common Stock	21,568	21,488
Toll Brothers Inc	Common Stock	21,873	21,872
Targa Resources Corp	Common Stock	64,653	65,998
TC Energy Corp	Common Stock	22,095	22,372
Tractor Suppy Comp	Common Stock	20,268	20,717
Trane Technologies plc	Common Stock	21,717	21,985
Textron Inc	Common Stock	14,130	14,356
UBER TECHNOLOGIES INC	Common Stock	21,680	23,091
UDR Inc REIT	Common Stock	10,012	9,823
Unilever PLC	Common Stock	22,025	21,997
Urban Outfitters Inc	Common Stock	19,046	20,752
US Foods Holding Corp	Common Stock	38,985	38,815
Varonis SYS INC	Common Stock	20,210	20,254
Vertiv Holdings Co	Common Stock	19,549	20,746
VISTRA ENERGY CORP	Common Stock	19,869	20,662
Ventas Inc	Common Stock	22,158	22,020
Valvoline Inc	Common Stock	21,466	21,390
WABTEC	Common Stock	20,541	20,993
Workday Inc	Common Stock	18,996	19,155
Western Digital Corp	Common Stock	19,304	19,481
Welltower Inc	Common Stock	108,684	109,533
Westrock Co	Common Stock	20,744	20,184
XYLEM INC	Common Stock	20,727	20,714
Zscaler	Common Stock	19,409	19,652