

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BLACKROCK MIDCAP GROWTH EQUITY FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>629</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-4139851</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/02/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 MIDCAP GROWTH EQUITY FUND</u>	B Three-digit plan number (PN)	<u>629</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-4139851</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>MIDCAP GROWTH EQUITY FUND F</u>	
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
c EIN-PN <u>84-3286627-001</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>277748268</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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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	144 STATE HOSPITALITY LLC 401K PLAN	
b	Name of plan sponsor	144 STATE HOSPITALITY LLC	c EIN-PN 38-3920199-001
a	Plan name	ABRASIVE-FORM, LLC SALARY SAVINGS PLAN	
b	Name of plan sponsor	ABRASIVE-FORM, LLC	c EIN-PN 47-5282271-002
a	Plan name	ACACIA GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACACIA GROUP, LLC	c EIN-PN 35-2731717-001
a	Plan name	ACTIGRAPH, LLC 401(K) PLAN	
b	Name of plan sponsor	ACTIGRAPH, LLC	c EIN-PN 56-2443729-001
a	Plan name	ADAPTHEALTH 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ADAPTHEALTH, LLC	c EIN-PN 45-5553972-001
a	Plan name	ADC THERAPEUTICS AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	ADC THERAPEUTICS AMERICA, INC.	c EIN-PN 47-3367212-001
a	Plan name	ADITI STAFFING 401(K) PLAN	
b	Name of plan sponsor	ADITI STAFFING, LLC	c EIN-PN 26-4656792-001
a	Plan name	AGENTS SYNC 401(K) PLAN	
b	Name of plan sponsor	AGENTS SYNC, INC.	c EIN-PN 84-4905267-001
a	Plan name	AGILITI 401(K)	
b	Name of plan sponsor	AGILITI HEALTH, INC.	c EIN-PN 41-0760940-002
a	Plan name	AHF PRODUCTS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AHF, LLC DBA AHF PRODUCTS	c EIN-PN 62-0435299-001
a	Plan name	ALCO MANUFACTURING CORPORATION LLC 401(K) PLAN	
b	Name of plan sponsor	ALCO MANUFACTURING CORPORATION LLC	c EIN-PN 20-4668788-001
a	Plan name	ALIGNED ORTHOPEDIC PARTNERS 401K PLAN	
b	Name of plan sponsor	ASC ORTHO MANAGEMENT COMPANY LLC	c EIN-PN 83-1642974-001

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 ALLIANT NATIONAL TITLE INSURANCE COMPANY INC. RETIREMENT PLAN	
b	Name of plan sponsor ALLIANT NATIONAL TITLE INSURANCE COMPANY INC.	c EIN-PN 20-3216749-001
a	Plan name ALLIED OMS 401(K) PLAN	
b	Name of plan sponsor ALLIED OMS, LLC	c EIN-PN 83-3175824-001
a	Plan name ALTUS FIRE & LIFE SAFETY 401(K) PLAN	
b	Name of plan sponsor NORTH AMERICAN FIRE HOLDINGS, LLC	c EIN-PN 86-3614531-001
a	Plan name AMERICAN ONCOLOGY NETWORK, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AMERICAN ONCOLOGY NETWORK, INC.	c EIN-PN 82-0603784-001
a	Plan name ARIZONA COLLEGE 401K PLAN	
b	Name of plan sponsor EDUVISION INC DBA ARIZONA COLLEGE	c EIN-PN 43-1537880-001
a	Plan name ATLAS HEALTHCARE PARTNERS 401(K) PLAN	
b	Name of plan sponsor ATLAS HEALTHCARE PARTNERS, LLC	c EIN-PN 82-3431080-001
a	Plan name ATLAS MEDSTAFF 401K AND PS PLAN	
b	Name of plan sponsor ATLAS MEDSTAFF, LLC	c EIN-PN 45-4657543-001
a	Plan name ATTENTIVE MOBILE 401(K) PLAN	
b	Name of plan sponsor ATTENTIVE MOBILE INC.	c EIN-PN 81-3899446-001
a	Plan name AUTOLIV ASP, INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor AUTOLIV	c EIN-PN 36-3640053-036
a	Plan name AVAIL INFRASTRUCTURE SOLUTIONS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AIS HOLDING COMPANY LLC	c EIN-PN 88-2202150-001
a	Plan name AVESIS RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor AVESIS, LLC	c EIN-PN 86-0349350-002
a	Plan name AVID HEALTH AT HOME, LLC 401(K) PLAN	
b	Name of plan sponsor AVID HEALTH AT HOME, LLC	c EIN-PN 92-2133067-001

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 AXIA WOMEN'S HEALTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REGIONAL WOMENS HEALTH GROUP, LLC	c EIN-PN 22-3693606-002
a	Plan name BANK OF THE SIERRA SAVINGS PLAN	
b	Name of plan sponsor BANK OF THE SIERRA SAVINGS PLAN	c EIN-PN 94-2431437-001
a	Plan name BBL COMPANIES 401K RETIREMENT SAVINGS	
b	Name of plan sponsor BBL CONSTRUCTION SERVICES LLC	c EIN-PN 14-1814573-004
a	Plan name BBL HOSPITALITY GROUP 401K RETIREMENT	
b	Name of plan sponsor BBL HOSPITALITY LLC	c EIN-PN 26-4830667-001
a	Plan name BDA 401K PLAN	
b	Name of plan sponsor BDA LLC	c EIN-PN 91-1272790-001
a	Plan name BERRY PETROLEUM COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor BERRY PETROLEUM COMPANY, LLC	c EIN-PN 77-0079387-003
a	Plan name BILLION MOTORS, INC. SALARY DEFERRAL 401(K) PLAN	
b	Name of plan sponsor BILLION MOTORS, INC. SALARY DEFERRAL 401(K) PL	c EIN-PN 46-0307139-001
a	Plan name BLACK & VEATCH MASTER TRUST	
b	Name of plan sponsor BLACK & VEATCH HOLDING COMPANY	c EIN-PN 43-1603954-301
a	Plan name BLENDED HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor BLENDED HEALTH SERVICES, LLC	c EIN-PN 46-4250098-001
a	Plan name BLUUM 401(K) PLAN	
b	Name of plan sponsor BLUUM USA, INC.	c EIN-PN 86-0716114-001
a	Plan name BONNIER LLC 401(K) PLAN	
b	Name of plan sponsor BONNIER LLC	c EIN-PN 98-0522510-002
a	Plan name BOOM TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor BOOM TECHNOLOGY, INC.	c EIN-PN 47-1956218-001

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	BOONE HEALTH 401K PLAN	
b	Name of plan sponsor	BOONE HEALTH INC	c EIN-PN 85-0769204-001
a	Plan name	BUSKE LINES, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	BUSKE LINES, INC	c EIN-PN 37-0200050-001
a	Plan name	C&S 401(K) PLAN (A)	
b	Name of plan sponsor	C&S WHOLESALE GROCERS, LLC	c EIN-PN 04-1140950-002
a	Plan name	C&S 401(K) PLAN (B)	
b	Name of plan sponsor	C&S WHOLESALE GROCERS, LLC	c EIN-PN 04-1140950-001
a	Plan name	C&S 401(K) PLAN (C)	
b	Name of plan sponsor	C&S WHOLESALE GROCERS, LLC	c EIN-PN 04-1140950-003
a	Plan name	C.H. GUENTHER & SON LLC 401(K) PLAN	
b	Name of plan sponsor	CH GUENTHER	c EIN-PN 74-1508677-001
a	Plan name	CAMBIUM LEARNING PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	CAMBIUM LEARNING GROUP, INC.	c EIN-PN 27-0587428-101
a	Plan name	CENTER 401K PLAN	
b	Name of plan sponsor	VERITAS MANAGEMENT GROUP LLC	c EIN-PN 84-1453399-001
a	Plan name	CIVITAS RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	CIVITAS RESOURCES, INC.	c EIN-PN 61-1630631-001
a	Plan name	CJ 401(K) PLAN	
b	Name of plan sponsor	CJ AMERICA INC	c EIN-PN 22-2501026-001
a	Plan name	CLEVELAND BROWNS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CLEVELAND BROWNS FOOTBALL COMPANY LLC	c EIN-PN 34-1875654-001
a	Plan name	CME ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSULTING & MUNICIPAL ENGINEERS, LLP	c EIN-PN 22-3484435-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COLUMBUS CREW SC RETIREMENT PLAN	
b	Name of plan sponsor COLUMBUS CREW SC TEAM COMPANY LLC	c EIN-PN 83-2971776-001
a	Plan name COMPLOY MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor COMPLOY	c EIN-PN 85-1059113-001
a	Plan name CONNECTICUT MUTUAL HOLDING COMPANY 401(K) PSP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONNECTICUT MUTUAL HOLDING COMPANY	c EIN-PN 06-1608237-001
a	Plan name CONTROL SERVICE CO INC 401K PLAN	
b	Name of plan sponsor CONTROL SERVICE COMPANY INC	c EIN-PN 43-1714661-001
a	Plan name CREATIVE TESTING SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CREATIVE TESTING SOLUTIONS	c EIN-PN 27-1120123-001
a	Plan name CROWDER CONSTRUCTORS 401(K) SAVINGS AND PROFIT-SHARING PLAN	
b	Name of plan sponsor CROWDER CONSTRUCTORS INC.	c EIN-PN 26-0388512-002
a	Plan name CSC SERVICeworks, INC. 401(K) PLAN	
b	Name of plan sponsor CSC SERVICeworks, INC.	c EIN-PN 53-0188589-001
a	Plan name CTI FOODS 401(K) PLAN AND TRUST	
b	Name of plan sponsor CTI FOODS HOLDING CO., LLC	c EIN-PN 14-1888320-001
a	Plan name DAISY BRAND RETIREMENT PLAN	
b	Name of plan sponsor DAISY BRAND, LLC	c EIN-PN 80-0595003-001
a	Plan name DATA SYSTEMS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor DATA SYSTEMS INC	c EIN-PN 47-0465884-001
a	Plan name DECKERS OUTDOOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor DECKERS OUTDOOR CORPORATION	c EIN-PN 95-3015862-001
a	Plan name DOUBLELINE 401(K) & RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DOUBLELINE GROUP LP	c EIN-PN 46-1265768-001

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	EASTERN RADIOLOGISTS INC. PROFIT	
b	Name of plan sponsor	EASTERN RADIOLOGISTS	c EIN-PN 56-0994806-003
a	Plan name	EDGE AUTONOMY RETIREMENT PLAN	
b	Name of plan sponsor	EDGE AUTONOMY OPERATIONS LLC	c EIN-PN 88-2837588-001
a	Plan name	EPICOR SOFTWARE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EPICOR SOFTWARE CORPORATION	c EIN-PN 45-1478440-001
a	Plan name	EPIQ 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DOCUMENT TECHNOLOGIES, LLC	c EIN-PN 58-2413793-001
a	Plan name	ESSENTIAL PROPERTIES REALTY TRUST 401(K) PLAN	
b	Name of plan sponsor	SCF REALTY SERVICING COMPANY LLC	c EIN-PN 81-5111024-001
a	Plan name	FAMILY RESIDENCES RETIREMENT & 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FREE	c EIN-PN 11-2420547-002
a	Plan name	FARMERS BANK AND TRUST COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FARMERS BANK AND TRUST COMPANY	c EIN-PN 61-0189291-002
a	Plan name	FBC MORTGAGE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FBC MORTGAGE LLC	c EIN-PN 20-3702275-001
a	Plan name	FIRSTFLEET, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRSTFLEET, INC.	c EIN-PN 62-1283959-001
a	Plan name	FIVE POINTS BANK 401(K) PLAN	
b	Name of plan sponsor	FIVE POINTS BANK	c EIN-PN 47-0803224-001
a	Plan name	FOLEY SAVINGS PLAN	
b	Name of plan sponsor	FOLEY INDUSTRIES, INC.	c EIN-PN 48-1043293-001
a	Plan name	FORUM CREDIT UNION 401K PLAN	
b	Name of plan sponsor	FORUM CREDIT UNION	c EIN-PN 35-0779057-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GANNETT FLEMING INC. TAX-DEFERRED 401K	
b	Name of plan sponsor GANNETT FLEMING INC	c EIN-PN 25-1613591-002
a	Plan name GBA COMPANIES CORPORATE SERVICES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor GEORGE BUTLER ASSOCIATES, INC. PS PLAN	c EIN-PN 43-0919641-001
a	Plan name GCOM SOFTWARE LLC 401K PLAN	
b	Name of plan sponsor GCOM SOFTWARE LLC	c EIN-PN 52-2179898-001
a	Plan name GINER, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GINER, INC.	c EIN-PN 04-2529800-002
a	Plan name GLOBAL HARVEST FOODS LLC 401K PLAN	
b	Name of plan sponsor GLOBAL HARVEST FOODS LLC	c EIN-PN 91-1548152-001
a	Plan name GREAT PLAINS MANUFACTURING INC 401K	
b	Name of plan sponsor GREAT PLAINS MANUFACTURING INC	c EIN-PN 48-0837521-001
a	Plan name GUARDIAN ALARM COMPA	
b	Name of plan sponsor GA BUSINESS PURCHASER, LLC DBA GUARDIAN	c EIN-PN 81-4849018-001
a	Plan name HASA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HASA, INC.	c EIN-PN 95-2302297-001
a	Plan name HAVEN BEHAVIORAL HEALTHCARE INC. 401(K) PLAN	
b	Name of plan sponsor HAVEN BEHAVIORAL HEALTHCARE INC.	c EIN-PN 20-4543642-001
a	Plan name HCP ARCHITECTS LLP RETIREMENT PLAN	
b	Name of plan sponsor HCP ARCHITECTS LLP	c EIN-PN 14-1815011-001
a	Plan name HEALTH PARTNERS PLAN, INC. RETIREMENT PLAN 401(K) PLAN 401(K)	
b	Name of plan sponsor HEALTH PARTNERS PLANS, INC.	c EIN-PN 23-2379751-001
a	Plan name HNTB OWNERSHIP PLAN	
b	Name of plan sponsor HNTB HOLDINGS LTD	c EIN-PN 56-2422024-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HNTB RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	HNTB HOLDINGS LTD	c EIN-PN 56-2422024-002
a	Plan name	HUB INTERNATIONAL LIMITED 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HUB INTERNATIONAL LIMITED	c EIN-PN 75-3243028-001
a	Plan name	ICM VENTURES RETIREMENT PLAN	
b	Name of plan sponsor	ICM VENTURES, INC.	c EIN-PN 82-0574978-001
a	Plan name	IDAHO PACIFIC HOLDINGS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IDAHO PACIFIC HOLDINGS	c EIN-PN 43-1806118-001
a	Plan name	INNOVATIVE REASONING LLC 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE REASONING LLC	c EIN-PN 20-2539270-001
a	Plan name	INTERNATIONAL COFFEE & TEA, LLC 401K PLAN	
b	Name of plan sponsor	INTERNATIONAL COFFEE & TEA, LLC	c EIN-PN 33-0832274-001
a	Plan name	IRON BOW TECHNOLOGIES LLC 401K PLAN	
b	Name of plan sponsor	IRON BOR TECHNOLOGIES LLC	c EIN-PN 26-1691512-001
a	Plan name	IT'S JUST LUNCH INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	ITS JUST LUNCH HOLDINGS, LLC	c EIN-PN 20-3820780-001
a	Plan name	KASASA, LTD 401(K) PLAN	
b	Name of plan sponsor	KASASA, LTD	c EIN-PN 20-4116110-001
a	Plan name	KDC USA 401(K) PLAN	
b	Name of plan sponsor	KDC US HOLDINGS, INC.	c EIN-PN 20-8080530-002
a	Plan name	KELLOGG, HANSEN, TODD, FIGEL & FREDERICK, P.L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KELLOGG, HANSEN, TODD, FIGEL & FREDERICK, P.L.L.C.	c EIN-PN 52-1811709-001
a	Plan name	LAKEVIEW HEALTH HOLDINGS, INC 401K PLAN	
b	Name of plan sponsor	COMBINED RESOURCES, LLC	c EIN-PN 20-3722852-001

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	LEADER 401(K) PLAN	
b Name of plan sponsor	LIVANTA LLC	c EIN-PN 05-0609649-001
a Plan name	LEXIPOL COMPANY RETIREMENT READINESS 401(K) PLAN	
b Name of plan sponsor	LEXIPOL, LLC	c EIN-PN 71-0934113-001
a Plan name	LIFE UNLIMITED, INC. 401(K) PLAN	
b Name of plan sponsor	LIFE UNLIMITED, INC.	c EIN-PN 43-1237483-001
a Plan name	LMPS HOLDINGS, LLC 401(K) PLAN	
b Name of plan sponsor	LMPS HOLDINGS, LLC	c EIN-PN 26-1337383-001
a Plan name	LUTHERAN SOCIAL SERVICES EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	LUTHERAN SOCIAL SERVICES	c EIN-PN 74-1109745-001
a Plan name	M3 INVESTMENT GROUP LLC 401(K) SAVINGS PLAN	
b Name of plan sponsor	M3 INVESTMENT GROUP LLC	c EIN-PN 36-4405876-001
a Plan name	MARITIME ENERGY INC	
b Name of plan sponsor	MARITIME ENERGY INC	c EIN-PN 01-0354509-001
a Plan name	MCD METALS RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	MCD METALS LLC	c EIN-PN 46-4103142-001
a Plan name	MIDLANDS CARRIER TRANSICOLD 401(K) PLAN	
b Name of plan sponsor	REEFER SYSTEMS, INC. DBA MIDLAND	c EIN-PN 02-0610357-002
a Plan name	MWH CONSTRUCTORS 401(K) PLAN	
b Name of plan sponsor	MWH CONSTRUCTORS, INC	c EIN-PN 84-1242056-001
a Plan name	NAB HOLDINGS, LLC 401(K) PLAN	
b Name of plan sponsor	NAB HOLDINGS, LLC	c EIN-PN 45-3514691-001
a Plan name	NEOVIA LOGISTICS 401(K) PLAN	
b Name of plan sponsor	NEOVIA LOGISTICS DISTRIBUTION, LP	c EIN-PN 80-0610333-001

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	NETRIX, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	NETRIX, LLC	c EIN-PN 36-4413678-001
a	Plan name	NOCD 401(K) PLAN	
b	Name of plan sponsor	NOCD	c EIN-PN 82-4114714-002
a	Plan name	NOOM INC. 401(K) PLAN	
b	Name of plan sponsor	NOOM INC.	c EIN-PN 80-0243906-001
a	Plan name	NORICAN GROUP US 401K PLAN	
b	Name of plan sponsor	NORICAN GROUP US	c EIN-PN 41-2084532-001
a	Plan name	NS412, LLC 401(K) PLAN	
b	Name of plan sponsor	NS412, LLC	c EIN-PN 26-2868596-001
a	Plan name	OCEUS NETWORKS, LLC 401(K) PLAN	
b	Name of plan sponsor	OCEUS NETWORKS, LLC	c EIN-PN 25-1744631-001
a	Plan name	OMNIGO 401(K) PLAN	
b	Name of plan sponsor	COMPETITIVE EDGE SOFTWARE, LLC DBA OMNIGO	c EIN-PN 39-1833799-001
a	Plan name	PARKER PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	PARKER PRODUCTS LLC	c EIN-PN 93-1223321-001
a	Plan name	PATHWAYS 401(K) PLAN	
b	Name of plan sponsor	PATHWAYS HEALTH & COMMUNITY SUPP	c EIN-PN 47-2525144-001
a	Plan name	PHILIPS NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	PHILIPS NORTH AMERICA LLC	c EIN-PN 13-3429115-005
a	Plan name	PHILIPS NORTH AMERICA 401(K) PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor	PHILIPS NORTH AMERICA LLC	c EIN-PN 13-3429115-004
a	Plan name	PHREESIA, INC. 401(K) PLAN	
b	Name of plan sponsor	PHREESIA, INC.	c EIN-PN 20-2275479-001

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 PINE STATE TRADING CO. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PINE STATE TRADING CO.	c EIN-PN 01-0140426-002
a	Plan name PORCH RETIREMENT PLA	
b	Name of plan sponsor PORCH.COM, INC.	c EIN-PN 90-0781625-001
a	Plan name PROGRESS LIGHTING 401K PLAN	
b	Name of plan sponsor PROGRESS LIGHTING LLC	c EIN-PN 51-0305291-001
a	Plan name PURE FISHING, INC RETIREMENT PLAN	
b	Name of plan sponsor PURE FISHING, INC	c EIN-PN 42-0784220-001
a	Plan name ROBERTET USA 401(K) PLAN	
b	Name of plan sponsor ROBERTET, INC.	c EIN-PN 22-2273649-001
a	Plan name RUDMAN & WINCHELL PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RUDMAN & WINCHELL, LLC	c EIN-PN 01-0264445-001
a	Plan name S.E.I. 401(K) PLAN	
b	Name of plan sponsor SECURITY EQUIPMENT INC.	c EIN-PN 47-0532482-003
a	Plan name SAAMA TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor SAAMA TECHNOLOGIES, INC.	c EIN-PN 77-0456182-001
a	Plan name SAFEBUILT 401(K) PLAN	
b	Name of plan sponsor SAFEBUILT, LLC	c EIN-PN 20-5281305-001
a	Plan name SAVION LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAVION, LLC	c EIN-PN 83-3272239-001
a	Plan name SAWTOOTH MOUNTAIN CLINIC, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor SAWTOOTH MOUNTAIN CLINIC, INC.	c EIN-PN 41-1347593-001
a	Plan name SCHWAB-EATON, PA 401(K) PLAN	
b	Name of plan sponsor SCHWAB-EATON, P.A.	c EIN-PN 48-0880169-001

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 SCP HEALTH 401(K) PLAN	
b	Name of plan sponsor SCP HEALTH	c EIN-PN 47-4398868-001
a	Plan name SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK PROFIT SHARING PLAN	
b	Name of plan sponsor SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK	c EIN-PN 15-0442730-004
a	Plan name SEPTODONT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SEPTODONT, INC.	c EIN-PN 11-2783458-002
a	Plan name SEVEN ISLANDS LAND COMPANY	
b	Name of plan sponsor SEVEN ISLANDS LAND COMPANY	c EIN-PN 01-6015758-002
a	Plan name SH GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SH GROUP OPERATIONS, L.L.C.	c EIN-PN 26-4006966-001
a	Plan name SHERWOOD CONSTRUCTION CO. INC. SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor SHERWOOD CONSTRUCTION CO., INC.	c EIN-PN 73-1133882-001
a	Plan name SIGMA DEFENSE 401(K) PLAN	
b	Name of plan sponsor SIGMA DEFENSE SYSTEMS, LLC	c EIN-PN 20-5844944-002
a	Plan name SPAULDING RIDGE 401K PLAN	
b	Name of plan sponsor SPAULDING RIDGE LLC	c EIN-PN 82-3908182-001
a	Plan name SPRAGUE RETIREMENT PLAN	
b	Name of plan sponsor SPRAGUE PEST SOLUTIONS	c EIN-PN 91-0420340-003
a	Plan name STARION BANCORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STARION BANCORPORATION	c EIN-PN 45-0368824-001
a	Plan name STOLI GROUP USA, LLC 401(K) PLAN	
b	Name of plan sponsor STOLI GROUP USA, LLC	c EIN-PN 99-0385602-001
a	Plan name SUEZ WATER RESOURCES INC. RETIREMENT PLAN	
b	Name of plan sponsor SUEZ WATER RESOURCES INC.	c EIN-PN 22-2441477-002

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	SUPERIOR COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR COMMUNICATIONS, INC.	c EIN-PN 52-0986028-001
a	Plan name	SWANK MOTION PICTURES, INC. EMPLOYEE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	SWANK MOTION PICTURES, INC.	c EIN-PN 43-1382264-001
a	Plan name	TAUCK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAUCK, INC.	c EIN-PN 13-1368720-001
a	Plan name	THE BAER GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	THE BAER GROUP, LLC	c EIN-PN 58-2376200-001
a	Plan name	THE FAY GROUP 401K PLAN	
b	Name of plan sponsor	TICG HOLDINGS, LLC	c EIN-PN 88-0786992-001
a	Plan name	THE SUPERIOR GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ELECTRICAL SPECIALISTS, INC. DBA THE SUPERIOR	c EIN-PN 20-0354904-001
a	Plan name	THE SYNERGY COMPANY OF UTAH RETIREMENT PLAN	
b	Name of plan sponsor	THE SYNERGY COMPANY OF UTAH, LLC	c EIN-PN 87-0497272-001
a	Plan name	TOTAL TOOL SUPPLY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TOTAL TOOL SUPPLY, INC.	c EIN-PN 41-1292260-001
a	Plan name	TRADENET PUBLISHING, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	TRADENET PUBLISHING, INC.	c EIN-PN 42-1268098-001
a	Plan name	TRAM-TEK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAM-TEK, INC.	c EIN-PN 86-0333019-001
a	Plan name	TRAVER IDC 401(K) PLAN	
b	Name of plan sponsor	TRAVER ELECTRIC MOTOR COMPANY, INC.	c EIN-PN 06-0836880-002
a	Plan name	TRILON GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRILON GROUP, LLC	c EIN-PN 87-3821663-004

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	TRU COMMUNITY CARE 401K PLAN	
b	Name of plan sponsor	TRU COMMUNITY CARE	c EIN-PN 84-0748577-002
a	Plan name	UBEO LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	UBEO, LLC	c EIN-PN 81-5293028-001
a	Plan name	ULTRAGENYX PHARMACEUTICAL INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ULTRAGENYX PHARMACEUTICAL INC.	c EIN-PN 27-2546083-001
a	Plan name	UNICAL AVIATION INC. PROFIT SHARING 401K	
b	Name of plan sponsor	UNICAL AVIATION INC	c EIN-PN 95-4260177-001
a	Plan name	UNIT CORPORATION EMPLOYEES' THRIFT PLAN	
b	Name of plan sponsor	UNIT CORPORATION	c EIN-PN 73-1283193-002
a	Plan name	US FARATHANE, LLC 401(K) PLAN	
b	Name of plan sponsor	US FARATHANE, LLC	c EIN-PN 46-3221181-001
a	Plan name	USMD HOSPITAL AT ARLINGTON, LP 401(K) PLAN	
b	Name of plan sponsor	USMD HOSPITAL AT ARLINGTON, LP	c EIN-PN 73-1662763-001
a	Plan name	VERTEXONE 401(K) PLAN	
b	Name of plan sponsor	VERTEX US HOLDINGS, INC. DBA VERTEXONE	c EIN-PN 26-3006422-001
a	Plan name	VODAFONE US RETIREMENT PLAN	
b	Name of plan sponsor	VODAFONE AMERICAS INC	c EIN-PN 94-3213132-001
a	Plan name	WARBY PARKER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WARBY PARKER INC.	c EIN-PN 80-0423634-001
a	Plan name	WATER.ORG 401(K) PLAN	
b	Name of plan sponsor	WATER.ORG	c EIN-PN 58-2060131-001
a	Plan name	WATERLINE RENEWAL TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	WATERLINE RENEWAL TECHNOLOGIES, INC.	c EIN-PN 45-5414424-001

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	WAUSAU SUPPLY COMPANY 401(K) PLAN	
b Name of plan sponsor	WAUSAU SUPPLY CO.	c EIN-PN 39-0772342-001
a Plan name	WAYNE-SANDERSON FARMS 401(K) RETIREMENT PLAN	
b Name of plan sponsor	WAYNE FARMS LLC	c EIN-PN 58-2530930-020
a Plan name	WDP POOLED EMPLOYER PLAN	
b Name of plan sponsor	AXIOS ADVISORY GROUP, LTD.	c EIN-PN 25-1722805-003
a Plan name	WELLPATH 401(K) PLAN	
b Name of plan sponsor	WELLPATH HOLDINGS, INC.	c EIN-PN 83-1316669-001
a Plan name	WESTMINSTER PET PRODUCTS 401K PLAN	
b Name of plan sponsor	WPP ACQUISITION LLC	c EIN-PN 85-1915602-002
a Plan name	WILEY X, INC	
b Name of plan sponsor	WILEY X, INC.	c EIN-PN 77-0162376-001
a Plan name	WILSON TRAILER COMPANY RETIREMENT PLAN FOR OFFICE EMPLOYEES	
b Name of plan sponsor	WILSON TRAILER COMPANY	c EIN-PN 42-0603090-001
a Plan name	WURK 401(K) PLAN	
b Name of plan sponsor	WURKFORCE, INC.	c EIN-PN 81-2794951-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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 MIDCAP GROWTH EQUITY FUND	B Three-digit plan number (PN) ▶ 629
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4139851

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)	821909	132875
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)	202590544	277748268
(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	203412453	277881143
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	358502
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1047324	132875
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1047324	491377
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	202365129	277389766

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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		30591846
(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		30591846

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)	11051	
(5) Investment advisory and investment management fees	2i(5)	993127	
(6) Bank or trust company trustee/custodial fees	2i(6)	157878	
(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)		1162056
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1162056

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29429790
l Transfers of assets:			
(1) To this plan	2l(1)		123604412
(2) From this plan	2l(2)		78009565

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 _____.