

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

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>MODERATE MANAGED ACCOUNT PORTFOLIO</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>182</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>46-3768480</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/08/2025</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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>MODERATE MANAGED ACCOUNT PORTFOLIO</u>	B Three-digit plan number (PN) ▶ <u>182</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>46-3768480</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>314059126</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>144969411</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>305572549</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>107549901</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)

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

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

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d Entity code

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

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

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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 ALBION MOTORS FORD, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor ALBION MOTORS FORD, INC.	c EIN-PN 38-3365601-001
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 ALLIANCE FOODS, INC. PROFIT-SHARING PLAN	
b	Name of plan sponsor ALLIANCE FOODS, INC.	c EIN-PN 38-0692130-002
a	Plan name AMERICA'S CHOICE INSURANCE PARTNERS	
b	Name of plan sponsor AMERICAS CHOICE INSURANCE PARTNERS	c EIN-PN 38-2567826-001
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 ARCADIAN SERVICES 401(K) PLAN	
b	Name of plan sponsor ARCADIAN SERVICES, LLC	c EIN-PN 46-4304643-001

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 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 ARTHUR LOUIS STEEL COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARTHUR LOUIS STEEL COMPANY	c EIN-PN 34-0823260-001
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
a	Plan name ATLAS PERFORMANCE INDUSTRIES 401(K) PLAN & TRUST	
b	Name of plan sponsor ATLAS PERFORMANCE INDUSTRIES	c EIN-PN 77-0111273-001
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

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 BERGER CHEVROLET, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor BERGER CHEVROLET, INC.	c EIN-PN 38-2374197-001
a	Plan name BEST COMMERCIAL MANAGEMENT, INC. 401(K)/PSP	
b	Name of plan sponsor BEST COMMERCIAL MANAGEMENT, INC.	c EIN-PN 45-1828408-001
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 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
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 CML MICROCIRCUITS (USA) INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CML MICROCIRCUITS USA, INC.	c EIN-PN 20-0517783-001

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 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 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 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 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

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 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 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

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 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
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

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 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
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

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 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 HATTERAS INVESTMENT PARTNERS 401(K) PLAN	
b	Name of plan sponsor HATTERAS INVESTMENT PARTNERS, LP	c EIN-PN 46-3765543-001
a	Plan name HEAR THE POSSIBILITIES 401(K) PLAN	
b	Name of plan sponsor HEAR THE POSSIBILITIES	c EIN-PN 87-3931949-001
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 HIPPI 401(K) PLAN	
b	Name of plan sponsor HIPPI 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

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 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

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	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	LAKE MONTICELLO OWNERS ASSOCIATION 401K	
b Name of plan sponsor	LAKE MONTICELLO OWNERS ASSOCIATION	c EIN-PN 54-0897858-001
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	LEONARD MACHINE TOOL SYSTEMS AND APEX BROACHING SYSTEMS 401(K) PLAN & TRUST	
b Name of plan sponsor	LEONARD MACHINE TOOL SYSTEMS AND APEX BROACHING SYSTEMS	c EIN-PN 38-1452242-001
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

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 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
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

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 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 MUNGENAST LEXUS OF ST. LOUIS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CAPCO SALES, INC.	c EIN-PN 87-1296925-001
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
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 OCHALEK PROFIT SHARING PLAN	
b	Name of plan sponsor OCHALEK-STARK FUNERAL SERVICE, PC	c EIN-PN 38-1904677-002
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	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	PAULI FORD 401(K) PLAN & TRUST	
b	Name of plan sponsor	ST. JOHNS FORD MERCURY SALES, INC. DBA PAULI FORD MERCURY	c EIN-PN 38-2537704-001
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	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

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 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 PRICE RIGHT AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor PRICE RIGHT AUTOMOTIVE GROUP, LLC	c EIN-PN 80-0736314-001
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 R.E.D. INDUSTRIES 401(K) PLAN & TRUST	
b	Name of plan sponsor R.E.D. INDUSTRIES, INC.	c EIN-PN 38-3072348-001
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

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 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
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

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 SPI, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SPI, LLC	c EIN-PN 38-3284003-001
a	Plan name SPRING DYNAMICS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor SPRING DYNAMICS, INC.	c EIN-PN 38-2607722-001
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 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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE 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 TIMOTHY A MORRIS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor TIMOTHY A MORRIS	c EIN-PN 34-1943584-001
a	Plan name TOM BOGGS REAL ESTATE GROUP 401(K) PLAN	
b	Name of plan sponsor TOM BOGGS REAL ESTATE GROUP, INC.	c EIN-PN 46-1689116-001
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
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

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	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	WHEELER MOTORS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	WHEELER MOTORS, INC.	c EIN-PN 38-2607839-001
a	Plan name	WHITACRE ENGINEERING COMPANY 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WHITACRE ENGINEERING COMPANY	c EIN-PN 34-0616182-002
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 BROTHERS 401(K) PLAN	
b	Name of plan sponsor	MATT & DAVE, LLC DBA WILLIAMS BROS. DUNDEE DODGE CHRYSLER JEEP RAM	c EIN-PN 47-2329151-001
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
a	Plan name	WOLVERINE FIRE PROTECTION CO. 401(K) PLAN & TRUST	
b	Name of plan sponsor	WOLVERINE FIRE PROTECTION CO.	c EIN-PN 38-1797318-004

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.)
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a	Plan name	WOLVERINE HARLEY-DAVIDSON, INC. 401(K) PLAN & TRUST
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b	Name of plan sponsor	WOLVERINE HARLEY-DAVIDSON, INC.	c	EIN-PN	38-3623634-001
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a	Plan name	WYNDHURST FAMILY MEDICINE, PC 401(K) PROFIT SHARING PLAN & TRUST
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b	Name of plan sponsor	WYNDHURST FAMILY MEDICINE, PC	c	EIN-PN	80-0115248-001
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a	Plan name	ZEHNDER'S OF FRANKENMUTH, INC. 401(K) & PROFIT SHARING PLAN & TRUST
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b	Name of plan sponsor	ZEHNDERS OF FRANKENMUTH, INC.	c	EIN-PN	38-1280601-002
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a	Plan name	
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name	
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name	
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name	
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name	
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name	
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name	
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name	
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b	Name of plan sponsor		c	EIN-PN	
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a	Plan name	
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b	Name of plan sponsor		c	EIN-PN	
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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 MODERATE MANAGED ACCOUNT PORTFOLIO	B Three-digit plan number (PN) ▶ 182
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 46-3768480

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	277321	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1263460	761725
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)	738919246	872150987
(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)	25446838	30440627
(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	765906865	903353339
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	138360
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1176542	675315
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1176542	813675
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	764730323	902539664

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)	1113272	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1113272
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		83599445
(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		84712717

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)	95596	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	41308	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	467559	
(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)		604463
j Total expenses. Add all expense amounts in column (b) and enter total	2j		604463

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		84108254
l Transfers of assets:			
(1) To this plan	2l(1)		235095395
(2) From this plan	2l(2)		181394308

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 _____.