

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 11/08/2024 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 (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

1a Name of plan: GREAT GRAY BLENDED RESEARCH CORE EQUITY FUND
1b Three-digit plan number (PN): 001
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): 99-3500679
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 11/08/2024 and ending 12/31/2024

A Name of plan <u>GREAT GRAY BLENDED RESEARCH CORE EQUITY FUND</u>	B Three-digit plan number (PN)	<u>001</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>99-3500679</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>MFS BLENDED RESEARCH CORE EQUITY FU</u>		
b Name of sponsor of entity listed in (a): <u>MFS HERITAGE TRUST COMPANY</u>		
c EIN-PN <u>57-1187281-028</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>169933280</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity
code

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

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

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

c EIN-PN

d Entity
code

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

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

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)

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 1ST LIBERTY FEDERAL CREDIT UNION CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor 1ST LIBERTY FEDERAL CREDIT UNION	c EIN-PN 81-0257864-001
a	Plan name A.D. STOWE, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor A. D. STOWE, INC.	c EIN-PN 54-0951262-001
a	Plan name ABBOTT SUPPLY COMPANY, INC. PS PLAN	
b	Name of plan sponsor ABBOTT SUPPLY COMPANY, INC	c EIN-PN 71-0355584-001
a	Plan name ABBYBANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABBYBANK	c EIN-PN 39-1087461-001
a	Plan name ACM SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor ACM SERVICES, INC.	c EIN-PN 52-1673828-001
a	Plan name ADISON & PARTNERS 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADISON & PARTNERS L.L.C	c EIN-PN 20-1058591-001
a	Plan name ADS BIOTEC 401(K) PLAN	
b	Name of plan sponsor ADS BIOTEC INC	c EIN-PN 47-5306891-001
a	Plan name ALL SEASONS HEATING & COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor ALL SEASONS HEATING & COOLING, INC	c EIN-PN 91-1725860-001
a	Plan name ALLEN STEELE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLEN STEELE CO., INC.	c EIN-PN 39-1178810-001
a	Plan name ALTAIS HEALTH SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor ALTAIS HEALTH SOLUTIONS	c EIN-PN 92-0757200-001
a	Plan name AMERICAN EXPEDITION VEHICLES 401(K) PLAN	
b	Name of plan sponsor STREETCAR ORV LLC	c EIN-PN 20-5328810-001
a	Plan name ASCENT CLOUD LLC 401(K) PLAN	
b	Name of plan sponsor ASCENT CLOUD LLC	c EIN-PN 82-3015447-001

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 ASI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASI 401(K) PROFIT SHARING PLAN	c EIN-PN 94-3289429-001
a	Plan name ASPHALT DRUM MIXERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASPHALT DRUM MIXERS, INC.	c EIN-PN 35-1572077-001
a	Plan name ASTRO MET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASTRO MET, INC.	c EIN-PN 31-0641716-002
a	Plan name ATTICA VETERINARY ASSOCIATES, P.C. AMENDED AND RESTATED DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor ATTICA VETERINARY ASSOCIATES, P.C.	c EIN-PN 16-0999661-001
a	Plan name BABB, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor BABB, INC.	c EIN-PN 25-1102236-001
a	Plan name BANK OF OAK RIDGE 401(K) PLAN	
b	Name of plan sponsor BANK OF OAK RIDGE	c EIN-PN 56-2149229-001
a	Plan name BARRY, EVANS, JOSEPHS & SNIPES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor J.M. BARRY & ASSOCIATES, LLC	c EIN-PN 26-2748759-001
a	Plan name BASE4 VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor BASE4 VENTURES	c EIN-PN 81-3626900-001
a	Plan name BASS ENERGY SERVICES LLC AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor BASS ENERGY SERVICES LLC	c EIN-PN 20-8235561-001
a	Plan name BAY AREA MANAGEMENT SERVICES, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BAY AREA MANAGEMENT SERVICES, INC.	c EIN-PN 38-2657836-001
a	Plan name BEAR MOUNTAIN ORCHARDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEAR MOUNTAIN ORCHARDS, INC. 401(K)	c EIN-PN 23-2166855-001
a	Plan name BELDOCK LEVINE & HOFFMAN, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor BELDOCK LEVINE & HOFFMAN LLP	c EIN-PN 13-2501554-004

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	BERESFORD BOOTH RETIREMENT PLAN	
b	Name of plan sponsor	BERESFORD BOOTH, PLLC	c EIN-PN 30-0008684-001
a	Plan name	BERNSTEIN REALTY, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	BERNSTEIN REALTY, INC.	c EIN-PN 76-0420840-001
a	Plan name	BIRCHWOOD LABORATORIES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BIRCHWOOD LABORATORIES LLC	c EIN-PN 41-1351619-001
a	Plan name	BLUECAT NETWORKS (USA), INC. 401(K) PLAN	
b	Name of plan sponsor	BLUE CAT NETWORKS (USA)	c EIN-PN 98-0484057-001
a	Plan name	BOB BROWN CHEVROLET, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BOB BROWN CHEVROLET, INC.	c EIN-PN 42-0846759-001
a	Plan name	BRYANT CHRISTIE, INC. 401(K) PLAN	
b	Name of plan sponsor	BRYANT CHRISTIE, INC.	c EIN-PN 91-1602977-001
a	Plan name	BT HEALTH 401(K) PLAN	
b	Name of plan sponsor	MY HEALTH MEDICAL GROUP D.B.A. BT HEALTH	c EIN-PN 45-3733601-001
a	Plan name	CACHE VALLEY BANK EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CACHE VALLEY BANK	c EIN-PN 87-0310100-001
a	Plan name	CAPITAL HEALTH SERVICES, INC. SAVINGS PLAN & TRUST	
b	Name of plan sponsor	CAPITAL HEALTH SERVICES, INC.	c EIN-PN 20-1292646-001
a	Plan name	CAPITOL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CAPITOL CREDIT UNION	c EIN-PN 74-6054885-002
a	Plan name	CARE FOR U PLUS 401(K) PLAN	
b	Name of plan sponsor	CARE FOR U PLUS LLC	c EIN-PN 61-1493568-001
a	Plan name	CBHF ENGINEERING, PLLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CBHF ENGINEERS, PLLC	c EIN-PN 20-8054486-001

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 CDR COMPANIES 401(K) PLAN	
b	Name of plan sponsor CDR MAGUIRE, INC.	c EIN-PN 05-0318211-002
a	Plan name CENTER DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor CENTER DEVELOPMENT CORPORATION	c EIN-PN 13-3512977-001
a	Plan name CENTRAL SEMICONDUCTOR, LLC 401 (K) PLAN	
b	Name of plan sponsor CENTRAL SEMICONDUCTOR, LLC	c EIN-PN 11-2324629-001
a	Plan name CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS INC. SAVINGS PLAN	
b	Name of plan sponsor CENTRO DE SERVICIOS PRIMARIOS DE SALUD DE PATILLAS, INC.	c EIN-PN 66-0430826-001
a	Plan name CENTURY GROUP 401(K) PLAN	
b	Name of plan sponsor CENTURY GROUP INTERNATIONAL, INC. DBA THE CENTURY GROUP	c EIN-PN 93-1022773-001
a	Plan name CESAR D. HIDALGO, M.D., P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor CESAR D. HIDALGO, MD, PC	c EIN-PN 38-2626550-001
a	Plan name CMP EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor CORPORATION FOR THE PROMOTION OF RIFLE PRACTICE AND FIREARMS SAFETY	c EIN-PN 34-1839195-001
a	Plan name CMS COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CMS COMMUNICATIONS, INC.	c EIN-PN 43-1388746-001
a	Plan name COBEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COBEY, INC.	c EIN-PN 16-1303278-001
a	Plan name COLORADO GIVES FOUNDATION 401(K) PLAN	
b	Name of plan sponsor COLORADO GIVES FOUNDATION	c EIN-PN 51-0157964-003
a	Plan name COMMUNITY CARE OF NORTH CAROLINA, INC 401(K) PLAN	
b	Name of plan sponsor COMMUNITY CARE OF NORTH CAROLINA, INC.	c EIN-PN 46-3355510-001
a	Plan name CONESYS 401(K) PLAN	
b	Name of plan sponsor CONESYS	c EIN-PN 95-4724210-001

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	CRESCENT PRINTING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRESCENT PRINTING COMPANY, INC.	c EIN-PN 39-0981785-001
a	Plan name	D & F LIQUIDATORS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	D & F LIQUIDATORS, INC.	c EIN-PN 94-1724360-001
a	Plan name	DAVANNI'S, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DAVANNIS, INC.	c EIN-PN 41-1249827-001
a	Plan name	DCSI DERMATOLOGY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DERMATOLOGY & CUTANEOUS SURGERY INSTITUTE DCSI	c EIN-PN 46-3024222-001
a	Plan name	DELRAN BUILDERS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	DELRAN BUILDERS COMPANY, INC.	c EIN-PN 23-2035036-001
a	Plan name	DINWIDDIE-HINES CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	DINWIDDIE-HINES CONSTRUCTION, INC.	c EIN-PN 68-0348759-001
a	Plan name	EMPLOYEE RETIREMENT SAVINGS PLAN OF FIRST COMMUNITY BANK	
b	Name of plan sponsor	FIRST COMMUNITY BANK	c EIN-PN 38-0519160-002
a	Plan name	ENCORE FINANCIAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor	ENCORE FINANCIAL GROUP	c EIN-PN 20-1924346-001
a	Plan name	ESSEX401(K) PLAN	
b	Name of plan sponsor	ESSEX PLAZA MANAGEMENT II, LLC	c EIN-PN 22-3412583-001
a	Plan name	EUGENE K. MERECKI, MD, PC SAFE HARBOR 401K & PSP	
b	Name of plan sponsor	EUGENE K. MERECKI, MD, PC	c EIN-PN 03-0488589-001
a	Plan name	EURO-TECH CORPORATION PROFIT SHARING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EURO-TECH CORPORATION	c EIN-PN 39-1769578-001
a	Plan name	EVANS GENERAL CONTRACTORS, LLC 401(K) PLAN	
b	Name of plan sponsor	EVANS GENERAL CONTRACTORS, LLC	c EIN-PN 58-2602425-001

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 RAPPAPORT & BERKMAN LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FALCON RAPPAPORT & BERKMAN LLP	c EIN-PN 92-0665282-001
a	Plan name FIRST MINNETONKA CITY BANK EMPLOYEES' PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor FIRST MINNETONKA CITY BANK	c EIN-PN 41-0877090-001
a	Plan name FORT WAYNE DERMATOLOGY CONSULTANTS INC. PROFIT SHARING 401 (K) PLAN	
b	Name of plan sponsor FORT WAYNE DERMATOLOGY CONSULTANTS, INC.	c EIN-PN 30-0149833-004
a	Plan name FRAMERICA CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FRAMERICA CORPORATION	c EIN-PN 11-2835418-001
a	Plan name FRANK'S REPAIR PLUMBING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor FRANKS REPAIR PLUMBING, INC.	c EIN-PN 75-1452168-001
a	Plan name FREEMAN AND MORGAN ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor FREEMAN AND MORGAN ARCHITECTS 401(K) PLAN	c EIN-PN 54-1182806-001
a	Plan name FRENCHTOWN CHARTER TOWNSHIP GOVERNMENTAL NON-ERISA RETIREMENT PLAN	
b	Name of plan sponsor FRENCHTOWN CHARTER TOWNSHIP	c EIN-PN 38-6019659-001
a	Plan name FUTURE TECHNOLOGIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FUTURE TECHNOLOGIES, INC.	c EIN-PN 54-1646962-004
a	Plan name FYI TELEVISION INC. 401(K) PLAN	
b	Name of plan sponsor FYI TELEVISION INC.	c EIN-PN 75-2923372-001
a	Plan name GANTREX RETIREMENT PLAN	
b	Name of plan sponsor GANTREX, INC.	c EIN-PN 26-1506279-001
a	Plan name GAR-BRO MANUFACTURING CO. & GARLINGHOUSE BROTHERS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GAR-BRO MANUFACTURING COMPANY	c EIN-PN 95-2320529-001
a	Plan name GARDEN CITY TREATMENT CENTER, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GARDEN CITY TREATMENT CENTER, INC.	c EIN-PN 05-0423525-001

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 GOVERNMENT ACQUISITIONS, INC. 401(K) SAV PLAN	
b	Name of plan sponsor GOVERNMENT ACQUISITIONS, INC.	c EIN-PN 31-1269379-001
a	Plan name GRAND LODGE OF A.F. AND A.M. OF MARYLAND 401(K) PLAN	
b	Name of plan sponsor GRAND LODGE A.F. AND A.M. OF MARYLAND	c EIN-PN 52-0226260-001
a	Plan name GRANITE LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GRANITE LLC	c EIN-PN 13-4222122-001
a	Plan name GREGORY'S FOODS, INC. SAVINGS PLAN AND TRUST	
b	Name of plan sponsor GREGORYS FOODS, INC.	c EIN-PN 41-1502295-001
a	Plan name GREGORYS FLEET SUPPLY CORPORAT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GREGORYS FLEET SUPPLY CORPORAT	c EIN-PN 54-0799767-001
a	Plan name GREY ROCK ENERGY PARTNERS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GREY ROCK ADMINISTRATION LLC	c EIN-PN 46-2631848-001
a	Plan name GUADALUPE COOLING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GUADALUPE COOLING COMPANY	c EIN-PN 94-2812347-001
a	Plan name GUILFOYLE AMBULANCE, INC.	
b	Name of plan sponsor GUILFOYLE AMBULANCE, INC.	c EIN-PN 16-1020059-001
a	Plan name H & L CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor H & L CONTRACTING LLC	c EIN-PN 46-4082629-001
a	Plan name HALIFAX MUTUAL 401(K) PLAN	
b	Name of plan sponsor HALIFAX MUTUAL INSURANCE COMPANY	c EIN-PN 56-0946167-001
a	Plan name HALO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HEALTH AND LIFE ORGANIZATION, INC	c EIN-PN 02-0714551-001
a	Plan name HEARD CITY 401(K)	
b	Name of plan sponsor HEARD CITY	c EIN-PN 45-2550387-001

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	HEELY-BROWN COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	HEELY-BROWN COMPANY, INC.	c EIN-PN 58-0534179-001
a	Plan name	HIGHHOUSE OIL OPERATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGHHOUSE OIL OPERATIONS, INC.	c EIN-PN 20-3844440-001
a	Plan name	INNOV8 SOLUTIONS INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	INNOV8 SOLUTIONS INC.	c EIN-PN 82-3041501-001
a	Plan name	J&J HEATING AND AIR CONDITIONING, INC. 401(K) PLAN	
b	Name of plan sponsor	J&J HEATING AND AIR CONDITIONING, INC.	c EIN-PN 83-2621720-001
a	Plan name	J3 COMMUNICATIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J3 COMMUNICATION, LLC	c EIN-PN 45-3862349-001
a	Plan name	JAMES R. CHILDERS ARCHITECT, INC. 401(K) PLAN	
b	Name of plan sponsor	JAMES R. CHILDERS ARCHITECT, INC	c EIN-PN 62-1696085-001
a	Plan name	JSW 401(K) PLAN	
b	Name of plan sponsor	JAPAN STEEL WORKS AMERICA, INC.	c EIN-PN 13-2953926-001
a	Plan name	JUICE PHARMA WORLDWIDE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JUICE PHARMA ADVERTISING, LLC	c EIN-PN 75-3085102-001
a	Plan name	KELTEC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KELTEC, INC.	c EIN-PN 34-1378057-003
a	Plan name	KENSINGTON OPHTHALMOLOGY PLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	KENSINGTON OPHTHALMOLOGY PLC	c EIN-PN 38-3594965-001
a	Plan name	KEYSTONE LIME & COMPANIES 401(K) PLAN	
b	Name of plan sponsor	KEYSTONE LIME CO, INC.	c EIN-PN 25-1146455-002
a	Plan name	KIRBY & KIRBY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIRBY & KIRBY LLP	c EIN-PN 81-2373577-001

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 KITCHIN & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor KITCHIN & SONS, INC.	c EIN-PN 35-0865462-001
a	Plan name KLOPFENSTEIN HOMEROOMS FURNITURE, INC. 401(K) PLAN	
b	Name of plan sponsor KLOPFENSTEIN HOMEROOMS FURNITURE	c EIN-PN 35-1887230-001
a	Plan name KNOWLEDGEWORKS FOUNDATION 401(K) & RETIREMENT PLAN	
b	Name of plan sponsor KNOWLEDGEWORKS FOUNDATION	c EIN-PN 31-1321973-003
a	Plan name KORBER PHARMA SOFTWARE, INC. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor KORBER PHARMA SOFTWARE, INC.	c EIN-PN 51-0401251-001
a	Plan name KRA CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRA CORPORATION	c EIN-PN 52-1230252-001
a	Plan name L.J. GONZER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor L.J. GONZER ASSOCIATES	c EIN-PN 22-1671351-001
a	Plan name LANGE BROS. WOODWORK CO., INC. 401(K) PLAN	
b	Name of plan sponsor LANGE BROS. WOODWORK CO	c EIN-PN 39-0866468-001
a	Plan name LAYDON INDUSTRIES, LLC 401(K) PLAN - 002	
b	Name of plan sponsor LAYDON INDUSTRIES, LLC	c EIN-PN 20-2193189-002
a	Plan name LEE COUNTY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LEE COUNTY	c EIN-PN 42-6004689-001
a	Plan name LIBURDI DIMETRICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor LIBURDI DIMETRICS CORPORATION	c EIN-PN 56-2056699-001
a	Plan name MAR-BAL, INC. RETIREMENT SAVING PLAN	
b	Name of plan sponsor MAR-BAL, INC	c EIN-PN 34-1059601-004
a	Plan name MARK III CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor MARK III CONSTRUCTION, INC.	c EIN-PN 27-0998726-002

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	MARTIN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MARTIN TRACTOR, INC.	c EIN-PN 37-1322641-001
a	Plan name	MAST HEATING RETIREMENT PLAN	
b	Name of plan sponsor	MAST HEATING & COMMERCIAL REFRIGERATION, INC.	c EIN-PN 38-2263878-001
a	Plan name	MAXI-AIDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAXI-AIDS, INC.	c EIN-PN 11-2812429-001
a	Plan name	MEDIA STRATEGIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEDIA STRATEGIES, INC.	c EIN-PN 38-2484680-001
a	Plan name	MEDLER ELECTRIC COMPANY SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDLER ELECTRIC COMPANY	c EIN-PN 38-1655673-003
a	Plan name	MERRIFIELD GARDEN CENTER 401(K) PLAN	
b	Name of plan sponsor	MERRIFIELD GARDEN CENTER	c EIN-PN 54-0936775-001
a	Plan name	MESA MACHINE INC. 401(K) PLAN	
b	Name of plan sponsor	MESA MACHINE INC.	c EIN-PN 75-2281384-001
a	Plan name	METAMETRICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	METAMETRICS, INC.	c EIN-PN 56-1520095-002
a	Plan name	METROPOLITAN CONTRACTING CO., LLC EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	METROPOLITAN CONTRACTING CO., LLC	c EIN-PN 74-2538899-001
a	Plan name	MIKE BARNEY NISSAN 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MIKE BARNEY NISSAN	c EIN-PN 16-1128183-001
a	Plan name	MILL SUPPLIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILL SUPPLIES, INC.	c EIN-PN 64-0327921-001
a	Plan name	MILLER EXCAVATING, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	MILLER EXCAVATING, INC.	c EIN-PN 41-0951547-001

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 MILLER-STEPHENSON & ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLER-STEPHENSON & ASSOCIATES, P.C.	c EIN-PN 54-1109225-001
a	Plan name MITCHELL SALES AGENCY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor MITCHELL SALES AGENCY, INC.	c EIN-PN 82-1500725-001
a	Plan name MODEN-GIROUX, INC. 401(K) PLAN	
b	Name of plan sponsor MODEN-GIROUX, INC	c EIN-PN 16-1201730-001
a	Plan name MOHS MICROGRAPHIC & SKIN SURGERY, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOHS MICROGRAPHIC & SKIN SURGERY, PLLC	c EIN-PN 27-5099347-001
a	Plan name MORRIS HEIGHTS HEALTH CENTER RETIREMENT PLAN	
b	Name of plan sponsor MORRIS HEIGHTS HEALTH CENTER, INC.	c EIN-PN 06-1081232-001
a	Plan name MORRISH-WALLACE CONSTRUCTION, INC. 401(K)	
b	Name of plan sponsor RYBA MARINE CONSTRUCTION CO.	c EIN-PN 38-2745465-001
a	Plan name MORRISON VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor MORRISON VENTURES, LLC	c EIN-PN 74-2840710-001
a	Plan name MORTENSON KIM RAIDIOUS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MORTENSON KIM RAIDIOUS INC	c EIN-PN 39-1091017-001
a	Plan name MOUNTAIN PLAINS YOUTH SERVICES/YOUTHWORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOUNTAIN PLAINS YOUTH SERVICES/YOUTHWORKS	c EIN-PN 46-0345922-001
a	Plan name NDC CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor NDC CONSTRUCTION COMPANY	c EIN-PN 59-3423927-001
a	Plan name NEISD DEFERRED COMPENSATION RETIREMENT PLAN	
b	Name of plan sponsor NORTH EAST INDEPENDENT SCHOOL DISTRICT	c EIN-PN 74-6015301-001
a	Plan name NICKLES BAKERIES EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor ALFRED NICKLES BAKERY, INC.	c EIN-PN 34-0428345-002

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 NICKLES BAKERY 401(K) PLAN FOR BARGAINING EMPLOYEES	
b	Name of plan sponsor NICKLES BAKERY 401(K) PLAN FOR BARGAINING EMPLOYEES	c EIN-PN 34-0428345-003
a	Plan name NOONAN LANCE BOYER & BANACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOONAN LANCE BOYER & BANACH, LLP	c EIN-PN 81-0812398-001
a	Plan name NORTHFIELD MANUFACTURING, INC. EMPLOYEES P.S. PLAN 401(K)	
b	Name of plan sponsor NORTHFIELD MANUFACTURING, INC.	c EIN-PN 38-2062374-002
a	Plan name OAKLAND DIVISION CHAPTER 13 STANDING TRUSTEE 401(K) PLAN	
b	Name of plan sponsor OAKLAND DIVISION CHAPTER 13 STANDING TRUSTEE	c EIN-PN 94-3224501-001
a	Plan name OFFICE OF THE CHAPTER 13 TRUSTEE, AKRON, OHIO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OFFICE OF THE CHAPTER 13 TRUSTEE, AKRON, OHIO	c EIN-PN 34-1566275-001
a	Plan name ORTHOPAEDICS SPINE AND SPORTS 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ORTHOPAEDICS SPINE AND SPORTS MEDICINE	c EIN-PN 20-5290355-001
a	Plan name PACIFIC STANDARD CORPORATION 401(K) PLAN	
b	Name of plan sponsor PACIFIC STANDARD CORPORATION	c EIN-PN 91-1546277-001
a	Plan name PACIFIC WEST ASSOCIATION OF REALTORS 401(K) SAVINGS PLAN	
b	Name of plan sponsor PACIFIC WEST ASSOCIATION OF REALTORS	c EIN-PN 33-0729887-001
a	Plan name PELLA PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PELLA PRODUCTS, INC. RETIREMENT	c EIN-PN 04-2303271-002
a	Plan name PENNINGTON, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor PENNINGTON, P.A.	c EIN-PN 59-3184236-001
a	Plan name PETERSON PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PETERSON PROPERTIES, INC.	c EIN-PN 48-0919120-001
a	Plan name PHARMA-BIO SERV PR, INC. RETIREMENT PLAN	
b	Name of plan sponsor PHARMA-BIO SERV PR, INC.	c EIN-PN 66-0549685-001

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	PHILADELPHIA RESERVE SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHILADELPHIA RESERVE SUPPLY COMPANY	c EIN-PN 23-0973030-003
a	Plan name	PINELAWN CEMETERY 401(K) PLAN	
b	Name of plan sponsor	PINELAWN CEMETERY	c EIN-PN 11-1190044-002
a	Plan name	PINELAWN CEMETERY UNION 401(K) PLAN	
b	Name of plan sponsor	PINELAWN CEMETERY	c EIN-PN 11-1190044-004
a	Plan name	PPIC 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	PATRIOT POWER INVESTMENT CORPORATION	c EIN-PN 27-1061316-002
a	Plan name	PREMIER GOLD MINES USA, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	PREMIER GOLD MINES USA, INC.	c EIN-PN 32-0353333-001
a	Plan name	PRIME PAYROLL SOLUTIONS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PRIME PAYROLL SOLUTIONS	c EIN-PN 81-0773205-001
a	Plan name	PROFESSIONAL RETAIL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL RETAIL SERVICES INC.	c EIN-PN 11-3568901-001
a	Plan name	PROMED MOLDED PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PROMED MOLDED PRODUCTS, INC.	c EIN-PN 41-1635956-001
a	Plan name	PUERTO RICO ENERGY LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PUERTO RICO ENERGY LLC	c EIN-PN 66-0759525-001
a	Plan name	R & D TOOL & ENGINEERING COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	R & D TOOL & ENGINEERING COMPANY	c EIN-PN 43-1237713-001
a	Plan name	R.E. PURVIS & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	R.E. PURVIS & ASSOCIATES, INC.	c EIN-PN 41-1668392-001
a	Plan name	RAMACO RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	RAMACO RESOURCES, INC.	c EIN-PN 38-4018838-001

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	RAMLOW/STEIN, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RAMLOW/STEIN, INC.	c EIN-PN 39-1533614-001
a	Plan name	RECORE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	RECORE ELECTRICAL CONTRACTORS INC.	c EIN-PN 56-1373085-001
a	Plan name	RICHARD L. LAGERMAN, D.D.S., S.C. RET SAV PLN	
b	Name of plan sponsor	RICHARD L. LAGERMAN, D.D.S., S.C.	c EIN-PN 39-1337115-001
a	Plan name	RLAWSON INC. 401(K) PLAN	
b	Name of plan sponsor	R LAWSON INC.	c EIN-PN 05-0601742-001
a	Plan name	ROCHESTER COLON & RECTAL PC PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCHESTER COLON & RECTAL PC	c EIN-PN 38-2903233-001
a	Plan name	RONAN ENGINEERING COMPANY	
b	Name of plan sponsor	RONAN ENGINEERING COMPANY	c EIN-PN 95-2313212-001
a	Plan name	ROTHE DEVELOPMENT, INC . 401(K) PLAN	
b	Name of plan sponsor	ROTHE DEVELOPMENT, INC.	c EIN-PN 74-1606784-001
a	Plan name	RTI/COMMUNITY MANAGEMENT ASSOCIATES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RTI/COMMUNITY MANAGEMENT ASSOCIATES, INC.	c EIN-PN 75-1892308-001
a	Plan name	SARATOGA DERMATOLOGY, PC SAFE HARBOR 401K PSP	
b	Name of plan sponsor	SARATOGA DERMATOLOGY	c EIN-PN 14-1819232-001
a	Plan name	SAYLORSBURG LUMBER CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SAYLORSBURG LUMBER CO., INC.	c EIN-PN 23-2493106-001
a	Plan name	SCOTT FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	SCOTT FAMILY DENTISTRY INC. P.C.	c EIN-PN 37-1451726-001
a	Plan name	SELLWOOD MEDICAL CLINIC 401(K) PLAN	
b	Name of plan sponsor	SELLWOOD MEDICAL CLINIC	c EIN-PN 71-0920784-001

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 SHELBY CRUSHED STONE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHELBY CRUSHED STONE, INC.	c EIN-PN 20-2421945-001
a	Plan name SIMONMED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIMONMED INC	c EIN-PN 26-4000683-001
a	Plan name SMH OPERATIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMH OPERATIONS, LLC	c EIN-PN 82-4217476-001
a	Plan name SPORTSMED PT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPORTSMED PT, LLC	c EIN-PN 82-4913997-001
a	Plan name STANDARD ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor STANDARD ENTERPRISES, INC.	c EIN-PN 72-0683436-001
a	Plan name STANMAR, INC. RESTATED SAVING PLAN AND TRUST	
b	Name of plan sponsor STANMAR, INC.	c EIN-PN 04-2275792-001
a	Plan name STATE UTILITES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STATE UTILITIES, INC	c EIN-PN 11-1856168-002
a	Plan name STRATEGY ENGINEERING & CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor STRATEGY ENGINEERING & CONSULTING LLC	c EIN-PN 27-0598695-001
a	Plan name STUEKEN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STUEKEN, LLC	c EIN-PN 58-2285181-001
a	Plan name SUDEKUM, CASSIDY & SHULRUFF, CHTD. PROFIT SHARING PLAN	
b	Name of plan sponsor SUDEKUM, CASSIDY & SHULRUFF, CHARTERED	c EIN-PN 36-3866178-001
a	Plan name SUFFOLK INSURANCE CORP. RESTATED PROFIT SHARING TRUST	
b	Name of plan sponsor SUFFOLK INSURANCE CORP. RESTATED	c EIN-PN 54-0398430-001
a	Plan name SUMMIT CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUMMIT CONSULTING, LLC	c EIN-PN 95-4816438-001

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	SUPPLY LINE INTERNATIONAL, LLC PROFIT SHARING 401K	
b	Name of plan sponsor	SUPPLY LINE INTERNATIONAL, LLC	c EIN-PN 46-0720013-001
a	Plan name	SUSE 401(K) PLAN	
b	Name of plan sponsor	SUSE	c EIN-PN 45-4703967-001
a	Plan name	TAPPERS FINE JEWELRY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TAPPERS FINE JEWELRY, INC.	c EIN-PN 38-2149120-001
a	Plan name	TCSI - TRANSLAND, INC. 401(K) PLAN	
b	Name of plan sponsor	TCSI -TRANSLAND, INC.	c EIN-PN 43-1869361-001
a	Plan name	TEN PERCENT HAPPIER 401(K) PLAN	
b	Name of plan sponsor	10% HAPPIER, INC.	c EIN-PN 46-2001415-001
a	Plan name	THE BREWER COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	THE BREWER COMPANY	c EIN-PN 31-0224000-002
a	Plan name	THE CONVERSE PROFESSIONAL GROUP 401(K) PLAN	
b	Name of plan sponsor	THE CONVERSE PROFESSIONAL GROUP	c EIN-PN 95-4020122-002
a	Plan name	THE DE MOYA GROUP, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE DE MOYA GROUP, INC.	c EIN-PN 59-2629362-001
a	Plan name	THE FIRST COASTAL CONSTRUCTION CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST COASTAL CONSTRUCTION CORP	c EIN-PN 46-3793642-001
a	Plan name	THE FULLER LOWENBERG & CO., CPAS, P.C. 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	FULLER LOWENBERG & CO., CPAS, P.C.	c EIN-PN 20-0066099-001
a	Plan name	THE HIGH ROAD PROGRAM 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE HIGH ROAD PROGRAM	c EIN-PN 95-3175986-001
a	Plan name	THE IFH GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE IFH GROUP, INC.	c EIN-PN 36-4216754-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE OAKSTAR BANK 401(K) PLAN	
b	Name of plan sponsor OAKSTAR BANK	c EIN-PN 20-3405719-001
a	Plan name THE PAPER CUT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PAPER CUT, INC.	c EIN-PN 39-1987465-001
a	Plan name TIBER CREEK HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor TIBER CREEK HOLDINGS, INC.	c EIN-PN 52-2023469-001
a	Plan name TRUE NORTH ANESTHESIA PROFIT SHARING PLAN	
b	Name of plan sponsor NURSE ANESTHESIA OF MAINE, LLC	c EIN-PN 41-2096532-001
a	Plan name TWIN OAKS COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TWIN OAKS COUNTRY CLUB	c EIN-PN 44-0596038-001
a	Plan name UNIFORM INDUSTRIAL CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIFORM INDUSTRIAL CORP	c EIN-PN 33-0439884-001
a	Plan name UNITED SPINAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor UNITED SPINAL ASSOCIATION, INC.	c EIN-PN 13-5612621-001
a	Plan name UNMB HOME LOANS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor UNMB HOME LOANS INC.UNMB HOME LOANS	c EIN-PN 11-2590182-001
a	Plan name UTB 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UNITED TEXAS BANK	c EIN-PN 75-2008275-001
a	Plan name VETERINARY EMERGENCY CENTER OF MANCHESTER, PLLC. 401(K) PLAN	
b	Name of plan sponsor VETERINARY EMERGENCY CENTER OF MANCHESTER, PLLC.	c EIN-PN 20-2902768-001
a	Plan name VSR TECHNOLOGIES INC	
b	Name of plan sponsor VSR TECHNOLOGIES INC.	c EIN-PN 38-3332406-001
a	Plan name WALKER'S RENTON SUBARU-MAZDA 401(K) PLAN	
b	Name of plan sponsor THE SEVEN MOTOR CORPORATION	c EIN-PN 91-1387558-001

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	WAYNE ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WAYNE ENTERPRISES, INC.	c EIN-PN 76-0000815-001
a	Plan name	WEISS/MANFREDI ARCHITECTS, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	WEISS/MANFREDI ARCHITECTS, LLP	c EIN-PN 13-3650054-001
a	Plan name	WHITERABBIT.AI 401(K) PLAN	
b	Name of plan sponsor	WHITERABBIT.AI	c EIN-PN 81-4869165-001
a	Plan name	WHITING SYSTEMS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WHITING SYSTEMS, INC.	c EIN-PN 71-0453145-001
a	Plan name	WILCOR INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILCOR INTERNATIONAL, INC	c EIN-PN 16-1360687-001
a	Plan name	WILSON-MCGINLEY COMPANY, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILSON-MCGINLEY COMPANY, INC.	c EIN-PN 25-1185720-001
a	Plan name	WINDING ROOFING COMPANY, INC EMPLOYEES PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	WINDING ROOFING COMPANY, INC.	c EIN-PN 39-1946617-001
a	Plan name	WMS ADVISORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WMS ADVISORS, LLC	c EIN-PN 52-1569072-002
a	Plan name	WOLFE ELECTRIC COMPANY 401(K) PLAN	
b	Name of plan sponsor	WOLFE ELECTRIC COMPANY	c EIN-PN 47-0638213-001
a	Plan name	YOUNG & BURTON, INC. 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	YOUNG AND BURTON	c EIN-PN 68-0142022-001
a	Plan name	YOUTH FIRST, INC. 401(K) PLAN	
b	Name of plan sponsor	YOUTH FIRST, INC.	c EIN-PN 35-2050168-001
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 11/08/2024 and ending 12/31/2024	
A Name of plan GREAT GRAY BLENDED RESEARCH CORE EQUITY FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 99-3500679

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	0	28170
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	4932477
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	0	169933280
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	0	174893927
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	101704
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	4932477
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	5034181
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	0	169859746

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-4156261
(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		-4156261

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)	1390	
(5) Investment advisory and investment management fees	2i(5)	86136	
(6) Bank or trust company trustee/custodial fees	2i(6)	14179	
(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)		101705
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		101705

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-4257966
l Transfers of assets:			
(1) To this plan.....	2l(1)		246766440
(2) From this plan	2l(2)		72648728

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 _____.