

<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 2065 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>508</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>38-4116834</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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>CALLAN GLIDEPATH 2065 FUND</u>	B Three-digit plan number (PN) ▶ <u>508</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>38-4116834</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>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>3249357</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALLAN GLIDEPATH REAL ASSET FUND</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-7275316-001</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>4061697</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CALLAN HIGH YIELD 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>38-4065327-424</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>391157</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>22745500</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>8935732</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EAFE EQUITY 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>94-3358162-001</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>1624679</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>39804676</u>

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 ACCUNOME SCIENCES INC. 401K PLAN	
b	Name of plan sponsor ACCUNOME SCIENCES INC.	c EIN-PN 83-1088812-001
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 ADMIRAL INSURANCE BROKERAGE CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADMIRAL INSURANCE BROKERAGE CORP.	c EIN-PN 11-3347136-001
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 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 ARCHIVE DATA SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor ARCHIVE DATA SOLUTIONS, LLC	c EIN-PN 26-2657068-001
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 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 41-1852557-001
a	Plan name AXTELLA, LLC 401(K) PLAN	
b	Name of plan sponsor AXTELLA, LLC	c EIN-PN 38-3627552-001
a	Plan name BACKS CONSTRUCTION, INC 401(K) PLAN	
b	Name of plan sponsor BACKS CONSTRUCTION, INC.	c EIN-PN 20-8875079-001

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	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	BLATTEL & ASSOCIATES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BLATTEL & ASSOCIATES LLC	c EIN-PN 38-3694795-001
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	C1 INSURANCE GROUP 401(K) PLAN	
b	Name of plan sponsor	C1 INSURANCE GROUP, LP	c EIN-PN 45-3708226-001
a	Plan name	CALLAN LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CALLAN LLC	c EIN-PN 94-2192581-001
a	Plan name	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	CHIX 401K RETIREMENT PLAN	
b	Name of plan sponsor	CHIX SEA GRILLE LLC	c EIN-PN 47-2777613-001
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	DANIEL'S INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	DANIEL FISCHER	c EIN-PN 88-2743577-001
a	Plan name	DARK HORSE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DARK HORSE COMICS, LLC	c EIN-PN 93-0978055-001
a	Plan name	DAVE SINCLAIR FORD, INC UNION PLAN	
b	Name of plan sponsor	DAVE SINCLAIR FORD, INC.	c EIN-PN 43-0834994-002

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 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 DRAKE LAW FIRM 401(K) PLAN	
b	Name of plan sponsor DRAKE LAW FIRM CORP	c EIN-PN 27-5453449-001
a	Plan name ELLINGSEN & DENISON ENDODONTICS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor ELLINGSEN & DENISON ENDODONTICS	c EIN-PN 87-3700506-001
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 EVEREST GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor EVEREST GROUP, LLC	c EIN-PN 27-4290976-001
a	Plan name FEASTERVILLE FAMILY PRACTICE, LLP 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor FEASTERVILLE FAMILY PRACTICE, LLP	c EIN-PN 83-0502251-001
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 FRONTIER AG CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor FRONTIER AG CO., INC.	c EIN-PN 20-0557466-001
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

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 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 GUNDERLIN, LTD. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GUNDERLIN, LTD.	c EIN-PN 59-0691691-002
a	Plan name H & H SHEET METAL, INC 401(K) PLAN	
b	Name of plan sponsor H & H SHEET METAL, INC.	c EIN-PN 35-1046960-001
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 HIGHBRIDGE CONCIERGE INC. 401K PLAN	
b	Name of plan sponsor HIGHBRIDGE CONCIERGE INC	c EIN-PN 81-1546896-001
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 INNERHEALTH LABORATORY, INC. 401(K) PLAN	
b	Name of plan sponsor INNERHEALTH LABORATORY, INC.	c EIN-PN 85-1795945-001
a	Plan name INVENOMIC CAPITAL MANAGEMENT L 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INVENOMIC CAPITAL MANAGEMENT	c EIN-PN 81-0795975-001
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 MESSAGE RETIREMENT PLAN	
b	Name of plan sponsor JAYHAWK MESSAGE, INC.	c EIN-PN 26-1760511-001

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	JINNINGS EQUIPMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JINNINGS EQUIPMENT, LLC	c EIN-PN 35-2098116-001
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
a	Plan name	LAKE CITY INDUSTRIES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAKE CITY INDUSTRIES, INC.	c EIN-PN 59-1829630-001
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	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	LUNATEK LLC 401(K) PLAN	
b	Name of plan sponsor	LUNATEK, LLC	c EIN-PN 47-4218630-001
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	MANN MECHANICAL COMPANY	
b	Name of plan sponsor	MANN MECHANICAL COMPANY INC	c EIN-PN 58-1118147-001
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

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	MATTHEW DE LUCA 401K	
b Name of plan sponsor	MATTHEW DE LUCA	c EIN-PN 82-1785078-001
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	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	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	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	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
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

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	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	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	OLIVEGREEN LLC INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	SARA BULLARD	c EIN-PN 87-1993723-001
a	Plan name	PARKER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PARKER HANNIFIN CORPORATION	c EIN-PN 34-0451060-075
a	Plan name	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
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	POOLE'S PLUMBING INC 401(K)	
b	Name of plan sponsor	POOLES PLUMBING, INC.	c EIN-PN 56-2134201-001

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 POWERCOMM RETIREMENT PLAN	
b	Name of plan sponsor POWERCOMM CONSTRUCTION, INC.	c EIN-PN 04-3393956-001
a	Plan name PRIDE 401(K) PLAN	
b	Name of plan sponsor PRIDE, INC.	c EIN-PN 75-1894046-003
a	Plan name QUICK BUILT 401(K) PLAN	
b	Name of plan sponsor QUICK BUILT	c EIN-PN 35-2374091-001
a	Plan name RAINES AUTOMOTIVE, INC 401(K) PLAN	
b	Name of plan sponsor RAINES AUTOMOTIVE INC	c EIN-PN 87-1355645-001
a	Plan name RAY-MAC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RAY-MAC, INC.	c EIN-PN 46-0320438-001
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 RESCO ELECTRIC 401(K) PLAN	
b	Name of plan sponsor RESCO ELECTRIC	c EIN-PN 76-0554575-001
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 SAF-T-CAB, INC. 401(K) PLAN	
b	Name of plan sponsor SAF-T-CAB, INC	c EIN-PN 94-1666151-002
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

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	SCOTT'S ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	SCOTTS ELECTRIC, INC.	c EIN-PN 45-0405047-001
a	Plan name	SOLIYAM 401K PLAN	
b	Name of plan sponsor	SOLIYAM INC	c EIN-PN 38-4225009-001
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	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	SUPERIOR EMP 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR ELECTRICAL, MECHANICAL & PLUMBING, INC.	c EIN-PN 26-1517704-001
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 PASLAY GROUP 401(K) PLAN	
b	Name of plan sponsor	RALPH PASLAY CUSTOM HOMES	c EIN-PN 37-1340487-001
a	Plan name	THERAGENT, INC. 401(K) PLAN	
b	Name of plan sponsor	THERAGENT, INC.	c EIN-PN 84-3883413-001
a	Plan name	UNIBANC CORP. 401K PLAN	
b	Name of plan sponsor	UNIBANC CORPORATION	c EIN-PN 47-0737790-001
a	Plan name	UNILAND CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNILAND CORPORATION	c EIN-PN 38-1882801-001

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 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 VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VALLEY CORPORATION	c EIN-PN 47-0543890-011
a	Plan name VY SPINE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VY SPINE GROUP, INC.	c EIN-PN 87-3078291-001
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 WELLNESS IQ RETIREMENT PLAN	
b	Name of plan sponsor WELLNESS IQ	c EIN-PN 56-2676855-001
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 WHITNEY SCHONES DESIGN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WHITNEY SCHONES DESIGN, LLC	c EIN-PN 99-0863178-001
a	Plan name WICK'S PIES INC. 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor WICKS PIES, INC.	c EIN-PN 35-1121515-002
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 WMS, LLC 401(K) PLAN	
b	Name of plan sponsor WEALTH MANAGEMENT SERVICES, LLC	c EIN-PN 54-2071818-001
a	Plan name YADIRA L. GAMEZ DENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YADIRA L. GAMEZ DENTAL, INC.	c EIN-PN 45-3699276-002

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 2065 FUND	B Three-digit plan number (PN) ▶ 508
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4116834

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	17	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	128691	1056946
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)	49881640	81233981
(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	50010348	82290927
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	14460
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	134234	1055586
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	134234	1070046
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49876114	81220881

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)		9090771
(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		9090771

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)		
(5) Investment advisory and investment management fees	2i(5)	13036	
(6) Bank or trust company trustee/custodial fees	2i(6)	29657	
(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)		42693
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		42693

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9048078
l Transfers of assets:			
(1) To this plan.....	2l(1)		37384892
(2) From this plan	2l(2)		15088203

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 _____.