

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK EMERGING MARKETS EQUITY INDEX FUND
1b Three-digit plan number (PN): 008
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 20-3802262
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>BLACKROCK EMERGING MARKETS EQUITY INDEX FUND</u>	B Three-digit plan number (PN)	<u>008</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>20-3802262</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>EMERGING MARKETS INDEX FUND F</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
c EIN-PN <u>45-4544245-001</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>19158881</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)
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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

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	1888 INDUSTRIAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	1888 INDUSTRIAL SERVICES, LLC	c EIN-PN 26-3668134-001
a	Plan name	1ST CHOICE CABINETRY, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	1ST CHOICE CABINETRY, LLC	c EIN-PN 20-4648511-001
a	Plan name	ACE MARINE RIGGING & SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	ACE MARINE RIGGING & SUPPLY, INC.	c EIN-PN 56-1712466-001
a	Plan name	AIRBORNE LABS INTERNATIONAL, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	AIRBORNE LABS INTERNATIONAL, INC.	c EIN-PN 22-3737276-002
a	Plan name	ALL STATE TRAFFIC CONTROL, INC. 401(K) PLAN	
b	Name of plan sponsor	ALL STATE TRAFFIC CONTROL INC.	c EIN-PN 47-5418502-001
a	Plan name	ANGELA G ELLIS, DDS, PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ANGELA G ELLIS, DDS, PA	c EIN-PN 20-1992839-001
a	Plan name	APCO WORLDWIDE 401K PLAN	
b	Name of plan sponsor	APCO WORLDWIDE INC	c EIN-PN 13-3627825-001
a	Plan name	ARKANSAS PLASTIC SURGERY, P.A. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ARKANSAS PLASTIC SURGERY, P.A.	c EIN-PN 26-1630671-001
a	Plan name	ASCENDIS PHARMA 401(K) PLAN	
b	Name of plan sponsor	ASCENDIS PHARMA, INC.	c EIN-PN 26-1969053-001
a	Plan name	ASM ENGINEERING CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor	ASM ENGINEERING CONSULTANTS, LLC	c EIN-PN 77-0692955-001
a	Plan name	ATLANTA CENTER FOR UROLOGY 401(K) PLAN	
b	Name of plan sponsor	ATLANTA CENTER FOR UROLOGY	c EIN-PN 58-2060590-001
a	Plan name	ATLANTIC ULTRAVIOLET CORPORATION 401K PROFIT SHARI	
b	Name of plan sponsor	ATLANTIC ULTRAVIOLET CORPORATION	c EIN-PN 11-2023907-002

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	AUSTIN COUNTRY CLUB, INC.
b	Name of plan sponsor	PARKER GRUNKEMEYER
c	EIN-PN	74-0575117-003
a	Plan name	BAILEY CONSTRUCTION & CONSULTING, LLC 401(K) PLAN
b	Name of plan sponsor	BAILEY CONSTRUCTION & CONSULTING, LLC
c	EIN-PN	27-5224052-001
a	Plan name	BEVERLY ANESTHESIOLOGY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BEVERLY ANESTHESIOLOGY INC.
c	EIN-PN	85-2768066-001
a	Plan name	BEVERLY PEDIATRIC MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BEVERLY PEDIATRIC MED GP., INC.
c	EIN-PN	95-4022743-001
a	Plan name	BEYOND RISK MANAGEMENT 401(K) PLAN
b	Name of plan sponsor	BEYOND RISK MANAGEMENT, INC.
c	EIN-PN	86-2818295-002
a	Plan name	BLUE FROG, LLC 401(K) PLAN
b	Name of plan sponsor	BLUE FROG, LLC
c	EIN-PN	81-1400018-001
a	Plan name	BLUR PRODUCT DEVELOPMENT 401K PLAN
b	Name of plan sponsor	BLUR PRODUCT DEVELOPMENT
c	EIN-PN	47-1944267-001
a	Plan name	BMB CONSULTING LLC
b	Name of plan sponsor	BRIAN BUSTO
c	EIN-PN	11-3409470-003
a	Plan name	BOMIK, INC. 401(K) PLAN
b	Name of plan sponsor	SMITH BROWN
c	EIN-PN	75-2070132-001
a	Plan name	BOYD BIOMEDICAL 401K
b	Name of plan sponsor	BOYD BIOMEDICAL INC
c	EIN-PN	04-2682931-001
a	Plan name	BRADFORD MARINE, INC.401(K) PLAN
b	Name of plan sponsor	BRADFORD MARINE
c	EIN-PN	71-0440953-001
a	Plan name	BRAZOS 401(K) PLAN
b	Name of plan sponsor	BRAZOS MIDSTREAM OPERATING, LLC
c	EIN-PN	47-3331192-001

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	BRAZOS ILL 401 (K) PLAN	
b	Name of plan sponsor	BRAZOS MIDSTREAM OPERATING III, LLC	c EIN-PN 87-2618661-001
a	Plan name	BROOKS, CAMERON & HUEBSCH, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BROOKS, CAMERON & HUEBSCH, PLLC	c EIN-PN 32-0032073-001
a	Plan name	BUNNY WILLIAMS INCORPORATED 401K	
b	Name of plan sponsor	BUNNY WILLIAMS INCORPORATED	c EIN-PN 13-3481133-001
a	Plan name	BUTTERWORTH 401K PLAN	
b	Name of plan sponsor	WILLIAM BUTTERWORTH FOUNDATION	c EIN-PN 46-4274627-001
a	Plan name	CAISSON INVESTMENTS INC. 401(K) PLAN	
b	Name of plan sponsor	CAISSON INVESTMENTS INC.	c EIN-PN 84-1396755-001
a	Plan name	CAPITAL ENDOCRINE CONSULTANTS PA 401 K PLAN	
b	Name of plan sponsor	CAPITAL ENDOCRINE CONSULTANTS PA	c EIN-PN 56-1341019-002
a	Plan name	CARLYLE COCOA COMPANY 401(K) PLAN	
b	Name of plan sponsor	CARLYLE COCOA COMPANY LLC	c EIN-PN 51-0398904-001
a	Plan name	CEDARS-SINAI IMAGING MEDICAL GROUP, A PROFESSIONAL CORPORATION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CEDARS-SINAI IMAGING MEDICAL GROUP, A PROFESSIONAL CORPORATION	c EIN-PN 95-4352141-001
a	Plan name	CENFLEX, INC. 401(K) PLAN	
b	Name of plan sponsor	CENFLEX INC.	c EIN-PN 39-1722116-001
a	Plan name	CENTRO DE SALUD DE LARES RETIREMENT PLAN	
b	Name of plan sponsor	CENTRO DE SALUD DE LARES INC.	c EIN-PN 66-0426506-001
a	Plan name	CFS INVESTMENT ADVISORY SERVICES, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	CFS INVESTMENT ADVISORY SERVICES, L.L.C.	c EIN-PN 22-3558384-001
a	Plan name	CHARLES ARIS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	CHARLES ARIS, INC.	c EIN-PN 56-0994845-001

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 CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHUCK PATTERSON, INC.	c EIN-PN 94-2644759-001
a	Plan name CITY OF HASTINGS 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CITY OF HASTINGS, NEBRASKA	c EIN-PN 47-6006221-001
a	Plan name CLANCY & THEYS CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLANCY & THEYS CONSTRUCTION COMPANY	c EIN-PN 56-0509939-001
a	Plan name CLEARY & GREEN LLP 401K PROFIT SHARING	
b	Name of plan sponsor CLAERY HAMMOND LLP	c EIN-PN 26-4143728-001
a	Plan name COASTAL BRIDGE ADVISORS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor COASTAL BRIDGE ADVISORS, LLC	c EIN-PN 27-1359517-001
a	Plan name COMPLETE ENVIRONMENTAL TESTING, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPLETE ENVIRONMENTAL TESTING, INC	c EIN-PN 06-1371457-001
a	Plan name CONCENTRIC ANALGESICS, INC.	
b	Name of plan sponsor MONICA JENKINS	c EIN-PN 47-2338879-003
a	Plan name CPA DIAZ-MARTINEZ CSP RETIREMENT PLAN	
b	Name of plan sponsor CPA DIAZ-MARTINEZ, CSP	c EIN-PN 66-0538689-001
a	Plan name CREEKSIDE SURGERY CENTER 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE SURGERY CENTERS LLC DBA CREEKSIDE SURGERY CENTER	c EIN-PN 20-3567411-002
a	Plan name CROGHAN'S JEWEL BOX, INC. 401(K) PLAN	
b	Name of plan sponsor CROGHANS JEWEL BOX, INC.	c EIN-PN 57-0717216-001
a	Plan name CULLARI CARRICO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CULLARI CARRICO, LLC	c EIN-PN 27-0623664-001
a	Plan name CURRAN MANUFACTURING CORP. 401(K) PLAN	
b	Name of plan sponsor CURRAN MANUFACTURING CORP.	c EIN-PN 11-2109136-001

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 DAVID G. CRESCENZO, DDS, PA PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor DAVID G. CRESCENZO, DDS	c EIN-PN 22-2047117-001
a	Plan name DAYTON FREIGHT LINES, INC. EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DAYTON FREIGHT LINES, INC.	c EIN-PN 31-1000719-001
a	Plan name DEANE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DEANE, INC.	c EIN-PN 06-1020196-001
a	Plan name DELCO SOLUTIONS LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DELCO SOLUTIONS LLC	c EIN-PN 45-4555782-001
a	Plan name DESERVE, INC. 401(K) PLAN	
b	Name of plan sponsor DESERVE, INC.	c EIN-PN 45-4455352-001
a	Plan name E. O. HABHEGGER CO INC PROFIT SHARING PLAN	
b	Name of plan sponsor E. O. HABHEGGER CO, INC.	c EIN-PN 23-1714985-001
a	Plan name EDGE ELECTRICAL SYSTEMS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EDGE ELECTRICAL SYSTEMS, LLC	c EIN-PN 46-4200887-001
a	Plan name EPLAN SERVICES GROUP TRUST	
b	Name of plan sponsor EPLAN SERVICES GROUP TRUST	c EIN-PN 77-6214267-001
a	Plan name EQUIPTX IND PROD CORP 401(K) PS PLAN	
b	Name of plan sponsor EQUIPTX INDUSTRIAL PRODUCTS CORP	c EIN-PN 13-2778888-001
a	Plan name ETHEREDGE ELECTRIC COMPANY, L.L.C. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor ETHEREDGE ELECTRIC COMPANY, LLC	c EIN-PN 72-1041621-002
a	Plan name FIRST COAST MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor FIRST COAST MORTGAGE LLC	c EIN-PN 87-1810255-001
a	Plan name FLEXSTONE PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor FLEXSTONE PARTNERS, LLC	c EIN-PN 26-2208248-001

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 FORTIS CONSTRUCTION LLC 401K PLAN	
b	Name of plan sponsor FORTIS CONSTRUCTION LLC	c EIN-PN 83-1550314-001
a	Plan name FRONTIER NURSING UNIVERSITY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FRONTIER NURSING UNIVERSITY	c EIN-PN 61-1124267-002
a	Plan name GALLAGHER BUICK GMC INC. 401K PROFIT	
b	Name of plan sponsor GALLAGHER BUICK GMC INC	c EIN-PN 06-0981227-001
a	Plan name GARAGE MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN FOR NON-UNION EES	
b	Name of plan sponsor GARAGE MANAGEMENT COMPANY, LLC	c EIN-PN 13-4120627-004
a	Plan name GARY W LAMBERT AND COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GARY W LAMBERT AND COMPANY	c EIN-PN 74-2145502-001
a	Plan name GASTROENTEROLOGY & NUTRITIONAL MEDICAL SERVICES, A.P.M.C. PROFIT SHARING PLAN	
b	Name of plan sponsor GASTROENTEROLOGY & NUTRITIONAL MEDICAL SERVICES, APMC	c EIN-PN 72-1304101-001
a	Plan name GASTROENTEROLOGY CLINIC, A.P.M.C. PROFIT SHARING PLAN	
b	Name of plan sponsor GASTROENTEROLOGY CLINIC, INC.	c EIN-PN 72-0985384-001
a	Plan name GEMINI BAKERY EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor GEMINI BAKERY EQUIPMENT COMPANY	c EIN-PN 23-1878709-001
a	Plan name GEOTECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GEOTECHNOLOGIES, INC.	c EIN-PN 56-1762630-001
a	Plan name GILBERT, WILSON & HUNTER 401(K) PLAN	
b	Name of plan sponsor GILBERT, WILSON & HUNTER, LLC	c EIN-PN 86-1993589-001
a	Plan name GLOBAL EXPEDITED SERVICES, INC.	
b	Name of plan sponsor GLOBAL EXPEDITED SERVICES, INC.	c EIN-PN 36-4154047-001
a	Plan name GPW AND ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GPW AND ASSOCIATES, INC.	c EIN-PN 86-0916908-001

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 GROSCH IRRIGATION CO., INC. 401(K) PLAN	
b	Name of plan sponsor GROSCH IRRIGATION CO., INC.	c EIN-PN 47-0431105-001
a	Plan name GUARANTY ESCROW, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GUARANTY ESCROW, INC.	c EIN-PN 20-1402320-001
a	Plan name HALIFAX OBGYN 401K PLAN	
b	Name of plan sponsor SCHWENKER AND STAVOY MD PA DBA HALIFAX OB/GYN	c EIN-PN 59-3002130-003
a	Plan name HATCHETT CORPORATE, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HATCHETT CORPORATE, LLC	c EIN-PN 87-3188109-001
a	Plan name HEALTH FACILITIES GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HEALTH FACILITIES GROUP, LLC	c EIN-PN 48-1154636-001
a	Plan name HEPCO, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor HEPCO, INC.	c EIN-PN 22-3202982-001
a	Plan name HIGH JUMP LOGISTICS INC.	
b	Name of plan sponsor JEFFREY RICHARDS	c EIN-PN 47-1912204-003
a	Plan name HILDEBRAND ESTIVO DENTAL RETIREMENT PLAN & TRUST	
b	Name of plan sponsor HILDEBRAND ESTIVO DENTAL, LLC	c EIN-PN 45-2550263-001
a	Plan name HIRO & CO., INC. 401K PLAN	
b	Name of plan sponsor HIRO & CO INC	c EIN-PN 84-1044735-001
a	Plan name HONG T VU DENTAL CORP 401(K) P/S PLAN	
b	Name of plan sponsor HONG T VU DENTAL CORPORATION	c EIN-PN 77-0636615-001
a	Plan name IBEW LOCAL NUMBER 77 STAFF AND COLLECTIVE BARGAINING RETIREMENT PLAN	
b	Name of plan sponsor I.B.E.W LOCAL UNION NO. 77	c EIN-PN 91-0267950-001
a	Plan name INTERNATIONAL TELCOM, LLC. 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL TELCOM, LLC	c EIN-PN 91-1579975-001

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 IPC GLOBAL SOLUTIONS SAVINGS PLAN	
b	Name of plan sponsor IMPORT PRODUCTS CO., LLC	c EIN-PN 04-2935545-001
a	Plan name J.D. FIELDS HDM SPIRALWELD MILL, LLC	
b	Name of plan sponsor JD FIELDS HDM SPIRAL WELD MILL LLC	c EIN-PN 84-1800565-001
a	Plan name J.H. WHITNEY CAPITAL PARTNERS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor J.H. WHITNEY CAPITAL PARTNERS, LLC	c EIN-PN 20-1928263-002
a	Plan name JD FIELDS & COMPANY INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor J.D. FIELDS & COMPANY, INC.	c EIN-PN 76-0130004-001
a	Plan name JRJ CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE R. JONES CONSTRUCTION, INC.	c EIN-PN 75-2231030-001
a	Plan name KALTEX AMERICA 401K TRUST	
b	Name of plan sponsor KALTEX AMERICA, INC.	c EIN-PN 13-3517424-001
a	Plan name KAMP 401(K) PLAN	
b	Name of plan sponsor KAMP GRIZZLY, INC.	c EIN-PN 20-2993890-001
a	Plan name KGFA RETIREMENT PLAN	
b	Name of plan sponsor KANSAS GRAIN AND FEED ASSOCIATION	c EIN-PN 48-0289365-001
a	Plan name KTNA, 401(K) PLAN & TRUST	
b	Name of plan sponsor KOTOBUKIYA TREVES, NORTH AMERICA	c EIN-PN 68-0600082-001
a	Plan name LEGEND CUSTOM WOODWORKING 401(K) PLAN	
b	Name of plan sponsor LEGEND CUSTOM WOODWORKING	c EIN-PN 93-0863338-001
a	Plan name MANHATTAN OTOLARYNGOLOGY MANAGEMENT SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MANHATTAN OTOLARYNGOLOGY MANAGEMENT SERVICES, INC.	c EIN-PN 13-3747081-002
a	Plan name MARA MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor MARA MANAGEMENT LLC	c EIN-PN 92-0516270-002

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	MARK L. CIVIN, D.D.S., P.A., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARK L CIVIN DDS PA	c EIN-PN 65-0016772-001
a	Plan name	MC CREDIT PARTNERS, LP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MC CREDIT PARTNERS LP	c EIN-PN 46-2738205-001
a	Plan name	MCCARVILLE FINANCIAL NETWORK 401 (K) PLAN	
b	Name of plan sponsor	MCCARVILLE FINANCIAL NETWORK	c EIN-PN 42-1207715-001
a	Plan name	MEDICAL CENTER ANESTHESIOLOGY OF ATHENS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDICAL CENTER ANESTHESIOLOGY OF ATHENS, P.C.	c EIN-PN 58-2176258-001
a	Plan name	MERO CAPITAL PARTNERS, LLC	
b	Name of plan sponsor	GIORGIO BOERO	c EIN-PN 85-2891507-003
a	Plan name	MICHAEL F. SIMON BUILDERS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MICHAEL F. SIMON BUILDERS, INC.	c EIN-PN 39-1091301-002
a	Plan name	MICHIGAN LAW CENTER 401(K) PLAN & TRUST	
b	Name of plan sponsor	MICHIGAN LAW CENTER	c EIN-PN 27-1575829-001
a	Plan name	MICROWAVE FILTER COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICROWAVE FILTER COMPANY, INC.	c EIN-PN 16-0928443-001
a	Plan name	MID-STATE MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	MID-STATE MANAGEMENT, INC.	c EIN-PN 04-3139858-001
a	Plan name	MOFIN LENDING CORPORATION	
b	Name of plan sponsor	TYLER PETERS	c EIN-PN 47-5070243-003
a	Plan name	MONUMENT CONSTRUCTION, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MONUMENT CONSTRUCTION, LLC	c EIN-PN 26-3904362-001
a	Plan name	NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor	NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001

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	NEW JERSEY BUSINESS FORMS 401(K) PLAN	
b	Name of plan sponsor	NEW JERSEY BUSINESS FORMS	c EIN-PN 22-2159990-001
a	Plan name	NEW MEXICO MUNICIPAL LEAGUE 401(A) PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	NEW MEXICO MUNICIPAL LEAGUE	c EIN-PN 85-0138064-002
a	Plan name	NEW PARADIGM FOR EDUCATION 401(K) PLAN	
b	Name of plan sponsor	NEW PARADIGM FOR EDUCATION	c EIN-PN 27-2059007-001
a	Plan name	NEXTSTEP COUNSELING SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	NEXT STEP COUNSELING SERVICES	c EIN-PN 86-1873310-001
a	Plan name	NIKE COMMUNICATIONS, INC 401(K) PLAN	
b	Name of plan sponsor	NIKE COMMUNICATIONS, INC.	c EIN-PN 13-3221559-001
a	Plan name	NORLEN, INC 401(K) PLAN	
b	Name of plan sponsor	NORLEN, INC.	c EIN-PN 39-1033368-001
a	Plan name	NORTH CENTRAL VETERINARY EMERGENCY CENTER 401(K) PLAN	
b	Name of plan sponsor	NORTH CENTRAL VETERINARY EMERGENCY CENTER, LLC	c EIN-PN 35-2139886-001
a	Plan name	NORTHERN ARCHITECTURAL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHERN ARCHITECTURAL SYSTEMS, INC.	c EIN-PN 22-2212641-002
a	Plan name	O'BRIEN & COMPANY 401(K) PLAN	
b	Name of plan sponsor	OBRIEN & COMPANY	c EIN-PN 45-3162027-001
a	Plan name	O'KANE AND MONSSEN, D.D.S., P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OKANE AND MONSSEN, D.D.S., P.A.	c EIN-PN 41-0977720-002
a	Plan name	OAKSTREET WHOLESALE NURSERY, LLC 401(K) PLAN	
b	Name of plan sponsor	OAKSTREET WHOLESALE NURSERY, LLC	c EIN-PN 23-1078996-001
a	Plan name	ONEAMERICA SEPARATE ACCOUNT	
b	Name of plan sponsor	AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-100

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	OSL, INC. SAFE HARBOR 401(K)PLAN
b	Name of plan sponsor	OAKESON, STEINER WEALTH AND RETI
c	EIN-PN	47-0783620-001
a	Plan name	OURPHARMA, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	OURPHARMA, LLC
c	EIN-PN	81-3883932-001
a	Plan name	PARISER DERMATOLOGY SPECIALISTS, LTD. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PARISER DERMATOLOGY SPECIALISTS, LTD.
c	EIN-PN	54-1037960-001
a	Plan name	PATHWAYS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PATHWAYS, INC.
c	EIN-PN	61-0661987-001
a	Plan name	PERFORMANCE CABLING TECHNOLOGIES INC 401(K) PLAN
b	Name of plan sponsor	PERFORMANCE CABLING TECHNOLOGIES, INC.
c	EIN-PN	20-5026061-001
a	Plan name	PHELPS INDUSTRIES, LLC
b	Name of plan sponsor	PHELPS INDUSTRIES, LLC
c	EIN-PN	04-3500221-001
a	Plan name	PRIDE AG RESOURCES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DODGE CITY COOPERATIVE EXCHANGE DBA PRIDE AG RESOURCES
c	EIN-PN	48-0198180-003
a	Plan name	PRIME FIDUCIARY SERVICES, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PRIME FIDUCIARY SERVICES, LLC
c	EIN-PN	11-3748954-001
a	Plan name	PRIVATE WEALTH ASSET MANAGEMENT 401(K) PLAN
b	Name of plan sponsor	PRIVATE WEALTH ASSET MANAGEMENT
c	EIN-PN	87-0935275-001
a	Plan name	PROMISE54 401(K) PLAN
b	Name of plan sponsor	PROMISE54
c	EIN-PN	82-4119782-001
a	Plan name	PTAM RETIREMENT PLAN
b	Name of plan sponsor	PT ASSET MANAGEMENT, LLC
c	EIN-PN	20-8098335-001
a	Plan name	R2R 401(K) PLAN
b	Name of plan sponsor	RENDER TO RADIO, LLC, DBA F3 WIRELESS
c	EIN-PN	27-3111922-001

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	REISER IMPLEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	REISER IMPLEMENT, INC.	c EIN-PN 42-1070205-001
a	Plan name	REMED18 HOLDINGS CORP. RETIREMENT	
b	Name of plan sponsor	REMED18 HOLDINGS CORP.	c EIN-PN 86-2813779-001
a	Plan name	REVMAN INTERNATIONAL, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	REVMAN INTERNATIONAL, INC.	c EIN-PN 13-3476655-001
a	Plan name	ROUSSEAU INSURANCE AGENCY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ROUSSEAU INSURANCE AGENCY	c EIN-PN 01-0371352-001
a	Plan name	RXGENOMIX 401(K) PLAN	
b	Name of plan sponsor	RXGENOMIX	c EIN-PN 46-2646660-001
a	Plan name	S&G COMMODITIES 401(K) PLAN	
b	Name of plan sponsor	S&G COMMODITIES	c EIN-PN 83-3323577-001
a	Plan name	S&S CYCLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	S & S CYCLE, INC.	c EIN-PN 39-1179826-002
a	Plan name	SALISBURY PEDIATRIC ASSOCIATES PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SALISBURY PEDIATRIC ASSOCIATES, P.A.	c EIN-PN 56-0988747-001
a	Plan name	SHACKELFORD CONSTRUCTION & HAULING, LLC 401(K) PLAN	
b	Name of plan sponsor	SHACKELFORD CONSTRUCTION AND HAULING, LLC	c EIN-PN 27-2358411-001
a	Plan name	SHELDEN ARCHITECTURE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SHELDEN ARCHITECTURE, INC.	c EIN-PN 46-0496315-001
a	Plan name	SKALAR PHARMA LLC 1081.01 RETIREMENT PLAN	
b	Name of plan sponsor	SKALAR PHARMA, LLC	c EIN-PN 66-0902281-001
a	Plan name	SMITH ARNOLD PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	SMITH ARNOLD PARTNERS, LLC	c EIN-PN 06-1593403-001

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	SOPHIE S. ZHENG, P.C	
b	Name of plan sponsor	SOPHIE S. ZHENG, P.C	c EIN-PN 27-3653823-001
a	Plan name	SPI 401(K) PLAN	
b	Name of plan sponsor	SALES PARTNERSHIPS, INC.	c EIN-PN 03-0515190-002
a	Plan name	STANCIL PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STANCIL PC	c EIN-PN 56-1131459-001
a	Plan name	STREICHER'S, INC. SAVINGS PLAN	
b	Name of plan sponsor	STREICHERS, INC.	c EIN-PN 41-1458127-001
a	Plan name	SUPERIOR HEALTH HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR HEALTH HOLDINGS, INC	c EIN-PN 86-2824178-001
a	Plan name	SWAN GLOBAL HOLDINGS - US, LLC 401(K) PLAN	
b	Name of plan sponsor	SWAN GLOBAL HOLDINGS - US, LLC	c EIN-PN 47-2545351-001
a	Plan name	SYNDIGO 401(K) PLAN	
b	Name of plan sponsor	SYNDIGO LLC	c EIN-PN 20-3328053-001
a	Plan name	TAIHO ONCOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAIHO ONCOLOGY, INC.	c EIN-PN 32-0028825-001
a	Plan name	TASA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TEXAS ASSOCIATION OF SCHOOL ADMINISTRATORS	c EIN-PN 74-1540525-001
a	Plan name	TCG GROUP HOLDINGS, LLP 401(K) PLAN	
b	Name of plan sponsor	TCG GROUP HOLDINGS, LLP	c EIN-PN 20-0529591-001
a	Plan name	TEXAS ENT CENTER 401K PLAN	
b	Name of plan sponsor	TEXAS ENT CENTER	c EIN-PN 27-3250655-001
a	Plan name	THE CIVIL GROUP 401(K) PLAN	
b	Name of plan sponsor	CIVIL CONTRACTORS, INC.	c EIN-PN 27-1382979-001

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 EIPEL ENGINEERING GROUP RETIREMENT PLAN	
b	Name of plan sponsor	THE EIPEL ENGINEERING GROUP, D.P.C.	c EIN-PN 46-0799762-002
a	Plan name	THE FORTISS GROUP 401K PLAN	
b	Name of plan sponsor	FORTISS, LLC	c EIN-PN 20-1057643-001
a	Plan name	THE GOLF CLUB OF PURCHASE 401(K) PLAN	
b	Name of plan sponsor	THE GOLF CLUB OF PURCHASE, INC.	c EIN-PN 13-3863688-001
a	Plan name	THE HANA GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE HANA GROUP, INC.	c EIN-PN 99-0320188-001
a	Plan name	THE PEPLINSKI GROUP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	THE PEPLINSKI GROUP	c EIN-PN 38-3561614-003
a	Plan name	THE WARD GROUP PSP JD WARD INC D B A THE WARD	
b	Name of plan sponsor	THE WARD GROUP PSP	c EIN-PN 04-3254698-001
a	Plan name	THE WINDOW NATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WINDOW NATION LLC	c EIN-PN 20-5084724-001
a	Plan name	TISCHLER UND SOHN (USA), LTD. 401(K) SAVINGS	
b	Name of plan sponsor	TISCHLER UND SOHN (USA), LTD.	c EIN-PN 06-1118797-001
a	Plan name	TOWN OF PUTNAM RETIREMENT PLAN	
b	Name of plan sponsor	TOWN OF PUTNAM	c EIN-PN 06-6002071-001
a	Plan name	TRANS PACIFIC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRANS PACIFIC OIL CORPORATION	c EIN-PN 98-0049119-001
a	Plan name	TRAVERS LASIK VISION CARE, P.A. 401(K) PLAN	
b	Name of plan sponsor	TRAVERS LASIK VISION CARE, P.A.	c EIN-PN 26-3041034-001
a	Plan name	TREVINO ASSOCIATES P.C. 401(K) PLAN	
b	Name of plan sponsor	TREVINO ASSOCIATES, P.C.	c EIN-PN 39-1920187-001

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	TRIMERGENCE LLC DEFINED BENEFIT PLAN	c	EIN-PN	
b	Name of plan sponsor	IAN SCHMIDT	c	EIN-PN	27-1540869-001
a	Plan name	UNIFIED CENTER FOR WOMEN'S HEALTH 401(K) RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	UNIFIED CENTER FOR WOMENS HEALTH PLLC	c	EIN-PN	30-0832785-001
a	Plan name	VIALTO PARTNERS US RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	GALAXY US OPCO INC.	c	EIN-PN	87-3913943-002
a	Plan name	VISIONARY SLEEP, LLC 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	VISIONARY SLEEP, LLC	c	EIN-PN	36-4849589-001
a	Plan name	WALLACE & SMITH CONTRACTORS, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	WALLACE & SMITH CONTRACTORS, INC.	c	EIN-PN	77-0071899-001
a	Plan name	WEATHERIZATION PARTNERS, LTD.	c	EIN-PN	
b	Name of plan sponsor	WEATHERIZATION PARTNERS LTD	c	EIN-PN	04-3746554-001
a	Plan name	WEINBRENNER SHOE COMPANY INC SALARIED EMPLOYEES SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	WEINBRENNER SHOE COMPANY, INC.	c	EIN-PN	39-1597573-003
a	Plan name	WEINBRENNER SHOE COMPANY SAVINGS PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	c	EIN-PN	
b	Name of plan sponsor	WEINBRENNER SHOE COMPANY, INC.	c	EIN-PN	39-1597573-001
a	Plan name	WIMCO CORP 401K PLAN	c	EIN-PN	
b	Name of plan sponsor	WIMCO CORP	c	EIN-PN	56-0523296-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLACKROCK EMERGING MARKETS EQUITY INDEX FUND	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 20-3802262

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	44447	30211
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)	55986907	19158881
(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	56031354	19189092
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	12432
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	62812	29959
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	62812	42391
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	55968542	19146701

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)	5254821
(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	5254821

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)	2609
(5) Investment advisory and investment management fees	2i(5)	47216
(6) Bank or trust company trustee/custodial fees	2i(6)	25261
(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)	75086
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	75086

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	5179735
l Transfers of assets:		
(1) To this plan.....	2l(1)	14270352
(2) From this plan	2l(2)	56271928

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 _____.