

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>CONSERVATIVE MANAGED ACCOUNT PORTFOLIO</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>181</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>46-3750663</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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/07/2025</u>	<u>MATT FALCIANI</u>
	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>CONSERVATIVE MANAGED ACCOUNT PORTFOLIO</u>	B Three-digit plan number (PN) ▶	<u>181</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>46-3750663</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>DIVERSIFIED FIXED INCOME CIT</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-7271387-768</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>108086211</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED INTL EQUITY CIT</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-7271388-769</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>25973976</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED US LARGE CAP STOCK CIT</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-7271389-770</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>57374857</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED US SMALL AND MID CAP ST</u>		
b Name of sponsor of entity listed in (a): <u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>38-7271390-771</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>20207786</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT STIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-068</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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	401(K) RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	EMPLOYMENT SERVICES, INC.	c EIN-PN 38-3637814-001
a	Plan name	ACROMAG, INCORPORATED 401(K) AND PROFIT SHARING RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	ACROMAG INCORPORATED	c EIN-PN 38-1550760-002
a	Plan name	AIRMASTER FAN COMPANY PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	AIRMASTER FAN COMPANY	c EIN-PN 38-2057442-001
a	Plan name	AJC TOOLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AJC TOOLS, INC.	c EIN-PN 34-1027207-001
a	Plan name	ALCONA MOTORS, INC. SAVINGS & PROTECTION PLAN	
b	Name of plan sponsor	ALCONA MOTORS, INC.	c EIN-PN 38-6081647-001
a	Plan name	ALL COMFORT HEATING AND COOLING 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL COMFORT HEATING COOLING 401K PL	c EIN-PN 20-1606606-001
a	Plan name	AMF 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMF AUTOMATION TECHNOLOGIES, LLC	c EIN-PN 26-2570524-001
a	Plan name	ANDERSON HONDA 401(K) PLAN & TRUST	
b	Name of plan sponsor	AR AUTOMOTIVE, LLC. DBA ANDERSON HONDA	c EIN-PN 65-0955950-001
a	Plan name	ARNALL GOLDEN GREGORY LLP SELF-EMPLOYED PERSONS RETIREMENT PLAN	
b	Name of plan sponsor	ARNALL GOLDEN GREGORY LLP	c EIN-PN 58-0543673-001
a	Plan name	ARROYO GRANDE CHEVROLET 401(K) PLAN & TRUST	
b	Name of plan sponsor	AGGIE INVESTMENTS 1 LLC DBA ARROYO GRANDE CHEVROLET	c EIN-PN 46-2601353-001
a	Plan name	ASSOCIATED ORTHOPEDISTS OF DETROIT, P.C. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ASSOCIATED ORTHOPEDISTS OF DETROIT, P.C.	c EIN-PN 38-1867780-002
a	Plan name	ATLANTIC CORPORATION OF WILMINGTON, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ATLANTIC CORPORATION OF WILMINGTON, INC.	c EIN-PN 56-0797402-001

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 AVON BROACH & PRODUCTION COMPANY 401(K) PLAN & TRUST	
b	Name of plan sponsor AVON BROACH, LLC DBA AVON BROACH & PRODUCTION COMPANY	c EIN-PN 27-1413549-001
a	Plan name BAKER ROOFING COMPANY 401(K) PLAN	
b	Name of plan sponsor BAKER ROOFING COMPANY	c EIN-PN 56-0130810-002
a	Plan name BALCH & BINGHAM LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BALCH & BINGHAM LLP	c EIN-PN 63-0328165-001
a	Plan name BARRY COUNTY LUMBER COMPANY PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor BARRY COUNTY LUMBER CO.	c EIN-PN 38-1738268-001
a	Plan name BEGA NORTH AMERICA, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor BEGA US, INC.	c EIN-PN 77-0079386-001
a	Plan name BENJAMIN OBDYKE, INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BENJAMIN OBDYKE, INCORPORATED	c EIN-PN 23-0926670-002
a	Plan name BERGER CHEVROLET, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor BERGER CHEVROLET, INC.	c EIN-PN 38-2374197-001
a	Plan name BETTEN BAKER AUTO FAMILY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BETTEN CHEVROLET-CADILLAC INC.	c EIN-PN 38-2442212-001
a	Plan name BFS INDUSTRIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BFS INDUSTRIES, LLC	c EIN-PN 41-2026212-004
a	Plan name BIRDSALL TOOL & GAGE 401(K) PLAN & TRUST	
b	Name of plan sponsor BIRDSALL TOOL & GAGE COMPANY	c EIN-PN 38-2181623-001
a	Plan name BRIEN HANNA LUMBER & BUILDING MATERIALS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor BRIEN HANNA LUMBER & BUILDING MATERIALS, INC.	c EIN-PN 38-2020367-001
a	Plan name BUCKEYE DENTAL GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUCKEYE DENTAL GROUP LLC	c EIN-PN 03-0446553-001

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 BARR & FORMAN LLP EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor BARR & FORMAN LLP	c EIN-PN 63-0322727-003
a	Plan name BARR & FORMAN LLP PROFIT SHARING PLAN	
b	Name of plan sponsor BARR & FORMAN LLP	c EIN-PN 63-0322727-001
a	Plan name BUTTERBALL, LLC SALARY & HOURLY 401(K) PLAN	
b	Name of plan sponsor BUTTERBALL, LLC	c EIN-PN 56-1458630-003
a	Plan name C & S MOTORS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor C & S MOTORS, INC.	c EIN-PN 38-1331887-001
a	Plan name CHARLOTTE PAINT CO., LLC 401(K) PLAN	
b	Name of plan sponsor CHARLOTTE PAINT CO., LLC	c EIN-PN 56-1183848-001
a	Plan name CHOCTAW NATION OF OKLAHOMA LEADERSHIP 401(K)PLAN	
b	Name of plan sponsor CHOCTAW NATION OF OKLAHOMA	c EIN-PN 73-0717979-002
a	Plan name CML MICROCIRCUITS (USA) INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CML MICROCIRCUITS USA, INC.	c EIN-PN 20-0517783-001
a	Plan name COLE AUTOMOTIVE MANAGEMENT GROUP 401(K) PLAN & TRUST	
b	Name of plan sponsor COLE AUTOMOTIVE MANAGEMENT GROUP	c EIN-PN 38-3640202-001
a	Plan name COMPOSITE FORGINGS, LLC DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor COMPOSITE FORGINGS, LLC	c EIN-PN 36-3805681-001
a	Plan name CONTINENTAL MANAGEMENT CO. 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CONTINENTAL MANAGEMENT COMPANY	c EIN-PN 34-1188540-001
a	Plan name CORPUS CHRISTI HOOKS EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor ASTROS HOOKS, LLC	c EIN-PN 20-0942940-001
a	Plan name COSTELLO MACHINE 401(K) PLAN & TRUST	
b	Name of plan sponsor COSTELLO MACHINE LLC	c EIN-PN 38-3549204-001

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	CRES COR 401(K) PLAN & TRUST	
b	Name of plan sponsor	CRESCENT METAL PRODUCTS DBA CRES COR	c EIN-PN 34-0683264-003
a	Plan name	CROWN MOTORS, LTD. 401(K) PLAN	
b	Name of plan sponsor	CROWN MOTORS LTD.	c EIN-PN 38-1588299-001
a	Plan name	DAVE KRING CHEVROLET 401(K) PLAN & TRUST	
b	Name of plan sponsor	DAVE KRING CHEVROLET, INC.	c EIN-PN 38-2082787-001
a	Plan name	DAXKO, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DAXKO, LLC	c EIN-PN 63-1262193-001
a	Plan name	DEAN ARBOUR CHEVROLET, INC. SALARY DEFERRAL 401(K) PLAN	
b	Name of plan sponsor	DEAN ARBOUR CHEVROLET, INC.	c EIN-PN 26-0014118-002
a	Plan name	DELILLO CHEVROLET 401(K) PLAN & TRUST	
b	Name of plan sponsor	DELILLO CHEVROLET	c EIN-PN 95-1496182-001
a	Plan name	DENSO AIR SYSTEMS MICHIGAN INC. RETIREMENT PLAN	
b	Name of plan sponsor	DENSO AIR SYSTEMS MICHIGAN, INC.	c EIN-PN 38-2740199-001
a	Plan name	DES MOINES ORTHOPAEDIC SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DES MOINES ORTHOPAEDIC SURGEONS, P.C.	c EIN-PN 42-0984558-002
a	Plan name	DETROIT EMPLOYMENT SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	DETROIT EMPLOYMENT SOLUTIONS CORPORATION	c EIN-PN 38-3353746-001
a	Plan name	DIPIAZZA LAROCCA HEETER & CO., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIPIAZZA LAROCCA HEETER & CO., LLC	c EIN-PN 23-3731278-001
a	Plan name	DON BROWN CHEVROLET, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DON BROWN CHEVROLET, INC.	c EIN-PN 43-1337002-001
a	Plan name	EAGLE ENGINEERING & SUPPLY CO. 401(K) PLAN.	
b	Name of plan sponsor	EAGLE ENGINEERING & SUPPLY CO.	c EIN-PN 38-1943358-001

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 EASTERN CAROLINA ORAL & MAXILLOFACIAL SURGERY PROFIT SHARING	
b	Name of plan sponsor LUTCAVAGE, FIDLER, LONG, ARMSTRONG & KIRKWOOD, P.A.	c EIN-PN 56-1313401-001
a	Plan name EISENHOWER CENTER 401(K) PLAN & TRUST	
b	Name of plan sponsor MORIAH INCORPORATED DBA EISENHOWER CENTER	c EIN-PN 38-3118088-001
a	Plan name EMERALD AIRE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMERALD AIRE, INC.	c EIN-PN 91-1302848-001
a	Plan name ENGINEERED HEAT TREAT, INC. SALARY SAVINGS AND P/S PLAN AND TRUST	
b	Name of plan sponsor ENGINEERED HEAT TREAT, INC.	c EIN-PN 38-1615220-002
a	Plan name FELDMAN AUTOMOTIVE 401(K) PLAN & TRUST	
b	Name of plan sponsor LIBERTY CHEVROLET, INC.	c EIN-PN 32-0082440-001
a	Plan name FLINT BOXMAKERS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor FLINT BOXMAKERS, INC. DBA LANDAAL PACKAGING SYSTEMS	c EIN-PN 38-3083793-001
a	Plan name FOOD BANK OF EASTERN MICHIGAN 401(K) PLAN	
b	Name of plan sponsor FOOD BANK OF EASTERN MICHIGAN	c EIN-PN 38-2379678-001
a	Plan name FRED GRANDE 401(K) PLAN & TRUST	
b	Name of plan sponsor FRED GRANDE FORD SALES, INC.	c EIN-PN 38-1851858-001
a	Plan name GASTROENTEROLOGY ASSOC. OF CENTRAL VA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GASTROENTEROLOGY ASSOC. OF CENTRAL VA., INC.	c EIN-PN 54-1146354-001
a	Plan name GENERAL ATLANTIC SERVICE COMPANY, L.P. RETIREMENT PLAN	
b	Name of plan sponsor GENERAL ATLANTIC SERVICE COMPANY, L.P.	c EIN-PN 13-3491941-001
a	Plan name GENERAL EXTRUSIONS INTERNATIONAL LLC 401(K) PLAN	
b	Name of plan sponsor GENERAL EXTRUSIONS INTERNATIONAL LLC	c EIN-PN 93-4816170-005
a	Plan name GENERAL RV 401(K) PLAN & TRUST	
b	Name of plan sponsor GENERAL RV CENTERS, INC.	c EIN-PN 38-1657119-002

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 GENESEE CERAMIC TILE, INC. 401(K) PLAN	
b	Name of plan sponsor GENESEE CERAMIC TILE DISTRIBUTORS, INC	c EIN-PN 38-2098814-001
a	Plan name GLACIER BANCORP, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor GLACIER BANCORP, INC.	c EIN-PN 81-0519541-002
a	Plan name GLASSMAN AUTOMOTIVE GROUP, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor GLASSMAN AUTOMOTIVE GROUP, INC.	c EIN-PN 38-1897032-001
a	Plan name GLENN BUEGE CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor GLENN BUEGE CHEVROLET, INC.	c EIN-PN 38-3088433-001
a	Plan name GLOBAL FOCUS MARKETING & DISTRIBUTION 401(K) PLAN	
b	Name of plan sponsor GLOBAL FOCUS MARKETING & DISTRIBUTIONS, LTD.	c EIN-PN 75-2554074-001
a	Plan name GRA BENEFITS GROUP 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GRA BENEFITS GROUP LLC	c EIN-PN 45-4904455-001
a	Plan name GRAFF BUICK GMC CADILLAC - MT. PLEASANT, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor GRAFF BUICK GMC CADILLAC - MT. PLEASANT, INC.	c EIN-PN 46-0759793-001
a	Plan name GRAFF CHEVROLET - OKEMOS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor GRAFF CHEVROLET - OKEMOS, INC.	c EIN-PN 20-5460030-001
a	Plan name GRAFF CHEVROLET 401(K) PLAN & TRUST	
b	Name of plan sponsor GRAFF CHEVROLET	c EIN-PN 38-2678437-001
a	Plan name GRAFF CHEVROLET BUICK, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor GRAFF CHEVROLET BUICK, INC.	c EIN-PN 38-3013452-001
a	Plan name GRAFF CHEVROLET DURAND, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor GRAFF CHEVROLET DURAND, INC.	c EIN-PN 38-3489609-001
a	Plan name GRAFF FINANCIAL, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor GRAFF FINANCIAL, LLC	c EIN-PN 38-3306145-001

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 GUNSTER 401(K) PLAN FOR ASSOCIATE ATTORNEYS	
b	Name of plan sponsor GUNSTER, YOAKLEY & STEWART, P.A.	c EIN-PN 59-1450702-005
a	Plan name GUNSTER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GUNSTER, YOAKLEY & STEWART, P.A.	c EIN-PN 59-1450702-006
a	Plan name GYD 401(K) PLAN	
b	Name of plan sponsor M.C. GUTHERIE LUMBER CO.	c EIN-PN 38-1247336-002
a	Plan name H. C. OLSEN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor H.C. OLSEN & ASSOCIATES	c EIN-PN 38-2555385-001
a	Plan name HANDS ON LEARNING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor HANDS ON LEARNING SOLUTIONS LLC	c EIN-PN 47-1847469-001
a	Plan name HANK GRAFF CHEVROLET 401(K) PLAN & TRUST	
b	Name of plan sponsor HANK GRAFF CHEVROLET, INC.	c EIN-PN 38-1649587-001
a	Plan name HARRIS INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor HARRIS INDUSTRIES, INC.	c EIN-PN 38-3418104-003
a	Plan name HARTIGEN SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HARTIGEN SOLUTIONS	c EIN-PN 45-3166122-001
a	Plan name HARVEY CADILLAC COMPANY 401(K) PLAN & TRUST	
b	Name of plan sponsor HARVEY CADILLAC COMPANY	c EIN-PN 38-1737465-001
a	Plan name HATFIELD AUTOMOTIVE 401(K) PLAN & TRUST	
b	Name of plan sponsor HATFIELD AUTOMOTIVE, INC.	c EIN-PN 33-0428224-001
a	Plan name HEIDEBREICHT, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor HEIDEBREICHT, INC.	c EIN-PN 38-1601484-001
a	Plan name HERITAGE/ROYAL EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor HERITAGE CHEVROLET, INC.	c EIN-PN 38-2486440-001

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	HGS (USA), LLC	
b	Name of plan sponsor	HGS (USA), LLC	c EIN-PN 37-0979598-001
a	Plan name	HIPP 401(K) PLAN	
b	Name of plan sponsor	HIPP DESIGN & CONSULTING, INC.	c EIN-PN 56-2230976-001
a	Plan name	HOME MOTORS 401(K) PLAN & TRUST	
b	Name of plan sponsor	HOME MOTORS	c EIN-PN 95-2255865-001
a	Plan name	HR MANAGEMENT GROUP 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	HR MANAGEMENT GROUP, INC.	c EIN-PN 38-3195630-001
a	Plan name	HW SPRING TRAINING COMPLEX, LLC 401(K) PLAN	
b	Name of plan sponsor	HW SPRING TRAINING COMPLEX, LLC	c EIN-PN 47-3871764-001
a	Plan name	HYDRA-FAB, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	HYDRA-FAB, INC.	c EIN-PN 38-2332546-002
a	Plan name	IDEAL & STATEWIDE 401(K) PLAN AND TRUST	
b	Name of plan sponsor	IDEAL FABRICATORS, INC.	c EIN-PN 38-2514537-001
a	Plan name	INDEVCO, INC. DBA MID AMERICA TRUSS SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	INDEVCO, INC. DBA MID AMERICA TRUSS	c EIN-PN 43-0995726-001
a	Plan name	INGRAM MARINE GROUP RETIREMENT PLAN	
b	Name of plan sponsor	INGRAM INDUSTRIES INC.	c EIN-PN 62-0673043-003
a	Plan name	INTERMOUNTAIN WOOD PRODUCTS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERMOUNTAIN WOOD PRODUCTS, INC.	c EIN-PN 87-0142510-002
a	Plan name	INTERNATIONAL AIRPORT CENTERS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	INTERNATIONAL AIRPORT CENTERS, LLC	c EIN-PN 36-4048888-001
a	Plan name	INTERNATIONAL EXTRUSIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL EXTRUSIONS, INC.	c EIN-PN 38-1980645-002

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	JOE LUNGHAMER CHEVROLET, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	JOE LUNGHAMER CHEVROLET, INC.	c EIN-PN 38-1449487-001
a	Plan name	JOHN A. BIEWER COMPANY, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	JOHN A. BIEWER COMPANY, INC.	c EIN-PN 38-2410540-001
a	Plan name	JOINT PRODUCTION TECHNOLOGY 401(K) PLAN & TRUST	
b	Name of plan sponsor	JOINT PRODUCTION TECHNOLOGY, INC.	c EIN-PN 38-1959948-001
a	Plan name	KANE REALTY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KANE REALTY CORPORATION	c EIN-PN 56-1228678-001
a	Plan name	KATAHDIN TRUST COMPANY 401(K) PLAN	
b	Name of plan sponsor	KATAHDIN TRUST COMPANY	c EIN-PN 01-0099500-002
a	Plan name	KCM RETIREMENT PLAN	
b	Name of plan sponsor	KCM RETIREMENT PLAN	c EIN-PN 59-1512204-001
a	Plan name	KEMP, KLEIN, UMPHREY, ENDELMAN AND MAY, P. C. AMENDED AND RESTATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEMP, KLEIN, UMPHREY, ENDELMAN & MAY, P.C.	c EIN-PN 38-1954323-003
a	Plan name	KERR, RUSSELL AND WEBER, PLC RETIREMENT PLAN	
b	Name of plan sponsor	KERR, RUSSELL AND WEBER, PLC	c EIN-PN 38-1348691-001
a	Plan name	KIEKERT USA, INC. 401(K) PLAN	
b	Name of plan sponsor	KIEKERT USA, INC.	c EIN-PN 38-2768500-001
a	Plan name	KINGNAPS INC. 401K PLAN	
b	Name of plan sponsor	KINGNAPS INC DBA MEDICAP PHARMACY	c EIN-PN 34-1840230-001
a	Plan name	LANCASTER COLONY CORPORATION MASTER PENSION TRUST	
b	Name of plan sponsor	CHARLES SCHWAB TRUST BANK TRUSTEE OF LANCASTER COLONY CORPORATION	c EIN-PN 82-3967259-001
a	Plan name	LIBERTY HEALTHCARE SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	LIBERTY HEALTHCARE MANAGEMENT, INC.	c EIN-PN 56-2116528-001

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 LORIN INDUSTRIES, INC PROFIT SHARING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LORIN INDUSTRIES, INC	c EIN-PN 38-1544003-001
a	Plan name LUNGHAMER FORD OF OWOSSO 401(K) PLAN	
b	Name of plan sponsor LUNGHAMER FORD OF OWOSSO, LLC	c EIN-PN 88-3139683-001
a	Plan name LUNGHAMER GMC, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor LUNGHAMER BUICK GMC, INC.	c EIN-PN 20-1406378-001
a	Plan name M. C. GUTHERIE LUMBER CO. 401(K) PLAN	
b	Name of plan sponsor M.C. GUTHERIE LUMBER CO.	c EIN-PN 38-1247336-001
a	Plan name MACH RESOURCES LLC 401(K) PLAN	
b	Name of plan sponsor MACH RESOURCES LLC	c EIN-PN 81-4809861-001
a	Plan name MADA EMPLOYEES 401(K) PLAN & TRUST	
b	Name of plan sponsor AUTOMOBILE DEALERS ACCESSORY CORP.	c EIN-PN 38-2331742-002
a	Plan name MARTIN AND JONES, PLLC 401K SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor MARTIN AND JONES, PLLC	c EIN-PN 56-2046210-001
a	Plan name MCMICHAEL INSURANCE AGENCY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCMICHAEL INSURANCE AGENCY	c EIN-PN 34-1810096-001
a	Plan name MERIDIAN LABORATORY CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MERIDIAN LABORATORY CORPORATION	c EIN-PN 95-4896039-001
a	Plan name MICHIGAN LUMBER COMPANY 401(K) PLAN & TRUST	
b	Name of plan sponsor MICHIGAN LUMBER COMPANY	c EIN-PN 38-0828600-001
a	Plan name MICNAN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MICNAN INC.	c EIN-PN 38-2030730-001
a	Plan name MID-STATES BOLT & SCREW CO. HOURLY EMPLOYEES' 401(K) PLAN & TRUST	
b	Name of plan sponsor MID-STATES BOLT & SCREW CO.	c EIN-PN 38-2095876-001

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 MILLER WAREHOUSING SERVICES HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MILLER WAREHOUSING SERVICES, INC.	c EIN-PN 81-1496802-005
a	Plan name MISSOURI AUTOMOTIVE DEALERS ASSOCIATION SERVICES CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor MISSOURI AUTOMOTIVE DEALERS ASSOCIATION SERVICES CORP.	c EIN-PN 43-1642102-001
a	Plan name MM JS AUTO HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor MM JS AUTO HOLDINGS, LLC	c EIN-PN 82-0839067-001
a	Plan name MMA SERVICE CORPORATION 401(K) PLAN	
b	Name of plan sponsor MMA SERVICE CORPORATION	c EIN-PN 38-2290948-001
a	Plan name MOBERLY MOTOR 401(K) PLAN & TRUST	
b	Name of plan sponsor MOBERLY MOTOR CO., INC. DBA MOBERLY MOTOR COMPANY, INC.	c EIN-PN 43-0620727-001
a	Plan name MODERN AUTO CO., INC. 401(K) PLAN	
b	Name of plan sponsor MODERN AUTO COMPANY, INC.	c EIN-PN 43-0666255-002
a	Plan name MOMENTUM TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor MOMENTUM TELECOM, INC.	c EIN-PN 63-1248402-001
a	Plan name MONTGOMERY TRANSPORT, LLC 401(K) PLAN	
b	Name of plan sponsor MONTGOMERY TRANSPORT, LLC	c EIN-PN 45-1743971-001
a	Plan name MTS SEATING 401(K) PLAN & TRUST	
b	Name of plan sponsor MICHIGAN TUBE SWAGERS & FABRICATORS INC. DBA MTS SEATING	c EIN-PN 38-1543409-001
a	Plan name NEWMAN MACHINE COMPANY, LLC EMPLOYEE BENEFITS PLAN	
b	Name of plan sponsor NEWMAN MACHINE COMPANY, LLC	c EIN-PN 93-3956628-002
a	Plan name NORTHGATE FORD, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor NORTHGATE FORD, INC.	c EIN-PN 38-1865746-001
a	Plan name NORTHLAND CHRYSLER DODGE JEEP RAM 401K PLAN	
b	Name of plan sponsor ESK INVESTMENTS, INC. DBA NORTHLAND CHRYSLER DODGE JEEP RAM	c EIN-PN 82-5453125-001

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 NYDREE GROUP, L.L.C. 401(K) PLAN	
b	Name of plan sponsor NYDREE GROUP, L.L.C.	c EIN-PN 26-2237782-001
a	Plan name PANEL PROCESSING, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor PANEL PROCESSING, INC.	c EIN-PN 38-1946344-002
a	Plan name PARKS PRODUCTION, LTD. 401(K) PLAN & TRUST	
b	Name of plan sponsor PARKS PRODUCTION, LTD.	c EIN-PN 38-2178455-002
a	Plan name PARKWAY CHRYSLER JEEP, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor PARKWAY CHRYSLER JEEP, INC.	c EIN-PN 38-3388003-001
a	Plan name PARTON & PREBLE, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor PARTON & PREBLE, INC.	c EIN-PN 38-1603067-001
a	Plan name PARTRIDGE FAMILY PHYSICIANS, P. C. 401(K) PLAN & TRUST	
b	Name of plan sponsor PARTRIDGE FAMILY PHYSICIANS, P.C.	c EIN-PN 38-2985131-001
a	Plan name PATHOLOGY CONSULTANTS OF CENTRAL VA	
b	Name of plan sponsor PATHOLOGY CONSULTANTS OF CENTRAL VA	c EIN-PN 54-1120844-001
a	Plan name PERLMUTTER INVESTMENT COMPANY, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor PERLMUTTER INVESTMENT COMPANY, LLC	c EIN-PN 36-4262061-001
a	Plan name PIEDMONT HEALTHCARE EMPLOYEES' 401(K) PLAN AND TRUST	
b	Name of plan sponsor PIEDMONT HEALTHCARE, P.A.	c EIN-PN 56-1965983-001
a	Plan name PINECREST LLC 401(K) PLAN	
b	Name of plan sponsor PINECREST LLC	c EIN-PN 38-4022097-001
a	Plan name PLAINS ALL AMERICAN 401(K) PLAN	
b	Name of plan sponsor PLAINS ALL AMERICAN GP LLC	c EIN-PN 76-0680801-001
a	Plan name POLY-AMERICA, L.P. RETIREMENT PLAN	
b	Name of plan sponsor POLY-AMERICA, L.P.	c EIN-PN 36-2809122-001

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 PRECISION MOLD & MACHINING SERVICES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor PRECISION MOLD & MACHINING SERVICES, INC.	c EIN-PN 38-2516575-001
a	Plan name PRINCE LIONHEART, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRINCE LIONHEART, INC.	c EIN-PN 77-0296133-001
a	Plan name PRO FOODS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor PRO FOOD SYSTEMS, INC.	c EIN-PN 43-1821151-002
a	Plan name PROGRESSIVE METAL MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE METAL MANUFACTURING	c EIN-PN 38-1683040-002
a	Plan name PUTNAM MACHINE PRODUCTS 401(K) PLAN & TRUST	
b	Name of plan sponsor PUTNAM MACHINE PRODUCTS, INC.	c EIN-PN 38-1450174-001
a	Plan name QUALITY SPRING/TOGO, INC. SALARIED EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor QUALITY SPRING/TOGO, INC.	c EIN-PN 38-2813160-001
a	Plan name RALEIGH PEDIATRIC ASSOCIATES, P.A. RETIREMENT PLAN	
b	Name of plan sponsor RALEIGH PEDIATRIC ASSOCIATES, P.A.	c EIN-PN 56-2132604-001
a	Plan name RAZORLEAF CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RAZORLEAF CORPORATION	c EIN-PN 34-1923913-001
a	Plan name RICHARD TOOL & DIE CORPORATION 401(K) PLAN	
b	Name of plan sponsor RTDCORP INC.	c EIN-PN 81-0905854-001
a	Plan name ROYAL OAK FORD SALES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor ROYAL OAK FORD SALES, INC.	c EIN-PN 20-2450680-001
a	Plan name RUSHTON STAKELY JOHNSTON GARRETT 401K	
b	Name of plan sponsor RUSHTON STAKELY JOHNSTON GARRETT LLP	c EIN-PN 63-0659075-001
a	Plan name RUTH MOTT FOUNDATION 401(K) REVENUE SHARING PLAN	
b	Name of plan sponsor RUTH MOTT FOUNDATION	c EIN-PN 38-2876435-002

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	RYAN ROSCIA INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	RYAN ROSCIA INC.	c EIN-PN 84-3635261-001
a	Plan name	S. ABRAHAM & SONS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	S. ABRAHAM & SONS, INC.	c EIN-PN 38-1743581-003
a	Plan name	SANFORD CONTRACTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SANFORD CONTRACTORS, INC.	c EIN-PN 56-0939285-001
a	Plan name	SCHELLMAN & COMPANY, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHELLMAN & COMPANY, LLC	c EIN-PN 73-1639753-001
a	Plan name	SEQUENCE, INC. 401(K) PS PLAN	
b	Name of plan sponsor	SEQUENCE, INC.	c EIN-PN 47-0870575-001
a	Plan name	SEQUIN LUMBER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SEQUIN LUMBER	c EIN-PN 38-1818271-001
a	Plan name	SERRA AUTOMOTIVE 401(K) PLAN & TRUST	
b	Name of plan sponsor	SERRA AUTOMOTIVE, INC.	c EIN-PN 38-2407959-001
a	Plan name	SHAMBHALA PUBLICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	SHAMBHALA PUBLICATIONS, INC.	c EIN-PN 94-1712027-002
a	Plan name	SHEFFIELD SCIENTIFIC LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SHEFFIELD SCIENTIFIC LLC	c EIN-PN 27-1860111-001
a	Plan name	SMITH, ANDERSON, BLOUNT, DORSETT, MITCHELL & JERNIGAN 401(K) PROF SHARING PLAN	
b	Name of plan sponsor	SMITH, ANDERSON, ET AL L.L.P.	c EIN-PN 56-0402850-002
a	Plan name	ST. CLAIR AUTO 401K PLAN & TRUST	
b	Name of plan sponsor	ST. CLAIR CHEVROLET BUICK GMC	c EIN-PN 38-3438521-001
a	Plan name	ST. LOUIS AUTO DEALERS ASSOCIATION - MACHINISTS DISTRICT NO. 9 401(K) PLAN	
b	Name of plan sponsor	ST. LOUIS AUTO DEALERS ASSOCIATION	c EIN-PN 43-0299790-002

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 STRUCTURAL STEEL PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STRUCTURAL STEEL PRODUCTS CORP.	c EIN-PN 56-1316081-001
a	Plan name SUTTER NORTH MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUTTER NORTH MEDICAL GROUP, INC.	c EIN-PN 68-0288405-001
a	Plan name SZOTT AUTOMOTIVE 401(K) PLAN & TRUST	
b	Name of plan sponsor SZOTT M-59 CHRYSLER-JEEP, INC.	c EIN-PN 38-2050033-001
a	Plan name TEAM AUTOMOTIVE GROUP 401(K) PLAN & TRUST	
b	Name of plan sponsor TEAM NISSAN, LLC	c EIN-PN 77-0493543-001
a	Plan name THE CAPFINANCIAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor THE CAPFINANCIAL GROUP, LLC	c EIN-PN 47-4009638-001
a	Plan name THE J. RECKNER ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor J. RECKNER ASSOCIATES, INC.	c EIN-PN 23-2657307-001
a	Plan name THE NEWS GAZETTE CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor THE NEWS GAZETTE CORPORATION	c EIN-PN 54-0717147-002
a	Plan name THE NIELLO COMPANY 401(K) PLAN & TRUST	
b	Name of plan sponsor THE NIELLO COMPANY	c EIN-PN 94-2636553-003
a	Plan name THE SMITHERS GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE SMITHERS GROUP, INC.	c EIN-PN 03-0390026-005
a	Plan name THOMAS PAUMIER DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMAS M PAUMIER DDS, INC.	c EIN-PN 34-1873897-001
a	Plan name THOMAS, JUDY AND TUCKER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMAS, JUDY AND TUCKER P.A.	c EIN-PN 56-1965804-001
a	Plan name TOMCAT AVIATION, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor TOMCAT AVIATION, LLC	c EIN-PN 45-4896602-001

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 TOOLING, MANUFACTURING & TECHNOLOGIES ASSOCIATION 401(K) PLAN & TRUST	
b	Name of plan sponsor TOOLING, MANUFACTURING & TECHNOLOGIES ASSOCIATION	c EIN-PN 38-0316450-006
a	Plan name TOYOTA & HONDA OF SANTA MARIA 401(K) PLAN & TRUST	
b	Name of plan sponsor TOYOTA OF SANTA MARIA	c EIN-PN 95-2089293-001
a	Plan name TRANS/AIR MANUFACTURING CORPORATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor TRANS/AIR MANUFACTURING CORPORATION	c EIN-PN 23-2201348-001
a	Plan name TRINITY HOLDING, INC. & SUBSIDIARIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRINITY HOLDING, INC.	c EIN-PN 38-2679176-003
a	Plan name VED SOFTWARE SERVICES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor VED SOFTWARE SERVICES, INC.	c EIN-PN 38-3239281-001
a	Plan name VICKSBURG CHRYSLER DODGE JEEP RAM 401(K) PLAN & TRUST	
b	Name of plan sponsor HALL WHITENER INVESTMENTS DBA VICKSBURG CHRYSLER DODGE JEEP RAM	c EIN-PN 46-2221369-001
a	Plan name VISIFI, INC 401(K) PLAN	
b	Name of plan sponsor VISIFI, INC	c EIN-PN 63-0997390-002
a	Plan name W.T. HUMPHREY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W.T. HUMPHREY, INC.	c EIN-PN 56-0998971-001
a	Plan name WALLY EDGAR CHEVROLET-BUICK, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor WALLY EDGAR CHEVROLET-BUICK, INC.	c EIN-PN 38-1617947-001
a	Plan name WELDALOY PRODUCTS COMPANY 401(K) PLAN	
b	Name of plan sponsor WELDALOY PRODUCTS COMPANY	c EIN-PN 38-3187314-001
a	Plan name WHITE & ALLEN P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WHITE & ALLEN P.A.	c EIN-PN 56-1057225-001
a	Plan name WILLIAMS AUTOWORLD 401(K) PLAN & TRUST	
b	Name of plan sponsor WILLIAMS VOLKSWAGEN, INC. DBA WILLIAMS AUTOWORLD	c EIN-PN 38-1949544-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CONSERVATIVE MANAGED ACCOUNT PORTFOLIO	B Three-digit plan number (PN) ▶ 181
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 46-3750663

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
a Total noninterest-bearing cash	1a	94510	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	177143	1664602
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)	170602785	211642830
(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)	28267118	35336685
(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	199141556	248644117
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	40871
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	108759	1562794
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	108759	1603665
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	199032797	247040452

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)	1281235	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1281235
(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)		
(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)		16419846
(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		17701081

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)	109852	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	11077	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	126469	
(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)		247398
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		247398

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		17453683
l Transfers of assets:			
(1) To this plan.....	2l(1)		112032620
(2) From this plan	2l(2)		81478648

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 _____.