

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2020 TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 38-7289832
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2020 TRUST</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-7289832</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>T. ROWE PRICE RETIREMENT 2020 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>36-7594871-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>416805509</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN

d Entity code

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

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c EIN-PN

d Entity code

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 5.11 INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor 511 INC	c EIN-PN 61-1443499-001
a	Plan name A TEEM SAFE HARBOR 401K PLAN AND TRUST	
b	Name of plan sponsor A TEEM ELECTRICAL ENGINEERING	c EIN-PN 68-0253031-002
a	Plan name ABS 401(K) SAVINGS PLAN	
b	Name of plan sponsor AMERICAN BUREAU OF SHIPPING	c EIN-PN 13-4921556-003
a	Plan name AERO CENTER 401K RETIREMENT PLAN	
b	Name of plan sponsor SAR TRILOGY LLC	c EIN-PN 47-3502827-001
a	Plan name AEROTECH, INC. EMPLOYEE STOCK OWNERSHIP PLAN AND TRUST	
b	Name of plan sponsor AEROTECH, INC.	c EIN-PN 25-1207279-001
a	Plan name AIRX CLIMATE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor AIRX CLIMATE SOLUTIONS, INC.	c EIN-PN 76-0629847-001
a	Plan name AMENDED AND RESTATED PROFIT SHARING PLAN FOR EES 84 LUMBER	
b	Name of plan sponsor 84 LUMBER COMPANY, L.P.	c EIN-PN 25-1613116-002
a	Plan name AQUAFIN INC 401K PLAN	
b	Name of plan sponsor AQUAFIN INC	c EIN-PN 52-1612456-001
a	Plan name ARELION U.S. INC.401(K) PLAN	
b	Name of plan sponsor ARELION U.S. INC.	c EIN-PN 54-1955798-001
a	Plan name ATAIN SPECIALTY INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor H.W. KAUFMAN FINANCIAL GROUP	c EIN-PN 23-0597040-003
a	Plan name ATALYS 401(K) PLAN	
b	Name of plan sponsor ATALYS LLC	c EIN-PN 88-2793261-001
a	Plan name ATLANTIC ELEVATOR SOUTH CO., INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTIC ELEVATOR SOUTH CO., INC.	c EIN-PN 04-3204998-001

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 AVESHKA INC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AVESHKA INC	c EIN-PN 27-2056047-002
a	Plan name AVOXI 401 (K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AVOXI, INC.	c EIN-PN 58-2602927-001
a	Plan name B & M PRECISION, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor B & M PRECISION, INC.	c EIN-PN 59-2025611-001
a	Plan name BADER USA INC. 401K PLAN & TRUST	
b	Name of plan sponsor BADER USA INC. 401K	c EIN-PN 38-3154969-001
a	Plan name BAILEY MACHINE COMPANY	
b	Name of plan sponsor BAILEY MACHINE COMPANY	c EIN-PN 25-1153896-001
a	Plan name BEAN KINNEY & KORMAN P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BEAN KINNEY & KORMAN P.C.	c EIN-PN 54-1392904-001
a	Plan name BLICK CLINIC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor BLICK CLINIC, INC.	c EIN-PN 23-7176525-001
a	Plan name BRADBURY STAMM CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor BRADBURY STAMM CONSTRUCTION, INC.	c EIN-PN 85-0133987-004
a	Plan name BRIDALS BY LORI INC	
b	Name of plan sponsor BRIDALS BY LORI INC	c EIN-PN 58-1413415-001
a	Plan name BRIGHTWAY INSURANCE 401(K) PLAN	
b	Name of plan sponsor BRIGHTWAY INSURANCE, LLC	c EIN-PN 76-0738082-001
a	Plan name BUTZEL LONG EMPLOYEES THRIFT PLAN AND TRUST	
b	Name of plan sponsor BUTZEL LONG, A PROFESSIONAL CORPORATION	c EIN-PN 38-2384883-002
a	Plan name CADUCEUS 401(K) PLAN	
b	Name of plan sponsor CADUCEUS, INC.	c EIN-PN 22-3475067-001

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	CAMERON ASHLEY BUILDING PRODUCTS 401K PL	
b	Name of plan sponsor	CAMERON ASHLEY BUILDING PRODUCTS INC	c EIN-PN 58-1968171-002
a	Plan name	CANFOR SOUTHERN PINE, INC. 401(K) PLAN	
b	Name of plan sponsor	CANFOR SOUTHERN PINE, INC.	c EIN-PN 57-1128614-002
a	Plan name	CANVAS WORLDWIDE LLC RETIREMENT PLAN	
b	Name of plan sponsor	CANVAS WORLDWIDE LLC	c EIN-PN 38-3975313-001
a	Plan name	CARING NURSES INC 401K PLAN	
b	Name of plan sponsor	CARING NURSES INC	c EIN-PN 88-0321660-001
a	Plan name	CELSTAR GROUP, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	CELSTAR GROUP, INC.	c EIN-PN 31-1263839-001
a	Plan name	CENTRAL BANK ILLINOIS 401K	
b	Name of plan sponsor	CENTRAL BANK ILLINOIS	c EIN-PN 36-0886040-002
a	Plan name	CHAFFE MCCALL, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHAFFE MCCALL, LLP	c EIN-PN 72-0476169-001
a	Plan name	CHELSEA BUILDING PRODUCTS INC RETIREMENT	
b	Name of plan sponsor	CHELSEA BUILDING PRODUCTS INC	c EIN-PN 23-2869908-001
a	Plan name	CHESTER, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CHESTER, INC.	c EIN-PN 35-0814870-001
a	Plan name	CMBS PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA MEDICAL BUSINESS SERVICES, LLC	c EIN-PN 45-4468735-001
a	Plan name	COAKLEY & WILLIAMS CONSTRUCTION CO, 401(K) PLAN	
b	Name of plan sponsor	COAKLEY & WILLIAMS CONSTRUCTION, INC.	c EIN-PN 52-1574472-001
a	Plan name	COEN OIL COMPANY 401(K) PLAN	
b	Name of plan sponsor	COEN OIL COMPANY, LLC	c EIN-PN 25-1852754-001

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 COMMUNITY DENTAL PARTNERS 401K PLAN	
b	Name of plan sponsor STRATEGIC DENTAL EXECUTIVES LLC DBA COMM	c EIN-PN 27-2885572-001
a	Plan name CONSOLIDATED CATHOLIC BENEFIT PLAN	
b	Name of plan sponsor CONSOLIDATED CATHOLIC ADMINISTRATIVE SERVICES, INC.	c EIN-PN 13-4064939-001
a	Plan name CORELOGIC, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CORELOGIC, INC.	c EIN-PN 95-1068610-001
a	Plan name COUNTY OF DUNN MONEY PURCHASE PLAN	
b	Name of plan sponsor COUNTY OF DUNN	c EIN-PN 39-6005690-002
a	Plan name CUISINE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CUISINE SOLUTIONS, INC.	c EIN-PN 52-0948383-001
a	Plan name D.R. HORTON, INC. PROFIT SHARING PLUS PLAN	
b	Name of plan sponsor D.R. HORTON, INC.	c EIN-PN 75-2386963-001
a	Plan name DIRECT AUTOMOTIVE MANAGEMENT, INC 401(K) PLAN	
b	Name of plan sponsor DIRECT AUTOMOTIVE MANAGEMENT, IN	c EIN-PN 20-0308465-001
a	Plan name DIVERSIFIED TOOLING GROUP EMPLOYEES 401K	
b	Name of plan sponsor DIVERSIFIED TOOLING GROUP INC	c EIN-PN 32-0020441-002
a	Plan name DOOR CONTROLS USA, INC. 401(K) PLAN	
b	Name of plan sponsor DOOR CONTROLS USA, INC.	c EIN-PN 47-2238002-001
a	Plan name DRUCKER & FALK, INC. 401(K) PLAN	
b	Name of plan sponsor DRUCKER & FALK, INC.	c EIN-PN 54-1859860-001
a	Plan name DUNN COUNTY 457 DEFERRED COMPENSATION	
b	Name of plan sponsor COUNTY OF DUNN	c EIN-PN 39-6005690-001
a	Plan name DYNTEK INC. 401K PLAN	
b	Name of plan sponsor DYNTEK INC	c EIN-PN 95-4228470-001

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	E.A. SWEEN COMPANY EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	E.A. SWEEN COMPANY EMPLOYEE RETIREMENT PLAN	c EIN-PN 41-0878603-001
a Plan name	EAGLE OIL & GAS LLC 401K PLAN	
b Name of plan sponsor	EAGLE OIL GAS CO	c EIN-PN 75-1662873-002
a Plan name	ELEMENT SAVINGS AND INVESTMENT PLAN	
b Name of plan sponsor	ELEMENT MATERIALS TECHNOLOGY HOLDING USA INC.	c EIN-PN 26-2658878-001
a Plan name	ENTERTAINMENT PROPERTIES GROUP, INC. 401(K) PLAN	
b Name of plan sponsor	ENTERTAINMENT PROPERTIES GROUP, INC.	c EIN-PN 90-1035810-001
a Plan name	EQUITY HR, INC. 401(K) MULTIPLE EMPLOYER PLAN	
b Name of plan sponsor	EQUITY HR, INC.	c EIN-PN 27-0037153-001
a Plan name	ESSENTIAL INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ESSENTIAL INDUSTRIES, INC.	c EIN-PN 39-1021170-001
a Plan name	EXCELL CONCRETE 401K PLAN	
b Name of plan sponsor	EXCELL CONCRETE CONSTRUCTION LLC	c EIN-PN 20-2046818-001
a Plan name	EXCELL SERVICES LLC 401K PLAN	
b Name of plan sponsor	EXCELL SERVICES LLC	c EIN-PN 27-4169992-001
a Plan name	FAMILY PRACTICE ASSOCIATES OF SHREVEPORT, APMC 401(K) PLAN	
b Name of plan sponsor	FAMILY PRACTICE ASSOCIATES OF SHREVEPORT, APMC	c EIN-PN 72-0979173-001
a Plan name	FIBRIX FILTRATION 401K PLAN	
b Name of plan sponsor	BRANFORD FILTRATION LLC	c EIN-PN 85-2075925-001
a Plan name	FIRST FINANCIAL RESOURCES RETIREMENT PLAN	
b Name of plan sponsor	NEW FFR INSURANCE SERVICES, INC DBA FIRST FINANCIAL RESOURCES	c EIN-PN 33-0941634-001
a Plan name	FIRST NATIONAL BANK IN TAYLORVILLE EMPLOYEE STOCK OWNERSHIP PLAN WITH 401(K) PROVISIONS	
b Name of plan sponsor	FIRST NATIONAL BANK IN TAYLORVILLE	c EIN-PN 37-0741650-002

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	FIRST ROBINSON SAVINGS BANK, N. A. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST ROBINSON SAVINGS BANK, N.A.	c EIN-PN 37-0867684-002
a	Plan name	FOREVER OCEANS 401(K) PLAN	
b	Name of plan sponsor	FOREVER OCEANS CORPORATION	c EIN-PN 46-5578631-001
a	Plan name	FORT WORTH TRANSPORTATION AUTHORITY 457(B) PLAN	
b	Name of plan sponsor	FORT WORTH TRANSPORTATION AUTHORITY	c EIN-PN 75-2793063-457
a	Plan name	FREEDOM FORUM INC. RETIREMENT SAVINGS PL	
b	Name of plan sponsor	THE FREEDOM FORUM INC	c EIN-PN 54-1604427-002
a	Plan name	FTS INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FTS INTERNATIONAL, LLC	c EIN-PN 13-4298847-001
a	Plan name	G & M OIL CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	G & M OIL CO., INC.	c EIN-PN 33-0259692-001
a	Plan name	GENERATIONAL EQUITY LLC 401K PLAN	
b	Name of plan sponsor	GENERATIONAL EQUITY LLC	c EIN-PN 86-1122234-001
a	Plan name	GINGERBREAD CONSTRUCTION COMPANY INC	
b	Name of plan sponsor	GINGERBREAD CONSTRUCTION COMPANY INC	c EIN-PN 04-2865747-001
a	Plan name	GOLDEN RAIN FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	GOLDEN RAIN FOUNDATION	c EIN-PN 95-2146121-001
a	Plan name	GRAVES CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	GRAVES CONSTRUCTION	c EIN-PN 83-1819211-001
a	Plan name	H.J. BAKER AND BRO LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	HJ BAKER AND BRO LLC	c EIN-PN 81-4867907-010
a	Plan name	H.W. KAUFMAN FINANCIAL GROUP RETIREMENT SAVINGS PLAN H.W. KAUFMAN FINANCIAL GROUP	
b	Name of plan sponsor	H.W. KAUFMAN FINANCIAL GROUP	c EIN-PN 38-1903339-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	HALLETT & SONS EXPERT MOVERS, INC EMPLOYEES PLAN & TRUST	
b	Name of plan sponsor	HALLETT & SONS EXPERT MOVERS, INC.	c EIN-PN 36-2438075-003
a	Plan name	HALLMARK AVIATION SERVICES, LP 401(K) PLAN	
b	Name of plan sponsor	HALLMARK AVIATION SERVICES, L.P.	c EIN-PN 95-4217627-001
a	Plan name	HANSEN & ADKINS AUTO TRANSPORT INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANSEN & ADKINS AUTO TRANSPORT	c EIN-PN 95-4485461-001
a	Plan name	HASELDEN CONSTRUCTION LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HASELDEN CONSTRUCTION LLC	c EIN-PN 30-0956514-001
a	Plan name	HAWAIIAN GARDENS CASINO 401(K) PLAN	
b	Name of plan sponsor	HAWAIIAN GARDENS CASINO	c EIN-PN 33-0691298-001
a	Plan name	HEATING & PLUMBING ENGINEERS INC	
b	Name of plan sponsor	HEATING AND PLUMBING ENGINEERS INC	c EIN-PN 84-0440524-001
a	Plan name	HEMPHILL & HEMPHILL - 401K PLAN	
b	Name of plan sponsor	R CRAIG HEMPHILL PA	c EIN-PN 32-0227282-001
a	Plan name	HERRICK FEINSTEIN LLP	
b	Name of plan sponsor	HERRICK FEINSTEIN LLP	c EIN-PN 13-2991662-002
a	Plan name	HERRICK FEINSTEIN LLP SAVINGS PLAN NEW	
b	Name of plan sponsor	HERRICK FEINSTEIN LLP	c EIN-PN 13-2991662-004
a	Plan name	HERZOG CONTRACTING CORP 401K PLAN	
b	Name of plan sponsor	HERZOG CONTRACTING CORP	c EIN-PN 43-0918005-001
a	Plan name	HERZOG TRANSIT SERVICES, INC. 401(K) PLAN - UNION	
b	Name of plan sponsor	HERZOG TRANSIT SERVICES, INC.	c EIN-PN 43-1649412-002
a	Plan name	HF SINCLAIR CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HF SINCLAIR CORPORATION	c EIN-PN 87-2092143-002

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 HF SINCLAIR CORPORATION LEGACY PUGET SOUND REFINERY 401(K) PLAN	
b	Name of plan sponsor HF SINCLAIR CORPORATION	c EIN-PN 87-2092143-003
a	Plan name HILE GROUP INC. 401K PROFIT SHARING	
b	Name of plan sponsor HILE GROUP INC	c EIN-PN 38-3643893-001
a	Plan name HINCKLEY ALLEN & SNYDER LLP RETIREMENT	
b	Name of plan sponsor HINCKLEY ALLEN SNYDER LLP	c EIN-PN 05-0262309-003
a	Plan name HOLLINGSWORTH 401K RETIREMENT SAVINGS	
b	Name of plan sponsor HOLLINGSWORTH LLP	c EIN-PN 52-1279928-002
a	Plan name HONDA LOGISTICS NORTH AMERICA, INC., RETIREMENT SA	
b	Name of plan sponsor HONDA LOGISTICS NORTH AMERICA, INC.	c EIN-PN 46-4014349-001
a	Plan name HOPELAB FOUNDATION 401K PLAN	
b	Name of plan sponsor HOPELAB FOUNDATION	c EIN-PN 77-0560011-001
a	Plan name HORIZON INDUSTRIES, LIMITED 401(K) PLAN	
b	Name of plan sponsor HORIZON INDUSTRIES, LIMITED	c EIN-PN 52-2004291-001
a	Plan name HS PRESS HOLDINGS LLC 401K PLAN	
b	Name of plan sponsor HS PRESS HOLDINGS LLC	c EIN-PN 92-3610378-002
a	Plan name IMC AMERICAS, INC. 401(K) PLAN	
b	Name of plan sponsor IMC AMERICAS, INC.	c EIN-PN 36-4366168-002
a	Plan name INCENTIVE SAVINGS PLAN AND TRUST FOR EMPLOYEES OF THE KWS SEEDS GROUP	
b	Name of plan sponsor KWS-SEEDS, INC. (DELAWARE)	c EIN-PN 57-0676870-003
a	Plan name INREACH 401K PLAN	
b	Name of plan sponsor INREACH	c EIN-PN 52-1084075-001
a	Plan name INTEGRATED INTEL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED INTEL SOLUTIONS	c EIN-PN 26-3308979-001

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	INTERNATIONAL THERMAL SYSTEMS LLC 401K	
b	Name of plan sponsor	INTERNATIONAL THERMAL SYSTEMS LLC	c EIN-PN 80-0603050-001
a	Plan name	INTERSTATE PARKING, LLC RETIREMENT PLAN	
b	Name of plan sponsor	INTERSTATE PARKING COMPANY, LLC	c EIN-PN 27-1261142-001
a	Plan name	IQEQ US MANAGEMENT CO. LLC RETIREMENT PLAN	
b	Name of plan sponsor	IQEQ US MANAGEMENT COMPANY, LLC	c EIN-PN 87-2324421-001
a	Plan name	JAE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	JAE ELECTRONICS, INC.	c EIN-PN 95-3107706-001
a	Plan name	JAMAL'S ENTERPRISES, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JAMALS ENTERPRISES, INC.	c EIN-PN 94-2178844-001
a	Plan name	JARVIS ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JARVIS ENTERPRISES, INC.	c EIN-PN 04-3629076-001
a	Plan name	JERRITT CANYON GOLD LLC 401(K) PLAN	
b	Name of plan sponsor	JERRITT CANYON GOLD LLC	c EIN-PN 47-3490773-001
a	Plan name	JOBVITE, INC. 401(K) PLAN	
b	Name of plan sponsor	JOBVITE, INC.	c EIN-PN 56-2422812-001
a	Plan name	JOHN HENRY FOSTER MINNESOTA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN HENRY FOSTER MINNESOTA, INC 401(K) PS PLAN	c EIN-PN 41-1464257-001
a	Plan name	JX ENTERPRISES, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JX ENTERPRISES, INC.	c EIN-PN 39-1157251-002
a	Plan name	KAUFMAN, PAYTON & CHAPA 401(K) PLAN	
b	Name of plan sponsor	H.W. KAUFMAN FINANCIAL GROUP	c EIN-PN 38-2239856-002
a	Plan name	KENSINGTON SENIOR LIVING LLC 401K PLAN	
b	Name of plan sponsor	KENSINGTON SENIOR LIVING LLC	c EIN-PN 27-1774967-001

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	KILLO EXTERMINATING EMPLOYEE'S SAVINGS PLAN	
b	Name of plan sponsor	KILLO EXTERMINATING CO. INC.	c EIN-PN 56-0957149-001
a	Plan name	KING SCHOOLS, INC. SAVINGS PLAN	
b	Name of plan sponsor	KING SCHOOLS, INC.	c EIN-PN 33-0492638-001
a	Plan name	KINGSTON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KINGSTON TECHNOLOGY GROUP INC	c EIN-PN 33-0883440-002
a	Plan name	KISKI PRECISION INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	KISKI PRECISION INDUSTRIES LLC	c EIN-PN 82-1062306-001
a	Plan name	KKW TRUCKING, INC. 401(K) PROFIT SHARING AND RETIREMENT TRUST	
b	Name of plan sponsor	KKW TRUCKING, INC.	c EIN-PN 95-2234403-002
a	Plan name	KLOEPFER INC. EMPLOYEES' 401 K PROFIT	
b	Name of plan sponsor	KLOEPFER INC	c EIN-PN 85-4353905-002
a	Plan name	L.S. ACQUISITIONS DBA KOEHLER & DRAMM PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KOEHLER & DRAMM	c EIN-PN 41-1990419-001
a	Plan name	LABMAR FERRY SERVICES, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LABMAR FERRY SERVICES, LLC	c EIN-PN 84-3424296-001
a	Plan name	LABORDE MARINE RETIREMENT PLAN	
b	Name of plan sponsor	LABORDE MARINE MANAGEMENT, L.L.C.	c EIN-PN 27-0965318-001
a	Plan name	LANDSCAPE GARDEN CENTERS INC 401K PLAN	
b	Name of plan sponsor	LANDSCAPE GARDEN CENTERS INC	c EIN-PN 46-0405301-001
a	Plan name	LEA COUNTY STATE BANK 401K PLAN	
b	Name of plan sponsor	LEA COUNTY BANCSHARES INC	c EIN-PN 85-0391127-001
a	Plan name	LEADING AGILE LLC 401K PLAN	
b	Name of plan sponsor	LEADING AGILE LLC	c EIN-PN 27-3116104-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	LINDORA WELLNESS, INC. 401(K) PLAN
b	Name of plan sponsor	LINDORA WELLNESS INCORPORATED
c	EIN-PN	87-4134663-001
a	Plan name	LITHKO CONTRACTING, LLC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LITHKO CONTRACTING, LLC
c	EIN-PN	43-1214734-001
a	Plan name	LUDWIG VON MISES INSTITUTE 401K PLAN
b	Name of plan sponsor	LUDWIG VON MISES INSTITUTE FOR AUSTRIAN
c	EIN-PN	52-1263436-001
a	Plan name	LUNDBECK 401K NORTH
b	Name of plan sponsor	LUNDBECK LLC
c	EIN-PN	36-4408953-001
a	Plan name	MACHADO CONSTRUCTION CO INC. 401K
b	Name of plan sponsor	MACHADO CONSTRUCTION CO
c	EIN-PN	52-1390788-002
a	Plan name	MAKJOHN QUALIFIED PLAN
b	Name of plan sponsor	BONNEVILLE MACHINE
c	EIN-PN	87-0524448-001
a	Plan name	MCM MARINE, INC. 401(K) P/S PLAN
b	Name of plan sponsor	MCM MARINE, INC.
c	EIN-PN	38-2517463-001
a	Plan name	MEDCARE EQUIPMENT COMPANY, LLC 401(K) PLAN
b	Name of plan sponsor	MEDCARE EQUIPMENT COMPANY, LLC
c	EIN-PN	26-1361520-001
a	Plan name	MENARD INC 401K PLAN
b	Name of plan sponsor	MENARD INC
c	EIN-PN	39-0989248-002
a	Plan name	MILLE LACS ENERGY COOPERATIVE THRIFT/SAVINGS PLAN
b	Name of plan sponsor	MILLE LACS ENERGY COOPERATIVE
c	EIN-PN	41-0411772-012
a	Plan name	MINNESOTA VALLEY ELECTRIC COOPERATIVE NON-UNION 401(K) PLAN
b	Name of plan sponsor	MINNESOTA VALLEY ELECTRIC COOPERATIVE
c	EIN-PN	41-0419150-003
a	Plan name	NATIONAL CATTLEMEN'S BEEF ASSOCIATION
b	Name of plan sponsor	NATIONAL CATTLEMENS BEEF ASSOCIATION
c	EIN-PN	84-0738973-003

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 NATIONAL RESILIENCE INC 401K PLAN	
b	Name of plan sponsor NATIONAL RESILIENCE INC	c EIN-PN 85-0788227-001
a	Plan name NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a	Plan name NEIGHBORWORKS AMERICA RETIREMENT PLAN	
b	Name of plan sponsor NEIGHBORWORKS AMERICA	c EIN-PN 52-1148078-002
a	Plan name NJ SOCIETY OF CERTIFIED PUBLIC	
b	Name of plan sponsor NJ SOCIETY OF CERTIFIED PUBLIC ACCOUNTANT	c EIN-PN 22-1153915-002
a	Plan name OBHG 401(K) PLAN	
b	Name of plan sponsor OBHG MANAGEMENT SERVICES, LLC	c EIN-PN 80-0950275-002
a	Plan name OHIO GRATINGS INC.	
b	Name of plan sponsor OHIO GRATINGS INC	c EIN-PN 34-1054715-001
a	Plan name ON TOP OF THE WORLD COMMUNITIES, LLC 401(K) PLAN	
b	Name of plan sponsor ON TOP OF THE WORLD COMMUNITIES, LLC	c EIN-PN 59-6059413-333
a	Plan name ONE POINT PARTNERS LLC 401K	
b	Name of plan sponsor ONE POINT PARTNERS LLC	c EIN-PN 47-5456838-001
a	Plan name ONEAMERICA SEPARATE ACCOUNT	
b	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-100
a	Plan name PACIFIC INDUSTRIAL DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRU	
b	Name of plan sponsor PACIFIC INDUSTRIAL DEVELOPMENT	c EIN-PN 38-3088899-001
a	Plan name PAT CURTIS CHEVROLET-CADILLAC 401K PLAN	
b	Name of plan sponsor PAT CURTIS CHEVROLET-CADILLAC INC	c EIN-PN 38-2287912-002
a	Plan name PAULO PRODUCTS COMPANY 401(K) PLAN	
b	Name of plan sponsor PAULO PRODUCTS COMPANY	c EIN-PN 43-0618815-011

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	PKWARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PKWARE, INC.	c EIN-PN 39-1566010-001
a	Plan name	PLASTIC & HAND SURGICAL ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PLASTIC & HAND SURGICAL ASSOCIATES, P.A.	c EIN-PN 01-0332715-001
a	Plan name	PLETCHER ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	PLETCHER ENTERPRISES, INC.	c EIN-PN 81-4025110-001
a	Plan name	PROLEC-GE WAUKESHA, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PROLEC GE WAUKESHA, INC	c EIN-PN 39-1139625-002
a	Plan name	R.A. TOWNSEND CO. PROFIT SHARING 401(K) TRUST	
b	Name of plan sponsor	R.A. TOWNSEND COMPANY	c EIN-PN 38-1746453-001
a	Plan name	R.H. WHITE 401(K) PROFIT SHARING-PREVAILING WAGE PLAN	
b	Name of plan sponsor	R.H. WHITE COMPANIES, INC.	c EIN-PN 04-2133102-003
a	Plan name	RAMPF GROUP INC 401K PROFIT SHARING	
b	Name of plan sponsor	JUERGEN PENKER	c EIN-PN 61-1452800-001
a	Plan name	RAVINDRA K. MEHTA M.D. 401 K PROFIT	
b	Name of plan sponsor	RAVINDRA K MEHTA MD	c EIN-PN 25-1787456-002
a	Plan name	RBA 401(K) PLAN	
b	Name of plan sponsor	RBA, INC.	c EIN-PN 20-4004667-001
a	Plan name	REDEVELOPMENT AUTHORITY OF THE COUNTY OF	
b	Name of plan sponsor	LANCASTER COUNTY HOUSING AND REDEVELOPME	c EIN-PN 23-6050625-001
a	Plan name	RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	RESTAURANT SERVICES, INC. 401(K) EE SAVINGS	c EIN-PN 65-0308534-001
a	Plan name	RETIREMENT SAVINGS PLAN OF BOARDMAN & CLARK LLP	
b	Name of plan sponsor	BOARDMAN & CLARK LLP	c EIN-PN 45-3866466-002

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	REVERE ELECTRIC SUPPLY CO	
b	Name of plan sponsor	REVERE ELECTRIC SUPPLY CO	c EIN-PN 36-1680965-001
a	Plan name	RICK ENGINEERING & DEV CO RESTATED RET-SAV	
b	Name of plan sponsor	RICK ENG & DEV CO RESTATED RETIREMENT-SAVINGS	c EIN-PN 95-1859899-006
a	Plan name	RJE INTERNATIONAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RJE INTERNATIONAL, INC.	c EIN-PN 95-3456415-001
a	Plan name	ROBBINS MANUFACTURING COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ROBBINS MANUFACTURING COMPANY	c EIN-PN 59-0424645-001
a	Plan name	RRK COMPANY 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RRK COMPANY	c EIN-PN 95-4063463-001
a	Plan name	SABLE OFFSHORE CORP. 401K PLAN	
b	Name of plan sponsor	SABLE OFFSHORE CORP	c EIN-PN 85-3514078-001
a	Plan name	SAVINGS PLAN FOR EMPLOYEES OF AQUARION	
b	Name of plan sponsor	AQUARION WATER COMPANY	c EIN-PN 06-0852232-006
a	Plan name	SGH PROFIT SHARING & 401K PL AND TR	
b	Name of plan sponsor	SIMPSON GUMPERTZ AND HEGER INC	c EIN-PN 04-2256923-001
a	Plan name	SHAW & SLAVSKY PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	SHAW & SLAVSKY, INC.	c EIN-PN 38-3001904-001
a	Plan name	SICK USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SICK, INC.	c EIN-PN 41-0970193-001
a	Plan name	SIERRA RAILROAD COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERRA RAILROAD COMPANY	c EIN-PN 77-0373437-001
a	Plan name	SIGNIFICANCE INC. 401K PLAN	
b	Name of plan sponsor	SIGNIFICANCE INC	c EIN-PN 47-2454872-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	SINGLESOURCE PROPERTY SOLUTIONS LLC 401K
b	Name of plan sponsor	SINGLESOURCE PROPERTY SOLUTIONS LLC
c	EIN-PN	47-5103354-001
a	Plan name	SKARZYNSKI MARICK & BLACK LLP PROFIT SHARING AND 401K PLAN
b	Name of plan sponsor	SKARZYNSKI MARICK & BLACK LLP
c	EIN-PN	16-1653096-001
a	Plan name	SOR, INC. PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	SOR, INC.
c	EIN-PN	48-0891679-002
a	Plan name	SPAULDING CLINICAL RESEARCH 401(K) PLAN
b	Name of plan sponsor	SPAULDING CLINICAL RESEARCH
c	EIN-PN	26-0647166-001
a	Plan name	SPROLES WOODARD, L.L.P. EMPLOYEES SAVINGS PLAN
b	Name of plan sponsor	SPROLES WOODARD, L.L.P.
c	EIN-PN	75-0807999-002
a	Plan name	SRS 401(K) PLAN
b	Name of plan sponsor	SRS PHARMACY SYSTEMS, INC.
c	EIN-PN	38-2946444-001
a	Plan name	STEIN GARDEN CENTERS, INC. 401(K) PLAN
b	Name of plan sponsor	STEIN GARDEN CENTERS, INC.
c	EIN-PN	39-0965827-001
a	Plan name	STONEMARK MANAGEMENT LLC RETIREMENT
b	Name of plan sponsor	STONEMARK MANAGEMENT LLC
c	EIN-PN	20-2034501-001
a	Plan name	TANGO 401(K) PLAN
b	Name of plan sponsor	TANGO MANAGEMENT CONSULTING, LLC
c	EIN-PN	26-1691118-001
a	Plan name	TEACHER CREATED RESOURCES, INC. 401K
b	Name of plan sponsor	TEACHER CREATED RESOURCES, INC.
c	EIN-PN	20-1253563-001
a	Plan name	TEEL RETIREMENT PLAN
b	Name of plan sponsor	TEEL PLASTICS, LLC
c	EIN-PN	39-0817249-001
a	Plan name	THE ACTEC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THE AMERICAN COLLEGE TRUST & ESTATE
c	EIN-PN	27-4395855-002

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 THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING COMPANY OF KOKOMO	c EIN-PN 35-0902269-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BINKS BOTTLING	c EIN-PN 38-0430900-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VIKING COCA-COLA BOTTLING COMPANY	c EIN-PN 41-0722845-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ATLANTIC BOTTLING COMPANY	c EIN-PN 42-0666479-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING CO. OF WILLISTON	c EIN-PN 45-0119360-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING CO. HIGH COUNTRY	c EIN-PN 46-0259684-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BEVERAGES FLORIDA	c EIN-PN 47-2685591-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ORANGEBURG COCA-COLA BOTTLING COMPANY, INC.	c EIN-PN 57-0219400-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ROCK HILL COCA-COLA BOTTLING CO.	c EIN-PN 57-0236040-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE COCA-COLA BOTTLERS ASSOCIATION	c EIN-PN 58-0198280-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLERS SALES AND SERVICE CO., LLC	c EIN-PN 59-3761746-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MIDDLESBORO COCA-COLA BOTTLING WORKS, INC.	c EIN-PN 61-0279960-002

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 THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MERIDIAN COCA-COLA BOTTLING COMPANY	c EIN-PN 64-0203190-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CORINTH COCA-COLA BOTTLING WORKS, INC.	c EIN-PN 64-0663438-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLING COMPANY OF MINDEN	c EIN-PN 72-0155730-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LOVE BOTTLING	c EIN-PN 73-0956850-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SOONER COCA-COLA BOTTLING COMPANY	c EIN-PN 73-1110711-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WESTERN CONTAINER CORPORATION	c EIN-PN 75-1710284-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LEHRKINDS, INC.	c EIN-PN 81-0252830-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HEARTLAND COCA-COLA BOTTLING COMPANY	c EIN-PN 81-3590283-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LIBERTY COCA-COLA BEVERAGES	c EIN-PN 82-1396019-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DURANGO COCA-COLA BOTTLING COMPANY INC.	c EIN-PN 84-0192884-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE DOLSEN COMPANIES COCA-COLA BOTTLING CO.	c EIN-PN 91-0710461-002
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TIMBER COUNTRY COCA-COLA BEVERAGES	c EIN-PN 93-0477754-002

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	THE GEMOLOGICAL INSTITUTE OF AMERICA INC.	
b	Name of plan sponsor	GEMOLOGICAL INSTITUTE OF AMERICA INC	c EIN-PN 95-3797687-003
a	Plan name	THE KING GROUP 401(K) PLAN	
b	Name of plan sponsor	KING AUTOMOTIVE MANAGEMENT LLC	c EIN-PN 27-1608330-001
a	Plan name	THE PLOTE COMPANIES 401(K) PLAN	
b	Name of plan sponsor	PLOTE CONSTRUCTION, INC.	c EIN-PN 36-2814492-001
a	Plan name	THE QUEST GROUP 401K PLAN	
b	Name of plan sponsor	THE QUEST GROUP	c EIN-PN 33-0400103-001
a	Plan name	THE WASHINGTON TIMES 401K SAVINGS PLAN	
b	Name of plan sponsor	THE WASHINGTON TIMES LLC	c EIN-PN 11-3748516-002
a	Plan name	THELEN MATERIALS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	THELEN MATERIALS, LLC	c EIN-PN 20-3975462-001
a	Plan name	THELEN SAND AND GRAVEL, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THELEN SAND AND GRAVEL, INC.	c EIN-PN 36-2585728-001
a	Plan name	THOMPSON, HUGHES & TROLLINGER, 401(K) PLAN	
b	Name of plan sponsor	THOMPSON, HUGHES & TROLLINGER, PLLC	c EIN-PN 01-0548485-001
a	Plan name	TOWN OF JUPITER ISLAND DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	TOWN OF JUPITER ISLAND	c EIN-PN 59-6011135-457
a	Plan name	TRANSITAMERICA SERVICES, INC. 401(K) PLAN - UNION	
b	Name of plan sponsor	TRANSITAMERICA SERVICES INC	c EIN-PN 56-2515761-001
a	Plan name	TRENAM LAW 401(K)PLAN	
b	Name of plan sponsor	TKSBFO & M PROFESSIONAL ASSOC SECT 401(K) PLAN	c EIN-PN 59-1772042-001
a	Plan name	TRIWEST HEALTHCARE ALLIANCE CORP 401(K) PLAN	
b	Name of plan sponsor	TRIWEST HEALTHCARE ALLIANCE CORP	c EIN-PN 86-0813402-001

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 TSL MARKETING LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor TSL MARKETING LLC	c EIN-PN 27-1501216-001
a	Plan name UNISON-UCG 401(K) PLAN	
b	Name of plan sponsor UNISON CONSULTING, INC.	c EIN-PN 36-3648595-002
a	Plan name UNITED POWER, INC. 401(K) PLAN	
b	Name of plan sponsor UNITED POWER, INC.	c EIN-PN 84-0340655-001
a	Plan name UNIVERSITY FINANCIAL CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor UNIVERSITY FINANCIAL CORPORATION	c EIN-PN 41-1557799-001
a	Plan name US INTERNATIONAL MEDIA 401(K) PLAN	
b	Name of plan sponsor USIM	c EIN-PN 20-0244617-001
a	Plan name USALCO, LLC PUERTO RICO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor USALCO, LLC	c EIN-PN 22-2492075-004
a	Plan name VELUX AMERICA LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor VELUX AMERICA LLC	c EIN-PN 04-2559488-001
a	Plan name VICTORY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor VICTORY AUTOMOTIVE GROUP	c EIN-PN 38-3572888-001
a	Plan name VITA PLUS CORPORATION 401K PLAN	
b	Name of plan sponsor VITA PLUS CORPORATION	c EIN-PN 39-1973530-002
a	Plan name W & T OFFSHORE, INC. 401(K) PLAN	
b	Name of plan sponsor W & T OFFSHORE, INC.	c EIN-PN 72-1121985-001
a	Plan name W.P. & R.S. MARS COMPANY PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor W.P. & R.S. MARS COMPANY	c EIN-PN 41-0661375-002
a	Plan name WALDRON PRIVATE WEALTH 401K PSP PLAN	
b	Name of plan sponsor WALDRON PRIVATE WEALTH	c EIN-PN 26-3953661-001

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	WALSH COLUCCI LUBELEY & WALSH PC	c	EIN-PN	
b	Name of plan sponsor	WALSH COLUCCI LUBELEY WALSH PC	c	EIN-PN	54-1235076-003
a	Plan name	WHITNEY CENTER, INC. COMPREHENSIVE RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	WHITNEY CENTER, INC.	c	EIN-PN	06-0924891-002
a	Plan name	WHOLESTONE FARMS COOPERATIVE 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	WHOLESTONE FARMS COOPERATIVE, INC.	c	EIN-PN	83-1174153-001
a	Plan name	WHOLESTONE FARMS COOPERATIVE BARGAINED EMPLOYEES 401(K) PLAN WHOLESTONE FARMS COOPERATIVE	c	EIN-PN	
b	Name of plan sponsor	WHOLESTONE FARMS COOPERATIVE, INC.	c	EIN-PN	83-1174153-002
a	Plan name	WIPAIRE INC. PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	WIPAIRE INC	c	EIN-PN	41-1240896-001
a	Plan name	WMC PHYSICIANS PRACTICES, LLC 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	WCM PHYSICIANS PRACTICES, LLC	c	EIN-PN	46-1883875-001
a	Plan name	XALOY 401K PLAN	c	EIN-PN	
b	Name of plan sponsor	XALOY LLC	c	EIN-PN	81-4251752-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2020 TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7289832

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	2471297
		143134
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)	323848485
(10) Value of interest in pooled separate accounts	1c(10)	416805509
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	326319782	416948643
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	73366
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2506028	143134
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2506028	216500
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	323813754	416732143

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		32305176
(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		32305176

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	18295	
(5) Investment advisory and investment management fees	2i(5)	85296	
(6) Bank or trust company trustee/custodial fees	2i(6)	122589	
(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)		226180
j Total expenses. Add all expense amounts in column (b) and enter total	2j		226180

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		32078996
l Transfers of assets:			
(1) To this plan	2l(1)		125662795
(2) From this plan	2l(2)		64823402

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 _____.