

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 <h1 style="margin: 0;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2040 TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u> <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	2b Employer Identification Number (EIN) <u>38-7289836</u> 2c Plan Sponsor's telephone number <u>866-427-6885</u> 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.

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 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 2040 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>38-7289836</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 2040 TRUST</u>		
b Name of sponsor of entity listed in (a): <u>T. ROWE PRICE TRUST COMPANY</u>		
c EIN-PN <u>35-6941729-001</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>1087307993</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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c EIN-PN

d Entity code

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d Entity code

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

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c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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	A&S FENCING LLC 401K PLAN	
b	Name of plan sponsor	AS FENCING LLC	c EIN-PN 40-0026439-001
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	ACCOLADE CAPITAL MANAGEMENT LLC 401K	
b	Name of plan sponsor	ACCOLADE CAPITAL MANAGEMENT LLC	c EIN-PN 52-2227070-001
a	Plan name	ADVANCED PLASTIC SURGERY 401(K) PLAN	
b	Name of plan sponsor	ADVANCED PLASTIC SURGERY, LLC	c EIN-PN 81-4750189-001
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	AJAX SERVICE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AJAX SERVICE CORPORATION	c EIN-PN 05-0398794-001
a	Plan name	ALAPLEX MANAGEMENT INC. 401K PLAN	
b	Name of plan sponsor	ALAPLEX MANAGEMENT INC	c EIN-PN 72-1356387-001
a	Plan name	ALLEN GROUP 401K PLAN	
b	Name of plan sponsor	DEER RUN REHABILITATION	c EIN-PN 38-3433231-001

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 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 ARFSTROM PHARMACIES INC. 401K PLAN	
b	Name of plan sponsor ARFSTROM PHARMACIES INC	c EIN-PN 38-2356169-001
a	Plan name ASHLING PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor ASHLING PARTNERS LLC	c EIN-PN 82-2986155-001
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
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 AVID PRODUCTS, INC. EMPLOYEE STOCK OWNERSHIP 401K PLAN	
b	Name of plan sponsor AVID PRODUCTS, INC.	c EIN-PN 05-0442243-004
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

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 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 BAUERFEIND PRODUCTIONS INC. 401K	
b	Name of plan sponsor BAUERFEIND PRODUCTIONS INC	c EIN-PN 26-2551030-001
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 BERNSTEIN MANAGEMENT CORPORATION	
b	Name of plan sponsor BERNSTEIN MANAGEMENT CORPORATION	c EIN-PN 52-1851812-001
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 BRIGHTWAY INSURANCE 401(K) PLAN	
b	Name of plan sponsor BRIGHTWAY INSURANCE, LLC	c EIN-PN 76-0738082-001
a	Plan name BROOKSIDE EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor BROOKSIDE COUNTRY CLUB, INC.	c EIN-PN 34-0116165-002
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 C & W ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor C & W ACQUISITION, LLC	c EIN-PN 81-2525282-001
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 CANFIELD BUSINESS INTERIORS INC 401K	
b	Name of plan sponsor CANFIELD BUSINESS INTERIORS INC	c EIN-PN 26-3958495-002
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 CARNEVALE ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor CARNEVALE ASSOCIATES, LLC	c EIN-PN 52-2226257-001
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

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 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
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 COMMUNITY DENTAL PROFIT SHARING PLAN	
b	Name of plan sponsor DR TODD S REICH	c EIN-PN 26-3844283-001
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

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 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 DUNNAGE ENGINEERING, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor DUNNAGE ENGINEERING, INC.	c EIN-PN 38-2478941-001
a	Plan name DYNTEK INC. 401K PLAN	
b	Name of plan sponsor DYNTEK INC	c EIN-PN 95-4228470-001
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 EGM RETAIL GROUP 401K PLAN	
b	Name of plan sponsor EGM RETAIL GROUP LLC	c EIN-PN 47-5471294-001
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 ELY & ISENBERG LLC PROFIT SHARING PLAN	
b	Name of plan sponsor ELY AND ISENBERG LLC	c EIN-PN 20-5748148-001
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

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	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
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	FLANNERY GEORGALIS LLC 401K PLAN	
b	Name of plan sponsor	FLANNERY GEORGALIS LLC	c EIN-PN 82-2131080-001
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

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	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	GARCIA RAINEY BLANK & BOWERBANK LLP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GARCIA RAINEY BLANK & BOWERBACK, LLP
c	EIN-PN	46-1467096-001
a	Plan name	GARRETT STIEPEL RYDER LLP 401K PLAN
b	Name of plan sponsor	GARRETT STIEPEL RYDER LLP
c	EIN-PN	75-2995681-001
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	GLACIAL LAKE CRANBERRIES, INC. 401(K) PLAN
b	Name of plan sponsor	GLACIAL LAKE CRANBERRIES, INC.
c	EIN-PN	39-6042154-002
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
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

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 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
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

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 HINCKLEY ALLEN & SNYDER LLP RETIREMENT	
b	Name of plan sponsor HINCKLEY ALLEN SNYDER LLP	c EIN-PN 05-0262309-003
a	Plan name HITCHCOCK DESIGN GROUP 401K PLAN	
b	Name of plan sponsor HITCHCOCK DESIGN GROUP	c EIN-PN 36-3059328-001
a	Plan name HOLLINGSWORTH 401K RETIREMENT SAVINGS	
b	Name of plan sponsor HOLLINGSWORTH LLP	c EIN-PN 52-1279928-002
a	Plan name HOLMANS USA, CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HOLMANS USA CORP.	c EIN-PN 80-0316749-001
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 HTSI TRI-RAIL EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor HERZOG TRANSIT SERVICES, INC.	c EIN-PN 43-1649412-001
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

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	INTEGRATED INTEL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED INTEL SOLUTIONS	c EIN-PN 26-3308979-001
a	Plan name	INTELLIGENT BUILDINGS 401K PLAN	
b	Name of plan sponsor	INTELLIGENT BUILDINGS	c EIN-PN 20-1988376-001
a	Plan name	INTERACTIVE STRATEGIES LLC 401K PLAN	
b	Name of plan sponsor	INTERACTIVE STRATEGIES LLC	c EIN-PN 54-2073913-001
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	JK ACQUISITION LLC 401K PLAN	
b	Name of plan sponsor	JK ACQUISITIONS LLC	c EIN-PN 84-3935908-001
a	Plan name	JOBVITE, INC. 401(K) PLAN	
b	Name of plan sponsor	JOBVITE, INC.	c EIN-PN 56-2422812-001

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 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 KAGAN LUBIC LEPPER FINKELSTEIN & GOLD	
b	Name of plan sponsor KAGAN LUBIC LEPPER FINKELSTEIN AND GOLD	c EIN-PN 13-2708697-001
a	Plan name KAHANA & FELD LLP 401K PROFIT SHARING	
b	Name of plan sponsor KAHANA AND FELD LLP	c EIN-PN 82-1481763-001
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
a	Plan name KEYSTONE INNOVATIVE SOLUTIONS LLC	
b	Name of plan sponsor KEYSTONE INNOVATIVE SOLUTIONS LLC	c EIN-PN 47-4274061-001
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

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	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
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	LOUISVILLE OUTDOOR TURF PRODUCTS 401K	
b	Name of plan sponsor	LOUISVILLE OUTDOOR TURF PRODUCTS	c EIN-PN 47-2311153-002
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

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	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	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	MID-CONTINENT COMPANIES LTD 401K	
b	Name of plan sponsor	MIDCONTINENT COMPANIES INC	c EIN-PN 76-0639296-001
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	MOD TECH INDUSTRIES, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MOD TECH INDUSTRIES, INC.	c EIN-PN 39-1467257-001
a	Plan name	NATIONAL CATTLEMEN'S BEEF ASSOCIATION	
b	Name of plan sponsor	NATIONAL CATTLEMENS BEEF ASSOCIATION	c EIN-PN 84-0738973-003
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

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	NETBRAIN TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	NETBRAIN TECHNOLOGIES, INC.	c EIN-PN 05-0611033-001
a	Plan name	NJ SOCIETY OF CERTIFIED PUBLIC	
b	Name of plan sponsor	NJ SOCIETY OF CERTIFIED PUBLIC ACCOUNTAN	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	ONE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	ONE TECHNOLOGIES, LLC	c EIN-PN 52-2271969-001
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	PATTI GILFORD FINE ARTS 401K PROFIT	
b	Name of plan sponsor	PATTI GILFORD FINE ARTS	c EIN-PN 36-4407712-002
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 <u>PHYSICIAN'S ACCOUNTS RECEIVABLE MANAGEMENT 401(K)/PROFIT SHARING PLAN.</u>	
b	Name of plan sponsor <u>PHYSICIAN S ACCOUNTS RECEIVABLE MANAGEMENT, LLC.</u>	c EIN-PN <u>04-3439337-001</u>
a	Plan name <u>PKWARE, INC. 401(K) PROFIT SHARING PLAN AND TRUST</u>	
b	Name of plan sponsor <u>PKWARE, INC.</u>	c EIN-PN <u>39-1566010-001</u>
a	Plan name <u>PLASTIC & HAND SURGICAL ASSOCIATES 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>PLASTIC & HAND SURGICAL ASSOCIATES, P.A.</u>	c EIN-PN <u>01-0332715-001</u>
a	Plan name <u>PLETCHER ENTERPRISES 401(K) PLAN</u>	
b	Name of plan sponsor <u>PLETCHER ENTERPRISES, INC.</u>	c EIN-PN <u>81-4025110-001</u>
a	Plan name <u>PROLEC-GE WAUKESHA, INC RETIREMENT SAVINGS PLAN</u>	
b	Name of plan sponsor <u>PROLEC GE WAUKESHA, INC</u>	c EIN-PN <u>39-1139625-002</u>
a	Plan name <u>QUALHEIM'S TRUE VALUE 401K PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>GERALD L. QUALHEIM ENTERPRISES, INC.</u>	c EIN-PN <u>39-1367747-002</u>
a	Plan name <u>R.A. TOWNSEND CO. PROFIT SHARING 401(K) TRUST</u>	
b	Name of plan sponsor <u>R.A. TOWNSEND COMPANY</u>	c EIN-PN <u>38-1746453-001</u>
a	Plan name <u>R.H. WHITE 401(K) PROFIT SHARING-PREVAILING WAGE PLAN</u>	
b	Name of plan sponsor <u>R.H. WHITE COMPANIES, INC.</u>	c EIN-PN <u>04-2133102-003</u>
a	Plan name <u>RAILHEAD CORPORATION 401(K) PLAN</u>	
b	Name of plan sponsor <u>RAILHEAD CORPORATION</u>	c EIN-PN <u>36-2534391-001</u>
a	Plan name <u>RAMPF GROUP INC 401K PROFIT SHARING</u>	
b	Name of plan sponsor <u>JUERGEN PENKER</u>	c EIN-PN <u>61-1452800-001</u>
a	Plan name <u>RAVINDRA K. MEHTA M.D. 401 K PROFIT</u>	
b	Name of plan sponsor <u>RAVINDRA K MEHTA MD</u>	c EIN-PN <u>25-1787456-002</u>
a	Plan name <u>RBA 401(K) PLAN</u>	
b	Name of plan sponsor <u>RBA, INC.</u>	c EIN-PN <u>20-4004667-001</u>

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 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 RENOVATION FINANCE LLC 401K PLAN	
b	Name of plan sponsor RENOVATION FINANCE LLC	c EIN-PN 83-2142182-001
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
a	Plan name REUSS ENGINEERING INC RETIREMENT PLAN	
b	Name of plan sponsor REUSS ENGINEERING INC	c EIN-PN 11-3656951-001
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

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 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 SHELBY COUNTY BANCORP RETIREMENT PLAN	
b	Name of plan sponsor SHELBY COUNTY BANCORP, INC.	c EIN-PN 31-1176325-001
a	Plan name SICK USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SICK, INC.	c EIN-PN 41-0970193-001
a	Plan name SIDING UNLIMITED, LLC 401(K) PLAN	
b	Name of plan sponsor SIDING UNLIMITED LLC	c EIN-PN 39-1789869-001
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
a	Plan name SILVER CREEK MIDSTREAM 401K PLAN	
b	Name of plan sponsor SILVER CREEK MIDSTREAM LLC	c EIN-PN 82-2997117-001
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 SOUTHAMPTON WINDOW CLEANING AND JANITORIAL SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHAMPTON WINDOW CLEANING AND JANITORIAL SERVICE, INC.	c EIN-PN 01-0732274-001

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 SPAULDING CLINICAL RESEARCH 401(K) PLAN	
b	Name of plan sponsor SPAULDING CLINICAL RESEARCH	c EIN-PN 26-0647166-001
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 SUNRAIL TASI 401K PLAN	
b	Name of plan sponsor TRANSITAMERICA SERVICES, INC.	c EIN-PN 56-2515761-002
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 TASI ACI A JOINT VENTURE 401K PLAN	
b	Name of plan sponsor TRANSITAMERICA SVS INC	c EIN-PN 82-0850530-001
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 ACADEMY 401K RETIREMENT PLAN	
b	Name of plan sponsor ACADEMY PARENT LLC	c EIN-PN 82-3500982-001
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
a	Plan name THE AGS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHITECTURAL GLASS SYSTEMS INC	c EIN-PN 26-0844245-001

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 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. 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 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 SCHOLARS FOUNDATION, INC.	c EIN-PN 58-1686023-002
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
a	Plan name THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BOTTLERS OF TULLAHOMA	c EIN-PN 62-0164520-002

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	MAGNOLIA COCA-COLA BOTTLING COMPANY, INC.	c EIN-PN 71-0112215-002
a	Plan name	THE COCA-COLA BOTTLERS' ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FORT SMITH BOTTLING	c EIN-PN 71-0256055-002
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	ADA COCA-COLA BOTTLING COMPANY	c EIN-PN 73-0120471-002
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

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 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
a	Plan name THE GEMOLOGICAL INSTITUE 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 TOKENEX RETIREMENT PLAN	
b	Name of plan sponsor TOKENEX	c EIN-PN 84-1854299-001

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	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	TRAVS OUTFITTER INC 401K PLAN	
b	Name of plan sponsor	TRAVS OUTFITTER INC	c EIN-PN 20-0433189-001
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
a	Plan name	TRU URGENT CARE DMV 401(K) PLAN	
b	Name of plan sponsor	MEDICAL CONSULTANTS LLP	c EIN-PN 47-2497289-001
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	TYLK GUSTAFSON RECKERS WILSON ANDREWS	
b	Name of plan sponsor	TYLK GUSTAFSON RECKERS WILSON ANDRES	c EIN-PN 36-4370172-001
a	Plan name	UEBELHOR OIL COMPANY INC.401K PROFIT	
b	Name of plan sponsor	UEBELHOR OIL COMPANY INC	c EIN-PN 35-1263926-001
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

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 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
a	Plan name WALSH COLUCCI LUBELEY & WALSH PC	
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	
b	Name of plan sponsor WHITNEY CENTER, INC.	c EIN-PN 06-0924891-002
a	Plan name WHOLESTONE FARMS COOPERATIVE 401(K) PLAN	
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	
b	Name of plan sponsor WHOLESTONE FARMS COOPERATIVE, INC.	c EIN-PN 83-1174153-002

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	WIPAIRE INC. PROFIT SHARING PLAN	
b Name of plan sponsor	WIPAIRE INC	c EIN-PN 41-1240896-001

a Plan name	WMC PHYSICIANS PRACTICES, LLC 401(K) PLAN	
b Name of plan sponsor	WCM PHYSICIANS PRACTICES, LLC	c EIN-PN 46-1883875-001

a Plan name	XALOY 401K PLAN	
b Name of plan sponsor	XALOY LLC	c EIN-PN 81-4251752-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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b Name of plan sponsor		c EIN-PN

a Plan name		
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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>GREAT GRAY TRUST T. ROWE PRICE RETIREMENT DATE 2040 TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-7289836</u>

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)	5171610	1856005
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)	696120080	1087307993
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	701291690	1089163998
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	198033
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5247439	1856006
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5247439	2054039
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	696044251	1087109959

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)	105719812
(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	105719812

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)	44379
(5) Investment advisory and investment management fees	2i(5)	242861
(6) Bank or trust company trustee/custodial fees	2i(6)	307680
(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)	594920
j Total expenses. Add all expense amounts in column (b) and enter total	2j	594920

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	105124892
l Transfers of assets:		
(1) To this plan	2l(1)	384193858
(2) From this plan	2l(2)	98253042

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 _____.