

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

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>EMERGING MARKETS FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>672</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>86-1819869</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/19/2025	MATT FALCIANI
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>EMERGING MARKETS FUND</u>	B Three-digit plan number (PN)	<u>672</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>86-1819869</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>INVESCO EMERGING MARKETS EQUITY TRU</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO TRUST COMPANY</u>		
c EIN-PN <u>51-0423349-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>64727818</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)

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	A & D TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	A & D TECHNOLOGY, INC.	c EIN-PN 20-2813873-001
a	Plan name	ABBEY-SIMONS CO. 401(K) PLAN	
b	Name of plan sponsor	ABBEY-SIMONS CO.	c EIN-PN 43-0893485-001
a	Plan name	ACIETA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ACIETA, LLC	c EIN-PN 46-5034509-001
a	Plan name	ACTUALIZE CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor	ACTUALIZE CONSULTING, LLC	c EIN-PN 86-1079277-001
a	Plan name	ADG, P.C. 401(K) PLAN	
b	Name of plan sponsor	ADG, P.C.	c EIN-PN 73-1104907-001
a	Plan name	ADRIAN SMITH + GORDON GILL ARCHITECTURE LLP EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ADRIAN SMITH + GORDON GILL ARCHITECTURE LLP	c EIN-PN 20-5795665-001
a	Plan name	ADVANTAGE COLLECTION PROFESSIONALS 401K PLAN	
b	Name of plan sponsor	ADVANTAGE COLLECTION PROFESSIONALS LLC	c EIN-PN 46-5664891-001
a	Plan name	AEROFAB 401K PLAN	
b	Name of plan sponsor	AEROFAB INC	c EIN-PN 41-1936403-001
a	Plan name	AFFILIATED PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AFFILIATED PRODUCTS, INC.	c EIN-PN 39-1525389-001
a	Plan name	AMC SETTLEMENT SERVICES LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AMC SETTLEMENT SERVICES LLC	c EIN-PN 25-1873786-001
a	Plan name	AMERICAN GLASS PROFESSIONALS 401(K) PLAN	
b	Name of plan sponsor	AMERICAN GLASS PROFESSIONALS, LLC	c EIN-PN 85-3536192-001
a	Plan name	AMERICAN PHOENIX, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN PHOENIX, INC.	c EIN-PN 39-1761001-001

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	AMERICAN PLANT MAINTENANCE 401(K) PS PLAN	
b	Name of plan sponsor	AMERICAN PLANT MAINTENANCE LLC	c EIN-PN 81-2438516-002
a	Plan name	ANCHOR CONSTRUCTION CORPORATION 401K RETIREMENT PLAN	
b	Name of plan sponsor	ANCHOR CONSTRUCTION CORPORATION	c EIN-PN 52-1425303-001
a	Plan name	ARAVO SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	ARAVO SOLUTIONS, INC.	c EIN-PN 94-3358684-001
a	Plan name	AREA ERECTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AREA ERECTORS, INC.	c EIN-PN 36-2536514-001
a	Plan name	ARLINGTON METALS CORPORATION PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor	ARLINGTON METALS CORPORATION	c EIN-PN 36-2704874-001
a	Plan name	ARRIVAL 401(K) PLAN	
b	Name of plan sponsor	ARRIVAL AUTOMOTIVE USA, INC.	c EIN-PN 83-3524143-001
a	Plan name	ATACO STEEL PRODUCTS CORPORATION NON UNION401(K) PROFIT SHARING P	
b	Name of plan sponsor	ATACO STEEL PRODUCTS CORPORATION	c EIN-PN 39-0748224-002
a	Plan name	ATLAS MECHANICAL, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ATLAS MECHANICAL, INC.	c EIN-PN 33-0467796-002
a	Plan name	ATWELL LLC	
b	Name of plan sponsor	ATWELL LLC	c EIN-PN 27-1219822-001
a	Plan name	AUDIOPHILE MUSIC DIRECT INC 401K PROFIT	
b	Name of plan sponsor	AUDIOPHILE MUSIC DIRECT	c EIN-PN 88-0358574-001
a	Plan name	B & W WELDING, INC. 401(K) PLAN	
b	Name of plan sponsor	B & W WELDING, INC.	c EIN-PN 34-1250851-001
a	Plan name	B.P.I. INC. PROFIT SHARING PLAN AND	
b	Name of plan sponsor	BY PRODUCTS INDUSTRIES INC	c EIN-PN 25-1434748-001

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 B/T WESTERN CORPORATION 401K	
b	Name of plan sponsor BT WESTERN CORPORATION	c EIN-PN 95-3457810-001
a	Plan name BABST CALLAND CLEMENTS & ZOMNIR, P.C. PROFIT SHARING 401(K) PLAN I	
b	Name of plan sponsor BABST, CALLAND, CLEMENTS & ZOMNIR, P.C.	c EIN-PN 25-1523683-001
a	Plan name BANK OF CHARLES TOWN 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BANK OF CHARLES TOWN	c EIN-PN 55-0118850-002
a	Plan name BANK OF WISCONSIN DELLS 401K RETIREMENT PLAN	
b	Name of plan sponsor BANK OF WISCONSIN DELLS	c EIN-PN 39-0273620-002
a	Plan name BEEMAC 401(K) PLAN	
b	Name of plan sponsor BEEMAC DRIVERS MANAGEMENT, LLC	c EIN-PN 55-0848840-001
a	Plan name BENIDA GROUP 401(K) SALARY REDUCTION PLAN & TRUST	
b	Name of plan sponsor THE BENIDA GROUP, LLC	c EIN-PN 36-4232037-001
a	Plan name BERRY METAL 401K PLAN	
b	Name of plan sponsor BERRY METAL COMPANY	c EIN-PN 95-3874528-003
a	Plan name BGDC DISTRIBUTION LLC 401(K) PLAN	
b	Name of plan sponsor BGDC DISTRIBUTION LLC 401(K) PLAN	c EIN-PN 88-0739972-001
a	Plan name BLAIR RUBBER COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BLAIR RUBBER COMPANY	c EIN-PN 34-1351173-001
a	Plan name BLUE RIDGE DENTAL CENTER PA	
b	Name of plan sponsor BLUE RIDGE DENTAL CENTER PA	c EIN-PN 41-0982665-003
a	Plan name BORDER FOODS, LLC. 401(K) PLAN	
b	Name of plan sponsor BORDER FOODS, LLC.	c EIN-PN 41-1848543-001
a	Plan name BRINKMAN REAL ESTATE SERVICES 401(K) PLAN	
b	Name of plan sponsor BRINKMAN REAL ESTATE SERVICES, LLC	c EIN-PN 47-2460952-001

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 BYCE & WORMAN FAMILY DENTISTRY	
b	Name of plan sponsor BYCE AND WORMAN FAMILY DENTISRY	c EIN-PN 27-1811730-001
a	Plan name BYRNE DAIRY, INC. AND SONBYRNE SALES, INC 401K PROFIT SHARING	
b	Name of plan sponsor BYRNE DAIRY, INC.	c EIN-PN 15-0258780-005
a	Plan name C. HARPER CHEVROLET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C. HARPER CHEVROLET, INC.	c EIN-PN 25-1445527-001
a	Plan name CANAL BARGE COMPANY, INC. EMPLOYEES' 401K SAVINGS PLAN	
b	Name of plan sponsor CANAL BARGE COMPANY, INC.	c EIN-PN 72-0145535-001
a	Plan name CARDIOVASCULAR INSTITUTE OF THE SOUTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDIOVASCULAR INSTITUTE OF THE SOUTH	c EIN-PN 72-0993441-001
a	Plan name CAVITCH, FAMILO & DURKIN CO. , LPA RETIREMENT PLAN	
b	Name of plan sponsor CAVITCH, FAMILO & DURKIN CO., LPA	c EIN-PN 34-1083489-003
a	Plan name CHAMPION CHEVROLET 401K SALARY SAVINGS	
b	Name of plan sponsor CHAMPION CHEVROLET	c EIN-PN 88-0099795-002
a	Plan name CHARLIE'S MOTOR MALL, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHARLIES MOTOR MALL, INC.	c EIN-PN 01-0414931-001
a	Plan name CHESTER, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CHESTER, INC.	c EIN-PN 35-0814870-001
a	Plan name CHEVO CONSULTING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHEVO CONSULTING LLC	c EIN-PN 43-1988417-001
a	Plan name CHINA UNICOM AMERICAS OPERATIONS, LTD 401(K) PROFIT SH	
b	Name of plan sponsor CHINA UNICOM AMERICAS OPERATIONS	c EIN-PN 72-1562925-001
a	Plan name CHRONICLE BOOKS RETIREMENT PLAN	
b	Name of plan sponsor CHRONICLE BOOKS, LLC	c EIN-PN 94-3347649-001

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	CIMPERMAN SALES, INC. 401K PLAN	
b	Name of plan sponsor	CIMPERMAN SALES, INC.	c EIN-PN 03-0376519-001
a	Plan name	CITY NATIONAL BANK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CITY NATIONAL BANK OF FLORIDA	c EIN-PN 59-1297458-005
a	Plan name	CLUB REHAB INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CLUB REHAB INC	c EIN-PN 99-0352969-001
a	Plan name	CMA CGM (AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor	CMA CGM (AMERICA) LLC	c EIN-PN 22-3522528-001
a	Plan name	CMN 401(K) PLAN	
b	Name of plan sponsor	CMN, INC.	c EIN-PN 80-0489716-001
a	Plan name	COLORAMICS LLC 401K PLAN	
b	Name of plan sponsor	COLORAMICS LLC 401K PLAN	c EIN-PN 31-1577436-001
a	Plan name	CONIFER INFRASTRUCTURE 401(K) PLAN	
b	Name of plan sponsor	CONIFER INFRASTRUCTURE EMPLOYEE RESOURCES LLC	c EIN-PN 92-2610474-001
a	Plan name	CONSUMER AGENT PORTAL, LLC 401(K) PLAN	
b	Name of plan sponsor	CONSUMER AGENT PORTAL, LLC	c EIN-PN 27-4986043-001
a	Plan name	CRONMILLER MARKETING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CRONMILLER MARKETING, INC.	c EIN-PN 25-1182743-001
a	Plan name	D & W FINE PACK LLC 401K PLAN	
b	Name of plan sponsor	D & W FINE PACK LLC	c EIN-PN 26-4627550-004
a	Plan name	DALB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DALB, INC.	c EIN-PN 55-0616156-001
a	Plan name	DERMATOLOGY, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DERMATOLOGY, LTD.	c EIN-PN 23-1730904-001

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 DESTINATION DC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WASHINGTON DC CONVENTION AND TOURISM CORP	c EIN-PN 52-1070609-002
a	Plan name DESTINATION MADISON 401(K) PLAN	
b	Name of plan sponsor GREATER MADISON CONVENTION & VISITORS BUREAU	c EIN-PN 39-1174876-001
a	Plan name DIAGNOSTICA STAGO, INC. 401(K) PLAN	
b	Name of plan sponsor DIAGNOSTICA STAGO, INC.	c EIN-PN 22-2586618-001
a	Plan name DMF, INC. 401(K) PLAN	
b	Name of plan sponsor DMF, INC.	c EIN-PN 95-4215937-002
a	Plan name DMI 401(K) PLAN	
b	Name of plan sponsor DMI OPERATING COMPANY, LLC	c EIN-PN 34-2018999-001
a	Plan name DONGALEN ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DONGALEN ENTERPRISES, INC.	c EIN-PN 94-2846257-001
a	Plan name DRT STRATEGIES INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DRT STRATEGIES INC	c EIN-PN 20-0526356-001
a	Plan name DSRV, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DSRV, INC.	c EIN-PN 22-0248055-001
a	Plan name E.C. STYBERG ENGINEERING COMPANY 401(K) PLAN	
b	Name of plan sponsor E.C. STYBERG ENGINEERING COMPANY	c EIN-PN 39-0644639-003
a	Plan name EDGE CASE RESEARCH 401(K) PLAN	
b	Name of plan sponsor EDGE CASE RESEARCH, INC.	c EIN-PN 36-4907680-001
a	Plan name EDGE RESEARCH 401(K) PLAN	
b	Name of plan sponsor EDGE RESEARCH, INC.	c EIN-PN 54-1839444-001
a	Plan name EDINA FAMILY PHYSICIANS, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EDINA FAMILY PHYSICIANS, P.A.	c EIN-PN 41-1264777-001

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	ELITE INVESTMENT GROUP 401K PLAN	
b	Name of plan sponsor	WESTSIDE MECHANICAL GROUP	c EIN-PN 36-2700462-002
a	Plan name	ENCORE MANAGEMENT AND DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor	ENCORE MANAGEMENT AND DEVELOPMEN	c EIN-PN 83-2803677-001
a	Plan name	ENTEK 401(K) PLAN	
b	Name of plan sponsor	ENGINEERED TECHNICAL SERVICES, INC.	c EIN-PN 58-2116337-002
a	Plan name	ENTEREZA, INC. 401(K) PLAN	
b	Name of plan sponsor	ENTEREZA INC.	c EIN-PN 85-0477942-001
a	Plan name	ENVIROTECH CONSULTANTS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ENVIROTECH CONSULTANTS, INC.	c EIN-PN 52-2409533-001
a	Plan name	ENVISION INFORMATION TECHNOLOGIES 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	ENVISION INFORMATION TECHNOLOGIES, LLC	c EIN-PN 39-2027033-001
a	Plan name	ENVOY AIR, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVOY AIR INC.	c EIN-PN 45-2531928-001
a	Plan name	EQUUS EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	EQUUS HOLDINGS, INC.	c EIN-PN 41-1827055-001
a	Plan name	ESC 401(K) PLAN	
b	Name of plan sponsor	EDUCATED SOLUTIONS CORP	c EIN-PN 39-1942202-001
a	Plan name	ESSENTIAL PRODUCTS CORPORATION EMPLOYEES	
b	Name of plan sponsor	ESSENTIAL PRODUCTS CORPORATION	c EIN-PN 39-0196011-001
a	Plan name	EVA AIRWAYS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EVA AIRWAYS CORP.	c EIN-PN 98-0120766-001
a	Plan name	EXPRESSPOINT TECHNOLOGY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	EXPRESSPOINT TECHNOLOGY SERVICES, INC.	c EIN-PN 41-1853438-001

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	FALCON DRILLING CO. LLC 401K PROFIT	
b	Name of plan sponsor	FALCON DRILLING CO LLC	c EIN-PN 25-1885639-001
a	Plan name	FAMILY PRACTICE OF CADILLAC, P.C. 401(K) PLAN	
b	Name of plan sponsor	FAMILY PRACTICE OF CADILLAC, PC	c EIN-PN 38-3146845-001
a	Plan name	FARWEST INSULATION CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	FARWEST INSULATION CONTRACTING	c EIN-PN 20-0393110-002
a	Plan name	FENNER AEP 401(K) PLAN	
b	Name of plan sponsor	CDI ENERGY PRODUCTS, LLC	c EIN-PN 76-0375113-001
a	Plan name	FINANCIAL HEALTH NETWORK 401(K) PLAN	
b	Name of plan sponsor	FINANCIAL HEALTH NETWORK INC.	c EIN-PN 20-3006098-001
a	Plan name	FIRST IMPRESSIONS, S.C. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST IMPRESSIONS, S.C.	c EIN-PN 39-1825887-001
a	Plan name	FITZGERALD, SCHORR, BARMETTLER & BRENNAN P.C, LLO PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	FITZGERALD, SCHORR, BARMETTLER & BRENNAN, PC, LLO	c EIN-PN 47-0761694-003
a	Plan name	FOOTHILL CARDIOLOGY PROFIT SHARING/401(K) AND HEALTH/DISABILITY PLAN AND TRUST	
b	Name of plan sponsor	FOOTHILL CARDIOLOGY MEDICAL GROUP, INC.	c EIN-PN 95-3350882-001
a	Plan name	FOX VALLEY SAVINGS BANK 401K	
b	Name of plan sponsor	FOX VALLEY SAVINGS BANK	c EIN-PN 39-0284766-002
a	Plan name	FRONTPOINT SECURITY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	FRONTPOINT SECURITY SOLUTIONS, LLC	c EIN-PN 26-0202317-001
a	Plan name	GARDNER BREWER HUDSON P.A. 401K PLAN	
b	Name of plan sponsor	GARDNER BREWER HUDSON PA	c EIN-PN 27-1332955-001
a	Plan name	GAS TURBINE APPLICATIONS 401(K) PLAN	
b	Name of plan sponsor	GAS TURBINE APPLICATIONS, INC.	c EIN-PN 48-1272094-001

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	GEISLER BROTHERS, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	42-0920935-001
b	Name of plan sponsor	GEISLER BROTHERS INC	c	EIN-PN	42-0920935-001
a	Plan name	GEODIS USA RETIREMENT PLAN	c	EIN-PN	62-1628798-001
b	Name of plan sponsor	GEODIS LOGISTICS, LLC	c	EIN-PN	62-1628798-001
a	Plan name	GILBERT LLP 401K PROFIT SHARING PLAN	c	EIN-PN	52-2283869-001
b	Name of plan sponsor	GILBERT LLP	c	EIN-PN	52-2283869-001
a	Plan name	GINER, INC. 401(K) & PROFIT SHARING PLAN	c	EIN-PN	04-2529800-002
b	Name of plan sponsor	GINER, INC.	c	EIN-PN	04-2529800-002
a	Plan name	GIPSON BEARING & SUPPLY COMPANY 401K PSP	c	EIN-PN	25-1054466-001
b	Name of plan sponsor	GIPSON BEARING SUPPLY CO	c	EIN-PN	25-1054466-001
a	Plan name	GLM ENERGY SERVICES, LLC 401(K) PLAN	c	EIN-PN	81-2226824-001
b	Name of plan sponsor	GLM ENERGY SERVICES, LLC	c	EIN-PN	81-2226824-001
a	Plan name	GODSHALL'S QUALITY MEATS, INC. 401(K) PLAN	c	EIN-PN	23-2267598-001
b	Name of plan sponsor	GODSHALLS QUALITY MEATS, INC.	c	EIN-PN	23-2267598-001
a	Plan name	GOLDMAN ISMAIL TOMASELLI BRENNAN & BAUM	c	EIN-PN	26-4511570-001
b	Name of plan sponsor	GOLDMAN ISMAIL TOMASELLI BRENNAN BAUM LL	c	EIN-PN	26-4511570-001
a	Plan name	GOODHUE & HAWKINS NAVY YARD LLC 401K	c	EIN-PN	45-5526536-001
b	Name of plan sponsor	GOODHUE AND HAWKINS NAVY YARD LLC	c	EIN-PN	45-5526536-001
a	Plan name	GORDON INVESTMENTS, INC. EMPLOYEE PROFIT SHARING AND 401(K) PLAN	c	EIN-PN	75-3129140-001
b	Name of plan sponsor	GORDON INVESTMENTS, INC. D/B/A ORRS JEWELERS	c	EIN-PN	75-3129140-001
a	Plan name	HARKEN, INC. 401(K) SAVINGS PLAN	c	EIN-PN	39-1086764-001
b	Name of plan sponsor	HARKEN, INC.	c	EIN-PN	39-1086764-001
a	Plan name	HART, TRAVERS & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	36-2607841-001
b	Name of plan sponsor	HART TRAVERS & ASSOCIATES, INC	c	EIN-PN	36-2607841-001

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 HAWK RESEARCH LABORATORIES, LLC	
b	Name of plan sponsor HAWK RESEARCH LABS & BEAUTIFUL FINISHES	c EIN-PN 35-2546990-001
a	Plan name HELIX ELECTRIC, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor HELIX ELECTRIC, INC.	c EIN-PN 33-0124909-001
a	Plan name HERITAGE PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor HERITAGE PLASTICS, INC.	c EIN-PN 64-0661427-001
a	Plan name HIGGINBOTHAM RET. SAVINGS PLAN	
b	Name of plan sponsor HIGGINBOTHAM INSURANCE AGENCY, INC.	c EIN-PN 75-1732559-003
a	Plan name HITACHI HIGH-TECH AMERICA, INC. SHARED SAVINGS PLAN	
b	Name of plan sponsor HITACHI HIGH-TECH AMERICA, INC.	c EIN-PN 01-0569971-002
a	Plan name HOMECOMING RESTORATION LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HOMECOMING RESTORATION LLC	c EIN-PN 82-1056050-001
a	Plan name HOMESTEAD AMERICA LTD. 401K PROFIT	
b	Name of plan sponsor HOMESTEAD AMERICA LTD	c EIN-PN 84-1684973-001
a	Plan name HOUSTON EAR, NOSE & THROAT CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HOUSTON EAR, NOSE & THROAT CLINIC, LLP	c EIN-PN 74-1195579-002
a	Plan name HSC CENTRAL OHIO LLC 401K PS PLAN	
b	Name of plan sponsor HSC CENTRAL OHIO LLC	c EIN-PN 27-4265926-001
a	Plan name HUNTER, KEITH RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor HUNTER, KEITH INDUSTRIES, INC.	c EIN-PN 41-1245512-004
a	Plan name HUTCH CHEVROLET BUICK GMC INC. 401K	
b	Name of plan sponsor HUTCH CHEVROLET BUICK GMC INC	c EIN-PN 27-3733274-001
a	Plan name IBA USA 401K PLAN	
b	Name of plan sponsor IBA USA, INC.	c EIN-PN 90-1072480-001

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 IKO HOURLY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor IKO INDUSTRIES, INC.	c EIN-PN 16-1007213-002
a	Plan name IMA LIFE NORTH AMERICA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor IMA LIFE NORTH AMERICA, INC.	c EIN-PN 20-3265112-001
a	Plan name INFORMATION SYSTEMS & NETWORKS 401(K) PLAN	
b	Name of plan sponsor INFORMATION SYSTEMS & NETWORKS CORPORATION	c EIN-PN 52-1191165-004
a	Plan name INTEGRUS HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor FORTESSA TABLEWARE SOLUTIONS, LLC	c EIN-PN 54-1980621-001
a	Plan name JAMES ELECTRICAL CONTRACTORS LLC.	
b	Name of plan sponsor JAMES ELECTRICAL CONTRACTORS LLC	c EIN-PN 27-2549644-001
a	Plan name JAMES G. DAVIS CONSTRUCTION CORPORATION PROFIT SHARING, STOCK OWNERSHIP, AND 401(K) PLAN	
b	Name of plan sponsor JAMES G. DAVIS CONSTRUCTION CORPORATION	c EIN-PN 54-0799423-001
a	Plan name JESSE N. VEIL, D.D.S. P.A. 401K PLAN	
b	Name of plan sponsor JESSE N. VEIL, D.D.S., M.S., P.A. DBA VEIL & WILD ORTHODONTICS	c EIN-PN 41-1951549-001
a	Plan name JOHN KOLOSSO MOTORS INC 401K PLAN	
b	Name of plan sponsor JOYN KOLOSSO MOTORS INC	c EIN-PN 04-3689583-001
a	Plan name K & I SHEET METAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor K & I SHEET METAL, INC.	c EIN-PN 25-1258671-001
a	Plan name KAISER ASSOCIATES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor KAISER ASSOCIATES, INC.	c EIN-PN 22-2428419-001
a	Plan name KEN'S SPORTS INC. RETIREMENT	
b	Name of plan sponsor KENS SPORTS INC	c EIN-PN 39-1280481-001
a	Plan name KEWEENAW BAY INDIAN COMMUNITY 401(K) PLAN	
b	Name of plan sponsor KEWEENAW BAY INDIAN COMMUNITY	c EIN-PN 38-1743340-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	KIDS PREFERRED INC. 401K PROFIT	
b	Name of plan sponsor	KIDS PREFERRED, INC.	c EIN-PN 22-2622584-001
a	Plan name	KYTHERA SPACE SOLUTIONS 401K PLAN	
b	Name of plan sponsor	KYTHERA SPACE SOLUTIONS	c EIN-PN 47-0992417-001
a	Plan name	L.S. ACQUISITIONS DBA KOEHLER & DRAMM PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KOEHLER & DRAMM	c EIN-PN 41-1990419-001
a	Plan name	LAMBERT BUICK PONTIAC-GMC TRUCK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAMBERT BUICK PONTIAC-GMC TRUCK, INC.	c EIN-PN 34-1153081-001
a	Plan name	LARSON EYE CARE S.C. RET SAVINGS PLAN	
b	Name of plan sponsor	LARSON EYE CARE SC	c EIN-PN 39-1364360-001
a	Plan name	LAWLEY RETIREMENT PLAN	
b	Name of plan sponsor	LAWLEY, LLC	c EIN-PN 22-2737385-002
a	Plan name	LEVY WEALTH MANAGEMENT GROUP 401K	
b	Name of plan sponsor	LEVY WEALTH MANAGEMENT GROUP	c EIN-PN 45-5378898-001
a	Plan name	LIBERTY ROOFING CENTER INC 401(K) PLAN	
b	Name of plan sponsor	LIBERTY ROOFING CENTER INC	c EIN-PN 13-4350807-001
a	Plan name	LISCR, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LISCR, LLC	c EIN-PN 52-2138904-001
a	Plan name	LIVESEY COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LIVESEY COMPANY LLC	c EIN-PN 39-1940699-001
a	Plan name	LIVINN 401(K) PLAN	
b	Name of plan sponsor	LIVINN HOTELS	c EIN-PN 47-0901522-001
a	Plan name	LOTIC.AI INC. 401K PLAN	
b	Name of plan sponsor	LOTICAI INC	c EIN-PN 85-0620270-001

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	LOUDOUN MEDICAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor	LOUDOUN MEDICAL GROUP	c EIN-PN 54-1988843-001
a	Plan name	LOW MCKINLEY & SALENKO LLP 401K	
b	Name of plan sponsor	LOW MCKINLEY SALENKO LLP	c EIN-PN 20-2000094-001
a	Plan name	LTS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LONGVIEW INTERNATIONAL TECHNOLOGY SOLUTI	c EIN-PN 20-3409438-001
a	Plan name	M. DAVIS GROUP LLC 401K RETIREMENT	
b	Name of plan sponsor	M DAVIS GROUP LLC	c EIN-PN 37-1561815-001
a	Plan name	MACE DENTAL 401K PLAN	
b	Name of plan sponsor	MACE DDS PLLC	c EIN-PN 35-2504956-001
a	Plan name	MADIA HOMES INC. 401K PLAN	
b	Name of plan sponsor	MADIA HOMES LLC	c EIN-PN 25-1441131-001
a	Plan name	MADISON HEALTH EMPLOYEES' 401(K) PENSION PLAN	
b	Name of plan sponsor	MADISON HEALTH	c EIN-PN 31-1657206-002
a	Plan name	MARATHON MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	MARATHON MANAGEMENT SERVICES, LLC	c EIN-PN 42-1554349-001
a	Plan name	MARCUS INVESTMENTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MARCUS INVESTMENTS, LLC	c EIN-PN 20-4632365-001
a	Plan name	MARK PORTER AUTO GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	MARK PORTER AUTO GROUP, INC.	c EIN-PN 31-0970288-001
a	Plan name	MARONDA INC	
b	Name of plan sponsor	MARONDA INC	c EIN-PN 25-1230205-001
a	Plan name	MARTINEZ STEEL CORPORATION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTINEZ STEEL CORPORATION	c EIN-PN 33-0615378-001

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 MATSON INSURANCE AGENCY INC. 401K	
b	Name of plan sponsor BROOKVILLE INSURANCE AGENCY INC MATSON	c EIN-PN 25-1148196-001
a	Plan name MATSON LUMBER COMPANY 401K	
b	Name of plan sponsor MATSON LUMBER COMPANY	c EIN-PN 25-1431028-001
a	Plan name MAYFAIR INTEGRATED 401(K) PLAN	
b	Name of plan sponsor MAYFAIR INTEGRATED, INC.	c EIN-PN 85-4264879-001
a	Plan name MCCANN INDUSTRIES, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor MCCANN INDUSTRIES, INC.	c EIN-PN 36-2706031-001
a	Plan name MCCLYMONDS SUPPLY & TRANSIT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor MCCLYMONDS SUPPLY & TRANSIT COMPANY, INC.	c EIN-PN 25-1437635-001
a	Plan name MCCORMICK PAINT WORKS COMPANY PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor MCCORMICK PAINT WORKS COMPANY	c EIN-PN 53-0258979-001
a	Plan name MDJ&W 401(K) PLAN	
b	Name of plan sponsor MARTIN, DISIERE, JEFFERSON & WISDOM, LLP	c EIN-PN 76-0627804-001
a	Plan name MENARD USA EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor DGIMENARD INC	c EIN-PN 54-2031153-001
a	Plan name METROPOLITAN ANESTHESIA NETWORK PROFIT SHARING PLAN	
b	Name of plan sponsor METROPOLITAN ANESTHESIA NETWORK	c EIN-PN 41-1524692-001
a	Plan name MID-OHIO CAR COMPANY 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor MID-OHIO IMPORTED CAR COMPANY DBA KELLY BMW	c EIN-PN 31-0883981-001
a	Plan name MID-OHIO FOODBANK SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor MID-OHIO FOODBANK	c EIN-PN 31-0865343-001
a	Plan name MIDACO CORPORATION 401(K) EMPLOYEE PLAN	
b	Name of plan sponsor MIDACO CORPORATION	c EIN-PN 36-2695949-002

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	MIDCO 401(K) PLAN	
b Name of plan sponsor	MIDCONTINENT COMMUNICATIONS DBA MIDCO	c EIN-PN 41-1957148-001
a Plan name	MIDCONTINENT MEDIA, INC. 401(K) PLAN	
b Name of plan sponsor	MIDCONTINENT MEDIA, INC.	c EIN-PN 46-0368489-003
a Plan name	MIDDLETOWN FAMILY DENTISTRY, P.A. 401K PROFIT SHARING PLAN	
b Name of plan sponsor	MIDDLETOWN FAMILY DENTISTRY	c EIN-PN 42-1613231-001
a Plan name	MIDWEST CARDIOVASCULAR INSTITUTE 401(K)PROFIT SHARING PLAN	
b Name of plan sponsor	MIDWEST CARDIOVASCULAR INSTITUTE, S.C.	c EIN-PN 86-1664195-001
a Plan name	MIDWEST CONTRACT OPERATIONS INC. 401K	
b Name of plan sponsor	MIDWEST CONTRACT OPERATIONS INC	c EIN-PN 39-1601232-001
a Plan name	MINNESOTA SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS 401(K) PLAN	
b Name of plan sponsor	MN SOCIETY OF CPAS	c EIN-PN 41-0783480-002
a Plan name	MLP STEEL, LLC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	MLP STEEL, LLC	c EIN-PN 45-0583713-001
a Plan name	MMC NON-UNION SAVINGS PLAN	
b Name of plan sponsor	MERRILL MANUFACTURING CORPORATION	c EIN-PN 39-0466210-004
a Plan name	MONUMENT REALTY 401(K) RETIREMENT PLAN	
b Name of plan sponsor	MONUMENT REALTY LLC	c EIN-PN 52-2123640-001
a Plan name	MUTARE, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MUTARE, INC.	c EIN-PN 36-3092124-001
a Plan name	MVS 401(K) RETIREMENT PLAN	
b Name of plan sponsor	SSMD VASCULAR SOLUTIONS, LLC	c EIN-PN 46-1524918-001
a Plan name	NATIONAL DATACARE CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	NATIONAL DATACARE CORPORATION	c EIN-PN 54-1194122-002

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 NATIONAL YOUTH ADVOCATE PROGRAM 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor NATIONAL YOUTH ADVOCATE PROGRAM	c EIN-PN 31-1404302-001
a	Plan name NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a	Plan name NATURE ENERGY 401(K) PLAN	
b	Name of plan sponsor NATURE ENERGY US LLC	c EIN-PN 35-2733460-001
a	Plan name NAVY PIER INC 401 K PLAN	
b	Name of plan sponsor NAVY PIER INC	c EIN-PN 27-4813461-002
a	Plan name NB GRAPHICS 401(K) PLAN	
b	Name of plan sponsor NB GRAPHICS, LLC	c EIN-PN 82-2215908-001
a	Plan name NCSP SALARY 401K PLAN	
b	Name of plan sponsor NEW CASTLE STAINLESS PLATE, LLC	c EIN-PN 35-1580158-002
a	Plan name NEUMANN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor NEUMANN DEVELOPMENTS, INC.	c EIN-PN 27-1417301-001
a	Plan name NEW VITAE WELLNESS AND RECOVERY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MOUNT TREXLER MANOR, INC.	c EIN-PN 23-2627394-001
a	Plan name NEXT PROPERTY MANAGEMENT INC 401K PLAN	
b	Name of plan sponsor NEXT PROPERTY MANAGEMENT INC	c EIN-PN 36-3722321-001
a	Plan name NEXTMED REVIEWS 401(K) PLAN	
b	Name of plan sponsor NEXTMED REVIEWS, LLC	c EIN-PN 83-4356146-001
a	Plan name NORTHWIRE, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHWIRE, INC.	c EIN-PN 39-1160795-003
a	Plan name OAK RIDGE CARE CENTER, INC.	
b	Name of plan sponsor OAK RIDGE CARE CENTER, INC.	c EIN-PN 39-1081647-002

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 ONSITE STASH THE CASH 401(K) PLAN	
b	Name of plan sponsor ONSITE WOODWORK CORPORATION	c EIN-PN 36-2897254-001
a	Plan name ORTHONEBRASKA 401(K) PLAN	
b	Name of plan sponsor NEBRASKA ORTHOPAEDIC HOSPITAL, LLC	c EIN-PN 47-0845237-002
a	Plan name OSG USA, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor OSG USA, INC.	c EIN-PN 36-2645979-001
a	Plan name PALLADIUM GROUP GLOBAL 401(K) PLAN	
b	Name of plan sponsor PALLADIUM GROUP GLOBAL LLC	c EIN-PN 27-1357362-001
a	Plan name PANNELL KERR FORSTER OF TEXAS, P.C. 401(K) PLAN	
b	Name of plan sponsor PANNELL KERR FORSTER OF TEXAS PC	c EIN-PN 76-0356844-001
a	Plan name PEARLS FOR TEEN GIRLS INC 401 K PLAN	
b	Name of plan sponsor PEARLS FOR TEEN GIRLS INC	c EIN-PN 39-1997970-001
a	Plan name PEDERSEN & HOUPT, A PROFESSIONAL CORPORATION, 401(K) PLAN AND TRUST	
b	Name of plan sponsor PEDERSEN & HOUPT	c EIN-PN 36-2756074-002
a	Plan name PELLA OF COLUMBUS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PELLA OF COLUMBUS, LLC	c EIN-PN 87-3133279-001
a	Plan name PENNENERGY RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor PENNENERGY RESOURCES, LLC	c EIN-PN 45-2673440-002
a	Plan name PHARNEXT INC. 401K PLAN	
b	Name of plan sponsor PHARNEXT	c EIN-PN 98-1500183-001
a	Plan name PIC THE GIFT, LLC 401(K) PLAN	
b	Name of plan sponsor PIC THE GIFT, LLC	c EIN-PN 45-5439613-001
a	Plan name PINNACLE ENGINEERING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PINNACLE ENGINEERING, INC.	c EIN-PN 41-1752710-001

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 PITTSBURGH SPRAY EQUIPMENT CO.	
b	Name of plan sponsor PITTSBURGH SPRAY EQUIPMENT CO	c EIN-PN 25-0919790-002
a	Plan name PITTSBURGH-FAYETTE EXPRESS INC. / WEST	
b	Name of plan sponsor PITTSBURGHFAYETTE EXPRESS INC	c EIN-PN 25-1345129-001
a	Plan name POINT ONE INTERNATIONAL, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POINT ONE INTERNATIONAL, LTD	c EIN-PN 34-1844014-003
a	Plan name PORTFOLIO MEDIA, INC. 401(K) P/S PLAN	
b	Name of plan sponsor PORTFOLIO MEDIA, INC.	c EIN-PN 84-1660943-001
a	Plan name PREMIER ORTHOPAEDIC AND HAND CENTER, S.C. 401(K) PLAN	
b	Name of plan sponsor PREMIER ORTHOPAEDIC AND HAND CENTER, S.C.	c EIN-PN 26-3281554-001
a	Plan name PREMIER PERIODONTICS & IMPLANTS 401K PL	
b	Name of plan sponsor PREMIER PERIODONTICS AND IMPLANTS LLC	c EIN-PN 92-1045341-001
a	Plan name PROSTART RECRUITING RESOURCES INC	
b	Name of plan sponsor PROSTART RECRUITING RESOURCES INC	c EIN-PN 02-0431086-001
a	Plan name QST INDUSTRIES, INC. 401(K) RETIREMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor QST INDUSTRIES, INC.	c EIN-PN 36-2670173-001
a	Plan name QUALITY LIQUID FEEDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QUALITY LIQUID FEEDS, INC.	c EIN-PN 39-1278133-001
a	Plan name R.A. TOWNSEND CO. PROFIT SHARING 401(K) TRUST	
b	Name of plan sponsor R.A. TOWNSEND COMPANY	c EIN-PN 38-1746453-001
a	Plan name R.G. CONSTRUCTION SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor R.G CONSTRUCTION, INC.	c EIN-PN 36-2905784-001
a	Plan name RADIOLOGY ASSOCIATES OF ALBUQUERQUE P.A	
b	Name of plan sponsor RADIOLOGY ASSOCIATES OF ALBUQUERQUE PA	c EIN-PN 85-0214117-005

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 RADON MEDICAL IMAGING LLC 401K PLAN	
b	Name of plan sponsor RADON MEDICAL IMAGING LLC	c EIN-PN 56-2143971-001
a	Plan name RAMCO SPECIALTIES, INC. EMPLOYEES 401K PLAN	
b	Name of plan sponsor RAMCO SPECIALTIES, INC.	c EIN-PN 34-1246057-002
a	Plan name RBC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor RBC, INCORPORATED	c EIN-PN 54-0990960-001
a	Plan name REBOOT.IO, INC. CASH BALANCE PLAN	
b	Name of plan sponsor REBOOT.IO, INC.	c EIN-PN 47-1251453-001
a	Plan name RECEIVABLES CONTROL CORPORATION EMPLOYEES' 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RECEIVABLES CONTROL CORPORATION	c EIN-PN 41-0967344-001
a	Plan name RED HEAD BRASS	
b	Name of plan sponsor RHBA ACQUISITIONS, LLC DBA RED HEAD BRAS	c EIN-PN 02-0697320-001
a	Plan name REGAL ENTERTAINMENT GROUP 401(K) PLAN	
b	Name of plan sponsor REGAL ENTERTAINMENT GROUP 401(K) PLAN	c EIN-PN 62-1412720-001
a	Plan name REINSFELDER INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor REINSFELDER INC	c EIN-PN 25-1184296-001
a	Plan name RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor RESTAURANT SERVICES, INC. 401(K) EE SAVINGS	c EIN-PN 65-0308534-001
a	Plan name RESTAURANT.COM, INC. 401K PLAN	
b	Name of plan sponsor RESTAURANT.COM, INC.	c EIN-PN 84-4880584-001
a	Plan name RETIREMENT INCOME PLAN FOR EMPLOYEES OF THE KWS SEEDS GROUP	
b	Name of plan sponsor KWS SEEDS, INC. (DELAWARE)	c EIN-PN 57-0676870-001
a	Plan name RETIREMENT SAVINGS PLAN OF BELL LABORATORIES, INC.	
b	Name of plan sponsor BELL LABORATORIES, INC.	c EIN-PN 39-1204865-002

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	RICHMOND FARM L.P. 401K PLAN	
b	Name of plan sponsor	RICHMOND FARM LP	c EIN-PN 25-1780943-001
a	Plan name	RIVERHILL DENTAL ASSOCIATES DDS SC	
b	Name of plan sponsor	RIVERHILL DENTAL ASSOCIATES DDS SC	c EIN-PN 20-4277586-001
a	Plan name	RIVERS ORAL FACIAL AND IMPLANT SURGERY 401(K) PLAN	
b	Name of plan sponsor	RICE ORAL MAXILLOFACIAL SURGERY, PC	c EIN-PN 85-0867263-001
a	Plan name	RJE INTERNATIONAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RJE INTERNATIONAL, INC.	c EIN-PN 95-3456415-001
a	Plan name	RKF ENGINEERING SOLUTIONS & KYTHERA	
b	Name of plan sponsor	RKF ENGINEERING	c EIN-PN 61-1450728-001
a	Plan name	ROCHE BROS. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCHE BROS. MIDCO, LLC	c EIN-PN 04-2264124-001
a	Plan name	ROCKFORD SYSTEMS, LLC 401K PLAN	
b	Name of plan sponsor	ROCKFORD SYSTEMS, LLC	c EIN-PN 46-5112594-002
a	Plan name	ROHRICH AUTOMOTIVE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROHRICH AUTOMOTIVE GROUP	c EIN-PN 25-0921544-001
a	Plan name	ROTAREX NORTH AMERICA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROTAREX NORTH AMERICA, INC.	c EIN-PN 25-1693512-001
a	Plan name	ROUTEWARE, INC. 401(K) PLAN	
b	Name of plan sponsor	ROUTEWARE, INC.	c EIN-PN 93-1314649-001
a	Plan name	RPS/RPH EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	REAL PROPERTY SERVICES CORP	c EIN-PN 95-3562968-333
a	Plan name	RTM & ASSOCIATES, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	RTM & ASSOCIATES, INC.	c EIN-PN 36-3129785-002

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 SAINT FRANCIS MINISTRIES INC 401K PLAN	
b	Name of plan sponsor SAINT FRANCIS MINISTRIES INC	c EIN-PN 48-0543809-001
a	Plan name SALESFUEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SALESFUEL, INC.	c EIN-PN 31-1632080-001
a	Plan name SCHNEIDER DOWNS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SCHNEIDER DOWNS AND CO INC	c EIN-PN 25-1408703-001
a	Plan name SCHULTZ-LEVIN 401(K) PLAN	
b	Name of plan sponsor LEVIN FURNITURE, LLC	c EIN-PN 84-5051605-001
a	Plan name SENTINEL CONSTRUCTION 401K PLAN	
b	Name of plan sponsor SENTINEL CONSTRUCTION LLC	c EIN-PN 81-1136539-001
a	Plan name SERAVALLI FINANCIAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SERAVALLI FINANCIAL GROUP, INC.	c EIN-PN 23-2527474-001
a	Plan name SHAWANO COUNTY	
b	Name of plan sponsor SHAWANO COUNTY	c EIN-PN 39-6005743-001
a	Plan name SHUSTER'S EMPLOYEES' PROFIT SHARING AND 401 K PLAN	
b	Name of plan sponsor SHUSTERS BUILDERS SUPPLIES INC	c EIN-PN 25-1087252-001
a	Plan name SIERRA RAILROAD COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIERRA RAILROAD COMPANY	c EIN-PN 77-0373437-001
a	Plan name SMART LOGIC 401K PLAN	
b	Name of plan sponsor SMART LOGIC INC	c EIN-PN 54-1922861-001
a	Plan name SOUCIE HORNER 401(K) PLAN	
b	Name of plan sponsor SOUCIE HORNER	c EIN-PN 36-4395997-001
a	Plan name SPAULDING CLINICAL RESEARCH 401(K) PLAN	
b	Name of plan sponsor SPAULDING CLINICAL RESEARCH	c EIN-PN 26-0647166-001

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 SPINUTECH 401(K) PLAN	
b	Name of plan sponsor SPINUTECH, LLC	c EIN-PN 84-1687048-001
a	Plan name SPORTSMITH LLC 401K	
b	Name of plan sponsor SPORTSMITH LLC	c EIN-PN 73-1473897-001
a	Plan name SPOTTS FAIN PC PROFIT SHARING PLAN	
b	Name of plan sponsor SPOTTS FAIN PC	c EIN-PN 54-1510051-001
a	Plan name ST. CROIX CHIPPEWA INDIANS OF WISCONSIN ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor ST. CROIX CHIPPEWA INDIANS OF WISCONSIN	c EIN-PN 39-1210835-002
a	Plan name STAMATS COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor STAMATS COMMUNICATIONS, INC.	c EIN-PN 42-0641030-002
a	Plan name STANLEY MARTIN 401(K) PLAN	
b	Name of plan sponsor STANLEY MARTIN HOMES, LLC	c EIN-PN 20-8046523-001
a	Plan name STI HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor STI HOLDINGS, INC.	c EIN-PN 39-0981383-004
a	Plan name STONE DEAN LLP 401(K) PLAN	
b	Name of plan sponsor STONE DEAN LLP	c EIN-PN 46-1598433-002
a	Plan name SUMMIT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor SUMMIT GROUP, LLC	c EIN-PN 80-0589384-001
a	Plan name SUPER EXCAVATOR, INC. 401(K) PLAN	
b	Name of plan sponsor SUPER EXCAVATOR, INC.	c EIN-PN 39-1050777-002
a	Plan name SURECOMP SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SURECOMP SERVICES, INC.	c EIN-PN 22-3452518-001
a	Plan name SWEET VIRGINIA CARE, LLC	
b	Name of plan sponsor SWEET VIRGINIA CARE, LLC	c EIN-PN 47-5548875-001

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	TEK PAK, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TEK PAK, INC.	c EIN-PN 36-3868071-001
a	Plan name	TELSCO INDUSTRIES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TELSCO INDUSTRIES, INC.	c EIN-PN 75-0709437-001
a	Plan name	THE BEECHWOOD COMPANY L.P. 401K PROFIT	
b	Name of plan sponsor	THE BEECHWOOD COMPANY LP	c EIN-PN 23-2913641-001
a	Plan name	THE BUCKEYE RANCH 401 K PLAN	
b	Name of plan sponsor	THE BUCKEYE RANCH 401K PLAN	c EIN-PN 31-0642111-002
a	Plan name	THE CALIFORNIA ENDOWMENT 401(K)	
b	Name of plan sponsor	THE CALIFORNIA ENDOWMENT	c EIN-PN 95-4523232-001
a	Plan name	THE EMPLOYER GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE EMPLOYER GROUP, INC.	c EIN-PN 39-1825035-001
a	Plan name	THE GERMAIN RETIREMENT SECURITY SAVINGS	
b	Name of plan sponsor	THE GERMAIN MOTOR COMPANY	c EIN-PN 31-4368856-001
a	Plan name	THE GOODMAN GROUP, ITS MEMBERS & AFFIL. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE GOODMAN GROUP, INC.	c EIN-PN 41-1914496-001
a	Plan name	THE PATTON FUNERAL SERVICE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	THE PATTON FUNERAL SERVICE CORPORATION	c EIN-PN 41-1752279-001
a	Plan name	THE PRINCETON GROUP RETIREMENT PLAN	
b	Name of plan sponsor	THE PRINCETON GROUP	c EIN-PN 20-4336265-001
a	Plan name	THE WHALEN COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE WHALEN COMPANY	c EIN-PN 52-0784012-002
a	Plan name	THE WIDEWATERS GROUP INC. RETIREMENT	
b	Name of plan sponsor	THE WIDEWATERS GROUP INC	c EIN-PN 16-1239842-001

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 THRONE DEPOT, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor THRONE DEPOT, INC.	c EIN-PN 20-3844364-001
a	Plan name TILT HOLDINGS INC. 401(K) PLAN	
b	Name of plan sponsor TILT HOLDINGS INC.	c EIN-PN 83-2097293-001
a	Plan name TIM O'BRIEN HOMES 401(K) PLAN	
b	Name of plan sponsor TIM OBRIEN HOMES, INC.	c EIN-PN 26-0328137-001
a	Plan name TMS, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TMS, INC.	c EIN-PN 48-1058101-001
a	Plan name TOWN OF JUPITER ISLAND DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor TOWN OF JUPITER ISLAND	c EIN-PN 59-6011135-457
a	Plan name TRACHTE, LLC 401(K) PLAN	
b	Name of plan sponsor TRACHTE, LLC	c EIN-PN 39-0992606-001
a	Plan name TRESSLER LLP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TRESSLER LLP	c EIN-PN 36-3447958-001
a	Plan name TRILIX 401(K) PLAN	
b	Name of plan sponsor TRILIX MARKETING GROUP, INC.	c EIN-PN 42-1526542-001
a	Plan name TWINSTAR CREDIT UNION PROFIT SHARING AND 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor TWINSTAR CREDIT UNION	c EIN-PN 91-0440744-002
a	Plan name U.S. ELECTROFUSED MINERALS INC 401K PLAN	
b	Name of plan sponsor US ELECTROFUSED MINERALS INC	c EIN-PN 52-1270244-001
a	Plan name UNIVERSAL INDUSTRIES EMPLOYEES' PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor PGT TRUCKING, INC.	c EIN-PN 25-1338962-002
a	Plan name VALENZ 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UNITED CLAIM SOLUTIONS, LLC	c EIN-PN 81-5130313-001

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	VANGURA LAMINATED PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VANGURA LAMINATED PRODUCTS, INC.	c EIN-PN 25-1347060-001
a	Plan name	VARICENT US OPCO CORPORATION 401(K) PLAN	
b	Name of plan sponsor	VARICENT US OPCO CORPORATION	c EIN-PN 84-3655010-001
a	Plan name	VIKING PLASTICS 401(K) PLAN & TRUST	
b	Name of plan sponsor	VPI ACQUISITION CORP. D/B/A VIKING PLASTICS	c EIN-PN 20-4960742-001
a	Plan name	VIPAR HEAVY DUTY, INC. 401(K) PLAN	
b	Name of plan sponsor	VIPAR HEAVY DUTY, INC.	c EIN-PN 52-1630371-001
a	Plan name	VIRGIN ATLANTIC AIRWAYS, LTD. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VIRGIN ATLANTIC AIRWAYS, LTD.	c EIN-PN 13-3213123-001
a	Plan name	VOGEL RETIREMENT PLAN	
b	Name of plan sponsor	VOGEL HOLDING, INC.	c EIN-PN 25-1657389-003
a	Plan name	WBD 401(K) PLAN	
b	Name of plan sponsor	WBD, INC.	c EIN-PN 39-1400466-001
a	Plan name	WE SMILE DENTAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	WE SMILE DENTAL GROUP, LLC	c EIN-PN 85-4132733-001
a	Plan name	WESTBROOK PARTNERS EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	WESTBROOK PARTNERS	c EIN-PN 56-2357947-002
a	Plan name	WESTLAKE VILLAGE INN 401(K) PROFIT SHARING PLAN &	
b	Name of plan sponsor	WESTLAKE PROPERTIES INC	c EIN-PN 22-2013733-001
a	Plan name	WIPAIRE INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WIPAIRE INC	c EIN-PN 41-1240896-001
a	Plan name	WISCONSIN HOSPITAL ASSOCIATION 401K PLAN	
b	Name of plan sponsor	WISCONSIN HOSPITAL ASSOCIATION INC	c EIN-PN 39-0969552-002

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		WORTH FINANCE CORPORATION 401(K) PLAN	
b Name of plan sponsor	WORTH FINANCE CORPORATION	c EIN-PN	74-1881121-001

a Plan name		YESHIVA ELEMENTARY SCHOOL RETIREMENT PLAN	
b Name of plan sponsor	YESHIVA ELEMENTARY SCHOOL	c EIN-PN	39-1631932-001

a Plan name		ZELLO 401(K) PLAN	
b Name of plan sponsor	ZELLO INC	c EIN-PN	80-0771636-001

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

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b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan EMERGING MARKETS FUND	B Three-digit plan number (PN) ▶ 672
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 86-1819869

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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	644085
		4042816
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	280529073
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	64727818

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	281173158	68770634
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	150483
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1034231	4042815
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1034231	4193298
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	280138927	64577336

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7108258
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		7108258

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)	9636	
(5) Investment advisory and investment management fees	2i(5)	1022996	
(6) Bank or trust company trustee/custodial fees	2i(6)	98326	
(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)		1130958
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1130958

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5977300
l Transfers of assets:			
(1) To this plan.....	2l(1)		53234331
(2) From this plan	2l(2)		274773222

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 _____.