

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

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>CALLAN GLIDEPATH 2030 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>104</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>26-0257940</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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>CALLAN GLIDEPATH 2030 FUND</u>	B Three-digit plan number (PN) ▶	<u>104</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>26-0257940</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>VOYA SENIOR LOAN TRUST FUND</u>		
b Name of sponsor of entity listed in (a): <u>VOYA INVESTMENT TRUST COMPANY</u>		
c EIN-PN <u>06-1440627-045</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21084071</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BBH INTERM INFLATION INDEX SEC FUND</u>		
b Name of sponsor of entity listed in (a): <u>BROWN BROTHERS HARRIMAN TRUST COMPANY, N.A.</u>		
c EIN-PN <u>83-6169733-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR 1-3 YR GOV/CREDIT BOND IN FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-5012676-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>16378860</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALLAN INTERNATIONAL EQUITY FUND CL</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-4065324-421</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>198481841</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALLAN SMALL CAP EQUITY FUND CLASS</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-4065323-420</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>81271270</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALLAN CORE BOND FUND CLASS Z</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-4065326-423</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>172849329</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3357216-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>415126024</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.](#)

c EIN-PN 47-6524425-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4236864
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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](#)

c EIN-PN 38-7275316-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170127293
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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](#)

c EIN-PN 38-4065327-424	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19292852
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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](#)

c EIN-PN 32-6528132-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20415275
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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.](#)

c EIN-PN 94-3358162-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14933747
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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.)			
a	Plan name	24 7 DISASTER SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	24 7 DISASTER SERVICES, LLC	c EIN-PN 46-3662420-001
a	Plan name	A.S.F. RETIREMENT PLAN	
b	Name of plan sponsor	ADAPTIVE SPORTS FOUNDATION	c EIN-PN 14-1823155-001
a	Plan name	ACE THREE LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	ACE THREE LLC	c EIN-PN 47-4234781-001
a	Plan name	ACID AND CEMENTING SERVICE, INC. 401K PLAN	
b	Name of plan sponsor	ACID AND CEMENTING SERVICE, INC.	c EIN-PN 75-2596619-001
a	Plan name	ACS CONTROLS CORPORATION 401(K) PLAN & TRUST	
b	Name of plan sponsor	ACS CONTROLS CORPORATION	c EIN-PN 71-0974205-001
a	Plan name	ACS INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	ACS INTERNATIONAL PRODUCTS LP	c EIN-PN 32-0538969-001
a	Plan name	ADVANCE PLUMBING 401(K) PLAN	
b	Name of plan sponsor	ADVANCE PLUMBING SUPPLY OF WALLED LAKE, INC.	c EIN-PN 38-2936735-001
a	Plan name	ALDRIDGE INSURANCE 401(K) PLAN	
b	Name of plan sponsor	ALDRIDGE INSURANCE, INC.	c EIN-PN 35-1937710-001
a	Plan name	AMERICAN REAL ESTATE PARTNERS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AMERICAN REAL ESTATE PARTNERS MANAGEMENT,LLC	c EIN-PN 20-0234039-001
a	Plan name	AMERIND RISK GOVERNMENTAL 401K PLAN	
b	Name of plan sponsor	AMERIND RISK MANAGEMENT CORP	c EIN-PN 83-2654730-001
a	Plan name	ANDERSON INDUST ENGINE CO 401K	
b	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO., INC.	c EIN-PN 47-0557609-001
a	Plan name	ANITA B. GLOVER & ASSOCIATES LTD 401(K) PLAN	
b	Name of plan sponsor	ANITA B. GLOVER & ASSOCIATES	c EIN-PN 54-1149285-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	APEX CNC, LLC COMPANY 401(K) PLAN	
b	Name of plan sponsor	APEX CNC, LLC	c EIN-PN 82-4663379-001
a	Plan name	APTYS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	APTYS SOLUTIONS, LLC	c EIN-PN 27-1864388-001
a	Plan name	ARCHER CONSULTATION SERVICES, INC 401(K) PLAN	
b	Name of plan sponsor	ARCHER CONSULTATION SERVICES, INC.	c EIN-PN 35-1687137-001
a	Plan name	ARROW CONSULTATION SERVICES 401(K)	
b	Name of plan sponsor	ARROW CONSULTATION SERVICES	c EIN-PN 35-1821191-001
a	Plan name	ASSOCIATED TRUSS & LUMBER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSOCIATED TRUSS & LUMBER, CO.	c EIN-PN 75-1089735-001
a	Plan name	AT YOUR SERV & TAX ACCOUNTING 401(K) PS PLAN	
b	Name of plan sponsor	AT YOUR SERVICE TAX & ACCOUNTING INC.	c EIN-PN 59-3192127-001
a	Plan name	ATLANTA DIABETES ASSOCIATES 401K PLAN	
b	Name of plan sponsor	ATLANTA DIABETES ASSOCIATES	c EIN-PN 58-1578080-001
a	Plan name	ATLAS SETTLEMENT GROUP, INC.401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ATLAS SETTLEMENT GROUP, INC.	c EIN-PN 20-2667446-002
a	Plan name	AUGUSTINE BAND OF CAHUILLA INDIANS	
b	Name of plan sponsor	AUGUSTINE BAND OF CAHUILLA INDIANS	c EIN-PN 93-1136462-002
a	Plan name	AUGUSTINE CASINO 401K PLAN	
b	Name of plan sponsor	AUGUSTINE GAMING MANAGEMENT CORPORATION	c EIN-PN 87-2249508-001
a	Plan name	AXIS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA, INC.	c EIN-PN 41-1852557-002
a	Plan name	AXTELLA, LLC 401(K) PLAN	
b	Name of plan sponsor	AXTELLA, LLC	c EIN-PN 38-3627552-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name B & B FOREIGN CAR CENTER 401(K) PLAN	
b	Name of plan sponsor B & B FOREIGN CAR CENTER	c EIN-PN 77-0448605-001
a	Plan name BABICH & ASSOCIATES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor BABICH & ASSOCIATES, INC.	c EIN-PN 75-2250032-001
a	Plan name BAYPORT CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor NEWPORT NEWS SHIPBUILDING EMPLOYEES CREDIT UNION, INC.	c EIN-PN 54-0314180-002
a	Plan name BLD 401(K) PLAN	
b	Name of plan sponsor BOLD LEAD DESIGNS, LLC	c EIN-PN 27-3108442-001
a	Plan name C R WINDOWS, INC. 401(K) PLAN	
b	Name of plan sponsor C R WINDOWS, INC.	c EIN-PN 20-3162764-001
a	Plan name C.S.B. CO. 401(K) PLAN	
b	Name of plan sponsor C.S.B. CO.	c EIN-PN 47-0565392-001
a	Plan name CALLAN LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CALLAN LLC	c EIN-PN 94-2192581-001
a	Plan name CANFIELD & JOSEPH 401(K)PLAN	
b	Name of plan sponsor CANFIELD & JOSEPH, INC.	c EIN-PN 48-0729128-002
a	Plan name CAREAGE 401(K) PLAN	
b	Name of plan sponsor SENIOR MANAGEMENT SERVICES, LLC	c EIN-PN 26-3988687-002
a	Plan name CARL'S COLLISION CENTER INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CARLS COLLISION CENTER, INC	c EIN-PN 04-3218991-001
a	Plan name CAROLINA LIQUID CHEMISTRIES CORP. 401(K) PSP	
b	Name of plan sponsor CAROLINA LIQUID CHEMISTRIES	c EIN-PN 95-4496686-001
a	Plan name CB&G SIGN SOLUTIONS 401(K) PSP AND TRUST	
b	Name of plan sponsor CB&G SIGN SOLUTIONS	c EIN-PN 20-2958071-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	CHARLES R GOBERT 401(K) PLAN	
b Name of plan sponsor	CHARLES R GOBERT MD, PLC	c EIN-PN 74-3015897-001
a Plan name	CHIROPRACTIC ASSOCIATES OF GAINESVILLE 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CHIROPRACTIC ASSOCIATES OF GAINESVILLE	c EIN-PN 59-1856700-001
a Plan name	CHRISTENSEN AND HYMAS 401K PLAN	
b Name of plan sponsor	THE CHRISTENSEN LAW FIRM PLLC DBA CHRISTENSE	c EIN-PN 20-5449862-001
a Plan name	CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CHUCK PATTERSON, INC.	c EIN-PN 94-2644759-001
a Plan name	CID'S FOOD MARKET, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CIDS FOOD MARKET, INC.	c EIN-PN 85-0388124-001
a Plan name	CINCINNATI CHRISTIAN SCHOOLS, INC. 401(K) PLAN	
b Name of plan sponsor	CINCINNATI CHRISTIAN SCHOOLS, INC.	c EIN-PN 31-1375065-001
a Plan name	CLANCY & THEYS CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CLANCY & THEYS CONSTRUCTION COMPANY	c EIN-PN 56-0509939-001
a Plan name	CMF GROUP, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	CMF GROUP, INC.	c EIN-PN 22-3914712-001
a Plan name	COLLISION TECH DBA ROBERTSON AUTO 401(K) PLAN	
b Name of plan sponsor	COLLISION TECH, INC. ROBERTSON AUTO BODY	c EIN-PN 81-4106201-001
a Plan name	COMPASS SIGN CO., LLC 401(K) PSP	
b Name of plan sponsor	COMPASS SIGN CO. LLC	c EIN-PN 23-2949631-001
a Plan name	COMPLOGIX, INC. 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	GENE MOORE	c EIN-PN 47-0808677-001
a Plan name	COUNTRY MONTESSORI SCHOOL 401(K) PLAN	
b Name of plan sponsor	COUNTRY MONTESSORI SCHOOL	c EIN-PN 33-0363869-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name COUPARD ARCHITECTS, INC 401(K) PLAN	
b	Name of plan sponsor COUPARD ARCHITECTS, INC.	c EIN-PN 43-1967997-001
a	Plan name CPS TECHNOLOGIES CORPORATION 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CPS TECHNOLOGIES CORPORATION	c EIN-PN 04-2832509-002
a	Plan name DAVE SINCLAIR FORD INC SALARIED PLAN	
b	Name of plan sponsor DAVE SINCLAIR FORD, INC.	c EIN-PN 43-0834994-001
a	Plan name DAVE SINCLAIR FORD, INC UNION PLAN	
b	Name of plan sponsor DAVE SINCLAIR FORD, INC.	c EIN-PN 43-0834994-002
a	Plan name DAVE SINCLAIR LINCOLN INC SALARIED PLAN	
b	Name of plan sponsor DAVE SINCLAIR LINCOLN	c EIN-PN 43-1785334-001
a	Plan name DAVE SINCLAIR LINCOLN INC UNION PLAN	
b	Name of plan sponsor DAVE SINCLAIR LINCOLN	c EIN-PN 43-1785334-002
a	Plan name DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DECISIVEDGE, LLC	c EIN-PN 26-1440851-001
a	Plan name DEL WILSON PT DBA MIDDLEBURG PT 401(K) PLAN	
b	Name of plan sponsor DEL WILSON PT DBA MIDDLEBURG PT	c EIN-PN 54-1861252-001
a	Plan name DIGITAL HEALTH SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor DIGITAL HEALTH SOLUTIONS, LLC	c EIN-PN 84-2240765-001
a	Plan name E.C. STYBERG ENGINEERING COMPANY 401(K) PLAN	
b	Name of plan sponsor E.C. STYBERG ENGINEERING COMPANY	c EIN-PN 39-0644639-003
a	Plan name EAGLE TELE-SERVICES 401(K) PLAN	
b	Name of plan sponsor EAGLE TELE-SERVICES LLC	c EIN-PN 01-0613301-001
a	Plan name EAGLE'S CLUB EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor AIDA SHAHID MCNAMARA & ASSOCIATES	c EIN-PN 95-4741502-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EFH 401(K) PLAN	
b	Name of plan sponsor	EQUITIES FIRST HOLDINGS, LLC	c EIN-PN 92-0180782-002
a	Plan name	ENVESTNET 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ENVESTNET FINANCIAL TECHNOLOGIES, INC.	c EIN-PN 81-2162327-001
a	Plan name	ENVIROCON SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVIROCON SYSTEMS, INC.	c EIN-PN 76-0502330-001
a	Plan name	ENVOY AEROSPACE, LLC 401(K) PLAN	
b	Name of plan sponsor	ENVOY AEROSPACE, LLC	c EIN-PN 20-2712990-001
a	Plan name	ERICKSON & SEDERSTROM, PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ERICKSON & SEDERSTROM, P.C.	c EIN-PN 47-0574895-001
a	Plan name	EVEREST GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	EVEREST GROUP, LLC	c EIN-PN 27-4290976-001
a	Plan name	EYE TO EYE OPTOMETRY 401(K) PLAN	
b	Name of plan sponsor	EILEEN M LINDER OPTOMETRIST, INC.	c EIN-PN 68-0429257-001
a	Plan name	F&S 401(K) PLAN	
b	Name of plan sponsor	F&S GOURMET FOODS, LLC	c EIN-PN 75-3017771-001
a	Plan name	FEWELL GEOTECHNICAL ENGINEERING, LTD.401(K)	
b	Name of plan sponsor	FRANCINE EGDAMIN	c EIN-PN 99-0165411-001
a	Plan name	FIBERPRO, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FIBERPRO, INC.	c EIN-PN 43-2036968-001
a	Plan name	FOUR SEASONS DESIGN, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FOUR SEASONS DESIGN, INC.	c EIN-PN 75-2983316-001
a	Plan name	FRONTIER AG CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	FRONTIER AG CO., INC.	c EIN-PN 20-0557466-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name FUJITSU GROUP DEFINED CONTRIBUTION AND 401(K) PLAN	
b	Name of plan sponsor FUJITSU NORTH AMERICA, INC.	c EIN-PN 46-4314843-003
a	Plan name GANA TRUCKING & EXCAVATING SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor GANA TRUCKING & EXCAVATING, INC.	c EIN-PN 47-0807468-001
a	Plan name GENERAL GLASS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENERAL GLASS CORPORATION	c EIN-PN 53-0234224-001
a	Plan name GERBER AUTO RETIREMENT PLAN	
b	Name of plan sponsor SONNY GERBER AUTO SALES, INC.	c EIN-PN 47-0414335-001
a	Plan name GOLDEN MOMENTS 401(K) PLAN	
b	Name of plan sponsor GOLDEN MOMENTS LLC	c EIN-PN 85-2418598-001
a	Plan name GRAYSON TOOL CO. 401(K) PLAN	
b	Name of plan sponsor GRAYSON TOOL COMPANY	c EIN-PN 47-0487114-001
a	Plan name HARBINGER PARTNERS, INC 401(K) PLAN	
b	Name of plan sponsor HARBINGER PARTNERS, INC.	c EIN-PN 41-1927362-002
a	Plan name HAVER'S AUTO 401(K) PLAN	
b	Name of plan sponsor HAVER BROS., INC.	c EIN-PN 80-0066455-001
a	Plan name HEGG WINDOWS AND DOORS 401 K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor HEGG WINDOWS & DOORS LLC	c EIN-PN 82-4412041-001
a	Plan name HHHV EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY OF HURON VALLEY	c EIN-PN 38-2874694-001
a	Plan name HIGHBRIDGE CONCIERGE INC. 401K PLAN	
b	Name of plan sponsor HIGHBRIDGE CONCIERGE INC	c EIN-PN 81-1546896-001
a	Plan name HOFSTADTER AND ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor HOFSTADTER AND ASSOCIATES, INC.	c EIN-PN 58-1941754-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	IBSS 401(K) PLAN
b	Name of plan sponsor	INTERNATIONAL BUSINESS SALES & SERVICES CORP.
c	EIN-PN	52-1765836-001
a	Plan name	IMAGINE SCHOOLS, INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	IMAGINE SCHOOLS, INC.
c	EIN-PN	04-3466383-001
a	Plan name	IMAGING CENTER, P. C. PROFIT SHARING PLAN
b	Name of plan sponsor	IMAGING CENTER, P.C.
c	EIN-PN	66-0547374-002
a	Plan name	INDIGO TECHNOLOGIES, INC. 401K PROFIT SHARING PLAN TRUST
b	Name of plan sponsor	INDIGO TECHNOLOGIES, INC
c	EIN-PN	27-2607551-001
a	Plan name	INDUSTRIAL DYNAMIC SYSTEMS, LLC 401(K) PLAN
b	Name of plan sponsor	INDUSTRIAL DYNAMIC SYSTEMS, LLC
c	EIN-PN	46-3583822-001
a	Plan name	ISURITY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ISURITY, INC.
c	EIN-PN	56-1932314-001
a	Plan name	JAYHAWK MASSAGE RETIREMENT PLAN
b	Name of plan sponsor	JAYHAWK MASSAGE, INC.
c	EIN-PN	26-1760511-001
a	Plan name	JINNINGS EQUIPMENT 401(K) RETIREMENT PLAN
b	Name of plan sponsor	JINNINGS EQUIPMENT, LLC
c	EIN-PN	35-2098116-001
a	Plan name	JOBBLE INC 401(K) PLAN
b	Name of plan sponsor	JOBBLE INC
c	EIN-PN	47-2034077-001
a	Plan name	JOHN SINCLAIR NISSAN 401(K) PLAN
b	Name of plan sponsor	LJ HOLDINGS
c	EIN-PN	46-3300865-001
a	Plan name	KNIGHT FIRE PROTECTION, INC. 401(K) PLAN
b	Name of plan sponsor	KNIGHT FIRE PROTECTION, INC.
c	EIN-PN	91-1699529-001
a	Plan name	KNOXVILLE SHEET METAL WORKS INC./OLYMPIC METALS, INC. 401K PENSION PLAN
b	Name of plan sponsor	KNOXVILLE SHEET METAL WORKS, INC.
c	EIN-PN	62-0633207-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LAKEWOOD HEALTH SYSTEM 401(K) PLAN	
b	Name of plan sponsor LAKEWOOD HEALTH SYSTEM	c EIN-PN 41-1842965-002
a	Plan name LANDSCAPE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor LANDSCAPE ASSOCIATES, INC.	c EIN-PN 58-2605184-001
a	Plan name LIBERTY GROUP REALTY 401(K) P/S PLAN	
b	Name of plan sponsor LIBERTY GROUP REALTY	c EIN-PN 46-1874892-001
a	Plan name LIFE SAFETY ENGINEERED SYSTEMS 401K PS PLAN	
b	Name of plan sponsor LIFE SAFETY ENGINEERED SYSTEMS, INC.	c EIN-PN 16-1461069-001
a	Plan name LISA K SETLAK IK PLAN	
b	Name of plan sponsor LISA SETLAK	c EIN-PN 47-0835585-001
a	Plan name LUNATEK LLC 401(K) PLAN	
b	Name of plan sponsor LUNATEK, LLC	c EIN-PN 47-4218630-001
a	Plan name M2 ANTENNA SYSTEMS 401K PLAN	
b	Name of plan sponsor M2 ANTENNA SYSTEMS INC.	c EIN-PN 77-0404088-001
a	Plan name MACK GREDER DENTAL II DDS 401K PLAN	
b	Name of plan sponsor MACK GREDER DENTAL II DDS	c EIN-PN 47-0794391-001
a	Plan name MADISON LAWN AND LANDSCAPE 401(K) PLAN	
b	Name of plan sponsor MADISON LAWN AND LANDSCAPE, INC.	c EIN-PN 45-4612676-001
a	Plan name MADJAC 401K PLAN	
b	Name of plan sponsor JOHN K CORSON	c EIN-PN 26-3245528-001
a	Plan name MANN MECHANICAL COMPANY	
b	Name of plan sponsor MANN MECHANICAL COMPANY INC	c EIN-PN 58-1118147-001
a	Plan name MARBLE MACHINE, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARBLE MACHINE, INC.	c EIN-PN 37-1134225-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MARION BODY WORKS, INC. SAVINGS PLAN	
b	Name of plan sponsor MARION BODY WORKS, INC.	c EIN-PN 39-1365073-002
a	Plan name MARK HEUETT GENERAL CONTRACTOR INC 401K PLAN	
b	Name of plan sponsor MARK HEUETT GENERAL CONTRACTOR INC	c EIN-PN 93-1319951-002
a	Plan name MASTERCRAFT DESIGN, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MASTERCRAFT DESIGN, INC.	c EIN-PN 54-1874686-001
a	Plan name MATTCO GENERAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor MATTCO GENERAL CONTRACTORS, INC.	c EIN-PN 35-1868509-001
a	Plan name MCCORD & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor MCCORD & ASSOCIATES, INC.	c EIN-PN 42-1522487-001
a	Plan name MCDUGAL MANAGEMENT 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MCDUGAL MANAGEMENT, INC.	c EIN-PN 87-4173250-001
a	Plan name MCM RETIREMENT PLAN	
b	Name of plan sponsor MIDSTATE STEEL INC	c EIN-PN 58-1947302-001
a	Plan name MCMULLEN FORD, INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MCMULLEN FORD INC.	c EIN-PN 42-0886004-001
a	Plan name MID ATLANTIC TRUST COMPANY FBO ASSET STRATEGY RETIREMENT PLAN	
b	Name of plan sponsor ASSET STRATEGY HOLDINGS	c EIN-PN 27-3169253-002
a	Plan name CORETECH LEASING 401(K) PLAN	
b	Name of plan sponsor CORETECH LEASING, INC.	c EIN-PN 51-0674796-001
a	Plan name LAKEWOOD CLINIC, P.A. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor LAKEWOOD CLINIC, P.A.	c EIN-PN 41-1322271-001
a	Plan name MIDWAY COLLISION 401K PLAN	
b	Name of plan sponsor MIDWAY COLLISION CENTER	c EIN-PN 71-0929378-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	MIDWEST GLASS 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	MIDWEST GLASS AND GLAZING, INC.
c	EIN-PN	20-5776745-001
a	Plan name	MILLERS PROCESS TECHNOLOGY, INC 401(K) PLAN
b	Name of plan sponsor	MILLERS PROCESS TECHNOLOGY, INC.
c	EIN-PN	26-4281892-001
a	Plan name	MODERN DOOR & EQUIPMENT SALES, INC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MODERN DOOR & EQUIPMENT SALES, INC
c	EIN-PN	52-1382311-001
a	Plan name	MOLDOVA PICKLES & SALADS, INC. 401(K) PLAN
b	Name of plan sponsor	MOLDOVA PICKLES & SALADS INC.
c	EIN-PN	11-3491005-001
a	Plan name	MORRISSEY ENGINEERING, INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	MORRISSEY ENGINEERING, INC.
c	EIN-PN	47-0818042-001
a	Plan name	MPI INCORPORATED 401(K) PLAN
b	Name of plan sponsor	MPI INCORPORATED
c	EIN-PN	14-1500755-001
a	Plan name	MY CREDIT UNION RETIREMENT PLAN
b	Name of plan sponsor	MY CREDIT UNION
c	EIN-PN	41-0824021-001
a	Plan name	NEBRASKA SALT & GRAIN CO. 401(K) PS PLAN
b	Name of plan sponsor	NSG LOGISTICS LLC
c	EIN-PN	85-1445027-001
a	Plan name	NEW MEXICO ELECTRICIANS RETIREMENT BENEFIT FUND
b	Name of plan sponsor	NEW MEXICO ELECTRICIANS RETIREMENT BENEFIT FUND
c	EIN-PN	51-6105542-001
a	Plan name	NIXON & VANDERHYE, P.C. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NIXON & VANDERHYE, P.C.
c	EIN-PN	54-1344667-001
a	Plan name	NORDER SUPPLY, INC. 401(K) PROFIT-SHARING PLAN
b	Name of plan sponsor	NORDER SUPPLY, INC.
c	EIN-PN	47-0692797-002
a	Plan name	NORTH-EASTERN TREE SERVICE 401(K) PLAN
b	Name of plan sponsor	NORTH-EASTERN TREE SERVICE
c	EIN-PN	05-0401011-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name NORTHEAST IOWA MENTAL HEALTH CENTER 401K PLAN	
b	Name of plan sponsor NORTHEAST IOWA MENTAL HEALTH CENTER	c EIN-PN 42-0782523-001
a	Plan name NORTHWEST TRUSTEE & MANAGEMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor NORTHWEST TRUSTEE & MANAGEMENT SERVICES	c EIN-PN 81-2022993-001
a	Plan name NOVELLUS ENGINEERING SERVICES INC 401(K) PLAN	
b	Name of plan sponsor NOVELLUS ENGINEERING SERVICES INC	c EIN-PN 26-0796522-001
a	Plan name OCTANEX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor GERRI GIARDINO	c EIN-PN 84-1536461-001
a	Plan name OHIO VALLEY PRECISION, INC 401(K) PLAN	
b	Name of plan sponsor OHIO VALLEY PRECISION, INC	c EIN-PN 20-5995137-001
a	Plan name OK FINE FURNITURE PROFIT SHARING PLAN	
b	Name of plan sponsor OK FINE FURNITURE	c EIN-PN 20-4029536-001
a	Plan name PACIFIC PLASTICS 401(K) PLAN	
b	Name of plan sponsor PACIFIC PLASTICS, INC.	c EIN-PN 95-3452955-001
a	Plan name PARKER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PARKER HANNIFIN CORPORATION	c EIN-PN 34-0451060-075
a	Plan name PATRICK O'CONNOR 401K	
b	Name of plan sponsor PATRICK OCONNOR	c EIN-PN 20-5613820-001
a	Plan name PETTIJOHN AUTO CENTER, INC 401(K) PLAN & TRUST	
b	Name of plan sponsor PETTIJOHN AUTO CENTER, INC.	c EIN-PN 43-0993538-001
a	Plan name PETTIJOHN TRENTON RETIREMENT PLAN	
b	Name of plan sponsor PETTIJOHN AUTOMOTIVE, LLC	c EIN-PN 88-3741757-001
a	Plan name PHI 401(K) SAVINGS PLAN	
b	Name of plan sponsor PARKER HOLDINGS, INC.	c 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.)			
a	Plan name	PHR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHR SERVICES, LTD.	c EIN-PN 27-0927695-001
a	Plan name	PNEUMATIC TRANSFER AND CLEANING, LLC 401(K) PLAN AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PNEUMATIC TRANSFER AND CLEANING, LLC	c EIN-PN 26-3592713-001
a	Plan name	POLEN CAPITAL MANAGEMENT, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	POLEN CAPITAL MANAGEMENT, L.L.C.	c EIN-PN 26-0319356-001
a	Plan name	POLYJoule INC 401K PLAN	
b	Name of plan sponsor	POLYJoule INC	c EIN-PN 45-3067347-001
a	Plan name	POOLE'S PLUMBING INC 401(K)	
b	Name of plan sponsor	POOLES PLUMBING, INC.	c EIN-PN 56-2134201-001
a	Plan name	POWERCOMM RETIREMENT PLAN	
b	Name of plan sponsor	POWERCOMM CONSTRUCTION, INC.	c EIN-PN 04-3393956-001
a	Plan name	PRECISE MANUFACTURING EE SAVINGS 401(K)	
b	Name of plan sponsor	WHITCRAFT ENTERPRISES	c EIN-PN 26-3872118-001
a	Plan name	PRIDE 401(K) PLAN	
b	Name of plan sponsor	PRIDE, INC.	c EIN-PN 75-1894046-003
a	Plan name	PUEBLO OF LAGUNA GOVERNMENTAL 401K PSP	
b	Name of plan sponsor	PUEBLO OF LAGUNA	c EIN-PN 85-0138325-003
a	Plan name	PUEBLO OF TESUQUE COMMERCIAL ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PUEBLO OF TESUQUE	c EIN-PN 85-0225120-004
a	Plan name	QUICK BUILT 401(K) PLAN	
b	Name of plan sponsor	QUICK BUILT	c EIN-PN 35-2374091-001
a	Plan name	RAY-MAC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RAY-MAC, INC.	c EIN-PN 46-0320438-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	REED HURST TRUCKING 401(K) PLAN	
b	Name of plan sponsor	REED HURST TRUCKING, INC.	c EIN-PN 87-0430488-001
a	Plan name	REGAL GROUP CPA 401K PLAN	
b	Name of plan sponsor	REGAL GROUP CPA	c EIN-PN 46-4023686-001
a	Plan name	RIEKES EQUIPMENT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIEKES EQUIPMENT COMPANY	c EIN-PN 47-0669023-001
a	Plan name	RUSSELL A. FARROW (U.S.) INC. 401(K) PLAN	
b	Name of plan sponsor	RUSSELL A. FARROW (U.S.) INC.	c EIN-PN 38-3197841-001
a	Plan name	SALEM SLEEP MEDICINE, PC 401 (K) PLAN	
b	Name of plan sponsor	SALEM SLEEP MEDICINE, PC	c EIN-PN 32-0315600-001
a	Plan name	SAMM TAGUE 401(K) PLAN	
b	Name of plan sponsor	SAMM TAGUE	c EIN-PN 02-0757012-001
a	Plan name	SCHLEMMER ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RMH ENTERPRISES INC, DBA SCHLEMMER ASSOCIATES	c EIN-PN 31-1580839-001
a	Plan name	SOUTHWINDS INSPECTION CORP 401K PLAN	
b	Name of plan sponsor	SOUTHWINDS INSPECTION CORP	c EIN-PN 80-0011552-001
a	Plan name	SPARTAKOS OF GOWANDA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPARTAKOS OF GOWANDA, INC.	c EIN-PN 20-3554965-001
a	Plan name	SPECIAL TOOL & ENGINEERING, INC 401(K) PLAN	
b	Name of plan sponsor	SPECIAL TOOL & ENGINEERING, INC.	c EIN-PN 38-3115207-001
a	Plan name	SPECIALTY STRIP & OSCILLATING, INC. 401(K) PLAN	
b	Name of plan sponsor	SPECIALTY STRIP & OSCILLATING, INC.	c EIN-PN 34-1770390-001
a	Plan name	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER & PERSINGER LLP 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	c EIN-PN 35-0889748-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SPOKANE HARDWARE SUPPLY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SPOKANE HARDWARE SUPPLY, INC.	c EIN-PN 91-0504871-003
a	Plan name	SPORTCHASSIS 401(K) PLAN	
b	Name of plan sponsor	SPORTCHASSIS HOLDINGS, INC.	c EIN-PN 27-0931398-001
a	Plan name	STEAD AUTOMOTIVE GROUP #1 401(K) PLAN	
b	Name of plan sponsor	WALNUT CREEK FORD, INC.	c EIN-PN 68-0193997-002
a	Plan name	STEAD AUTOMOTIVE GROUP #2 401K PLAN	
b	Name of plan sponsor	MICHAEL STEAD PORSCHE	c EIN-PN 94-1718920-003
a	Plan name	STILES, BYRUM & HORNE, L. L. P. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STILES BYRUM & HORNE, L.L.P.	c EIN-PN 56-2124926-002
a	Plan name	STUART DUSENBERRY INDIVIDUAL K PLAN	
b	Name of plan sponsor	STUART DUSENBERRY	c EIN-PN 82-4703100-001
a	Plan name	SUNRISE COMMUNITY COUNSELING CENTER 401K PLAN	
b	Name of plan sponsor	SUNRISE COMMUNITY COUNSELING CENTER	c EIN-PN 95-3128532-001
a	Plan name	SUPERIOR EMP 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR ELECTRICAL, MECHANICAL & PLUMBING, INC.	c EIN-PN 26-1517704-001
a	Plan name	TAX & ACCOUNTING OFFICES, INC. RET PLAN	
b	Name of plan sponsor	TAX AND ACCOUNTING OFFICES, INC.	c EIN-PN 95-4582005-001
a	Plan name	TECHNICOLOR FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	TECHNICOLOR FEDERAL CREDIT UNION	c EIN-PN 95-1746861-033
a	Plan name	TEXAS TITLE COMPANY 401(K) PLAN	
b	Name of plan sponsor	TEXAS TITLE COMPANY	c EIN-PN 26-2717873-001
a	Plan name	THE BURTON LAW FIRM 401(K) PLAN & TRUST	
b	Name of plan sponsor	THE BURTON LAW FIRM	c EIN-PN 20-5252126-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE MUMFORD GROUP 401K PLAN	
b	Name of plan sponsor	THE MUMFORD GROUP, PC	c EIN-PN 45-5314341-001
a	Plan name	THERAGENT, INC. 401(K) PLAN	
b	Name of plan sponsor	THERAGENT, INC.	c EIN-PN 84-3883413-001
a	Plan name	TOUKAN & COMPANY 401K PLAN	
b	Name of plan sponsor	TOUKAN & COMPANY	c EIN-PN 31-1081751-001
a	Plan name	UCHIDA OF AMERICA CORPORATION 401(K) SALARY	
b	Name of plan sponsor	GRACE HIGA/GOICHI IIDA	c EIN-PN 13-2755324-001
a	Plan name	UNICOLD CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICOLD CORPORATION	c EIN-PN 94-1535689-001
a	Plan name	UNILAND CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNILAND CORPORATION	c EIN-PN 38-1882801-001
a	Plan name	UNIQUE INDUSTRIES INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UNIQUE INDUSTRIES INC.	c EIN-PN 39-1856497-001
a	Plan name	UNITED INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor	UNITED INSURANCE AGENCY INC	c EIN-PN 16-1356587-001
a	Plan name	UNITED OF OMAHA SEPARATE ACCOUNT K	
b	Name of plan sponsor	UNITED OF OMAHA INSURANCE COMPANY	c EIN-PN 43-1795138-001
a	Plan name	VALBRUNA STAINLESS, INC. 401(K) PLAN	
b	Name of plan sponsor	VALBRUNA STAINLESS, INC.	c EIN-PN 06-1379799-001
a	Plan name	VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VALLEY CORPORATION	c EIN-PN 47-0543890-011
a	Plan name	VALLEY RECYCLING & DISPOSAL 401(K) PLAN	
b	Name of plan sponsor	VALLEY RECYCLING & DISPOSAL, INC.	c EIN-PN 93-0862430-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name VILLAGE POINTE PEDIATRICS P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VILLAGE POINTE PEDIATRICS, P.C.	c EIN-PN 20-8001200-001
a	Plan name W.N. MOREHOUSE TRUCK LINE, INC 401(K) PLAN	
b	Name of plan sponsor W.N. MOREHOUSE TRUCK LINE, INC.	c EIN-PN 47-0519808-002
a	Plan name WANHO MANUFACTURING, LLC 401(K) PLAN	
b	Name of plan sponsor WANHO MANUFACTURING, LLC	c EIN-PN 35-2236840-001
a	Plan name WATERMAN'S 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WATERMANS SURFSIDE GRILLE	c EIN-PN 54-1191780-001
a	Plan name WBC HOLDINGS, L.P. CASH BALANCE RETIREMENT PLAN	
b	Name of plan sponsor WBC HOLDINGS, L.P.	c EIN-PN 32-0268461-007
a	Plan name WELLNESS IQ RETIREMENT PLAN	
b	Name of plan sponsor WELLNESS IQ	c EIN-PN 56-2676855-001
a	Plan name WESTERN HILLS COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor WESTERN HILLS COUNTRY CLUB	c EIN-PN 31-0486880-001
a	Plan name WESTGATE DERMATOLOGY & LASER CENTER 401(K) PLAN	
b	Name of plan sponsor WESTGATE DERMATOLOGY AND LASER CENTER, P.A.	c EIN-PN 26-3467563-001
a	Plan name WILLIAM BLAIR 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAM BLAIR & COMPANY, LLC	c EIN-PN 36-2214610-001
a	Plan name WILLIAM C. CHANEY, D.C., P.A. 401K PLAN	
b	Name of plan sponsor WILLIAM CHANEY	c EIN-PN 20-0034400-001
a	Plan name WILMORE PREMIER HEALTH 401K	
b	Name of plan sponsor WILMORE PREMIER HEALTH GROUP	c EIN-PN 95-4836476-001
a	Plan name WMS, LLC 401(K) PLAN	
b	Name of plan sponsor WEALTH MANAGEMENT SERVICES, LLC	c EIN-PN 54-2071818-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 CALLAN GLIDEPATH 2030 FUND	B Three-digit plan number (PN) ▶ 104
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 26-0257940

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	469574	14482413
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	986051953	1134197426
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	986521527	1148679839
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	184522
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	624755	14482061
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	624755	14666583
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	985896772	1134013256

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		122433020
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		122433020

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)	13561	
(5) Investment advisory and investment management fees	2i(5)	288686	
(6) Bank or trust company trustee/custodial fees	2i(6)	388314	
(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)		690561
j Total expenses. Add all expense amounts in column (b) and enter total	2j		690561

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		121742459
l Transfers of assets:			
(1) To this plan	2l(1)		184541856
(2) From this plan	2l(2)		158167831

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.