

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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) C

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

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

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

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

special extension (enter description)

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

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>CALLAN GLIDEPATH 2025 FUND</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>103</u>  <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u>  <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	<b>2b</b> Employer Identification Number (EIN) <u>26-0257911</u>  <b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u>  <b>2d</b> Business code (see instructions)

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

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

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/07/2025</u>	<u>MATT FALCIANI</u>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

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

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

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

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

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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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>	
<b>A</b> Name of plan <u>CALLAN GLIDEPATH 2025 FUND</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>103</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>26-0257911</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA SENIOR LOAN TRUST FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VOYA INVESTMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>06-1440627-045</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19836245</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BBH INTERM INFLATION INDEX SEC FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BROWN BROTHERS HARRIMAN TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>83-6169733-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR 1-3 YR GOV/CREDIT BOND IN FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>27-5012676-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17202856</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALLAN INTERNATIONAL EQUITY FUND CL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>38-4065324-421</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>99454008</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALLAN SMALL CAP EQUITY FUND CLASS</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>38-4065323-420</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44460968</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALLAN CORE BOND FUND CLASS Z</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
<b>c</b> EIN-PN <u>38-4065326-423</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>170876578</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND F</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
<b>c</b> EIN-PN <u>94-3357216-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>248832608</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: [WELLS FARGO STABLE VALUE FUND W](#)

**b** Name of sponsor of entity listed in (a): [WELLS FARGO BANK, N.A.](#)

<b>c</b> EIN-PN <a href="#">47-6524425-001</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">4332469</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [CALLAN GLIDEPATH REAL ASSET FUND](#)

**b** Name of sponsor of entity listed in (a): [GREAT GRAY TRUST COMPANY, LLC](#)

<b>c</b> EIN-PN <a href="#">38-7275316-001</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">115197693</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [CALLAN HIGH YIELD BOND FUND CLASS Z](#)

**b** Name of sponsor of entity listed in (a): [GREAT GRAY TRUST COMPANY, LLC](#)

<b>c</b> EIN-PN <a href="#">38-4065327-424</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">18179037</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [STATE STREET 1-10 YEAR U.S. TREASUR](#)

**b** Name of sponsor of entity listed in (a): [STATE STREET GLOBAL ADVISORS TRUST COMPANY](#)

<b>c</b> EIN-PN <a href="#">32-6528132-007</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">21503569</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: [EAFE EQUITY INDEX FUND F](#)

**b** Name of sponsor of entity listed in (a): [BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.](#)

<b>c</b> EIN-PN <a href="#">94-3358162-001</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">8114223</a>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 360 PROJECT MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 360 PROJECT MANAGEMENT	<b>c</b> EIN-PN 20-5589904-001
<b>a</b>	Plan name ACE THREE LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor ACE THREE LLC	<b>c</b> EIN-PN 47-4234781-001
<b>a</b>	Plan name ACID AND CEMENTING SERVICE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ACID AND CEMENTING SERVICE, INC.	<b>c</b> EIN-PN 75-2596619-001
<b>a</b>	Plan name ACS CONTROLS CORPORATION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor ACS CONTROLS CORPORATION	<b>c</b> EIN-PN 71-0974205-001
<b>a</b>	Plan name AMERICAN REAL ESTATE PARTNERS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AMERICAN REAL ESTATE PARTNERS MANAGEMENT,LLC	<b>c</b> EIN-PN 20-0234039-001
<b>a</b>	Plan name AMERIND RISK GOVERNMENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor AMERIND RISK MANAGEMENT CORP	<b>c</b> EIN-PN 83-2654730-001
<b>a</b>	Plan name ANDERSON INDUST ENGINE CO 401K	
<b>b</b>	Name of plan sponsor ANDERSON INDUSTRIAL ENGINES CO., INC.	<b>c</b> EIN-PN 47-0557609-001
<b>a</b>	Plan name AP TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor AP TECHNOLOGY, LLC	<b>c</b> EIN-PN 46-1407591-001
<b>a</b>	Plan name ARCHER CONSULTATION SERVICES, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARCHER CONSULTATION SERVICES, INC.	<b>c</b> EIN-PN 35-1687137-001
<b>a</b>	Plan name ARROW CONSULTATION SERVICES 401(K)	
<b>b</b>	Name of plan sponsor ARROW CONSULTATION SERVICES	<b>c</b> EIN-PN 35-1821191-001
<b>a</b>	Plan name AT YOUR SERV & TAX ACCOUNTING 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor AT YOUR SERVICE TAX & ACCOUNTING INC.	<b>c</b> EIN-PN 59-3192127-001
<b>a</b>	Plan name ATLANTA DIABETES ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor ATLANTA DIABETES ASSOCIATES	<b>c</b> EIN-PN 58-1578080-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name ATLANTIC BEACH CLUB INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor ATLANTIC BEACH CLUB INC	<b>c</b> EIN-PN 11-1693785-001
<b>a</b>	Plan name ATLAS SETTLEMENT GROUP, INC.401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATLAS SETTLEMENT GROUP, INC.	<b>c</b> EIN-PN 20-2667446-002
<b>a</b>	Plan name AUGUSTINE BAND OF CAHUILLA INDIANS	
<b>b</b>	Name of plan sponsor AUGUSTINE BAND OF CAHUILLA INDIANS	<b>c</b> EIN-PN 93-1136462-002
<b>a</b>	Plan name AUGUSTINE CASINO 401K PLAN	
<b>b</b>	Name of plan sponsor AUGUSTINE GAMING MANAGEMENT CORPORATION	<b>c</b> EIN-PN 87-2249508-001
<b>a</b>	Plan name AXTELLA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AXTELLA, LLC	<b>c</b> EIN-PN 38-3627552-001
<b>a</b>	Plan name B & B FOREIGN CAR CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor B & B FOREIGN CAR CENTER	<b>c</b> EIN-PN 77-0448605-001
<b>a</b>	Plan name BAR G 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAR G ENTERPRISES	<b>c</b> EIN-PN 59-3012761-001
<b>a</b>	Plan name BAYPORT CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NEWPORT NEWS SHIPBUILDING EMPLOYEES CREDIT UNION, INC.	<b>c</b> EIN-PN 54-0314180-002
<b>a</b>	Plan name BLD 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOLD LEAD DESIGNS, LLC	<b>c</b> EIN-PN 27-3108442-001
<b>a</b>	Plan name C.S.B. CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C.S.B. CO.	<b>c</b> EIN-PN 47-0565392-001
<b>a</b>	Plan name CALLAN LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CALLAN LLC	<b>c</b> EIN-PN 94-2192581-001
<b>a</b>	Plan name CANFIELD & JOSEPH 401(K)PLAN	
<b>b</b>	Name of plan sponsor CANFIELD & JOSEPH, INC.	<b>c</b> EIN-PN 48-0729128-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name CAREAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SENIOR MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 26-3988687-002
<b>a</b>	Plan name CARL'S COLLISION CENTER INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CARLS COLLISION CENTER, INC	<b>c</b> EIN-PN 04-3218991-001
<b>a</b>	Plan name CAROLINA LIQUID CHEMISTRIES CORP. 401(K) PSP	
<b>b</b>	Name of plan sponsor CAROLINA LIQUID CHEMISTRIES	<b>c</b> EIN-PN 95-4496686-001
<b>a</b>	Plan name CB&G SIGN SOLUTIONS 401(K) PSP AND TRUST	
<b>b</b>	Name of plan sponsor CB&G SIGN SOLUTIONS	<b>c</b> EIN-PN 20-2958071-002
<b>a</b>	Plan name CELLULAR TECHNOLOGY INTL 401K	
<b>b</b>	Name of plan sponsor CELLULAR TECHNOLOGY INTL INC	<b>c</b> EIN-PN 58-1646428-001
<b>a</b>	Plan name CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHUCK PATTERSON, INC.	<b>c</b> EIN-PN 94-2644759-001
<b>a</b>	Plan name CID'S FOOD MARKET, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CIDS FOOD MARKET, INC.	<b>c</b> EIN-PN 85-0388124-001
<b>a</b>	Plan name CINCINNATI CHRISTIAN SCHOOLS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CINCINNATI CHRISTIAN SCHOOLS, INC.	<b>c</b> EIN-PN 31-1375065-001
<b>a</b>	Plan name CLANCY & THEYS CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CLANCY & THEYS CONSTRUCTION COMPANY	<b>c</b> EIN-PN 56-0509939-001
<b>a</b>	Plan name CMF GROUP, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CMF GROUP, INC.	<b>c</b> EIN-PN 22-3914712-001
<b>a</b>	Plan name COMPASS SIGN CO., LLC 401(K) PSP	
<b>b</b>	Name of plan sponsor COMPASS SIGN CO. LLC	<b>c</b> EIN-PN 23-2949631-001
<b>a</b>	Plan name COUPARD ARCHITECTS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COUPARD ARCHITECTS, INC.	<b>c</b> EIN-PN 43-1967997-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CPS TECHNOLOGIES CORPORATION 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CPS TECHNOLOGIES CORPORATION	<b>c</b> EIN-PN 04-2832509-002
<b>a</b>	Plan name DARK HORSE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DARK HORSE COMICS, LLC	<b>c</b> EIN-PN 93-0978055-001
<b>a</b>	Plan name DAVE SINCLAIR FORD, INC UNION PLAN	
<b>b</b>	Name of plan sponsor DAVE SINCLAIR FORD, INC.	<b>c</b> EIN-PN 43-0834994-002
<b>a</b>	Plan name DAVE SINCLAIR LINCOLN INC UNION PLAN	
<b>b</b>	Name of plan sponsor DAVE SINCLAIR LINCOLN	<b>c</b> EIN-PN 43-1785334-002
<b>a</b>	Plan name DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DECISIVEDGE, LLC	<b>c</b> EIN-PN 26-1440851-001
<b>a</b>	Plan name DRS HOLDINGS INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DRS HOLDINGS, LLC	<b>c</b> EIN-PN 61-1870945-001
<b>a</b>	Plan name E.C. STYBERG ENGINEERING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor E.C. STYBERG ENGINEERING COMPANY	<b>c</b> EIN-PN 39-0644639-003
<b>a</b>	Plan name EAGLE TELE-SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAGLE TELE-SERVICES LLC	<b>c</b> EIN-PN 01-0613301-001
<b>a</b>	Plan name EAGLE'S CLUB EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AIDA SHAHID MCNAMARA & ASSOCIATES	<b>c</b> EIN-PN 95-4741502-001
<b>a</b>	Plan name EFH 401(K) PLAN	
<b>b</b>	Name of plan sponsor EQUITIES FIRST HOLDINGS, LLC	<b>c</b> EIN-PN 92-0180782-002
<b>a</b>	Plan name ENVESTNET 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ENVESTNET FINANCIAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 81-2162327-001
<b>a</b>	Plan name ENVIROCON SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENVIROCON SYSTEMS, INC.	<b>c</b> EIN-PN 76-0502330-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">ETTENBERG FOUNDATION 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COREY E LEVINE/TAMI FEIERSTONE</a>	<b>c</b> EIN-PN <a href="#">90-0959410-001</a>
<b>a</b>	Plan name <a href="#">EVEREST GROUP, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EVEREST GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">27-4290976-001</a>
<b>a</b>	Plan name <a href="#">FCNE LLC 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">FCNE LLC</a>	<b>c</b> EIN-PN <a href="#">26-1821912-001</a>
<b>a</b>	Plan name <a href="#">FIBERPRO, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIBERPRO, INC.</a>	<b>c</b> EIN-PN <a href="#">43-2036968-001</a>
<b>a</b>	Plan name <a href="#">FOUR SEASONS DESIGN, INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOUR SEASONS DESIGN, INC.</a>	<b>c</b> EIN-PN <a href="#">75-2983316-001</a>
<b>a</b>	Plan name <a href="#">FUJITSU GROUP DEFINED CONTRIBUTION AND 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FUJITSU NORTH AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">46-4314843-003</a>
<b>a</b>	Plan name <a href="#">GANA TRUCKING &amp; EXCAVATING SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GANA TRUCKING &amp; EXCAVATING, INC.</a>	<b>c</b> EIN-PN <a href="#">47-0807468-001</a>
<b>a</b>	Plan name <a href="#">GOLDEN MOMENTS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOLDEN MOMENTS LLC</a>	<b>c</b> EIN-PN <a href="#">85-2418598-001</a>
<b>a</b>	Plan name <a href="#">GUNDERLIN, LTD. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GUNDERLIN, LTD.</a>	<b>c</b> EIN-PN <a href="#">59-0691691-002</a>
<b>a</b>	Plan name <a href="#">HARBINGER PARTNERS, INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARBINGER PARTNERS, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1927362-002</a>
<b>a</b>	Plan name <a href="#">HBA OF MARION POLK COUNTIES PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HBA OF MARION POLK COUNTIES</a>	<b>c</b> EIN-PN <a href="#">93-0784084-001</a>
<b>a</b>	Plan name <a href="#">HIGHBRIDGE CONCIERGE INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HIGHBRIDGE CONCIERGE INC</a>	<b>c</b> EIN-PN <a href="#">81-1546896-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HME, INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HME, INC.	<b>c</b> EIN-PN 35-2199257-001
<b>a</b>	Plan name	HOFSTADTER AND ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOFSTADTER AND ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1941754-001
<b>a</b>	Plan name	HOKAH COOPERATIVE OIL ASSOCIATION	
<b>b</b>	Name of plan sponsor	HOKAH COOPERATIVE OIL ASSOCIATION	<b>c</b> EIN-PN 41-0315470-002
<b>a</b>	Plan name	IBSS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL BUSINESS SALES & SERVICES CORP.	<b>c</b> EIN-PN 52-1765836-001
<b>a</b>	Plan name	IMAGINE SCHOOLS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IMAGINE SCHOOLS, INC.	<b>c</b> EIN-PN 04-3466383-001
<b>a</b>	Plan name	IMAGING CENTER, P. C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IMAGING CENTER, P.C.	<b>c</b> EIN-PN 66-0547374-002
<b>a</b>	Plan name	INDIGO TECHNOLOGIES, INC. 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	INDIGO TECHNOLOGIES, INC	<b>c</b> EIN-PN 27-2607551-001
<b>a</b>	Plan name	IOWA MOLD & ENGINEERING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IOWA MOLD & ENGINEERING INC.	<b>c</b> EIN-PN 42-1411689-001
<b>a</b>	Plan name	JINNINGS EQUIPMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JINNINGS EQUIPMENT, LLC	<b>c</b> EIN-PN 35-2098116-001
<b>a</b>	Plan name	JOHN SINCLAIR NISSAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LJ HOLDINGS	<b>c</b> EIN-PN 46-3300865-001
<b>a</b>	Plan name	JOHN'S PLUMBING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNS PLUMBING COMPANY, INC.	<b>c</b> EIN-PN 47-0718632-001
<b>a</b>	Plan name	JOHNSON HARDWARE COMPANY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON HARDWARE COMPANY, LLC	<b>c</b> EIN-PN 47-0845233-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JR COPIER OF MINNESOTA LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JR COPIER OF MINNESOTA, LLC	<b>c</b> EIN-PN 30-0681923-001
<b>a</b>	Plan name	KNIGHT FIRE PROTECTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KNIGHT FIRE PROTECTION, INC.	<b>c</b> EIN-PN 91-1699529-001
<b>a</b>	Plan name	LAKEWOOD HEALTH SYSTEM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKEWOOD HEALTH SYSTEM	<b>c</b> EIN-PN 41-1842965-002
<b>a</b>	Plan name	LANDSCAPE ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDSCAPE ASSOCIATES, INC.	<b>c</b> EIN-PN 58-2605184-001
<b>a</b>	Plan name	LEE M. SMITH & ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEE M. SMITH & ASSOCIATES	<b>c</b> EIN-PN 31-1395402-001
<b>a</b>	Plan name	LIFE SAFETY ENGINEERED SYSTEMS 401K PS PLAN	
<b>b</b>	Name of plan sponsor	LIFE SAFETY ENGINEERED SYSTEMS, INC.	<b>c</b> EIN-PN 16-1461069-001
<b>a</b>	Plan name	LISA K SETLAK IK PLAN	
<b>b</b>	Name of plan sponsor	LISA SETLAK	<b>c</b> EIN-PN 47-0835585-001
<b>a</b>	Plan name	LUNATEK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUNATEK, LLC	<b>c</b> EIN-PN 47-4218630-001
<b>a</b>	Plan name	LYO-TECH, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LYO-TECH, INC.	<b>c</b> EIN-PN 33-0686683-002
<b>a</b>	Plan name	M2 ANTENNA SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor	M2 ANTENNA SYSTEMS INC.	<b>c</b> EIN-PN 77-0404088-001
<b>a</b>	Plan name	MANN MECHANICAL COMPANY	
<b>b</b>	Name of plan sponsor	MANN MECHANICAL COMPANY INC	<b>c</b> EIN-PN 58-1118147-001
<b>a</b>	Plan name	MARION BODY WORKS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARION BODY WORKS, INC.	<b>c</b> EIN-PN 39-1365073-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MASTERCRAFT DESIGN, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MASTERCRAFT DESIGN, INC.	<b>c</b> EIN-PN 54-1874686-001
<b>a</b>	Plan name MATTCON GENERAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MATTCON GENERAL CONTRACTORS, INC.	<b>c</b> EIN-PN 35-1868509-001
<b>a</b>	Plan name MCCORD & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCCORD & ASSOCIATES, INC.	<b>c</b> EIN-PN 42-1522487-001
<b>a</b>	Plan name MCM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MIDSTATE STEEL INC	<b>c</b> EIN-PN 58-1947302-001
<b>a</b>	Plan name MERCURY INTERNATIONAL TRADING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MERCURY INTERNATIONAL TRADING CORP	<b>c</b> EIN-PN 04-2666274-001
<b>a</b>	Plan name MIDWAY COLLISION 401K PLAN	
<b>b</b>	Name of plan sponsor MIDWAY COLLISION CENTER	<b>c</b> EIN-PN 71-0929378-001
<b>a</b>	Plan name MODERN DOOR & EQUIPMENT SALES, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MODERN DOOR & EQUIPMENT SALES, INC	<b>c</b> EIN-PN 52-1382311-001
<b>a</b>	Plan name MOLDOVA PICKLES & SALADS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOLDOVA PICKLES & SALADS INC.	<b>c</b> EIN-PN 11-3491005-001
<b>a</b>	Plan name MORRISSEY ENGINEERING, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MORRISSEY ENGINEERING, INC.	<b>c</b> EIN-PN 47-0818042-001
<b>a</b>	Plan name MPI INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor MPI INCORPORATED	<b>c</b> EIN-PN 14-1500755-001
<b>a</b>	Plan name MY CREDIT UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MY CREDIT UNION	<b>c</b> EIN-PN 41-0824021-001
<b>a</b>	Plan name NATIONAL SERVICE COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL SERVICE COOPERATIVE	<b>c</b> EIN-PN 47-0782207-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NEBRASKA SALT & GRAIN CO. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor NSG LOGISTICS LLC	<b>c</b> EIN-PN 85-1445027-001
<b>a</b>	Plan name NEW MEXICO ELECTRICIANS RETIREMENT BENEFIT FUND	
<b>b</b>	Name of plan sponsor NEW MEXICO ELECTRICIANS RETIREMENT BENEFIT FUND	<b>c</b> EIN-PN 51-6105542-001
<b>a</b>	Plan name NORDER SUPPLY, INC. 401(K) PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor NORDER SUPPLY, INC.	<b>c</b> EIN-PN 47-0692797-002
<b>a</b>	Plan name NORTH-EASTERN TREE SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTH-EASTERN TREE SERVICE	<b>c</b> EIN-PN 05-0401011-001
<b>a</b>	Plan name NORTHEAST IOWA MENTAL HEALTH CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor NORTHEAST IOWA MENTAL HEALTH CENTER	<b>c</b> EIN-PN 42-0782523-001
<b>a</b>	Plan name NORTHWEST TRUSTEE & MANAGEMENT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST TRUSTEE & MANAGEMENT SERVICES	<b>c</b> EIN-PN 81-2022993-001
<b>a</b>	Plan name OK FINE FURNITURE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OK FINE FURNITURE	<b>c</b> EIN-PN 20-4029536-001
<b>a</b>	Plan name PACIFIC PLASTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PACIFIC PLASTICS, INC.	<b>c</b> EIN-PN 95-3452955-001
<b>a</b>	Plan name PARKER RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PARKER HANNIFIN CORPORATION	<b>c</b> EIN-PN 34-0451060-075
<b>a</b>	Plan name PETTIJOHN AUTO CENTER, INC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor PETTIJOHN AUTO CENTER, INC.	<b>c</b> EIN-PN 43-0993538-001
<b>a</b>	Plan name PETTIJOHN TRENTON RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PETTIJOHN AUTOMOTIVE, LLC	<b>c</b> EIN-PN 88-3741757-001
<b>a</b>	Plan name PHI 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PARKER HOLDINGS, INC.	<b>c</b> EIN-PN 47-0826779-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PHR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PHR SERVICES, LTD.	<b>c</b> EIN-PN 27-0927695-001
<b>a</b>	Plan name POLEN CAPITAL MANAGEMENT, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor POLEN CAPITAL MANAGEMENT, L.L.C.	<b>c</b> EIN-PN 26-0319356-001
<b>a</b>	Plan name POOLE'S PLUMBING INC 401(K)	
<b>b</b>	Name of plan sponsor POOLES PLUMBING, INC.	<b>c</b> EIN-PN 56-2134201-001
<b>a</b>	Plan name POWERCOMM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor POWERCOMM CONSTRUCTION, INC.	<b>c</b> EIN-PN 04-3393956-001
<b>a</b>	Plan name PRECISE MANUFACTURING EE SAVINGS 401(K)	
<b>b</b>	Name of plan sponsor WHITCRAFT ENTERPRISES	<b>c</b> EIN-PN 26-3872118-001
<b>a</b>	Plan name PRIDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRIDE, INC.	<b>c</b> EIN-PN 75-1894046-003
<b>a</b>	Plan name PUEBLO OF LAGUNA GOVERNMENTAL 401K PSP	
<b>b</b>	Name of plan sponsor PUEBLO OF LAGUNA	<b>c</b> EIN-PN 85-0138325-003
<b>a</b>	Plan name PUEBLO OF TESUQUE COMMERCIAL ENTERPRISES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PUEBLO OF TESUQUE	<b>c</b> EIN-PN 85-0225120-004
<b>a</b>	Plan name QUICK BUILT 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUICK BUILT	<b>c</b> EIN-PN 35-2374091-001
<b>a</b>	Plan name R V WORLD 401K PLAN	
<b>b</b>	Name of plan sponsor RV WORLD RECREATION VEHICLE CENTRE LLC	<b>c</b> EIN-PN 83-4486585-001
<b>a</b>	Plan name RANDY HAMMEN INDIVIDUAL K	
<b>b</b>	Name of plan sponsor RANDY HAMMEN	<b>c</b> EIN-PN 27-4564981-001
<b>a</b>	Plan name RAY-MAC, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RAY-MAC, INC.	<b>c</b> EIN-PN 46-0320438-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	REED HURST TRUCKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REED HURST TRUCKING, INC.	<b>c</b> EIN-PN 87-0430488-001
<b>a</b>	Plan name	RIEKES EQUIPMENT COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIEKES EQUIPMENT COMPANY	<b>c</b> EIN-PN 47-0669023-001
<b>a</b>	Plan name	RUSSELL A. FARROW (U.S.) INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RUSSELL A. FARROW (U.S.) INC.	<b>c</b> EIN-PN 38-3197841-001
<b>a</b>	Plan name	RUTH SCHUBARTH INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	RUTH SCHUBARTH	<b>c</b> EIN-PN 88-0660693-001
<b>a</b>	Plan name	SAF-T-CAB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAF-T-CAB, INC	<b>c</b> EIN-PN 94-1666151-002
<b>a</b>	Plan name	SALEM SLEEP MEDICINE, PC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SALEM SLEEP MEDICINE, PC	<b>c</b> EIN-PN 32-0315600-001
<b>a</b>	Plan name	SAMM TAGUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAMM TAGUE	<b>c</b> EIN-PN 02-0757012-001
<b>a</b>	Plan name	SCHLEMMER ASSOCIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RMH ENTERPRISES INC, DBA SCHLEMMER ASSOCIATES	<b>c</b> EIN-PN 31-1580839-001
<b>a</b>	Plan name	SPARKLING KLEAN SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPARKLING KLEAN SERVICE, INC.	<b>c</b> EIN-PN 47-0694116-001
<b>a</b>	Plan name	SPARKONE MANAGEMENT LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SPARKONE MANAGEMENT LLC	<b>c</b> EIN-PN 87-3658435-001
<b>a</b>	Plan name	SPOKANE HARDWARE SUPPLY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPOKANE HARDWARE SUPPLY, INC.	<b>c</b> EIN-PN 91-0504871-003
<b>a</b>	Plan name	SPORTCHASSIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPORTCHASSIS HOLDINGS, INC.	<b>c</b> EIN-PN 27-0931398-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ST. THOMAS FEDERAL CREDIT UNION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ST. THOMAS FEDERAL CREDIT UNION	<b>c</b> EIN-PN 23-7394175-001
<b>a</b>	Plan name STEAD AUTOMOTIVE GROUP #1 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALNUT CREEK FORD, INC.	<b>c</b> EIN-PN 68-0193997-002
<b>a</b>	Plan name STEAD AUTOMOTIVE GROUP #2 401K PLAN	
<b>b</b>	Name of plan sponsor MICHAEL STEAD PORSCHE	<b>c</b> EIN-PN 94-1718920-003
<b>a</b>	Plan name STILES, BYRUM & HORNE, L. L. P. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STILES BYRUM & HORNE, L.L.P.	<b>c</b> EIN-PN 56-2124926-002
<b>a</b>	Plan name SUNRISE COMMUNITY COUNSELING CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor SUNRISE COMMUNITY COUNSELING CENTER	<b>c</b> EIN-PN 95-3128532-001
<b>a</b>	Plan name SUPERIOR EMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR ELECTRICAL, MECHANICAL & PLUMBING, INC.	<b>c</b> EIN-PN 26-1517704-001
<b>a</b>	Plan name TAX & ACCOUNTING OFFICES, INC. RET PLAN	
<b>b</b>	Name of plan sponsor TAX AND ACCOUNTING OFFICES, INC.	<b>c</b> EIN-PN 95-4582005-001
<b>a</b>	Plan name TECHNICOLOR FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor TECHNICOLOR FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1746861-033
<b>a</b>	Plan name TEXAS TITLE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEXAS TITLE COMPANY	<b>c</b> EIN-PN 26-2717873-001
<b>a</b>	Plan name THE MSR GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE MSR GROUP, INC.	<b>c</b> EIN-PN 84-4456361-001
<b>a</b>	Plan name TOUKAN & COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor TOUKAN & COMPANY	<b>c</b> EIN-PN 31-1081751-001
<b>a</b>	Plan name TRI-STATE COMMODITIES, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRI-STATE COMMODITIES	<b>c</b> EIN-PN 84-0632108-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	UNITED INSURANCE AGENCY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED INSURANCE AGENCY INC	<b>c</b> EIN-PN 16-1356587-001
<b>a</b>	Plan name	UNITED OF OMAHA SEPARATE ACCOUNT K	
<b>b</b>	Name of plan sponsor	UNITED OF OMAHA INSURANCE COMPANY	<b>c</b> EIN-PN 43-1795138-001
<b>a</b>	Plan name	US ENVIRONMENTAL RESOURCES 401K PLAN	
<b>b</b>	Name of plan sponsor	CAROL GARBER	<b>c</b> EIN-PN 85-3558301-001
<b>a</b>	Plan name	VALBRUNA STAINLESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALBRUNA STAINLESS, INC.	<b>c</b> EIN-PN 06-1379799-001
<b>a</b>	Plan name	VALLEY RECYCLING & DISPOSAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALLEY RECYCLING & DISPOSAL, INC.	<b>c</b> EIN-PN 93-0862430-001
<b>a</b>	Plan name	VILLAGE POINTE PEDIATRICS P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE POINTE PEDIATRICS, P.C.	<b>c</b> EIN-PN 20-8001200-001
<b>a</b>	Plan name	WALLACE ELECTRIC INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	DAVID WALLACE	<b>c</b> EIN-PN 87-3498974-001
<b>a</b>	Plan name	WATERMAN'S 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WATERMANS SURFSIDE GRILLE	<b>c</b> EIN-PN 54-1191780-001
<b>a</b>	Plan name	WELLNESS IQ RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WELLNESS IQ	<b>c</b> EIN-PN 56-2676855-001
<b>a</b>	Plan name	WESTGATE DERMATOLOGY & LASER CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTGATE DERMATOLOGY AND LASER CENTER, P.A.	<b>c</b> EIN-PN 26-3467563-001
<b>a</b>	Plan name	WILLIAM BLAIR 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM BLAIR & COMPANY, LLC	<b>c</b> EIN-PN 36-2214610-001
<b>a</b>	Plan name	WILLIAM C. CHANEY, D.C., P.A. 401K PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM CHANEY	<b>c</b> EIN-PN 20-0034400-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>CALLAN GLIDEPATH 2025 FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>103</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>26-0257911</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	133742	10936988
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	735177893	767990254
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	735311635	778927242
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	133343
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	261851	10936335
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	261851	11069678
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	735049784	767857564

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	80256854
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)	
c Other income .....	2c	
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	80256854

**Expenses**

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits .....	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)	0
f Corrective distributions (see instructions) .....	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	
(2) Contract administrator fees .....	2i(2)	
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	12661
(5) Investment advisory and investment management fees .....	2i(5)	223831
(6) Bank or trust company trustee/custodial fees .....	2i(6)	271413
(7) Actuarial fees .....	2i(7)	
(8) Legal fees .....	2i(8)	
(9) Valuation/appraisal fees .....	2i(9)	
(10) Other trustee fees and expenses .....	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	507905
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	507905

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k	79748949
l Transfers of assets:		
(1) To this plan.....	2l(1)	137804010
(2) From this plan .....	2l(2)	184745179

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.