

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2010 TRUST</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>38-7289830</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/25/2025</u>	<u>BRIAN MULLER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2010 TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-7289830</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>T. ROWE PRICE RETIREMENT 2010 FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>32-6199795-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>61945848</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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

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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

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

**c** EIN-PN

**d** Entity code

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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)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 5.11 INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 511 INC	<b>c</b> EIN-PN 61-1443499-001
<b>a</b>	Plan name ABS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICAN BUREAU OF SHIPPING	<b>c</b> EIN-PN 13-4921556-003
<b>a</b>	Plan name AERO CENTER 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SAR TRILOGY LLC	<b>c</b> EIN-PN 47-3502827-001
<b>a</b>	Plan name AEROTECH, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AEROTECH, INC.	<b>c</b> EIN-PN 25-1207279-001
<b>a</b>	Plan name AIRX CLIMATE SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AIRX CLIMATE SOLUTIONS, INC.	<b>c</b> EIN-PN 76-0629847-001
<b>a</b>	Plan name ALAPLEX MANAGEMENT INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ALAPLEX MANAGEMENT INC	<b>c</b> EIN-PN 72-1356387-001
<b>a</b>	Plan name AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER	
<b>b</b>	Name of plan sponsor 84 LUMBER COMPANY, L.P.	<b>c</b> EIN-PN 25-1613116-002
<b>a</b>	Plan name AQUAFIN INC 401K PLAN	
<b>b</b>	Name of plan sponsor AQUAFIN INC	<b>c</b> EIN-PN 52-1612456-001
<b>a</b>	Plan name ATALYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATALYS LLC	<b>c</b> EIN-PN 88-2793261-001
<b>a</b>	Plan name ATLANTIC ELEVATOR SOUTH CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC ELEVATOR SOUTH CO., INC.	<b>c</b> EIN-PN 04-3204998-001
<b>a</b>	Plan name B & M PRECISION, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & M PRECISION, INC.	<b>c</b> EIN-PN 59-2025611-001
<b>a</b>	Plan name BEAN KINNEY & KORMAN P.C. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BEAN KINNEY & KORMAN P.C.	<b>c</b> EIN-PN 54-1392904-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BLICK CLINIC EMPLOYEES RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLICK CLINIC, INC.</b>	<b>c</b> EIN-PN <b>23-7176525-001</b>
<b>a</b>	Plan name <b>BRIGHTWAY INSURANCE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRIGHTWAY INSURANCE, LLC</b>	<b>c</b> EIN-PN <b>76-0738082-001</b>
<b>a</b>	Plan name <b>BUTZEL LONG EMPLOYEES THRIFT PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BUTZEL LONG, A PROFESSIONAL CORPORATION</b>	<b>c</b> EIN-PN <b>38-2384883-002</b>
<b>a</b>	Plan name <b>CADUCEUS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CADUCEUS, INC.</b>	<b>c</b> EIN-PN <b>22-3475067-001</b>
<b>a</b>	Plan name <b>CAMERON ASHLEY BUILDING PRODUCTS 401K PL</b>	
<b>b</b>	Name of plan sponsor <b>CAMERON ASHLEY BUILDING PRODUCTS INC</b>	<b>c</b> EIN-PN <b>58-1968171-002</b>
<b>a</b>	Plan name <b>CANFIELD BUSINESS INTERIORS INC 401K</b>	
<b>b</b>	Name of plan sponsor <b>CANFIELD BUSINESS INTERIORS INC</b>	<b>c</b> EIN-PN <b>26-3958495-002</b>
<b>a</b>	Plan name <b>CANFOR SOUTHERN PINE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CANFOR SOUTHERN PINE, INC.</b>	<b>c</b> EIN-PN <b>57-1128614-002</b>
<b>a</b>	Plan name <b>CELSTAR GROUP, INC. EMPLOYEES SAVINGS TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CELSTAR GROUP, INC.</b>	<b>c</b> EIN-PN <b>31-1263839-001</b>
<b>a</b>	Plan name <b>COEN OIL COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COEN OIL COMPANY, LLC</b>	<b>c</b> EIN-PN <b>25-1852754-001</b>
<b>a</b>	Plan name <b>CONSOLIDATED CATHOLIC BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONSOLIDATED CATHOLIC ADMINISTRATIVE SERVICES, INC.</b>	<b>c</b> EIN-PN <b>13-4064939-001</b>
<b>a</b>	Plan name <b>CORELOGIC, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORELOGIC, INC.</b>	<b>c</b> EIN-PN <b>95-1068610-001</b>
<b>a</b>	Plan name <b>COUNTY OF DUNN MONEY PURCHASE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COUNTY OF DUNN</b>	<b>c</b> EIN-PN <b>39-6005690-002</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">D.R. HORTON, INC. PROFIT SHARING PLUS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">D.R. HORTON, INC.</a>	<b>c</b> EIN-PN <a href="#">75-2386963-001</a>
<b>a</b>	Plan name <a href="#">DAIRYLAND VETERINARY SERVICE 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DAIRYLAND VETERINARY SERVICE, SC</a>	<b>c</b> EIN-PN <a href="#">39-1731272-003</a>
<b>a</b>	Plan name <a href="#">DIVERSIFIED TOOLING GROUP EMPLOYEES 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIVERSIFIED TOOLING GROUP INC</a>	<b>c</b> EIN-PN <a href="#">32-0020441-002</a>
<b>a</b>	Plan name <a href="#">DUNN COUNTY 457 DEFERRED COMPENSATION</a>	
<b>b</b>	Name of plan sponsor <a href="#">COUNTY OF DUNN</a>	<b>c</b> EIN-PN <a href="#">39-6005690-001</a>
<b>a</b>	Plan name <a href="#">DYNTEK INC. 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYNTEK INC</a>	<b>c</b> EIN-PN <a href="#">95-4228470-001</a>
<b>a</b>	Plan name <a href="#">E.A. SWEEN COMPANY EMPLOYEE RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">E.A. SWEEN COMPANY EMPLOYEE RETIREMENT PLAN</a>	<b>c</b> EIN-PN <a href="#">41-0878603-001</a>
<b>a</b>	Plan name <a href="#">ELEMENT SAVINGS AND INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELEMENT MATERIALS TECHNOLOGY HOLDING USA INC.</a>	<b>c</b> EIN-PN <a href="#">26-2658878-001</a>
<b>a</b>	Plan name <a href="#">EQUITY HR, INC. 401(K) MULTIPLE EMPLOYER PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EQUITY HR, INC.</a>	<b>c</b> EIN-PN <a href="#">27-0037153-001</a>
<b>a</b>	Plan name <a href="#">FIBRIX FILTRATION 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRANFORD FILTRATION LLC</a>	<b>c</b> EIN-PN <a href="#">85-2075925-001</a>
<b>a</b>	Plan name <a href="#">FORT WORTH TRANSPORTATION AUTHORITY 457(B) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FORT WORTH TRANSPORTATION AUTHORITY</a>	<b>c</b> EIN-PN <a href="#">75-2793063-457</a>
<b>a</b>	Plan name <a href="#">FREEDOM FORUM INC. RETIREMENT SAVINGS PL</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE FREEDOM FORUM INC</a>	<b>c</b> EIN-PN <a href="#">54-1604427-002</a>
<b>a</b>	Plan name <a href="#">G &amp; M OIL CO., INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">G &amp; M OIL CO., INC.</a>	<b>c</b> EIN-PN <a href="#">33-0259692-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>GENERATIONAL EQUITY LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GENERATIONAL EQUITY LLC</b>	<b>c</b> EIN-PN <b>86-1122234-001</b>
<b>a</b>	Plan name <b>GLACIAL LAKE CRANBERRIES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLACIAL LAKE CRANBERRIES, INC.</b>	<b>c</b> EIN-PN <b>39-6042154-002</b>
<b>a</b>	Plan name <b>H.J. BAKER AND BRO LLC 401K SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HJ BAKER AND BRO LLC</b>	<b>c</b> EIN-PN <b>81-4867907-010</b>
<b>a</b>	Plan name <b>H.W. KAUFMAN FINANCIAL GROUP RETIREMENT SAVINGS PLAN H.W. KAUFMAN FINANCIAL GROUP</b>	
<b>b</b>	Name of plan sponsor <b>H.W. KAUFMAN FINANCIAL GROUP</b>	<b>c</b> EIN-PN <b>38-1903339-001</b>
<b>a</b>	Plan name <b>HALLETT &amp; SONS EXPERT MOVERS, INC EMPLOYEES PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>HALLETT &amp; SONS EXPERT MOVERS, INC.</b>	<b>c</b> EIN-PN <b>36-2438075-003</b>
<b>a</b>	Plan name <b>HALLMARK AVIATION SERVICES, LP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HALLMARK AVIATION SERVICES, L.P.</b>	<b>c</b> EIN-PN <b>95-4217627-001</b>
<b>a</b>	Plan name <b>HANSEN &amp; ADKINS AUTO TRANSPORT INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HANSEN &amp; ADKINS AUTO TRANSPORT</b>	<b>c</b> EIN-PN <b>95-4485461-001</b>
<b>a</b>	Plan name <b>HAWAIIAN GARDENS CASINO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAWAIIAN GARDENS CASINO</b>	<b>c</b> EIN-PN <b>33-0691298-001</b>
<b>a</b>	Plan name <b>HERRICK FEINSTEIN LLP</b>	
<b>b</b>	Name of plan sponsor <b>HERRICK FEINSTEIN LLP</b>	<b>c</b> EIN-PN <b>13-2991662-002</b>
<b>a</b>	Plan name <b>HERRICK FEINSTEIN LLP SAVINGS PLAN NEW</b>	
<b>b</b>	Name of plan sponsor <b>HERRICK FEINSTEIN LLP</b>	<b>c</b> EIN-PN <b>13-2991662-004</b>
<b>a</b>	Plan name <b>HERZOG CONTRACTING CORP 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HERZOG CONTRACTING CORP</b>	<b>c</b> EIN-PN <b>43-0918005-001</b>
<b>a</b>	Plan name <b>HF SINCLAIR CORPORATION 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HF SINCLAIR CORPORATION</b>	<b>c</b> EIN-PN <b>87-2092143-002</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HINCKLEY ALLEN & SNYDER LLP RETIREMENT	
<b>b</b>	Name of plan sponsor	HINCKLEY ALLEN SNYDER LLP	<b>c</b> EIN-PN 05-0262309-003
<b>a</b>	Plan name	HITCHCOCK DESIGN GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	HITCHCOCK DESIGN GROUP	<b>c</b> EIN-PN 36-3059328-001
<b>a</b>	Plan name	HOLLINGSWORTH 401K RETIREMENT SAVINGS	
<b>b</b>	Name of plan sponsor	HOLLINGSWORTH LLP	<b>c</b> EIN-PN 52-1279928-002
<b>a</b>	Plan name	HONDA LOGISTICS NORTH AMERICA, INC., RETIREMENT SA	
<b>b</b>	Name of plan sponsor	HONDA LOGISTICS NORTH AMERICA, INC.	<b>c</b> EIN-PN 46-4014349-001
<b>a</b>	Plan name	IMC AMERICAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMC AMERICAS, INC.	<b>c</b> EIN-PN 36-4366168-002
<b>a</b>	Plan name	INCENTIVE SAVINGS PLAN AND TRUST FOR EMPLOYEES OF THE KWS SEEDS GROUP	
<b>b</b>	Name of plan sponsor	KWS-SEEDS, INC. (DELAWARE)	<b>c</b> EIN-PN 57-0676870-003
<b>a</b>	Plan name	INTEGRATED INTEL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED INTEL SOLUTIONS	<b>c</b> EIN-PN 26-3308979-001
<b>a</b>	Plan name	IQEQ US MANAGEMENT CO. LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IQEQ US MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 87-2324421-001
<b>a</b>	Plan name	JAE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAE ELECTRONICS, INC.	<b>c</b> EIN-PN 95-3107706-001
<b>a</b>	Plan name	JOHN HENRY FOSTER MINNESOTA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN HENRY FOSTER MINNESOTA, INC 401(K) PS PLAN	<b>c</b> EIN-PN 41-1464257-001
<b>a</b>	Plan name	KING SCHOOLS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KING SCHOOLS, INC.	<b>c</b> EIN-PN 33-0492638-001
<b>a</b>	Plan name	KINGSTON RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KINGSTON TECHNOLOGY GROUP INC	<b>c</b> EIN-PN 33-0883440-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	KKW TRUCKING, INC. 401(K) PROFIT SHARING AND RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	KKW TRUCKING, INC.	<b>c</b> EIN-PN 95-2234403-002
<b>a</b>	Plan name	KLOEPFER INC. EMPLOYEES' 401 K PROFIT	
<b>b</b>	Name of plan sponsor	KLOEPFER INC	<b>c</b> EIN-PN 85-4353905-002
<b>a</b>	Plan name	LABORDE MARINE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LABORDE MARINE MANAGEMENT, L.L.C.	<b>c</b> EIN-PN 27-0965318-001
<b>a</b>	Plan name	LEA COUNTY STATE BANK 401K PLAN	
<b>b</b>	Name of plan sponsor	LEA COUNTY BANCSHARES INC	<b>c</b> EIN-PN 85-0391127-001
<b>a</b>	Plan name	LITHKO CONTRACTING, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LITHKO CONTRACTING, LLC	<b>c</b> EIN-PN 43-1214734-001
<b>a</b>	Plan name	LINDORA WELLNESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINDORA WELLNESS INCORPORATED	<b>c</b> EIN-PN 87-4134663-001
<b>a</b>	Plan name	MAKJOHN QUALIFIED PLAN	
<b>b</b>	Name of plan sponsor	BONNEVILLE MACHINE	<b>c</b> EIN-PN 87-0524448-001
<b>a</b>	Plan name	NATIONAL CATTLEMEN'S BEEF ASSOCIATION	
<b>b</b>	Name of plan sponsor	NATIONAL CATTLEMENS BEEF ASSOCIATION	<b>c</b> EIN-PN 84-0738973-003
<b>a</b>	Plan name	NATIONAL RESILIENCE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL RESILIENCE INC	<b>c</b> EIN-PN 85-0788227-001
<b>a</b>	Plan name	NATIONWIDE SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	NATIONWIDE TRUST COMPANY	<b>c</b> EIN-PN 31-1592130-001
<b>a</b>	Plan name	NEIGHBORWORKS AMERICA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEIGHBORWORKS AMERICA	<b>c</b> EIN-PN 52-1148078-002
<b>a</b>	Plan name	OBHG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OBHG MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 80-0950275-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	OHIO GRATINGS INC.	
<b>b</b>	Name of plan sponsor	OHIO GRATINGS INC	<b>c</b> EIN-PN 34-1054715-001
<b>a</b>	Plan name	ON TOP OF THE WORLD COMMUNITIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ON TOP OF THE WORLD COMMUNITIES, LLC	<b>c</b> EIN-PN 59-6059413-333
<b>a</b>	Plan name	PACIFIC INDUSTRIAL DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRU	
<b>b</b>	Name of plan sponsor	PACIFIC INDUSTRIAL DEVELOPMENT	<b>c</b> EIN-PN 38-3088899-001
<b>a</b>	Plan name	PAULO PRODUCTS COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAULO PRODUCTS COMPANY	<b>c</b> EIN-PN 43-0618815-011
<b>a</b>	Plan name	PROLEC-GE WAUKESHA, INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROLEC GE WAUKESHA, INC	<b>c</b> EIN-PN 39-1139625-002
<b>a</b>	Plan name	R.H. WHITE 401(K) PROFIT SHARING-PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	R.H. WHITE COMPANIES, INC.	<b>c</b> EIN-PN 04-2133102-003
<b>a</b>	Plan name	REDEVELOPMENT AUTHORITY OF THE COUNTY OF	
<b>b</b>	Name of plan sponsor	LANCASTER COUNTY HOUSING AND REDEVELOPME	<b>c</b> EIN-PN 23-6050625-001
<b>a</b>	Plan name	RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RESTAURANT SERVICES, INC. 401(K) EE SAVINGS	<b>c</b> EIN-PN 65-0308534-001
<b>a</b>	Plan name	RETIREMENT SAVINGS PLAN OF BOARDMAN & CLARK LLP	
<b>b</b>	Name of plan sponsor	BOARDMAN & CLARK LLP	<b>c</b> EIN-PN 45-3866466-002
<b>a</b>	Plan name	REVERE ELECTRIC SUPPLY CO	
<b>b</b>	Name of plan sponsor	REVERE ELECTRIC SUPPLY CO	<b>c</b> EIN-PN 36-1680965-001
<b>a</b>	Plan name	SABLE OFFSHORE CORP. 401K PLAN	
<b>b</b>	Name of plan sponsor	SABLE OFFSHORE CORP	<b>c</b> EIN-PN 85-3514078-001
<b>a</b>	Plan name	SGH PROFIT SHARING & 401K PL AND TR	
<b>b</b>	Name of plan sponsor	SIMPSON GUMPERTZ AND HEGER INC	<b>c</b> EIN-PN 04-2256923-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SIERRA RAILROAD COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SIERRA RAILROAD COMPANY	<b>c</b> EIN-PN 77-0373437-001
<b>a</b>	Plan name SIGNIFICANCE INC. 401K PLAN	
<b>b</b>	Name of plan sponsor SIGNIFICANCE INC	<b>c</b> EIN-PN 47-2454872-001
<b>a</b>	Plan name SOR, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOR, INC.	<b>c</b> EIN-PN 48-0891679-002
<b>a</b>	Plan name SOUTHAMPTON WINDOW CLEANING AND JANITORIAL SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOUTHAMPTON WINDOW CLEANING AND JANITORIAL SERVICE, INC.	<b>c</b> EIN-PN 01-0732274-001
<b>a</b>	Plan name STEIN GARDEN CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEIN GARDEN CENTERS, INC.	<b>c</b> EIN-PN 39-0965827-001
<b>a</b>	Plan name THE AGS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARCHITECTURAL GLASS SYSTEMS INC	<b>c</b> EIN-PN 26-0844245-001
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BINKS BOTTLING	<b>c</b> EIN-PN 38-0430900-002
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VIKING COCA-COLA BOTTLING COMPANY	<b>c</b> EIN-PN 41-0722845-002
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC BOTTLING COMPANY	<b>c</b> EIN-PN 42-0666479-002
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COCA-COLA BEVERAGES FLORIDA	<b>c</b> EIN-PN 47-2685591-002
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COCA-COLA BOTTLERS SALES AND SERVICE CO., LLC	<b>c</b> EIN-PN 59-3761746-002
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MAGNOLIA COCA-COLA BOTTLING COMPANY, INC.	<b>c</b> EIN-PN 71-0112215-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COCA-COLA BOTTLING COMPANY OF MINDEN	<b>c</b> EIN-PN 72-0155730-002
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOVE BOTTLING	<b>c</b> EIN-PN 73-0956850-002
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LIBERTY COCA-COLA BEVERAGES	<b>c</b> EIN-PN 82-1396019-002
<b>a</b>	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE DOLSEN COMPANIES COCA-COLA BOTTLING CO.	<b>c</b> EIN-PN 91-0710461-002
<b>a</b>	Plan name THE GEMOLOGICAL INSTITUTE OF AMERICA INC.	
<b>b</b>	Name of plan sponsor GEMOLOGICAL INSTITUTE OF AMERICA INC	<b>c</b> EIN-PN 95-3797687-003
<b>a</b>	Plan name THE KING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor KING AUTOMOTIVE MANAGEMENT LLC	<b>c</b> EIN-PN 27-1608330-001
<b>a</b>	Plan name THE PLOTE COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor PLOTE CONSTRUCTION, INC.	<b>c</b> EIN-PN 36-2814492-001
<b>a</b>	Plan name THE WASHINGTON TIMES 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE WASHINGTON TIMES LLC	<b>c</b> EIN-PN 11-3748516-002
<b>a</b>	Plan name TOWN OF JUPITER ISLAND DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor TOWN OF JUPITER ISLAND	<b>c</b> EIN-PN 59-6011135-457
<b>a</b>	Plan name TRANSITAMERICA SERVICES, INC. 401(K) PLAN - UNION	
<b>b</b>	Name of plan sponsor TRANSITAMERICA SERVICES INC	<b>c</b> EIN-PN 56-2515761-001
<b>a</b>	Plan name TRENAM LAW 401(K)PLAN	
<b>b</b>	Name of plan sponsor TKSBO & M PROFESSIONAL ASSOC SECT 401(K) PLAN	<b>c</b> EIN-PN 59-1772042-001
<b>a</b>	Plan name TRIWEST HEALTHCARE ALLIANCE CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIWEST HEALTHCARE ALLIANCE CORP	<b>c</b> EIN-PN 86-0813402-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UNIVERSITY FINANCIAL CORPORATION EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY FINANCIAL CORPORATION	<b>c</b> EIN-PN 41-1557799-001
<b>a</b>	Plan name	US INTERNATIONAL MEDIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	USIM	<b>c</b> EIN-PN 20-0244617-001
<b>a</b>	Plan name	VELUX AMERICA LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VELUX AMERICA LLC	<b>c</b> EIN-PN 04-2559488-001
<b>a</b>	Plan name	VICTORY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VICTORY AUTOMOTIVE GROUP	<b>c</b> EIN-PN 38-3572888-001
<b>a</b>	Plan name	W & T OFFSHORE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W & T OFFSHORE, INC.	<b>c</b> EIN-PN 72-1121985-001
<b>a</b>	Plan name	WHITNEY CENTER, INC. COMPREHENSIVE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WHITNEY CENTER, INC.	<b>c</b> EIN-PN 06-0924891-002
<b>a</b>	Plan name	WHOLESTONE FARMS COOPERATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WHOLESTONE FARMS COOPERATIVE, INC.	<b>c</b> EIN-PN 83-1174153-001
<b>a</b>	Plan name	WHOLESTONE FARMS COOPERATIVE BARGAINED EMPLOYEES 401(K) PLAN WHOLESTONE FARMS COOPERATIVE	
<b>b</b>	Name of plan sponsor	WHOLESTONE FARMS COOPERATIVE, INC.	<b>c</b> EIN-PN 83-1174153-002
<b>a</b>	Plan name	WIPAIRE INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WIPAIRE INC	<b>c</b> EIN-PN 41-1240896-001
<b>a</b>	Plan name	WMC PHYSICIANS PRACTICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WCM PHYSICIANS PRACTICES, LLC	<b>c</b> EIN-PN 46-1883875-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2010 TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-7289830</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	<b>5585</b>
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	<b>61945848</b>
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	47288978	61951433
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	9312
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	113130	5585
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	113130	14897
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	47175848	61936536

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		4507446
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		4507446

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	2707	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	10304	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	17502	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		30513
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		30513

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4476933
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		21919038
(2) From this plan .....	<b>2l(2)</b>		11635283

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....			
<b>e</b> Was this plan covered by a fidelity bond? .....			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?.....			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?.....  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.