

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>AB MULTI-MANAGER RETIREMENT TRUST 2035 FUND (W SERIES)</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>543</u>  <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u>  <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	<b>2b</b> Employer Identification Number (EIN) <u>38-4116848</u>  <b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u>  <b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/25/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>AB MULTI-MANAGER RETIREMENT TRUST 2035 FUND (W SERIES)</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>543</u>
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<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-4116848</u>
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<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: AB MULTI-MANAGER RETIREMENT 2035 CT

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

<b>c</b> EIN-PN <u>04-6948485-047</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>123649899</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">A.G. ANDRIKOPOULOS RESOURCES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A.G. ANDRIKOPOULOS RESOURCES, INC.</a>	<b>c</b> EIN-PN <a href="#">83-0294348-001</a>
<b>a</b>	Plan name <a href="#">AARONSON, DICKERSON, COHN &amp; LANZONE, APC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AARONSON, DICKERSON, COHN &amp; LANZONE , APC</a>	<b>c</b> EIN-PN <a href="#">94-2222700-001</a>
<b>a</b>	Plan name <a href="#">ADVANCED SPECIALTY CARE, P.C. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADVANCED SPECIALTY CARE, P.C.</a>	<b>c</b> EIN-PN <a href="#">06-1005395-003</a>
<b>a</b>	Plan name <a href="#">ALEXANDER LINSKY, D.M.D., P.C. 401(K)/PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALEXANDER LINSKY, D.M.D., P.C.</a>	<b>c</b> EIN-PN <a href="#">11-2345931-002</a>
<b>a</b>	Plan name <a href="#">ALLERGY DIAGNOSTIC SYSTEMS, INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALLERGY DIAGNOSTIC SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1638209-004</a>
<b>a</b>	Plan name <a href="#">AMBASSADOR HOME IMPROVEMENTS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMBASSADOR HOME IMPROVEMENTS, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2076387-001</a>
<b>a</b>	Plan name <a href="#">AMERTECH, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERTECH, INC.</a>	<b>c</b> EIN-PN <a href="#">22-2259885-001</a>
<b>a</b>	Plan name <a href="#">AMS RISK MANAGEMENT &amp; CONSULTING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMS RISK MANAGEMENT &amp; CONSULTING, INC.</a>	<b>c</b> EIN-PN <a href="#">11-3207340-001</a>
<b>a</b>	Plan name <a href="#">ANDREW SKURMAN ARCHITECTS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANDREW SKURMAN ARCHITECTS</a>	<b>c</b> EIN-PN <a href="#">20-8151111-001</a>
<b>a</b>	Plan name <a href="#">ARISTA GROUPS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARISTA GROUPS</a>	<b>c</b> EIN-PN <a href="#">84-3983791-001</a>
<b>a</b>	Plan name <a href="#">BANKWELL FINANCIAL GROUP, INC. AND ITS SUBSIDIARIES AND AFFILIATES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BANKWELL FINANCIAL GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">20-8251355-001</a>
<b>a</b>	Plan name <a href="#">BARETZ PLUS BRUNELLE, LLC PROFIT SHARING &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">BARETZ PLUS BRUNELLE, LLC</a>	<b>c</b> EIN-PN <a href="#">81-1322414-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BARTOL LAW FIRM, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BARTOL LAW FIRM, P.C.	<b>c</b> EIN-PN 84-1944953-002
<b>a</b>	Plan name BARTON LLP 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BARTON LLP	<b>c</b> EIN-PN 13-4081518-002
<b>a</b>	Plan name BERNSTEIN LITOWITZ BERGER & GROSSMAN LLP EXECUTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BERNSTEIN LITOWITZ BERGER & GROSSMANN LLP	<b>c</b> EIN-PN 13-3165559-004
<b>a</b>	Plan name BIRMINGHAM MAPLE CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIRMINGHAM MAPLE CLINIC	<b>c</b> EIN-PN 38-3297723-001
<b>a</b>	Plan name BLANCHARD, KRASNER & FRENCH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLANCHARD, KRASNER & FRENCH	<b>c</b> EIN-PN 33-0597079-001
<b>a</b>	Plan name BLITZ LAW GROUP, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLITZ LAW GROUP, LLP	<b>c</b> EIN-PN 26-3827133-001
<b>a</b>	Plan name BLUEVAULT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BLUEVAULT, LLC	<b>c</b> EIN-PN 54-2067447-001
<b>a</b>	Plan name BOLTE REAL ESTATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOLTE REAL ESTATE	<b>c</b> EIN-PN 46-4598857-001
<b>a</b>	Plan name BONNE, BRIDGES, MUELLER, O'KEEFE & NICHOLS PROFESSIONAL CORPORATION 401(K) SAVINGS PLAN FOR ASSOCIATE ATTORNEYS	
<b>b</b>	Name of plan sponsor BONNE, BRIDGES, MUELLER, O'KEEFE & NICHOLS PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 95-2839534-004
<b>a</b>	Plan name BORO PARK PEDIATRIC ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BORO PARK PEDIATRIC ASSOCIATES, PLLC	<b>c</b> EIN-PN 20-4881235-001
<b>a</b>	Plan name BOWERS CONSTRUCTION COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOWERS CONSTRUCTION COMPANY	<b>c</b> EIN-PN 73-1312379-001
<b>a</b>	Plan name BROOKLINE VILLAGE OB/GYN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BROOKLINE VILLAGE OB/GYN, LLC	<b>c</b> EIN-PN 04-2882397-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BUDGET DUMPSTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUDGET DUMPSTER	<b>c</b> EIN-PN 27-0471717-001
<b>a</b>	Plan name BUSINESS SCHOOL DEFINED CONTRIBUTION PLAN I	
<b>b</b>	Name of plan sponsor THE COLLEGE OF WESTCHESTER	<b>c</b> EIN-PN 13-1879788-001
<b>a</b>	Plan name BUSINESS SCHOOL DEFINED CONTRIBUTION PLAN II	
<b>b</b>	Name of plan sponsor THE COLLEGE OF WESTCHESTER	<b>c</b> EIN-PN 13-1879788-002
<b>a</b>	Plan name BUTLER VALET, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BUTLER VALET, INC.	<b>c</b> EIN-PN 91-1654400-001
<b>a</b>	Plan name C. B. CONSTRUCTION, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor C.B. CONSTRUCTION, INC.	<b>c</b> EIN-PN 06-1057765-002
<b>a</b>	Plan name CAMP GREENSKY INC 401K PLAN	
<b>b</b>	Name of plan sponsor CAMP GREENSKY, INC.	<b>c</b> EIN-PN 47-5160284-002
<b>a</b>	Plan name CASEY, MENDEN, FAUST, & NELSON, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CASEY, MENDEN, FAUST, & NELSON, P.A.	<b>c</b> EIN-PN 41-1535741-001
<b>a</b>	Plan name CENTER FOR ORTHOPAEDICS AND SPORTS MEDICINE, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTER FOR ORTHOPAEDICS AND SPORTS MEDICINE, P.A.	<b>c</b> EIN-PN 59-2822729-001
<b>a</b>	Plan name CHARNY, KARPOUSIS, ALTIERI & DONOIAN, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHARNY, KARPOUSIS, ALTIERI & DONOIAN, P.A.	<b>c</b> EIN-PN 22-3639763-001
<b>a</b>	Plan name CHILDREN'S DENTAL HEALTH CENTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CHILDRENS DENTAL HEALTH CENTER, S.C.	<b>c</b> EIN-PN 39-1221409-001
<b>a</b>	Plan name CODY VERMETTE GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CODY VERMETTE GROUP, INC	<b>c</b> EIN-PN 94-3193777-001
<b>a</b>	Plan name CONNECTICUT KIDNEY & HYPERTENSION SPECIALISTS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONNECTICUT KIDNEY & HYPERTENSION SPECIALISTS, LLC	<b>c</b> EIN-PN 26-2731148-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COSMETIC SURGERY SPECIALISTS, P.C. 401K PLAN	
<b>b</b>	Name of plan sponsor COSMETIC SURGERY SPECIALISTS, P.C.	<b>c</b> EIN-PN 23-2839197-001
<b>a</b>	Plan name COSMO STREET EDITORIAL, INC. DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor COSMO STREET EDITORIAL, INC.	<b>c</b> EIN-PN 95-4439799-002
<b>a</b>	Plan name CRISTALINO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRISTALINO, INC.	<b>c</b> EIN-PN 27-4087264-001
<b>a</b>	Plan name CULLEN & DANOWSKI 401(K) PLAN	
<b>b</b>	Name of plan sponsor CULLEN & DANOWSKI, LLP	<b>c</b> EIN-PN 11-2459188-001
<b>a</b>	Plan name DANBERT CONTRACTORS AND EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DANBERT, INC.	<b>c</b> EIN-PN 31-1029004-001
<b>a</b>	Plan name DELLA PORTA & DELLA PORTA DMD PA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DELLA PORTA COSMETIC DENTISTRY, LLP	<b>c</b> EIN-PN 20-8254968-001
<b>a</b>	Plan name DERMATOLOGY & LASER CENTER OF SAN DIEGO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DERMATOLOGY & LASER CENTER OF SAN DIEGO, A MEDICAL CORPORATION	<b>c</b> EIN-PN 52-2375414-001
<b>a</b>	Plan name DISABILITY RIGHTS PENNSYLVANIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor DISABILITY RIGHTS PENNSYLVANIA	<b>c</b> EIN-PN 23-2041538-001
<b>a</b>	Plan name DUGHI, HEWIT & DOMALEWSKI, P.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DUGHI, HEWIT & DOMALEWSKI, P.C.	<b>c</b> EIN-PN 22-2493800-001
<b>a</b>	Plan name EASTERN TEA CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EASTERN TEA CORPORATION	<b>c</b> EIN-PN 22-2404897-001
<b>a</b>	Plan name EGGLAND'S BEST 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EGGLANDS BEST, INC.	<b>c</b> EIN-PN 52-1588662-001
<b>a</b>	Plan name EGGS ALL DAY, INC.401(K) PLAN	
<b>b</b>	Name of plan sponsor EGGS ALL DAY, INC.	<b>c</b> EIN-PN 81-4927592-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">ELLIS PARTNERS LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELLIS PARTNERS LLC</a>	<b>c</b> EIN-PN <a href="#">94-3348273-001</a>
<b>a</b>	Plan name <a href="#">ENDOCRINE &amp; DIABETES CARE CENTER, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENDOCRINE AND DIABETES CARE CENTER, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1954710-001</a>
<b>a</b>	Plan name <a href="#">ERIC J. SMITH ARCHITECT, PC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ERIC J. SMITH ARCHITECT, PC</a>	<b>c</b> EIN-PN <a href="#">13-3421891-002</a>
<b>a</b>	Plan name <a href="#">FAIRBANKS LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAIRBANKS LLC</a>	<b>c</b> EIN-PN <a href="#">20-0866676-001</a>
<b>a</b>	Plan name <a href="#">FIRELANDS AUTO GROUP I, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIRELANDS AUTO GROUP I, LLC DBA FIRELANDS TOYOTA</a>	<b>c</b> EIN-PN <a href="#">85-1265937-001</a>
<b>a</b>	Plan name <a href="#">FIRELANDS AUTO GROUP II, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIRELANDS AUTO GROUP II, LLC DBA FIRELANDS CHRYSLER DODGE JEEP RAM</a>	<b>c</b> EIN-PN <a href="#">85-1272556-001</a>
<b>a</b>	Plan name <a href="#">FIRELANDS AUTO GROUP III, LLC 401(K) PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">FRLNDAUTOGRPIII,LLC DBAFIRLND SCHVRLTOFVERMILI</a>	<b>c</b> EIN-PN <a href="#">87-3970011-001</a>
<b>a</b>	Plan name <a href="#">FIRELANDS CHEVROLET BUICK 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PATRICK CHEVROLET BUICK, INC.</a>	<b>c</b> EIN-PN <a href="#">82-1702529-001</a>
<b>a</b>	Plan name <a href="#">FORTE CONSTRUCTION CORP 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FORTE CONSTRUCTION CORP</a>	<b>c</b> EIN-PN <a href="#">27-3167155-001</a>
<b>a</b>	Plan name <a href="#">GADGE USA, INC. PROFIT SHARING PLAN I</a>	
<b>b</b>	Name of plan sponsor <a href="#">GADGE USA, INC.</a>	<b>c</b> EIN-PN <a href="#">11-3165963-003</a>
<b>a</b>	Plan name <a href="#">GEM ROOFING &amp; WATERPROOFING CORP. 401(K) TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">GEM ROOFING &amp; WATERPROOFING CORP.</a>	<b>c</b> EIN-PN <a href="#">22-2053333-002</a>
<b>a</b>	Plan name <a href="#">GENSBURG CALANDRIELLO &amp; KANTER, P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GENSBURG CALANDRIELLO &amp; KANTER, P.C.</a>	<b>c</b> EIN-PN <a href="#">36-3927177-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GEOMETRICA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEOMETRICA, INC.	<b>c</b> EIN-PN 74-2641046-001
<b>a</b>	Plan name	GLENSTAR ASSET MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLENSTAR ASSET MANAGEMENT, LLC	<b>c</b> EIN-PN 36-4255421-001
<b>a</b>	Plan name	GREENWALD DOHERTY LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREENWALD DOHERTY LLP	<b>c</b> EIN-PN 20-4591728-001
<b>a</b>	Plan name	GROSS AND KAPLAN 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MARK J. GROSS, D.D.S. & ANDREW S. KAPLAN, D.M.D.	<b>c</b> EIN-PN 13-3424989-002
<b>a</b>	Plan name	HAMILTON CARDIOLOGY ASSOCIATES, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAMILTON CARDIOLOGY ASSOCIATES, P.A.	<b>c</b> EIN-PN 22-3052989-001
<b>a</b>	Plan name	HERSH MANNIS LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERSH MANNIS LLP	<b>c</b> EIN-PN 95-4814099-003
<b>a</b>	Plan name	HOLIDAY DIVER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOLIDAY DIVER, INC.	<b>c</b> EIN-PN 59-2470075-001
<b>a</b>	Plan name	HP HOMES HOLDING COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HP HOMES HOLDING COMPANY, LLC	<b>c</b> EIN-PN 27-3954977-001
<b>a</b>	Plan name	HUB STRATEGY AND COMMUNICATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUB STRATEGY AND COMMUNICATION, INC.	<b>c</b> EIN-PN 68-0502671-001
<b>a</b>	Plan name	HUNT DESIGN ASSOCIATES, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUNT DESIGN ASSOCIATES, INC.	<b>c</b> EIN-PN 95-3725478-001
<b>a</b>	Plan name	ICON TRADE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ICON TRADE SERVICES, LLC	<b>c</b> EIN-PN 27-2404019-001
<b>a</b>	Plan name	IMG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERIOR MARKETING GROUP, INC.	<b>c</b> EIN-PN 26-1383608-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name INTERACTIVE INSTRUMENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERACTIVE INSTRUMENTS, INC.	<b>c</b> EIN-PN 14-1761416-001
<b>a</b>	Plan name INTERNATIONAL INTEGRATED SOLUTIONS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL INTEGRATED SOLUTIONS, LTD.	<b>c</b> EIN-PN 11-3006645-001
<b>a</b>	Plan name JOHN F. DILLON & CO., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHN F. DILLON & CO., LLC	<b>c</b> EIN-PN 06-1601925-001
<b>a</b>	Plan name JR AFFILIATES LLC 401K PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor JR AFFILIATES LLC	<b>c</b> EIN-PN 26-3238152-001
<b>a</b>	Plan name KEITH ALTIZER & CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEITH ALTIZER & COMPANY, P.A.	<b>c</b> EIN-PN 59-1629947-001
<b>a</b>	Plan name KMJ CORBIN & COMPANY LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KMJ CORBIN AND COMPANY LLP	<b>c</b> EIN-PN 81-0569753-002
<b>a</b>	Plan name KOSTELANETZ LLP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor KOSTELANETZ LLP	<b>c</b> EIN-PN 13-3758926-001
<b>a</b>	Plan name KRISH ACTUARIAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KRISH ACTUARIAL, INC.	<b>c</b> EIN-PN 45-2777929-001
<b>a</b>	Plan name L2 DEFENSE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor L2 DEFENSE, INC	<b>c</b> EIN-PN 45-4283065-001
<b>a</b>	Plan name LAM DESIGN ASSOCIATES INC. PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor LAM DESIGN ASSOCIATES INC.	<b>c</b> EIN-PN 13-2788266-001
<b>a</b>	Plan name LAW OFFICES OF SPAR & BERNSTEIN 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LAW OFFICES OF SPAR & BERNSTEIN, P.C.	<b>c</b> EIN-PN 13-3622170-001
<b>a</b>	Plan name LAWRENCE P LOTZOF, DDS, APC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DR. LOTZOF ORTHODONTICS, A PROFESSIONAL DENTAL CORPORATION	<b>c</b> EIN-PN 33-0861361-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">LECO PLASTICS, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LECO PLASTICS, INC.</a>	<b>c</b> EIN-PN <a href="#">13-5579802-001</a>
<b>a</b>	Plan name <a href="#">LEONIA MEDICAL ASSOCIATES, P.A. RETIREMENT TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEONIA MEDICAL ASSOCIATES, P.A.</a>	<b>c</b> EIN-PN <a href="#">22-3522777-002</a>
<b>a</b>	Plan name <a href="#">MANTELL, PRINCE &amp; REYNOLDS, P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MANTELL, PRINCE &amp; REYNOLDS, P.C.</a>	<b>c</b> EIN-PN <a href="#">22-3110355-001</a>
<b>a</b>	Plan name <a href="#">MARK GROTJAHN STUDIO, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARK GROTJAHN STUDIOS, INC.</a>	<b>c</b> EIN-PN <a href="#">26-0786698-002</a>
<b>a</b>	Plan name <a href="#">MARON MARVEL BRADLEY ANDERSON &amp; TARDY LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARON MARVEL BRADLEY ANDERSON &amp; TARDY LLC</a>	<b>c</b> EIN-PN <a href="#">51-0375264-002</a>
<b>a</b>	Plan name <a href="#">MARTIN &amp; MARTIN, D.D.S., P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARTIN &amp; MARTIN, D.D.S.,P.C.</a>	<b>c</b> EIN-PN <a href="#">35-2141980-002</a>
<b>a</b>	Plan name <a href="#">MILHOUSE ENGINEERING AND CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MILHOUSE ENGINEERING AND CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">36-4468621-001</a>
<b>a</b>	Plan name <a href="#">MILLER &amp; TISCHLER, P.C. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MILLER &amp; TISCHLER, P.C.</a>	<b>c</b> EIN-PN <a href="#">38-2628458-001</a>
<b>a</b>	Plan name <a href="#">MINNESOTA SURGICAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MINNESOTA SURGICAL ASSOCIATES, P.A.</a>	<b>c</b> EIN-PN <a href="#">41-1784893-001</a>
<b>a</b>	Plan name <a href="#">MOM ENTERPRISES, INC. PROFIT SHARING/401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MOM ENTERPRISES, INC.</a>	<b>c</b> EIN-PN <a href="#">68-0437149-001</a>
<b>a</b>	Plan name <a href="#">NEIL HUFFMAN VOLKSWAGEN, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEIL HUFFMAN VOLKSWAGEN, INC.</a>	<b>c</b> EIN-PN <a href="#">61-0674549-002</a>
<b>a</b>	Plan name <a href="#">NEWCOMER CONCRETE SERVICES, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEWCOMER CONCRETE SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1302197-003</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NORTH SUBURBAN PEDIATRICS, S.C. PROFIT-SHARING AND SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NORTH SUBURBAN PEDIATRICS, S.C.	<b>c</b> EIN-PN 36-2659757-002
<b>a</b>	Plan name ORGVITALITY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORGVITALITY, LLC	<b>c</b> EIN-PN 27-0273541-001
<b>a</b>	Plan name ORLANDO FOOD SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORLANDO FOOD SALES, INC.	<b>c</b> EIN-PN 22-3140998-001
<b>a</b>	Plan name ORTHOPAEDIC ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORTHOPAEDIC ASSOCIATES, P.A.	<b>c</b> EIN-PN 22-1868802-004
<b>a</b>	Plan name PAY SUITE, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PAY SUITE, LLC	<b>c</b> EIN-PN 47-5678485-001
<b>a</b>	Plan name PEDIATRIC ASSOCIATES OF N.Y.C., P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PEDIATRIC ASSOCIATES OF N.Y.C., P.C.	<b>c</b> EIN-PN 13-2693549-005
<b>a</b>	Plan name PENSION PLAN FOR EMPLOYEES OF BRAZILL BROTHERS & ASSOCIATES INC.	
<b>b</b>	Name of plan sponsor BRAZILL BROTHERS & ASSOCIATES INC.	<b>c</b> EIN-PN 22-1630811-001
<b>a</b>	Plan name PERRY HAY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERRY HAY LLP	<b>c</b> EIN-PN 46-2290413-001
<b>a</b>	Plan name PETER AXELROD & ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PETER AXELROD & ASSOCIATES, P.C.	<b>c</b> EIN-PN 13-3845901-001
<b>a</b>	Plan name PGOMG PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PACIFIC GYNECOLOGY & OBSTETRICS MEDICAL GROUP, P.C.	<b>c</b> EIN-PN 94-3063179-001
<b>a</b>	Plan name PHARMA-CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PHARMA-CARE, INC.	<b>c</b> EIN-PN 22-2828314-001
<b>a</b>	Plan name PHILIP FRIED MD PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PHILIP FRIED MD PLLC	<b>c</b> EIN-PN 13-3698891-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name PROFESSIONAL SPORTS REPRESENTATION INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROFESSIONAL SPORTS REPRESENTATION INC	<b>c</b> EIN-PN 88-0312825-002
<b>a</b>	Plan name R.G. SMITH COMPANY, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor R.G. SMITH COMPANY, INC.	<b>c</b> EIN-PN 34-0678463-001
<b>a</b>	Plan name RECONSTRUCTION EXPERTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RECONSTRUCTION EXPERTS, INC.	<b>c</b> EIN-PN 84-1581064-001
<b>a</b>	Plan name RETIREMENT PLAN FOR THE EMPLOYEES OF HIAS, INC.	
<b>b</b>	Name of plan sponsor HIAS, INC.	<b>c</b> EIN-PN 13-5633307-001
<b>a</b>	Plan name RLA CONSERVATION LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RLA CONSERVATION LLC	<b>c</b> EIN-PN 26-1841204-001
<b>a</b>	Plan name SAFE HARBOR LLP 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAFE HARBOR LLP	<b>c</b> EIN-PN 27-1803215-001
<b>a</b>	Plan name SANITARY PLUMBING & HEATING CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SANITARY PLUMBING & HEATING CORP.	<b>c</b> EIN-PN 13-1550886-001
<b>a</b>	Plan name SECCO SQUARED, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SECCO SQUARED, LLC	<b>c</b> EIN-PN 20-8918220-001
<b>a</b>	Plan name SMALLWOOD'S, LLC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SMALLWOODS, LLC.	<b>c</b> EIN-PN 59-2104196-001
<b>a</b>	Plan name SNORING & SLEEP APNEA DENTAL TREATMENT CENTER, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SNORING & SLEEP APNEA DENTAL TREATMENT CENTER	<b>c</b> EIN-PN 41-1736306-001
<b>a</b>	Plan name SOCIAL STUDIES SCHOOL SERVICE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOCIAL STUDIES SCHOOL SERVICE	<b>c</b> EIN-PN 95-2512625-001
<b>a</b>	Plan name SOLUTIONS4NETWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOLUTIONS4NETWORKS	<b>c</b> EIN-PN 25-1853518-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SPECIAL SURGERY OF HOUSTON SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OUTPATIENT SPECIALTY SURGERY PARTNERS, LTD.	<b>c</b> EIN-PN 76-0696755-001
<b>a</b>	Plan name	SUMMIT DESIGN + BUILD EMPLOYEES' 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SUMMIT DESIGN + BUILD, LLC	<b>c</b> EIN-PN 20-3809406-001
<b>a</b>	Plan name	TAP & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAP ELECTRIC METRO JV	<b>c</b> EIN-PN 20-3646966-001
<b>a</b>	Plan name	TECH QUIP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TECH QUIP, INC.	<b>c</b> EIN-PN 74-1778531-001
<b>a</b>	Plan name	THE CENTER FOR SPINAL DISORDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TJ ORTHOPAEDICS PLLC	<b>c</b> EIN-PN 20-1012630-001
<b>a</b>	Plan name	THE KROOT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE KROOT CORPORATION	<b>c</b> EIN-PN 35-1112017-004
<b>a</b>	Plan name	THE MARCO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARCO INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 11-2717936-002
<b>a</b>	Plan name	TRIGON EQUITIES CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRIGON EQUITIES CORPORATION	<b>c</b> EIN-PN 13-2994507-001
<b>a</b>	Plan name	TRISALUS LIFE SCIENCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRISALUS LIFE SCIENCES, INC.	<b>c</b> EIN-PN 27-0629393-001
<b>a</b>	Plan name	UNIVERSAL TONE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL TONE MANAGEMENT, LLC	<b>c</b> EIN-PN 27-4222362-001
<b>a</b>	Plan name	VARITRONICS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	VARITRONICS LLC	<b>c</b> EIN-PN 20-4454248-001
<b>a</b>	Plan name	VERTICAL KNOWLEDGE L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERTICAL KNOWLEDGE L.L.C.	<b>c</b> EIN-PN 20-5738993-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>AB MULTI-MANAGER RETIREMENT TRUST 2035 FUND (W SERIES)</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>543</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-4116848</u>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	<u>1307978</u>
		<u>895087</u>
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	<u>120109603</u>
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	<u>123649899</u>
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	121417581	124544986
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	207633
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1502610	895087
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1502610	1102720
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	119914971	123442266

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		14280086
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		14280086

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	801507	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		801507
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		801507

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		13478579
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		27289112
(2) From this plan .....	<b>2l(2)</b>		37240396

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.