

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

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

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

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>BLACKROCK RUSSELL 2000 VALUE INDEX FUND</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>005</u> <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u>  <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u>	<b>2b</b> Employer Identification Number (EIN) <u>20-3802296</u> <b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u> <b>2d</b> Business code (see instructions)

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

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

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

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

Form 5500 (2024)  
v. 240311

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>BLACKROCK RUSSELL 2000 VALUE INDEX FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>005</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>20-3802296</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RUSSELL 2000 VALUE FUND F</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
<b>c</b> EIN-PN <u>94-3357213-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14498986</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">A BETTER 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PENTEGRA SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">13-5645888-002</a>
<b>a</b>	Plan name <a href="#">ACCESS GROUP HEALTHCARE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAST OHIO REGIONAL HOSPITAL LLC</a>	<b>c</b> EIN-PN <a href="#">85-1017086-001</a>
<b>a</b>	Plan name <a href="#">ACCUSHIELD, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ACCUSHIELD LLC</a>	<b>c</b> EIN-PN <a href="#">46-3976898-002</a>
<b>a</b>	Plan name <a href="#">AEROCLAVE, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AEROCLAVE, LLC</a>	<b>c</b> EIN-PN <a href="#">20-0218925-001</a>
<b>a</b>	Plan name <a href="#">AF GELHAR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A.F. GELHAR CO., INC.</a>	<b>c</b> EIN-PN <a href="#">39-0841239-001</a>
<b>a</b>	Plan name <a href="#">AIR CHILLER MECHANICAL RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AIR CHILLER MECHANICAL CONTRACTOR C.P.</a>	<b>c</b> EIN-PN <a href="#">66-0640388-001</a>
<b>a</b>	Plan name <a href="#">ALESSANDRO ELECTRIC, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALESSANDRO ELECTRIC, INC.</a>	<b>c</b> EIN-PN <a href="#">20-3974498-001</a>
<b>a</b>	Plan name <a href="#">ALL STATE TRAFFIC CONTROL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALL STATE TRAFFIC CONTROL INC.</a>	<b>c</b> EIN-PN <a href="#">47-5418502-001</a>
<b>a</b>	Plan name <a href="#">ALT MARKETING GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALT MARKETING GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">46-2845252-002</a>
<b>a</b>	Plan name <a href="#">AMERICAN HOME DESIGN, INC. PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN HOME DESIGN, INC.</a>	<b>c</b> EIN-PN <a href="#">62-1036575-002</a>
<b>a</b>	Plan name <a href="#">AMIGA SERVICES, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMIGA SERVICES LLC</a>	<b>c</b> EIN-PN <a href="#">66-0979008-001</a>
<b>a</b>	Plan name <a href="#">APCO WORLDWIDE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">APCO WORLDWIDE INC</a>	<b>c</b> EIN-PN <a href="#">13-3627825-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	APEX SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	APEX SERVICES, INC.	<b>c</b> EIN-PN 04-3708382-001
<b>a</b>	Plan name	ARMACELL, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARMACELL, LLC	<b>c</b> EIN-PN 51-0392836-001
<b>a</b>	Plan name	ARTEMIS CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARTEMIS CONSULTING, LLC	<b>c</b> EIN-PN 20-4041454-001
<b>a</b>	Plan name	ARTIFEX SOLUTIONS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARTIFEX SOLUTIONS LLC	<b>c</b> EIN-PN 66-0991199-001
<b>a</b>	Plan name	BASYS PROCESSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BASYS PROCESSING, INC.	<b>c</b> EIN-PN 01-0633775-001
<b>a</b>	Plan name	BATY OTTO SCHEER P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BATY OTTO SCHEER P.C.	<b>c</b> EIN-PN 43-1375220-002
<b>a</b>	Plan name	BAYSIDE INTERIORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BAYSIDE INTERIORS, INC.	<b>c</b> EIN-PN 94-2931095-001
<b>a</b>	Plan name	BELLWETHER TECHNOLOGY CORP. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BELLWETHER TECHNOLOGY CORPORATION	<b>c</b> EIN-PN 72-1073257-002
<b>a</b>	Plan name	BIG BROTHERS BIG SISTERS OF GREATER KC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIG BROTHERS BIG SISTERS OF GREATER KANSAS CITY	<b>c</b> EIN-PN 43-6068464-001
<b>a</b>	Plan name	BITTER END HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BITTER END HOLDINGS, LLC	<b>c</b> EIN-PN 99-4631226-001
<b>a</b>	Plan name	BLACK FOREST DECOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLACK FOREST DECOR, LLC	<b>c</b> EIN-PN 04-3784151-001
<b>a</b>	Plan name	BLUESTEM CAPITAL COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUESTEM CAPITAL COMPANY, LLC	<b>c</b> EIN-PN 91-1770884-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>BONNEVILLE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BONNEVILLE CONTRACTING AND TECHNOLOGY GROUP, LLC</b>	<b>c</b> EIN-PN <b>66-0721935-001</b>
<b>a</b>	Plan name <b>BOSTON CORPORATE HOUSING, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAGE CORPORATION</b>	<b>c</b> EIN-PN <b>46-2713080-001</b>
<b>a</b>	Plan name <b>BREADWORKS INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BREADWORKS, INC.</b>	<b>c</b> EIN-PN <b>25-1877450-001</b>
<b>a</b>	Plan name <b>BRUCKNER EDUCATION, LLC DBA PRIMROSE SCHOOL OF COOPER CITY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRUCKNER EDUCATION, LLC (DBA PRIMROSE SCHOOL OF COOPER CITY)</b>	<b>c</b> EIN-PN <b>82-2073064-001</b>
<b>a</b>	Plan name <b>BRUNSWICK PERIODONTAL ASSOC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BRUNSWICK PERIODONTAL ASSOC</b>	<b>c</b> EIN-PN <b>22-3279880-001</b>
<b>a</b>	Plan name <b>BUDNEY OVERHAUL &amp; REPAIR, LTD EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUDNEY OVERHAUL &amp; REPAIR, LTD EMPLOYEE RETAIRMENT PLAN</b>	<b>c</b> EIN-PN <b>06-1285065-001</b>
<b>a</b>	Plan name <b>BUILDING PPL 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUILDING PPL INC</b>	<b>c</b> EIN-PN <b>85-3566935-001</b>
<b>a</b>	Plan name <b>CAISSON INVESTMENTS INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAISSON INVESTMENTS INC.</b>	<b>c</b> EIN-PN <b>84-1396755-001</b>
<b>a</b>	Plan name <b>CARIS MPI INC PR 401K</b>	
<b>b</b>	Name of plan sponsor <b>CARIS MPI, INC</b>	<b>c</b> EIN-PN <b>88-6412718-002</b>
<b>a</b>	Plan name <b>CARLYLE COCOA COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CARLYLE COCOA COMPANY LLC</b>	<b>c</b> EIN-PN <b>51-0398904-001</b>
<b>a</b>	Plan name <b>CENTRO DE SALUD DE LARES RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTRO DE SALUD DE LARES INC.</b>	<b>c</b> EIN-PN <b>66-0426506-001</b>
<b>a</b>	Plan name <b>CERTIFIED SAFETY MANUFACTURING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CERTIFIED SAFETY MANUFACTURING, INC</b>	<b>c</b> EIN-PN <b>43-1579136-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CGF INSURANCE LLC 1081.01(D) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CGF INSURANCE LLC	<b>c</b> EIN-PN 66-0793599-001
<b>a</b>	Plan name	CHARLESTON ENDOCRINOLOGY ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHARLESTON ENDOCRINOLOGY ASSOCIATES	<b>c</b> EIN-PN 55-0613849-001
<b>a</b>	Plan name	CHATBOOKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHATBOOKS, INC.	<b>c</b> EIN-PN 38-3866293-001
<b>a</b>	Plan name	CITY WIDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JBO MANAGEMENT, LLC	<b>c</b> EIN-PN 46-5159749-001
<b>a</b>	Plan name	COLORADO HOSPITALITY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLORADO HOSPITALITY SERVICES, INC.	<b>c</b> EIN-PN 06-1647786-001
<b>a</b>	Plan name	COLORADO SLEEP INSTITUTE PROFESSIONAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELAN SLEEP LLC	<b>c</b> EIN-PN 45-5453170-001
<b>a</b>	Plan name	COOLIBAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COOLIBAR, INC	<b>c</b> EIN-PN 20-2860307-001
<b>a</b>	Plan name	CPA DIAZ-MARTINEZ CSP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CPA DIAZ-MARTINEZ, CSP	<b>c</b> EIN-PN 66-0538689-001
<b>a</b>	Plan name	CW GROUP LLC	
<b>b</b>	Name of plan sponsor	CW GROUP LLC	<b>c</b> EIN-PN 81-1935663-001
<b>a</b>	Plan name	DELTA DENTAL CASH OR DEFERRED INCOME PLAN	
<b>b</b>	Name of plan sponsor	DELTA DENTAL OF PUERTO RICO, INC.	<b>c</b> EIN-PN 68-0652604-001
<b>a</b>	Plan name	DEMAND SCIENCE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEMAND SCIENCE GROUP	<b>c</b> EIN-PN 82-5063011-001
<b>a</b>	Plan name	DOUGLAS FLOOR COVERING 401(K) EMPLOYEE PLAN	
<b>b</b>	Name of plan sponsor	DOUGLAS FLOOR COVERING, INC.	<b>c</b> EIN-PN 36-3343462-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	DUPLASS, APLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DUPLASS, A PROFESSIONAL LAW CORPORATION	<b>c</b> EIN-PN 72-1087327-001
<b>a</b>	Plan name	EAST BANK CLUB RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EAST BANK CLUB VENTURE	<b>c</b> EIN-PN 36-3049268-001
<b>a</b>	Plan name	EDGE ELECTRICAL SYSTEMS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EDGE ELECTRICAL SYSTEMS, LLC	<b>c</b> EIN-PN 46-4200887-001
<b>a</b>	Plan name	EJOT FASTENING SYSTEMS LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EJOT FASTENING SYSTEMS LP	<b>c</b> EIN-PN 46-2239882-001
<b>a</b>	Plan name	ELECTRO-COOP 1081.01(D) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COOPERAVA DE AHORRO Y CREDITO ELECTRO-COOP	<b>c</b> EIN-PN 66-0356143-001
<b>a</b>	Plan name	ELECTRO-MATIC VENTURES, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELECTRO-MATIC VENTURES, INC.	<b>c</b> EIN-PN 38-1993343-003
<b>a</b>	Plan name	EPLAN SERVICES GROUP TRUST	
<b>b</b>	Name of plan sponsor	EPLAN SERVICES GROUP TRUST	<b>c</b> EIN-PN 77-6214267-001
<b>a</b>	Plan name	EXCELERATE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXCELERATE	<b>c</b> EIN-PN 26-3040663-001
<b>a</b>	Plan name	EXCELSIOR SPRINGS CITY HOSPITAL EMPLOYEE	
<b>b</b>	Name of plan sponsor	EXCELSIOR SPRINGS CITY HOSPITAL	<b>c</b> EIN-PN 43-1080811-001
<b>a</b>	Plan name	FALLS STAMPING AND WELDING CO. NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FALLS STAMPING AND WELDING CO	<b>c</b> EIN-PN 34-1630889-003
<b>a</b>	Plan name	FALLS STAMPING AND WELDING CO. UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FALLS STAMPING & WELDING CO	<b>c</b> EIN-PN 34-1630889-004
<b>a</b>	Plan name	FCP GROTON LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FCP GROTON LLC	<b>c</b> EIN-PN 26-3955689-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>FERNANDO L. SUMAZA &amp; CO., INC. AND AFFILIATES 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FERNANDO L. SUMAZA &amp; CO.</b>	<b>c</b> EIN-PN <b>66-0392250-001</b>
<b>a</b>	Plan name <b>FEX, LLC PROFIT SHARING PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FEX, LLC</b>	<b>c</b> EIN-PN <b>34-1859343-002</b>
<b>a</b>	Plan name <b>FLEXSTONE PARTNERS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FLEXSTONE PARTNERS, LLC</b>	<b>c</b> EIN-PN <b>26-2208248-001</b>
<b>a</b>	Plan name <b>FORT BEND OB/GYN, LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FORT BEND OB/GYN ASSOCIATES LLP</b>	<b>c</b> EIN-PN <b>76-0609387-001</b>
<b>a</b>	Plan name <b>FREEDOM TRUST - SPLINTEK, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPLINTEK, INC.</b>	<b>c</b> EIN-PN <b>43-1735801-001</b>
<b>a</b>	Plan name <b>FRONTMATEC, INC. 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>FRONTMATEC, INC</b>	<b>c</b> EIN-PN <b>90-0699269-001</b>
<b>a</b>	Plan name <b>FULCRUM PROPERTY CORP. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FULCRUM PROPERTY CORP.</b>	<b>c</b> EIN-PN <b>68-0254462-001</b>
<b>a</b>	Plan name <b>GARY W LAMBERT AND COMPANY 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GARY W LAMBERT AND COMPANY</b>	<b>c</b> EIN-PN <b>74-2145502-001</b>
<b>a</b>	Plan name <b>GENERATION TUX, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GENERATION TUX INC 401K PLAN</b>	<b>c</b> EIN-PN <b>46-4770561-001</b>
<b>a</b>	Plan name <b>GLAZIER STEEL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLAZIER STEEL</b>	<b>c</b> EIN-PN <b>94-2595045-001</b>
<b>a</b>	Plan name <b>GONZALEZ TRADING RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GONZALEZ TRADING, LLC</b>	<b>c</b> EIN-PN <b>66-0255916-001</b>
<b>a</b>	Plan name <b>GREAT AMERICAN DONUT, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREAT AMERICAN DONUT, INC.</b>	<b>c</b> EIN-PN <b>06-1631541-002</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GREEN AIR, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREEN AIR, INC.	<b>c</b> EIN-PN 26-1497950-001
<b>a</b>	Plan name	GRHPR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GRHPR MANAGEMENT COMPANY LLC	<b>c</b> EIN-PN 87-2212356-001
<b>a</b>	Plan name	HEARTLAND MIDWEST 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HEARTLAND MIDWEST	<b>c</b> EIN-PN 43-1931193-001
<b>a</b>	Plan name	HIRO & CO., INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HIRO & CO INC	<b>c</b> EIN-PN 84-1044735-001
<b>a</b>	Plan name	HOFFMAN HANAFIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOFFMAN HANAFIN & ASSOCIATES, LLC	<b>c</b> EIN-PN 46-2997252-001
<b>a</b>	Plan name	HOWARD M KAHALAS PC PSP	
<b>b</b>	Name of plan sponsor	HOWARD M KAHALAS PC	<b>c</b> EIN-PN 04-2773496-001
<b>a</b>	Plan name	ICA DONUTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ICA DONUTS, LLC	<b>c</b> EIN-PN 59-3763849-001
<b>a</b>	Plan name	IES RENTAL RETIREMEN PLAN	
<b>b</b>	Name of plan sponsor	P&Q EQUIPMENT CORP DBA IES RENTAL	<b>c</b> EIN-PN 66-0891457-001
<b>a</b>	Plan name	INSULATION PRODUCTS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSULATION PRODUCTS CORPORATION	<b>c</b> EIN-PN 36-2801255-001
<b>a</b>	Plan name	INVEST PUERTO RICO EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INVEST PUERTO RICO	<b>c</b> EIN-PN 66-0891535-001
<b>a</b>	Plan name	INVEST PUERTO RICO EMPLOYEE SAVINGS PLAN - US	
<b>b</b>	Name of plan sponsor	INVEST PUERTO RICO US	<b>c</b> EIN-PN 66-0891535-002
<b>a</b>	Plan name	IPC GLOBAL SOLUTIONS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IMPORT PRODUCTS CO., LLC	<b>c</b> EIN-PN 04-2935545-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name J PICA Y CIA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor J. PICA Y CIA, INC.	<b>c</b> EIN-PN 66-0244141-001
<b>a</b>	Plan name J.J. KENNEDY, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor J.J. KENNEDY, INC.	<b>c</b> EIN-PN 25-1207264-001
<b>a</b>	Plan name JOHANNESSEN TRADING CO. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor JOHANNESSEN TRADING CO.	<b>c</b> EIN-PN 95-2566102-001
<b>a</b>	Plan name JRJ CONSTRUCTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOE R. JONES CONSTRUCTION, INC.	<b>c</b> EIN-PN 75-2231030-001
<b>a</b>	Plan name K-T HEATING AND AIR CONDITIONING 401K PLAN	
<b>b</b>	Name of plan sponsor K-T HEATING AND AIR CONDITIONING	<b>c</b> EIN-PN 81-2309365-001
<b>a</b>	Plan name KADER PROPERTIES LLC 401K	
<b>b</b>	Name of plan sponsor KADER PROPERTIES LLC	<b>c</b> EIN-PN 84-2578866-001
<b>a</b>	Plan name KAUFFMAN CENTER FOR THE PERFORMING ARTS 401K PLAN	
<b>b</b>	Name of plan sponsor KAUFFMAN CENTER	<b>c</b> EIN-PN 43-1866550-001
<b>a</b>	Plan name KICKIN' KAJUN 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JB KAJUN INC	<b>c</b> EIN-PN 47-2879221-001
<b>a</b>	Plan name LAURIE TRANSIT, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LAURIE TRANSIT, LLC	<b>c</b> EIN-PN 20-0467854-001
<b>a</b>	Plan name LEE JENSEN SALES CO., INC. 401K PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor LEE JENSEN SALES	<b>c</b> EIN-PN 36-2979890-002
<b>a</b>	Plan name LOANMART 401(K) PLAN	
<b>b</b>	Name of plan sponsor WHEELS FINANCIAL GROUP, LLC DBA LOANMART	<b>c</b> EIN-PN 95-4863389-001
<b>a</b>	Plan name MALNAT Y ASOCIADOS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MALNAT & ASOCIADOS, INC.	<b>c</b> EIN-PN 66-0612539-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MC TRANSERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MC TRANSERVICE, INC. (SEKO WORLDWIDE)	<b>c</b> EIN-PN 23-2614101-001
<b>a</b>	Plan name	MDTIMELINE GROUP LLC	
<b>b</b>	Name of plan sponsor	MDTIMELINE LLC	<b>c</b> EIN-PN 66-0903845-001
<b>a</b>	Plan name	MEYERS + ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEYERS + ASSOCIATES	<b>c</b> EIN-PN 31-1780095-001
<b>a</b>	Plan name	MICHAEL LUM, D.D.S., INC.	
<b>b</b>	Name of plan sponsor	MICHAEL LUM, D.D.S., INC.	<b>c</b> EIN-PN 20-8449957-001
<b>a</b>	Plan name	MICROWAVE FILTER COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICROWAVE FILTER COMPANY, INC.	<b>c</b> EIN-PN 16-0928443-001
<b>a</b>	Plan name	MILLER & LAW, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CDK LITTLETON DBA MILLER & LAW, P.C.	<b>c</b> EIN-PN 84-1191595-001
<b>a</b>	Plan name	MILLS SUPPLY COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MILLS SUPPLY COMPANY INC.	<b>c</b> EIN-PN 61-1197937-002
<b>a</b>	Plan name	MIRANDA CONSTRUCTION LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIRANDA CONSTRUCTION, LLC	<b>c</b> EIN-PN 81-1195345-001
<b>a</b>	Plan name	MMT 401(K)	
<b>b</b>	Name of plan sponsor	MEDINA MEDICAL TRANSPORT EMS, CORP	<b>c</b> EIN-PN 66-0798852-001
<b>a</b>	Plan name	MPR 401K	
<b>b</b>	Name of plan sponsor	METRIC ENGINEERING OF PUERTO RICO, PSC	<b>c</b> EIN-PN 66-0783248-001
<b>a</b>	Plan name	NATIONAL WWI MUSEUM AND MEMORIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL WWI MUSEUM AND MEMORIAL D/B/A LIBERTY MEMORIAL ASSOCIATION	<b>c</b> EIN-PN 43-6052673-001
<b>a</b>	Plan name	NATIONWIDE SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	NATIONWIDE TRUST COMPANY	<b>c</b> EIN-PN 31-1592130-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEW HEALTH PROGRAMS ASSOCIATION	
<b>b</b>	Name of plan sponsor	NEW HEALTH PROGRAMS ASSOCIATION	<b>c</b> EIN-PN 91-1053847-002
<b>a</b>	Plan name	NORLEN, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORLEN, INC.	<b>c</b> EIN-PN 39-1033368-001
<b>a</b>	Plan name	NORTH CENTRAL VETERINARY EMERGENCY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH CENTRAL VETERINARY EMERGENCY CENTER, LLC	<b>c</b> EIN-PN 35-2139886-001
<b>a</b>	Plan name	NOTEABLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOTEABLE, LLC	<b>c</b> EIN-PN 81-1019681-001
<b>a</b>	Plan name	O'KANE AND MONSSEN, D.D.S., P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OKANE AND MONSSEN, D.D.S., P.A.	<b>c</b> EIN-PN 41-0977720-002
<b>a</b>	Plan name	ODDO PROPERTY MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ODDO PROPERTY MANAGEMENT LLC	<b>c</b> EIN-PN 87-4385185-001
<b>a</b>	Plan name	ONEAMERICA SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	AMERICAN UNITED LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0145825-100
<b>a</b>	Plan name	OPERATION BREAKTHROUGH 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OPERATION BREAKTHROUGH, INC.	<b>c</b> EIN-PN 43-0971560-001
<b>a</b>	Plan name	ORTHOPAEDIC CENTER 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC CENTER OF ILLINOIS, LTD.	<b>c</b> EIN-PN 36-4156469-002
<b>a</b>	Plan name	OSTROFF GODSHALL INJURY LAW PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OSTROFF GODSHALL INJURY AND ACCIDENT LAWYERS	<b>c</b> EIN-PN 83-0510808-001
<b>a</b>	Plan name	PAUL R. GARY P.C. PROFIT SHARING AND EMPLOYEE SAVINGS BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	PAUL R. GARY, & ASSOCIATES, P.C.	<b>c</b> EIN-PN 93-1136822-001
<b>a</b>	Plan name	PEPE ABAD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EMPRESAS PEPE ABAD LLC	<b>c</b> EIN-PN 66-0999701-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PEPPER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMARTHOME VENTURES LLC D/B/A PEPPER	<b>c</b> EIN-PN 46-3027570-001
<b>a</b>	Plan name	PERSONALIZED SKIN SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERSONALIZED SKIN SOLUTIONS, INC.	<b>c</b> EIN-PN 85-1565820-001
<b>a</b>	Plan name	PILLAR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	APPLE PATCH COMMUNITY, INC. (DBA PILLAR)	<b>c</b> EIN-PN 61-1159539-001
<b>a</b>	Plan name	PINNACLE PLASTIC PRODUCTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PINNACLE INDUSTRIAL ENTERPRISES, INC.	<b>c</b> EIN-PN 34-1806902-001
<b>a</b>	Plan name	POSABIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POSABIT INC.	<b>c</b> EIN-PN 47-5551003-001
<b>a</b>	Plan name	PRIME FIDUCIARY SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRIME FIDUCIARY SERVICES, LLC	<b>c</b> EIN-PN 11-3748954-001
<b>a</b>	Plan name	PRO IMAGE FRANCHISE, L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRO IMAGE FRANCHISE, L.C.	<b>c</b> EIN-PN 87-0567849-001
<b>a</b>	Plan name	PROMATIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROMATIC, INC.	<b>c</b> EIN-PN 98-0400505-001
<b>a</b>	Plan name	PRUDENTIAL HEATING & AIR CONDITIONING CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRUDENTIAL HEATING & AIR CONDITIONING CO., INC.	<b>c</b> EIN-PN 61-0415278-001
<b>a</b>	Plan name	PURE SEED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROSE AGRI-SEED, INC DBA PURE SEED	<b>c</b> EIN-PN 93-0584935-001
<b>a</b>	Plan name	QUALITY IS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	QUALITY INDUSTRIAL PRODUCTS	<b>c</b> EIN-PN 66-0471603-001
<b>a</b>	Plan name	R2R 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RENDER TO RADIO, LLC, DBA F3 WIRELESS	<b>c</b> EIN-PN 27-3111922-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	REISER IMPLEMENT, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	REISER IMPLEMENT, INC.
<b>c</b>	EIN-PN	42-1070205-001
<b>a</b>	Plan name	RESODYN CORPORATION PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	RESODYN CORPORATION
<b>c</b>	EIN-PN	81-0528815-003
<b>a</b>	Plan name	ROCKY MOUNTAIN COLLEGE, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROCKY MOUNTAIN COLLEGE, LLC DBA ROCKY MOUNTAIN COLLEGE OF ART+DESIGN
<b>c</b>	EIN-PN	26-4058816-001
<b>a</b>	Plan name	ROOF CONNECT 401(K) PLAN
<b>b</b>	Name of plan sponsor	ROOF CONNECT LOGISTICS, INC.
<b>c</b>	EIN-PN	27-3073979-001
<b>a</b>	Plan name	SABINAL GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	SABINAL GROUP LLC
<b>c</b>	EIN-PN	20-3114535-001
<b>a</b>	Plan name	SAMSON COMPANIES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SAMSON COMPANIES, LLC
<b>c</b>	EIN-PN	27-0322334-001
<b>a</b>	Plan name	SDI CONSULTING, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SDI CONSULTING, LLC
<b>c</b>	EIN-PN	05-0549569-001
<b>a</b>	Plan name	SHADER BROTHERS 401(K) PLAN
<b>b</b>	Name of plan sponsor	SHADER BROTHERS CORPORATION
<b>c</b>	EIN-PN	59-2746397-001
<b>a</b>	Plan name	SHOPSITE, INC.
<b>b</b>	Name of plan sponsor	SHOPSITE, INC
<b>c</b>	EIN-PN	87-0678287-001
<b>a</b>	Plan name	STEEL AND PIPES 1081.01(D) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	STEEL AND PIPES, INC
<b>c</b>	EIN-PN	66-0368761-001
<b>a</b>	Plan name	SUNFLOWER PAVING 401(K) PLAN
<b>b</b>	Name of plan sponsor	SUNFLOWER PAVING, INC.
<b>c</b>	EIN-PN	48-0937316-001
<b>a</b>	Plan name	SUPERIOR HEALTH HOLDINGS 401(K) PLAN
<b>b</b>	Name of plan sponsor	SUPERIOR HEALTH HOLDINGS, INC
<b>c</b>	EIN-PN	86-2824178-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SWJ TECHNOLOGY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWJ TECHNOLOGY LLC	<b>c</b> EIN-PN 68-0677995-001
<b>a</b>	Plan name	SYKES, O'CONNOR, SALERNO, HAZAVEH, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYKES, OCONNOR, SALERNO, HAZAVEH, P.A.	<b>c</b> EIN-PN 22-2746504-001
<b>a</b>	Plan name	SYNDIGO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNDIGO LLC	<b>c</b> EIN-PN 20-3328053-001
<b>a</b>	Plan name	TASA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TEXAS ASSOCIATION OF SCHOOL ADMINISTRATORS	<b>c</b> EIN-PN 74-1540525-001
<b>a</b>	Plan name	TCG GROUP HOLDINGS, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TCG GROUP HOLDINGS, LLP	<b>c</b> EIN-PN 20-0529591-001
<b>a</b>	Plan name	THE FRAZER CENTER, INC'S PROTOTYPE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE FRAZER CENTER, INC.	<b>c</b> EIN-PN 58-1824440-002
<b>a</b>	Plan name	THE GUNTER GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE GUNTER GROUP, LLC	<b>c</b> EIN-PN 80-0712674-001
<b>a</b>	Plan name	THE WARD GROUP PSP JD WARD INC D B A THE WARD	
<b>b</b>	Name of plan sponsor	THE WARD GROUP PSP	<b>c</b> EIN-PN 04-3254698-001
<b>a</b>	Plan name	THERAPY SOLUTIONS, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THERAPY SOLUTIONS LLC	<b>c</b> EIN-PN 27-3224344-001
<b>a</b>	Plan name	TRANSVERSE EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSVERSE INSURANCE SERVICES LLC	<b>c</b> EIN-PN 83-1056522-001
<b>a</b>	Plan name	TUALITY PHYSICIANS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TUALITY PHYSICIANS, PC	<b>c</b> EIN-PN 27-0713104-001
<b>a</b>	Plan name	U.M.C., INC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	U.M.C., INC.	<b>c</b> EIN-PN 41-0970352-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b>	Plan name	UNIVERSAL POWER & SYSTEMS INC. RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	47-1356460-001
<b>b</b>	Name of plan sponsor	UNIVERSAL POWER & SYSTEMS, INC.	<b>c</b>	EIN-PN	47-1356460-001
<b>a</b>	Plan name	USA ENVIRONMENTAL, INC.	<b>c</b>	EIN-PN	59-3516898-001
<b>b</b>	Name of plan sponsor	USA ENVIRONMENTAL, INC.	<b>c</b>	EIN-PN	59-3516898-001
<b>a</b>	Plan name	VAIL-VERSAY 401(K) PLAN	<b>c</b>	EIN-PN	36-3806321-001
<b>b</b>	Name of plan sponsor	VAIL-VERSAY	<b>c</b>	EIN-PN	36-3806321-001
<b>a</b>	Plan name	VERITY PHARMACEUTICALS PR RETIREMENT PLAN	<b>c</b>	EIN-PN	84-3880711-001
<b>b</b>	Name of plan sponsor	VERITY PHARMA	<b>c</b>	EIN-PN	84-3880711-001
<b>a</b>	Plan name	VICTORIA U.S. HOLDINGS 401(K) PLAN	<b>c</b>	EIN-PN	20-3050842-001
<b>b</b>	Name of plan sponsor	VICTORIA U.S. HOLDINGS	<b>c</b>	EIN-PN	20-3050842-001
<b>a</b>	Plan name	VIWINTECH WINDOW & DOOR, INC. 401(K) RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	27-4726665-002
<b>b</b>	Name of plan sponsor	VIWIN TECH WINDOW & DOOR, INC.	<b>c</b>	EIN-PN	27-4726665-002
<b>a</b>	Plan name	VNB RETIREMENT PLAN	<b>c</b>	EIN-PN	66-0863323-001
<b>b</b>	Name of plan sponsor	VIDAL NIEVES & BAUZA LLC	<b>c</b>	EIN-PN	66-0863323-001
<b>a</b>	Plan name	W. W. ENROUGHTY & SON, INC. 401(K) PLAN	<b>c</b>	EIN-PN	54-1442419-001
<b>b</b>	Name of plan sponsor	W.W. ENROUGHTY & SON, INC.	<b>c</b>	EIN-PN	54-1442419-001
<b>a</b>	Plan name	WAYFINDER FAMILY SERVICES 401(K) RETIREMENT PLAN	<b>c</b>	EIN-PN	95-1977659-002
<b>b</b>	Name of plan sponsor	WAYFINDER FAMILY SERVICES	<b>c</b>	EIN-PN	95-1977659-002
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLACKROCK RUSSELL 2000 VALUE INDEX FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>20-3802296</b>

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 3	0
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b> 73397	70754
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b> 14948717	14498986
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	15022117	14569740
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	8109
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	74718	66054
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	74718	74163
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	14947399	14495577

**Part II Income and Expense Statement**

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

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

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	1051876
(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 <b>income</b> amounts in column (b) and enter total .....	2d	1051876

**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)	715
(5) Investment advisory and investment management fees .....	2i(5)	22585
(6) Bank or trust company trustee/custodial fees .....	2i(6)	7820
(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)	31120
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	31120

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d .....	2k	1020756
l Transfers of assets:		
(1) To this plan .....	2l(1)	4118985
(2) From this plan .....	2l(2)	5591563

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.