

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: CLEARBRIDGE SMALL CAP GROWTH CIT; 1b Three-digit plan number (PN): 434; 1c Effective date of plan; 2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 38-4065336; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>CLEARBRIDGE SMALL CAP GROWTH CIT</u>	B Three-digit plan number (PN)	<u>434</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>38-4065336</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>NT COLLECTIVE GOVERNMENT STIF</u>		
b Name of sponsor of entity listed in (a):	<u>NORTHERN TRUST INVESTMENTS, INC.</u>		
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)	
<u>45-6138589-068</u>	<u>C</u>		<u>12902315</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):

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d Entity code

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

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

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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)

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

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c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	360 INDUSTRIAL SUPPLY 401(K) PLAN	
b	Name of plan sponsor	360 INNOVATIVE SOLUTIONS, INC. D/B/A 360 INDUSTRIAL SUPPLY	c EIN-PN 46-1731562-001
a	Plan name	ABB OPTICAL GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABB/CON-CISE OPTICAL GROUP LLC	c EIN-PN 51-0626564-001
a	Plan name	ADULT MEDICINE OF LAKE COUNTY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ADULT MEDICINE OF LAKE COUNTY INC.	c EIN-PN 59-3483343-001
a	Plan name	AGILENT TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	AGILENT TECHNOLOGIES, INC.	c EIN-PN 77-0518772-003
a	Plan name	AHLSTROM-MUNKSJO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AHLSTROM-MUNKSJO USA INC.	c EIN-PN 13-3509370-005
a	Plan name	ALIGN TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALIGN TECHNOLOGY, INC.	c EIN-PN 94-3267295-001
a	Plan name	ALL PHASES ELECTRICAL CONTRACTING INC	
b	Name of plan sponsor	ALL PHASES ELECTRICAL CONTRACTING INC	c EIN-PN 59-3534329-001
a	Plan name	ALLIED SOLUTIONS, LLC	
b	Name of plan sponsor	ALLIED SOLUTIONS, LLC	c EIN-PN 35-2125376-001
a	Plan name	ALLIED UNIVERSAL 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL SERVICES OF AMERICA, LP	c EIN-PN 61-1790568-001
a	Plan name	ALPHA VIDEO SURVEILLANCE 401K PLAN	
b	Name of plan sponsor	LORD MANAGEMENT GROUP INC	c EIN-PN 26-2583745-001
a	Plan name	AMERITAS AGENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERITAS HOLDING COMPANY	c EIN-PN 47-0806844-010
a	Plan name	ANHEUSER-BUSCH 401K	
b	Name of plan sponsor	ANHEUSERBUSCH COMPANIES LLC	c EIN-PN 43-1162835-059

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	APPTEGA 401K PLAN	
b	Name of plan sponsor	APPTEGA	c EIN-PN 83-0744765-002
a	Plan name	ATKORE INTERNATIONAL RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	ATKORE INTERNATIONAL INC.	c EIN-PN 90-0631477-035
a	Plan name	BEACHBODY LLC 401K PLAN	
b	Name of plan sponsor	BEACHBODY LLC	c EIN-PN 95-4717599-001
a	Plan name	BIO-RAD LABORATORIES INC 401K	
b	Name of plan sponsor	BIORAD LABORATORIES INC	c EIN-PN 94-1381833-003
a	Plan name	BOGAARD GROUP INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	BOGAARD GROUP INTERNATIONAL	c EIN-PN 36-4822018-001
a	Plan name	BONNEAU 401(K) PLAN	
b	Name of plan sponsor	BAMBURY, INC. D/B/A BONNEAU	c EIN-PN 94-2697535-001
a	Plan name	BRFHH RETIREMENT PLAN	
b	Name of plan sponsor	BRF HOSPITAL HOLDINGS LLC DBA OCHSNER L	c EIN-PN 46-3179229-003
a	Plan name	C1 401(K) PLAN	
b	Name of plan sponsor	C1 401(K) PLAN	c EIN-PN 81-4619427-001
a	Plan name	CALIFORNIA FUELS & CONVENIENCE ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA FUELS & CONVENIENCE ALLIANCE (CFCA)	c EIN-PN 23-7108799-001
a	Plan name	CARESTREAM HEALTH INC. RETIREMENT	
b	Name of plan sponsor	CARESTREAM HEALTH INC	c EIN-PN 20-8190334-001
a	Plan name	CAROLINA RESTAURANT GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAROLINA RESTAURANT GROUP, INC.	c EIN-PN 56-1814008-001
a	Plan name	CARR LEGAL GROUP 401(K) PLAN	
b	Name of plan sponsor	CARR LEGAL GROUP, LLC	c EIN-PN 86-2157902-001

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 CLASSIC CONTAINERS, INC. 401(K) PLAN	
b	Name of plan sponsor CLASSIC CONTAINERS, INC.	c EIN-PN 33-0675730-001
a	Plan name CNO 401K PLAN	
b	Name of plan sponsor CNO SERVICES LLC	c EIN-PN 35-1965822-001
a	Plan name CONSTRUCTION CONSULTANTS PLUS INC.	
b	Name of plan sponsor CONSTRUCTION CONSULTANTS PLUS INC	c EIN-PN 82-3746013-001
a	Plan name CONVERGEONE DEDICATED SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor C1 401(K) PLAN	c EIN-PN 20-4273323-002
a	Plan name CORSAIR ELECTRICAL CONNECTORS IN USA RETIREMENT SAVINGS MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor CORSAIR ELECTRICAL CONNECTORS	c EIN-PN 27-0775651-001
a	Plan name D3 ENGINEERING SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor D3 ENGINEERING SOLUTIONS	c EIN-PN 85-2677086-001
a	Plan name DAIRY FARMERS OF AMERICA MASTER 401(K) TRUST	
b	Name of plan sponsor DAIRY FARMERS OF AMERICA, INC.	c EIN-PN 43-0905874-002
a	Plan name DAVIES US LLC	
b	Name of plan sponsor DAVIES US, LLC	c EIN-PN 84-3008893-031
a	Plan name DEALERS AUTO AUCTION OF THE SOUTHWEST 401(K) PLAN	
b	Name of plan sponsor DEALERS AUTO AUCTION OF THE SOUTHWEST	c EIN-PN 75-3037872-001
a	Plan name DLA PIPER LLP (US) PROFIT SHARING AND 401(K) SAVINGS PLAN	
b	Name of plan sponsor DLA PIPER LLP (US) PROFIT SHARING AND 401(K)	c EIN-PN 52-0616490-004
a	Plan name EASTERN SAVINGS BANK SAVINGS PLAN	
b	Name of plan sponsor EASTERN SAVINGS BANK	c EIN-PN 52-0623475-001
a	Plan name ECLINICALWORKS PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor ECLINICALWORKS, LLC	c EIN-PN 04-3461392-001

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	ELIOR, INC. 401(K) PLAN	
b Name of plan sponsor	ELIOR, INC.	c EIN-PN 26-2223480-001
a Plan name	ENDEAVOR HEALTH 401(K) PLAN	
b Name of plan sponsor	ENDEAVOR HEALTH	c EIN-PN 87-4520691-001
a Plan name	EVERGY, INC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	EVERGY, INC.	c EIN-PN 43-1916803-006
a Plan name	EVERSHEDS SUTHERLAND US LLP MASTER	
b Name of plan sponsor	EVERSHEDS SUTHERLAND US LLP	c EIN-PN 58-0619407-006
a Plan name	EVONIK CORPORATION 401(K) SAVINGS PLAN	
b Name of plan sponsor	EVONIK CORPORATION	c EIN-PN 63-0673043-002
a Plan name	FAIRMOUNT TIRE AND RUBBER INC. 401(K) PLAN	
b Name of plan sponsor	FAIRMOUNT TIRE AND RUBBER INC.	c EIN-PN 95-4155825-001
a Plan name	FAMILY AND CHILDREN'S CENTER, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	FAMILY & CHILDRENS CENTER, INC.	c EIN-PN 35-0869031-001
a Plan name	FISHER & PAYKEL HOLDINGS, INC. 401(K) PLAN	
b Name of plan sponsor	FISHER & PAYKEL HOLDINGS, INC.	c EIN-PN 33-0721612-001
a Plan name	FOR BETTER LIVING LLC 401K PLAN	
b Name of plan sponsor	FOR BETTER LIVING LLC DBA CANNA MD	c EIN-PN 82-3532578-001
a Plan name	FUTCH DENTAL 401(K) PLAN	
b Name of plan sponsor	SFF WEST LLC D/B/A FUTCH DENTAL	c EIN-PN 87-3202887-001
a Plan name	GABI JAMES 401(K) PLAN	
b Name of plan sponsor	GABI JAMES, INC. D/B/A GABI JAMES	c EIN-PN 82-1887178-001
a Plan name	GABRIELE FOODS INC 401(K) PLAN	
b Name of plan sponsor	GABRIELE FOODS INC D/B/A LOVE AND SALT	c EIN-PN 95-3657725-001

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 GAVILON NON-UNION	
b	Name of plan sponsor VITERRA USA HOLDINGS LLC	c EIN-PN 41-2274428-001
a	Plan name GAVILON UNION PLAN	
b	Name of plan sponsor VITERRA USA HOLDINGS LLC	c EIN-PN 41-2274428-002
a	Plan name GLOBAL LINGO 401(K) PLAN	
b	Name of plan sponsor GLOBAL LINGO, INC.	c EIN-PN 37-1816520-001
a	Plan name GO GREEN INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor GO GREEN INDUSTRIES, INC.	c EIN-PN 26-4001954-001
a	Plan name GREAT GRAY TRUST SMALL CAP GROWTH SELECT FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 26-3783319-003
a	Plan name GRIFFIN FAMILY OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor GRIFFIN ENTERPRISES L.C.	c EIN-PN 87-0516157-001
a	Plan name GROUPON, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor GROUPON, INC.	c EIN-PN 27-0903295-002
a	Plan name GUD MARKETING, INC. EMPLOYEE DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor GUD MARKETING, INC.	c EIN-PN 38-3056524-001
a	Plan name H&H PROFESSIONAL INSURANCE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor H&H INSURANCE SERVICES, INC. D/B/A H&H PROFESSIONAL INSURANCE ASSOCIAT	c EIN-PN 81-2507474-001
a	Plan name HAECO AMERICAS 401(K) PLAN	
b	Name of plan sponsor HAECO AMERICAS	c EIN-PN 65-0665658-001
a	Plan name HAWKERS ASIAN STREET FOOD 401(K) PLAN	
b	Name of plan sponsor HAWKERS HOLDINGS, LLC DBA HAWKERS ASIAN STREET FOOD	c EIN-PN 46-2198823-001
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

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	HEALTHCOMP, INC. 401(K) PLAN	
b	Name of plan sponsor	HEALTHCOMP, INC.	c EIN-PN 34-1607331-003
a	Plan name	HEARTS OF PASSION HOME CARE LLC	
b	Name of plan sponsor	HEARTS OF PASSION HOME CARE LLC	c EIN-PN 83-1368537-001
a	Plan name	HERITAGE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	HERITAGE FEDERAL CREDIT UNION	c EIN-PN 35-1155006-033
a	Plan name	HOPE HALL 401(K) PLAN	
b	Name of plan sponsor	HOPE HALL	c EIN-PN 16-1463706-001
a	Plan name	HOUSTON ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOUSTON ENGINEERING, INC.	c EIN-PN 45-0314557-001
a	Plan name	IDEAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor	IDEAL MANUFACTURING INC	c EIN-PN 20-1909286-001
a	Plan name	INFINITY PEDIATRIC & ADOLESCENT MEDICINE 401(K) PLAN	
b	Name of plan sponsor	INFINITY PEDIATRIC & ADOLESCENT MEDICINE PLLC	c EIN-PN 85-3865165-001
a	Plan name	INNOVANTE INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	INNOVANTE INSURANCE AGENCY, INC.	c EIN-PN 82-5071581-001
a	Plan name	INTEGRA LIFESCIENCES CORPORATION 401K TR	
b	Name of plan sponsor	INTEGRA LIFESCIENCES CORPORATION	c EIN-PN 22-3270030-001
a	Plan name	INTELSAT 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTELSAT US LLC	c EIN-PN 95-4607698-003
a	Plan name	INTERNATIONAL MOTORS, LLC 401(K) PLAN FOR REPRESENTED EMPLOYEES	
b	Name of plan sponsor	INTERNATIONAL MOTORS, LLC	c EIN-PN 36-1264810-032
a	Plan name	INTERNATIONAL MOTORS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INTERNATIONAL MOTORS, LLC	c EIN-PN 36-1264810-033

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	ISLAND PLASTIC BAGS, INC. IN USA RETIREMENT SAVINGS MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	ISLAND PLASTIC BAGS, INC.	c EIN-PN 99-0293309-001
a	Plan name	JAYHAWK FINE CHEMICALS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JAYHAWK FINE CHEMICALS CORP.	c EIN-PN 75-2511790-001
a	Plan name	JEFFERSON SOUTHERN 401(K) PLAN	
b	Name of plan sponsor	JEFFERSON SOUTHERN CORP	c EIN-PN 31-1722250-001
a	Plan name	JOHN J. ANTALIS MD INC. 401K PLAN	
b	Name of plan sponsor	JOHN ANTALIS MD	c EIN-PN 31-1430733-001
a	Plan name	JUST ZERO 401(K) PLAN	
b	Name of plan sponsor	JUST ZERO	c EIN-PN 88-2375282-001
a	Plan name	K&L GATES 401(K) PLAN ALPHA	
b	Name of plan sponsor	K&L GATES LLP	c EIN-PN 25-0921018-002
a	Plan name	KAIZEN AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	KAIZEN RESOURCES, INC.	c EIN-PN 82-2474379-001
a	Plan name	KERRY K ASSIL MD INC 401(K) PLAN	
b	Name of plan sponsor	KERRY K ASSIL MD INC DBA ASSIL GAUR EYE INSTITUTE	c EIN-PN 95-4623874-001
a	Plan name	KEWAUNEE FABRICATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	OSHKOSH CORPORATION	c EIN-PN 39-0520270-002
a	Plan name	KING & SPALDING LLP PROFIT SHARING - 401(K) PLAN	
b	Name of plan sponsor	KING & SPALDING LLP	c EIN-PN 58-0520153-001
a	Plan name	LA FAMILIA PAWN & JEWELRY 401(K) PLAN	
b	Name of plan sponsor	FFI HOLDINGS FLORIDA INC.	c EIN-PN 26-4050813-001
a	Plan name	LCT MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	LCT MANAGEMENT, INC. D/B/A THOMAS PROPERTIES	c EIN-PN 77-0295966-001

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	LEGACY VACATION CLUB SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	LEGACY VACATION CLUB SERVICES LLC DBA LEGACY VACATION RESORTS	c EIN-PN 27-0296930-001
a	Plan name	LIFE SAFETY SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LIFE SAFETY SYSTEMS, INC.	c EIN-PN 41-1759128-001
a	Plan name	LIGHTHOUSE PACKAGING RETIREMENT PLAN	
b	Name of plan sponsor	LIGHTHOUSE PACKAGING, LLC	c EIN-PN 47-4008981-001
a	Plan name	LMD STUDIO 401(K) PLAN	
b	Name of plan sponsor	LAMBERT AND MCGUIRE STUDIO LLC D/B/A LAMBERT MCGUIRE DESIGN	c EIN-PN 83-1118432-001
a	Plan name	M PAUL GENERAL CONTRACTORS	
b	Name of plan sponsor	M PAUL GENERAL CONTRACTORS LLC	c EIN-PN 52-2375375-001
a	Plan name	MACRO-PRO, INC. 401(K) PLAN	
b	Name of plan sponsor	MACRO-PRO, INC.	c EIN-PN 33-0387596-001
a	Plan name	MAGELLAN HEALTH, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAGELLAN HEALTH, INC	c EIN-PN 58-1076937-001
a	Plan name	MAGNIT GLOBAL SOLUTIONS, INC. AND SUBSIDIARIES 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	MAGNIT GLOBAL SOLUTIONS	c EIN-PN 27-3835632-001
a	Plan name	MALOBA BUILDERS AND SERVICES DBA M+ BUILDERS 401(K) PLAN	
b	Name of plan sponsor	MALOBA BUILDERS AND SERVICES LLC D/B/A M+ BUILDERS	c EIN-PN 83-3739347-001
a	Plan name	MAYER BROWN LLP USA SAVINGS PLAN	
b	Name of plan sponsor	MAYER BROWN LLP	c EIN-PN 36-1447220-004
a	Plan name	MEDIACENTRIC INTEGRATION, INC. 401(K) PLAN	
b	Name of plan sponsor	MEDIACENTRIC INTEGRATION, INC.	c EIN-PN 68-0550730-001
a	Plan name	MEDICAL INFORMATION TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	MEDICAL INFORMATION TECHNOLOGY	c EIN-PN 04-2455639-005

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 MERCEDES-BENZ FINANCIAL SERVICES USA LLC RETIREMENT PLAN	
b	Name of plan sponsor MERCEDES-BENZ FINANCIAL SERVICES USA LLC	c EIN-PN 20-8653034-001
a	Plan name MID ATLANTIC TRUST COMPANY FBO ELEVATE PFS HOLDINGS INC 401 K PRO	
b	Name of plan sponsor MEDDATA INCORPORATED	c EIN-PN 27-3169253-001
a	Plan name MIDWEST EDITIONS, INC. 401(K) PLAN	
b	Name of plan sponsor MIDWEST EDITIONS, INC.	c EIN-PN 41-0963385-001
a	Plan name MILWAUKEE PUBLIC LIBRARY FOUND 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MILWAUKEE PUBLIC LIBRARY FOUND	c EIN-PN 39-1610233-002
a	Plan name MOONTOWER 401(K) PLAN	
b	Name of plan sponsor MOONTOWER LLC D/B/A MOONTOWER DESIGN BUILD	c EIN-PN 27-1469410-001
a	Plan name MRS. DENNIS POTATO COMPANY 401K PLAN	
b	Name of plan sponsor MDP ACQUISITIONS LLC	c EIN-PN 93-2456652-001
a	Plan name MURTHA CULLINA LLP PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor MURTHA CULLINA LLP	c EIN-PN 06-0686015-001
a	Plan name NAGRA USA, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NAGRA USA, LLC	c EIN-PN 13-2581802-001
a	Plan name NAGRASTAR 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor NAGRASTAR, LLC	c EIN-PN 84-1547827-001
a	Plan name NETFOR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NETFOR	c EIN-PN 35-1947552-001
a	Plan name NEVADA COMMUNITY MANAGEMENT, LLC. 401(K) PLAN	
b	Name of plan sponsor NEVADA COMMUNITY MANAGEMENT, LLC.	c EIN-PN 27-2248971-001
a	Plan name NEW HOPE HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor NEW HOPE HEALTH SERVICES, LLC	c EIN-PN 82-3597040-001

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	NIBCO INC. PROFIT SHARING AND 401K	
b	Name of plan sponsor	NIBCO INC	c EIN-PN 35-0552560-005
a	Plan name	NICKERSON INSURANCE SERVICES, INC 401(K) PLAN	
b	Name of plan sponsor	NICKERSON INSURANCE SERVICES, INC	c EIN-PN 95-2876395-001
a	Plan name	NIXON PEABODY LLP RETIREMENT SAVINGS PLAN FOR ASSOCIATE ATTORNEYS	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-021
a	Plan name	NUWHIRL 401(K) PLAN	
b	Name of plan sponsor	NUWHIRL SYSTEMS CORP	c EIN-PN 20-2468225-001
a	Plan name	O AND P INSIGHT 401(K) PLAN	
b	Name of plan sponsor	O AND P INSIGHT	c EIN-PN 47-2663205-001
a	Plan name	OCHSNER CLINIC FOUNDATION 401K PLAN	
b	Name of plan sponsor	OCHSNER CLINIC FOUNDATION	c EIN-PN 72-0502505-002
a	Plan name	ODC CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	ODC CONSTRUCTION, LLC	c EIN-PN 45-2355025-001
a	Plan name	OFFICEHEADS 401(K) PLAN	
b	Name of plan sponsor	OFFICEHEADS, INC.	c EIN-PN 26-2743155-001
a	Plan name	O'NEIL INDUSTRIES, INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	ONEIL INDUSTRIES, INC.	c EIN-PN 36-3156703-001
a	Plan name	OSHKOSH CORPORATION AND AFFILIATES TAX DEFERRED INVESTMENT PLAN	
b	Name of plan sponsor	OSHKOSH CORPORATION	c EIN-PN 39-0520270-003
a	Plan name	OSHKOSH CORPORATION TAX DEFERRED INVESTMENT PLAN FOR PRODUCTION EMPLOYEES	
b	Name of plan sponsor	OSHKOSH CORPORATION	c EIN-PN 39-0520270-004
a	Plan name	PASSPORT TECHNOLOGY USA, INC. 401(K) PLAN	
b	Name of plan sponsor	PASSPORT TECHNOLOGY USA, INC.	c EIN-PN 86-0859413-101

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 PATIENTS BEST CHOICE HOME HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor PATIENTS BEST CHOICE HOME HEALTHCARE, INC.	c EIN-PN 20-3339769-001
a	Plan name PENSION PLAN FOR HOURLY EMPLOYEES OF TIMBER PRODUCTS MICHIGAN LIMITED PARTNERSHIP	
b	Name of plan sponsor TIMBER PRODUCTS, MICHIGAN	c EIN-PN 38-2796098-001
a	Plan name PHOENIX OPCO LLC 401(K) PLAN	
b	Name of plan sponsor PHOENIX OPCO LLC D/B/A PHOENIX ELECTRIC MFG CO.	c EIN-PN 88-2696949-001
a	Plan name PLZ CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PLZ CORP	c EIN-PN 20-3193854-001
a	Plan name POPE & LAND ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POPE & LAND ENTERPRISES, INC.	c EIN-PN 58-1337112-001
a	Plan name PORTSMOUTH D&D 401K SAVINGS PLAN	
b	Name of plan sponsor FLUOR-BWXT PORTSMOUTH LLC	c EIN-PN 27-1279969-001
a	Plan name PRIME THERAPEUTICS LLC 401(K) PLAN	
b	Name of plan sponsor PRIME THERAPEUTICS LLC	c EIN-PN 26-0076803-001
a	Plan name PRIMORIS SERVICES CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PRIMORIS SERVICES CORPORATION	c EIN-PN 84-3707404-001
a	Plan name PURDUE FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor PURDUE FEDERAL CREDIT UNION	c EIN-PN 35-1163349-002
a	Plan name PYC THERAPEUTICS 401K PLAN	
b	Name of plan sponsor PYC THERAPEUTICS	c EIN-PN 84-4658895-001
a	Plan name R.J. O'BRIEN & ASSOCIATES, LLC PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor R.J. OBRIEN & ASSOCIATES, LLC	c EIN-PN 56-2667517-004
a	Plan name RAYA'S PARADISE 401(K) PLAN	
b	Name of plan sponsor RAYAS PARADISE, INC.	c EIN-PN 95-4797523-001

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	REALPAGE INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	REALPAGE INC	c EIN-PN 75-2788861-001
a	Plan name	REED SMITH 401K PLAN	
b	Name of plan sponsor	REED SMITH, LLP	c EIN-PN 25-0749630-001
a	Plan name	RESIDENTIAL BUILDING SUPPLY 401(K) PLAN	
b	Name of plan sponsor	RESIDENTIAL BUILDING SUPPLY	c EIN-PN 59-2420676-001
a	Plan name	RETIREMENT ADVOCATE FUNDS MODERATE	
b	Name of plan sponsor	MATRIX TRUST COMPANY	c EIN-PN 75-3182674-220
a	Plan name	RICHARD M FAIRBANKS FOUNDATION 401(K)	
b	Name of plan sponsor	RICHARD M.UNDATION, INC.	c EIN-PN 31-1189885-001
a	Plan name	ROBERTO'S TACO SHOP LLC 401(K) PLAN	
b	Name of plan sponsor	ROBERTOS TACO SHOP LLC	c EIN-PN 26-3780000-001
a	Plan name	ROEHM AMERICA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ROEHM AMERICA LLC	c EIN-PN 32-0252469-001
a	Plan name	RUEKERT & MIELKE, INC. PROFIT SHARING/401(K) TRUST	
b	Name of plan sponsor	RUEKERT & MIELKE PROFIT SHARING 401(K) TRUST	c EIN-PN 39-0908882-002
a	Plan name	SECURITIES INDUSTRY AND FINANCIAL	
b	Name of plan sponsor	N SECURITIES INDUSTRY AND FINANCIAL MARK	c EIN-PN 32-0178959-002
a	Plan name	SHOWER BUDDY 401K PLAN	
b	Name of plan sponsor	SHOWER BUDDY LLC	c EIN-PN 42-1723839-001
a	Plan name	SIERRA AGRA USA 401K PLAN	
b	Name of plan sponsor	SIERRA AGRA USA	c EIN-PN 84-4053550-002
a	Plan name	SKADDEN, ARPS, SLATE, MEAGHER & FLOM SAVINGS PLAN	
b	Name of plan sponsor	SKADDEN, ARPS, SLATE, MEAGHER & FLOM LLP	c EIN-PN 13-1777230-003

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	SKIDMORE, OWINGS & MERRILL LLP 401(K) SAVINGS PLAN	
b Name of plan sponsor	SKIDMORE, OWINGS & MERRILL LLP	c EIN-PN 36-1785381-001
a Plan name	SOUTH BAY HEARING & BALANCE CENTER 401(K) PROFIT SHARING PLA	
b Name of plan sponsor	SOUTH BAY HEARING & BALANCE CENT	c EIN-PN 26-0851825-001
a Plan name	SPANG & COMPANY RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	SPANG & COMPANY	c EIN-PN 25-0809990-014
a Plan name	SPANG POWER ELECTRONIC	
b Name of plan sponsor	SPANG & COMPANY	c EIN-PN 25-0809990-009
a Plan name	SPRUCE SERVICES INC. 401K PLAN	
b Name of plan sponsor	SPRUCE SERVICES INC 401K PLAN	c EIN-PN 74-4535259-001
a Plan name	SPUR INTELLIGENCE CORPORATION 401K PLAN	
b Name of plan sponsor	SPUR INTELLIGENCE CORPORATION	c EIN-PN 82-3437920-001
a Plan name	SM HEALTH DEFINED CONTRIBUTION PLAN	
b Name of plan sponsor	SSM HEALTH CARE CORP.	c EIN-PN 46-6029223-002
a Plan name	SSM HEALTH 401K PLAN	
b Name of plan sponsor	SSM HEALTH CARE CORP.	c EIN-PN 46-6029223-005
a Plan name	SSM HEALTH 403B PLAN	
b Name of plan sponsor	SSM HEALTH	c EIN-PN 46-6029223-403
a Plan name	STEVEN J LOWINGER OD PA 401K PROFIT SHARING PLAN	
b Name of plan sponsor	STEVEN J LOWINGER OD PA	c EIN-PN 26-1477086-001
a Plan name	SUBNATION MEDIA INC. RETIREMENT PLAN	
b Name of plan sponsor	SUBNATION MEDIA INC.	c EIN-PN 82-5390830-001
a Plan name	SUNMED LLC 401(K) PLAN	
b Name of plan sponsor	SUNMED LLC	c EIN-PN 26-3700043-001

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 SYNAPTICS INC. 401K SAVINGS PLAN	
b	Name of plan sponsor SYNAPTICS INC	c EIN-PN 77-0118518-001
a	Plan name TELETECH CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor TELETECH CORP	c EIN-PN 57-0729356-001
a	Plan name TERRALUNA COLLABORATIVE 401K PLAN	
b	Name of plan sponsor TERRALUNA COLLABORATIVE	c EIN-PN 46-0991430-001
a	Plan name THE BLACKLEDGE GROUP INC. 401K PLAN	
b	Name of plan sponsor THE BLACKLEDGE GROUP INC	c EIN-PN 46-4933738-001
a	Plan name THE BUCKEYE GROUP, INC 401(K) PLAN	
b	Name of plan sponsor THE BUCKEYE GROUP, INC D/B/A THE BUCKEYE GROUP	c EIN-PN 27-1537915-001
a	Plan name THE LAMAR SAVINGS AND PROFIT SHARING	
b	Name of plan sponsor LAMAR MEDIA CORP	c EIN-PN 72-1205791-001
a	Plan name THE LITTLETON GROUP 401(K) PLAN	
b	Name of plan sponsor THE LITTLETON GROUP WESTERN DIVISION, INC.	c EIN-PN 76-0154645-001
a	Plan name THE MATHEWS COMPANY 401K PLAN	
b	Name of plan sponsor THE MATHEWS COMPANY, LLC	c EIN-PN 62-1589349-001
a	Plan name THE PORCH 401(K) PLAN	
b	Name of plan sponsor THE PORCH AT WINTER PARK, LLC	c EIN-PN 46-4215014-001
a	Plan name TITAN MACHINERY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TITAN MACHINERY, INC.	c EIN-PN 45-0357838-001
a	Plan name TKO WORKFORCE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor TKO WORKFORCE SOLUTIONS D/B/A TKO STAFFING	c EIN-PN 87-1913021-001
a	Plan name TO INFINITUM AND BEYOND 401(K) PLAN	
b	Name of plan sponsor INFINITUM ELECTRIC INC.	c EIN-PN 46-1748221-001

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	UKG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UKG INC.	c EIN-PN 65-0694077-001
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	UNITED RENTALS 401(K) INVESTMENT PLAN	
b	Name of plan sponsor	UNITED RENTALS (NORTH AMERICA), INC.	c EIN-PN 86-0933835-001
a	Plan name	UPS/IPA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNITED PARCEL SERVICE COMPANY	c EIN-PN 13-1686691-003
a	Plan name	UPS/IPA MPP	
b	Name of plan sponsor	UNITED PARCEL SERVICE - AIRLINES	c EIN-PN 13-1686691-002
a	Plan name	URSCHEL LABORATORIES, INC. 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	URSCHEL LABORATORIES, INC.	c EIN-PN 35-0726105-002
a	Plan name	USIS, INC. DBA SPECIALTY PROGRAMS	
b	Name of plan sponsor	JOANNE GLOSTER	c EIN-PN 20-4580645-031
a	Plan name	USTC	
b	Name of plan sponsor	USTC UNITED STATES TECHNOLOGIES COMMUNIC	c EIN-PN 30-0943214-001
a	Plan name	VALMONT EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VALMONT INDUSTRIES, INC.	c EIN-PN 47-0351813-003
a	Plan name	VAN DRUNEN FARMS 401(K) RETIREMENT AND SAVINGS PLAN & TRUST	
b	Name of plan sponsor	RJ VAN DRUNEN & SONS, INC.	c EIN-PN 36-2902868-001
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	VIAD CORP CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	VIAD CORP	c EIN-PN 36-1169950-002

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	VICTORIA LANDING LLC 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	VICTORIA LANDING LLC	c	EIN-PN	46-0552327-001
a	Plan name	VIDEO WALL SOLUTIONS 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	VIDEO WALL SOLUTIONS	c	EIN-PN	84-2496032-001
a	Plan name	WESTWOOD HOLDINGS GROUP INC. SAVINGS	c	EIN-PN	
b	Name of plan sponsor	WESTWOOD HOLDINGS GROUP INC	c	EIN-PN	75-2969997-001
a	Plan name	WGM MASTER TRUST	c	EIN-PN	
b	Name of plan sponsor	WEIL GOTSHAL MANGES LLP	c	EIN-PN	13-1456110-012
a	Plan name	WORLD OF DVC 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	DVC ACQUISITION D/B/A WORLD OF DVC	c	EIN-PN	84-5109822-001
a	Plan name	ZIM AIRCRAFT CABIN	c	EIN-PN	
b	Name of plan sponsor	ZIM AIRCRAFT CABIN SOLUTIONS	c	EIN-PN	20-8739809-001
a	Plan name	ZIMMER BIOMET HOLDINGS, INC. SAVINGS AND INVESTMENT 401(K) PROGRAM	c	EIN-PN	
b	Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	c	EIN-PN	13-4151777-001
a	Plan name	ZIMVIE INC. PUERTO RICO SAVINGS AND INVESTMENT 401(K) PROGRAM	c	EIN-PN	
b	Name of plan sponsor	ZIMVIE US CORP LLC	c	EIN-PN	99-0769465-002
a	Plan name	ZUAR, INC. 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	ZUAR, INC.	c	EIN-PN	82-4880407-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan CLEARBRIDGE SMALL CAP GROWTH CIT	B Three-digit plan number (PN) ▶ 434
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4065336

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	891416	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6481959	539346
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)	698051134	669577396
(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)	7283108	12902315
(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)	0	7141758
(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	712707617	690160815
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	1246077
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1723180	2924899
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1723180	4170976
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	710984437	685989839

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)	2176089	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	837	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2176926
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	393565317	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	425582966	
(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)	71944962	
(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)		443490
(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)		-739276
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		41808453

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)	6075	
(5) Investment advisory and investment management fees	2i(5)	4400359	
(6) Bank or trust company trustee/custodial fees	2i(6)	357017	
(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)		4763451
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4763451

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		37045002
l Transfers of assets:			
(1) To this plan.....	2l(1)		247242482
(2) From this plan	2l(2)		309282082

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 _____.