

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: INCOME MANAGED ACCOUNT PORTFOLIO
1b Three-digit plan number (PN): 180
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 46-3745190
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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>INCOME MANAGED ACCOUNT PORTFOLIO</u>	B Three-digit plan number (PN) ▶	<u>180</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>46-3745190</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>37071856</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>2989531</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>9942042</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>3499128</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)

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

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

c EIN-PN

d Entity code

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

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	ALLIANCE FOODS, INC. PROFIT-SHARING PLAN	
b	Name of plan sponsor	ALLIANCE FOODS, INC.	c EIN-PN 38-0692130-002
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)	
<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	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	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
a	Plan name	BURR & FORMAN LLP EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	BURR & FORMAN LLP	c EIN-PN 63-0322727-003
a	Plan name	BURR & FORMAN LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	BURR & FORMAN LLP	c EIN-PN 63-0322727-001

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	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	COLE CENTURY 401(K) PLAN & TRUST	
b	Name of plan sponsor	COLE CENTURY, INC. DBA COLE BUICK GMC CADILLAC	c EIN-PN 38-3039411-001
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	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	CUSTOM APPAREL 401(K) PLAN	
b	Name of plan sponsor	CUSTOM APPAREL ETC, LLC	c EIN-PN 84-2608367-001
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

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	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
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	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	FELDMAN AUTOMOTIVE 401(K) PLAN & TRUST	
b	Name of plan sponsor	LIBERTY CHEVROLET, INC.	c EIN-PN 32-0082440-001
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	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

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	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
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	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	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 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
a	Plan name	GUNSTER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GUNSTER, YOAKLEY & STEWART, P.A.	c EIN-PN 59-1450702-006

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	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	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	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
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

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 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
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 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

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	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
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	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

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	MERIDIAN LABORATORY CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MERIDIAN LABORATORY CORPORATION	c EIN-PN 95-4896039-001
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
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	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	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	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
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

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	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	PETTY, LIVINGSTON, DAWSON & RICHARDS, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PLDR LAW, PC	c EIN-PN 54-1740034-001
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
a	Plan name	PRESTIGE AUTOMOTIVE GROUP 401(K) PLAN & TRUST	
b	Name of plan sponsor	PRESTIGE AUTOHAUS DBA MERCEDES-BENZ ST. CLAIR SHORES	c EIN-PN 20-3059149-001
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

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	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	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	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	SERRA AUTOMOTIVE 401(K) PLAN & TRUST	
b	Name of plan sponsor	SERRA AUTOMOTIVE, INC.	c EIN-PN 38-2407959-001

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 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
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 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 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 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, 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

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	TOMCAT AVIATION, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	TOMCAT AVIATION, LLC	c EIN-PN 45-4896602-001
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	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	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	WILKE FLEURY LLP 401(K) PLAN	
b	Name of plan sponsor	WILKE FLEURY LLP	c EIN-PN 94-1149786-002
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
a	Plan name	WILLIAMS CHEVROLET, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	WILLIAMS CHEVROLET, INC.	c EIN-PN 38-2943313-001
a	Plan name	WINDOWS, DOORS & MORE 401(K) PLAN	
b	Name of plan sponsor	WINDOWS, DOORS & MORE, INC. DBA WINDOWS, DOORS AND MORE	c EIN-PN 91-1609268-001

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.	OMB No. 1210-0110 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 INCOME MANAGED ACCOUNT PORTFOLIO	B Three-digit plan number (PN) ▶ 180
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 46-3745190

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	12634	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	117538	546456
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)	42284065	53502557
(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)	18223901	23049337
(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	60638138	77098350
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	10366
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	71540	482433
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	71540	492799
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	60566598	76605551

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)	797950	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		797950
(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)		2928704
(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		3726654

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)	68477	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	3307	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	37473	
(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)		109257
j Total expenses. Add all expense amounts in column (b) and enter total	2j		109257

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3617397
l Transfers of assets:			
(1) To this plan	2l(1)		39984708
(2) From this plan	2l(2)		27563152

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 _____.