

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: CALLAN GLIDEPATH 2035 FUND; 1b Three-digit plan number (PN): 105; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 26-0257981; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

<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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>CALLAN GLIDEPATH 2035 FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>105</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>26-0257981</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>12372133</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>6085910</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>198376398</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>77039678</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>95594086</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>374484602</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="#">1546568</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="#">134429183</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="#">11526415</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="#">7468288</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="#">14627032</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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<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	ACCUNOME SCIENCES INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ACCUNOME SCIENCES INC.	<b>c</b> EIN-PN 83-1088812-001
<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 INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACS INTERNATIONAL PRODUCTS LP	<b>c</b> EIN-PN 32-0538969-001
<b>a</b>	Plan name	ADVANCE PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE PLUMBING SUPPLY OF WALLED LAKE, INC.	<b>c</b> EIN-PN 38-2936735-001
<b>a</b>	Plan name	AGILE TRANSFORMATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AGILE TRANSFORMATION, INC.	<b>c</b> EIN-PN 27-0528434-001
<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	AMREIN DIAMONDS INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	PHILIP AMREIN	<b>c</b> EIN-PN 46-5010178-001
<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	APEX CNC, LLC COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEX CNC, LLC	<b>c</b> EIN-PN 82-4663379-001

<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	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	ASSOCIATED TRUSS & LUMBER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED TRUSS & LUMBER, CO.	<b>c</b> EIN-PN 75-1089735-001
<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
<b>a</b>	Plan name	ATLAS CRYPT AND MANUFACTURING 401(K) RET PLAN	
<b>b</b>	Name of plan sponsor	ATLAS CRYPT AND MANUFACTURING CO., INC.	<b>c</b> EIN-PN 41-0951243-001
<b>a</b>	Plan name	ATLAS INTEGRATED LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS INTEGRATED LLC	<b>c</b> EIN-PN 84-1609004-001
<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	BACKS CONSTRUCTION, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BACKS CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-8875079-001

<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	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	BIRESWAN, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIRESWAN, LLC	<b>c</b> EIN-PN 76-0767159-003
<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	C1 INSURANCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C1 INSURANCE GROUP, LP	<b>c</b> EIN-PN 45-3708226-001
<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
<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	CENTRAL TEXAS FOOT SPECIALIST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL TEXAS FOOT SPECIALIST, P.A.	<b>c</b> EIN-PN 26-3415435-001
<b>a</b>	Plan name	CHARLES R GOBERT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHARLES R GOBERT MD, PLC	<b>c</b> EIN-PN 74-3015897-001

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="#">CHIROPRACTIC ASSOCIATES OF GAINESVILLE 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHIROPRACTIC ASSOCIATES OF GAINESVILLE</a>	<b>c</b> EIN-PN <a href="#">59-1856700-001</a>
<b>a</b>	Plan name <a href="#">CHIX 401K RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHIX SEA GRILLE LLC</a>	<b>c</b> EIN-PN <a href="#">47-2777613-001</a>
<b>a</b>	Plan name <a href="#">CINCINNATI CHRISTIAN SCHOOLS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CINCINNATI CHRISTIAN SCHOOLS, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1375065-001</a>
<b>a</b>	Plan name <a href="#">CLANCY &amp; THEYS CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLANCY &amp; THEYS CONSTRUCTION COMPANY</a>	<b>c</b> EIN-PN <a href="#">56-0509939-001</a>
<b>a</b>	Plan name <a href="#">CMF GROUP, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CMF GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3914712-001</a>
<b>a</b>	Plan name <a href="#">COLLISION TECH DBA ROBERTSON AUTO 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLLISION TECH, INC. ROBERTSON AUTO BODY</a>	<b>c</b> EIN-PN <a href="#">81-4106201-001</a>
<b>a</b>	Plan name <a href="#">COMPASS SIGN CO., LLC 401(K) PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMPASS SIGN CO. LLC</a>	<b>c</b> EIN-PN <a href="#">23-2949631-001</a>
<b>a</b>	Plan name <a href="#">CORETECH LEASING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CORETECH LEASING, INC.</a>	<b>c</b> EIN-PN <a href="#">51-0674796-001</a>
<b>a</b>	Plan name <a href="#">CPS TECHNOLOGIES CORPORATION 401K PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CPS TECHNOLOGIES CORPORATION</a>	<b>c</b> EIN-PN <a href="#">04-2832509-002</a>
<b>a</b>	Plan name <a href="#">D.R. POULIN CONSTRUCTION COMPANY, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">D. R. POULIN CONSTRUCTION COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">04-3541390-001</a>
<b>a</b>	Plan name <a href="#">DARK HORSE 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DARK HORSE COMICS, LLC</a>	<b>c</b> EIN-PN <a href="#">93-0978055-001</a>
<b>a</b>	Plan name <a href="#">DAVE SINCLAIR FORD, INC UNION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAVE SINCLAIR FORD, INC.</a>	<b>c</b> EIN-PN <a href="#">43-0834994-002</a>

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 <b>DAVE SINCLAIR LINCOLN INC SALARIED PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVE SINCLAIR LINCOLN</b>	<b>c</b> EIN-PN <b>43-1785334-001</b>
<b>a</b>	Plan name <b>DAVID CANNON WELL DRILLING, INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVID CANNON WELL DRILLING, INC.</b>	<b>c</b> EIN-PN <b>65-0148307-002</b>
<b>a</b>	Plan name <b>DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DECISIVEDGE, LLC</b>	<b>c</b> EIN-PN <b>26-1440851-001</b>
<b>a</b>	Plan name <b>DEL WILSON PT DBA MIDDLEBURG PT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DEL WILSON PT DBA MIDDLEBURG PT</b>	<b>c</b> EIN-PN <b>54-1861252-001</b>
<b>a</b>	Plan name <b>DIGITAL HEALTH SOLUTIONS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIGITAL HEALTH SOLUTIONS, LLC</b>	<b>c</b> EIN-PN <b>84-2240765-001</b>
<b>a</b>	Plan name <b>DRAKE LAW FIRM 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DRAKE LAW FIRM CORP</b>	<b>c</b> EIN-PN <b>27-5453449-001</b>
<b>a</b>	Plan name <b>DRS HOLDINGS INCENTIVE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DRS HOLDINGS, LLC</b>	<b>c</b> EIN-PN <b>61-1870945-001</b>
<b>a</b>	Plan name <b>DUPURE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BALANCE ENERGY, LLC</b>	<b>c</b> EIN-PN <b>47-1815789-002</b>
<b>a</b>	Plan name <b>E.C. STYBERG ENGINEERING COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>E.C. STYBERG ENGINEERING COMPANY</b>	<b>c</b> EIN-PN <b>39-0644639-003</b>
<b>a</b>	Plan name <b>EAGLE TELE-SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAGLE TELE-SERVICES LLC</b>	<b>c</b> EIN-PN <b>01-0613301-001</b>
<b>a</b>	Plan name <b>EFH 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EQUITIES FIRST HOLDINGS, LLC</b>	<b>c</b> EIN-PN <b>92-0180782-002</b>
<b>a</b>	Plan name <b>ENVESTNET 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENVESTNET FINANCIAL TECHNOLOGIES, INC.</b>	<b>c</b> EIN-PN <b>81-2162327-001</b>

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 <b>ENVIROCON SYSTEMS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENVIROCON SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>76-0502330-001</b>
<b>a</b>	Plan name <b>ENVOY AEROSPACE, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENVOY AEROSPACE, LLC</b>	<b>c</b> EIN-PN <b>20-2712990-001</b>
<b>a</b>	Plan name <b>EVEREST GROUP, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EVEREST GROUP, LLC</b>	<b>c</b> EIN-PN <b>27-4290976-001</b>
<b>a</b>	Plan name <b>F&amp;S 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>F&amp;S GOURMET FOODS, LLC</b>	<b>c</b> EIN-PN <b>75-3017771-001</b>
<b>a</b>	Plan name <b>FIBERPRO, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIBERPRO, INC.</b>	<b>c</b> EIN-PN <b>43-2036968-001</b>
<b>a</b>	Plan name <b>FOREFRONT TECHNOLOGY'S 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOREFRONT TECHNOLOGY SOLUTIONS CORP.</b>	<b>c</b> EIN-PN <b>27-1814097-001</b>
<b>a</b>	Plan name <b>FOUR SEASONS DESIGN, INC. 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOUR SEASONS DESIGN, INC.</b>	<b>c</b> EIN-PN <b>75-2983316-001</b>
<b>a</b>	Plan name <b>FRONTIER AG CO., INC. 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>FRONTIER AG CO., INC.</b>	<b>c</b> EIN-PN <b>20-0557466-001</b>
<b>a</b>	Plan name <b>FUJITSU GROUP DEFINED CONTRIBUTION AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FUJITSU NORTH AMERICA, INC.</b>	<b>c</b> EIN-PN <b>46-4314843-003</b>
<b>a</b>	Plan name <b>GANA TRUCKING &amp; EXCAVATING SAFE HARBOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GANA TRUCKING &amp; EXCAVATING, INC.</b>	<b>c</b> EIN-PN <b>47-0807468-001</b>
<b>a</b>	Plan name <b>GENERAL GLASS CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GENERAL GLASS CORPORATION</b>	<b>c</b> EIN-PN <b>53-0234224-001</b>
<b>a</b>	Plan name <b>GRAYSON TOOL CO. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRAYSON TOOL COMPANY</b>	<b>c</b> EIN-PN <b>47-0487114-001</b>

<b>Part II 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	HARBINGER PARTNERS, INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	HARBINGER PARTNERS, INC.
<b>c</b>	EIN-PN	41-1927362-002
<b>a</b>	Plan name	HBA OF MARION POLK COUNTIES PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HBA OF MARION POLK COUNTIES
<b>c</b>	EIN-PN	93-0784084-001
<b>a</b>	Plan name	HEGG WINDOWS AND DOORS 401 K PROFIT SHARING PLAN TRUST
<b>b</b>	Name of plan sponsor	HEGG WINDOWS & DOORS LLC
<b>c</b>	EIN-PN	82-4412041-001
<b>a</b>	Plan name	HERR INDUSTRIAL INC 401K PLAN
<b>b</b>	Name of plan sponsor	HERR INDUSTRIAL INC 401K PLAN
<b>c</b>	EIN-PN	23-2445957-001
<b>a</b>	Plan name	HHHV EMPLOYEE RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	HABITAT FOR HUMANITY OF HURON VALLEY
<b>c</b>	EIN-PN	38-2874694-001
<b>a</b>	Plan name	HIGHBRIDGE CONCIERGE INC. 401K PLAN
<b>b</b>	Name of plan sponsor	HIGHBRIDGE CONCIERGE INC
<b>c</b>	EIN-PN	81-1546896-001
<b>a</b>	Plan name	HOFFMAN MANAGEMENT 401(K) PLAN
<b>b</b>	Name of plan sponsor	HOFFMAN MANAGEMENT LLC
<b>c</b>	EIN-PN	54-1477964-001
<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	HUNA TOTEM CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	HUNA TOTEM CORPORATION
<b>c</b>	EIN-PN	92-0045952-001
<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>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	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	INDUSTRIAL DYNAMIC SYSTEMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL DYNAMIC SYSTEMS, LLC	<b>c</b> EIN-PN 46-3583822-001
<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	ISURITY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ISURITY, INC.	<b>c</b> EIN-PN 56-1932314-001
<b>a</b>	Plan name	JAYHAWK MASSAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAYHAWK MASSAGE, INC.	<b>c</b> EIN-PN 26-1760511-001
<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	JOBBLE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOBBLE INC	<b>c</b> EIN-PN 47-2034077-001
<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>a</b>	Plan name	JUST RITE PAINTING 401K PLAN	
<b>b</b>	Name of plan sponsor	TOM NURKALA	<b>c</b> EIN-PN 39-1738120-001
<b>a</b>	Plan name	KEY COLONY NO. 4 CONDOMINIUM ASSOCIATION 401K	
<b>b</b>	Name of plan sponsor	KEY COLONY NO. 4 CONDOMINIUM ASSOCIATION	<b>c</b> EIN-PN 59-2347231-001
<b>a</b>	Plan name	KNOXVILLE SHEET METAL WORKS INC./OLYMPIC METALS, INC. 401K PENSION PLAN	
<b>b</b>	Name of plan sponsor	KNOXVILLE SHEET METAL WORKS, INC.	<b>c</b> EIN-PN 62-0633207-001
<b>a</b>	Plan name	KRAUTZBERGER NORTH AMERICA, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRAUTZBERGER NORTH AMERICA, INC.	<b>c</b> EIN-PN 47-1109952-001

<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	LAKEWOOD CLINIC, P.A. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKEWOOD CLINIC, P.A.	<b>c</b> EIN-PN 41-1322271-001
<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	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	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	MACK GREDER DENTAL II DDS 401K PLAN	
<b>b</b>	Name of plan sponsor	MACK GREDER DENTAL II DDS	<b>c</b> EIN-PN 47-0794391-001
<b>a</b>	Plan name	MADISON LAWN AND LANDSCAPE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MADISON LAWN AND LANDSCAPE, INC.	<b>c</b> EIN-PN 45-4612676-001
<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	MARBLE MACHINE, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARBLE MACHINE, INC.	<b>c</b> EIN-PN 37-1134225-001
<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 <a href="#">MATTCON GENERAL CONTRACTORS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MATTCON GENERAL CONTRACTORS, INC.</a>	<b>c</b> EIN-PN <a href="#">35-1868509-001</a>
<b>a</b>	Plan name <a href="#">MCCORD &amp; ASSOCIATES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCCORD &amp; ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">42-1522487-001</a>
<b>a</b>	Plan name <a href="#">MCDOUGAL MANAGEMENT 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCDOUGAL MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">87-4173250-001</a>
<b>a</b>	Plan name <a href="#">MCMULLEN FORD, INC 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCMULLEN FORD INC.</a>	<b>c</b> EIN-PN <a href="#">42-0886004-001</a>
<b>a</b>	Plan name <a href="#">MERCURY INTERNATIONAL TRADING PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERCURY INTERNATIONAL TRADING CORP</a>	<b>c</b> EIN-PN <a href="#">04-2666274-001</a>
<b>a</b>	Plan name <a href="#">MID ATLANTIC TRUST COMPANY FBO ASSET STRATEGY RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASSET STRATEGY HOLDINGS</a>	<b>c</b> EIN-PN <a href="#">27-3169253-002</a>
<b>a</b>	Plan name <a href="#">MIDWEST GLASS 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIDWEST GLASS AND GLAZING, INC.</a>	<b>c</b> EIN-PN <a href="#">20-5776745-001</a>
<b>a</b>	Plan name <a href="#">MILLERS PROCESS TECHNOLOGY, INC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MILLERS PROCESS TECHNOLOGY, INC.</a>	<b>c</b> EIN-PN <a href="#">26-4281892-001</a>
<b>a</b>	Plan name <a href="#">MODERN DOOR &amp; EQUIPMENT SALES, INC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MODERN DOOR &amp; EQUIPMENT SALES, INC</a>	<b>c</b> EIN-PN <a href="#">52-1382311-001</a>
<b>a</b>	Plan name <a href="#">MOLDOVA PICKLES &amp; SALADS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MOLDOVA PICKLES &amp; SALADS INC.</a>	<b>c</b> EIN-PN <a href="#">11-3491005-001</a>
<b>a</b>	Plan name <a href="#">MORRISSEY ENGINEERING, INC. 401(K) RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MORRISSEY ENGINEERING, INC.</a>	<b>c</b> EIN-PN <a href="#">47-0818042-001</a>
<b>a</b>	Plan name <a href="#">MPI INCORPORATED 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MPI INCORPORATED</a>	<b>c</b> EIN-PN <a href="#">14-1500755-001</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	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	NASHVILLE EQUIPMENT SERVICE INC PSP	
<b>b</b>	Name of plan sponsor	NASHVILLE EQUIPMENT SERVICES, INC.	<b>c</b> EIN-PN 62-0680970-001
<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	NIXON & VANDERHYE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NIXON & VANDERHYE, P.C.	<b>c</b> EIN-PN 54-1344667-001
<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	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	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	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	OCTANEX TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERRI GIARDINO	<b>c</b> EIN-PN 84-1536461-001
<b>a</b>	Plan name	OHIO VALLEY PRECISION, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHIO VALLEY PRECISION, INC	<b>c</b> EIN-PN 20-5995137-001
<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

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 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 PHI 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PARKER HOLDINGS, INC.	<b>c</b> EIN-PN 47-0826779-001
<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 PNEUMATIC TRANSFER AND CLEANING, LLC 401(K) PLAN AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PNEUMATIC TRANSFER AND CLEANING, LLC	<b>c</b> EIN-PN 26-3592713-001
<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 POLYJoule INC 401K PLAN	
<b>b</b>	Name of plan sponsor POLYJoule INC	<b>c</b> EIN-PN 45-3067347-001
<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

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 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 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 RAINES AUTOMOTIVE, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAINES AUTOMOTIVE INC	<b>c</b> EIN-PN 87-1355645-001
<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>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 REIS PLUMBING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor REIS PLUMBING INC	<b>c</b> EIN-PN 82-0383442-001
<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 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 SENTRY ELECTRIC, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor SENTRY ELECTRIC, INC.	<b>c</b> EIN-PN 47-0638377-001

<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	SOUTHWINDS INSPECTION CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWINDS INSPECTION CORP	<b>c</b> EIN-PN 80-0011552-001
<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	SPECIAL TOOL & ENGINEERING, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECIAL TOOL & ENGINEERING, INC.	<b>c</b> EIN-PN 38-3115207-001
<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
<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	STRATEGIC ADVISERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREG GREENE/BRITNEY FISHER	<b>c</b> EIN-PN 27-0892275-001
<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	SWINK FIEHLER AND COMPANY PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWINK, COPLEN & COMPANY P.C.	<b>c</b> EIN-PN 43-1428008-001
<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>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	TEST X, LLC 401K PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TEST X, LLC	<b>c</b> EIN-PN 46-5227141-001
<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 BURTON LAW FIRM 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE BURTON LAW FIRM	<b>c</b> EIN-PN 20-5252126-001
<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	THERAGENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERAGENT, INC.	<b>c</b> EIN-PN 84-3883413-001
<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	UNILAND CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNILAND CORPORATION	<b>c</b> EIN-PN 38-1882801-001
<b>a</b>	Plan name	UNIQUE INDUSTRIES INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNIQUE INDUSTRIES INC.	<b>c</b> EIN-PN 39-1856497-001
<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	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	W.N. MOREHOUSE TRUCK LINE, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W.N. MOREHOUSE TRUCK LINE, INC.	<b>c</b> EIN-PN 47-0519808-002

**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	WATERMAN'S 401(K) RETIREMENT PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	WATERMANS SURFSIDE GRILLE	<b>c</b>	EIN-PN	54-1191780-001
<b>a</b>	Plan name	WEBB ADVISORS INC 401(K) PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	WEBB ADVISORS INC	<b>c</b>	EIN-PN	41-1901404-001
<b>a</b>	Plan name	WELLNESS IQ RETIREMENT PLAN	<b>c</b>	EIN-PN	
<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>c</b>	EIN-PN	
<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>c</b>	EIN-PN	
<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>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	WILLIAM CHANEY	<b>c</b>	EIN-PN	20-0034400-001
<b>a</b>	Plan name	WMS, LLC 401(K) PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	WEALTH MANAGEMENT SERVICES, LLC	<b>c</b>	EIN-PN	54-2071818-001
<b>a</b>	Plan name	ZAMORA'S AUTO BODY, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor	ZAMORAS AUTO BODY, INC.	<b>c</b>	EIN-PN	52-1816215-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<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>	OMB No. 1210-0110  <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 2035 FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>105</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>26-0257981</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>	443797	10590553
<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>	794783537	933550293
<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>	795227334	944140846
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	155890
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	570782	10590120
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	570782	10746010
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	794656552	933394836

**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
<b>(6)</b> Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		105798326
<b>(7)</b> Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
<b>(8)</b> Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
<b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
<b>(10)</b> Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		105798326

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
<b>(1)</b> Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
<b>(2)</b> To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
<b>(3)</b> Other.....	<b>2e(3)</b>		
<b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
<b>(1)</b> Salaries and allowances .....	<b>2i(1)</b>		
<b>(2)</b> Contract administrator fees .....	<b>2i(2)</b>		
<b>(3)</b> Recordkeeping fees .....	<b>2i(3)</b>		
<b>(4)</b> IQPA audit fees .....	<b>2i(4)</b>	10474	
<b>(5)</b> Investment advisory and investment management fees .....	<b>2i(5)</b>	246250	
<b>(6)</b> Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	312419	
<b>(7)</b> Actuarial fees .....	<b>2i(7)</b>		
<b>(8)</b> Legal fees .....	<b>2i(8)</b>		
<b>(9)</b> Valuation/appraisal fees .....	<b>2i(9)</b>		
<b>(10)</b> Other trustee fees and expenses .....	<b>2i(10)</b>		
<b>(11)</b> Other expenses.....	<b>2i(11)</b>		
<b>(12)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		569143
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		569143

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		105229183
<b>l</b> Transfers of assets:			
<b>(1)</b> To this plan.....	<b>2l(1)</b>		143091183
<b>(2)</b> From this plan .....	<b>2l(2)</b>		109582082

**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 \_\_\_\_\_.