

<p style="text-align: center;">Form 5500</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-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 style="text-align: center;">▶ 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: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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>INTERNATIONAL GROWTH FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>911</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>26-3783561</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.	09/26/2025	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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>INTERNATIONAL GROWTH FUND</u>	B Three-digit plan number (PN)	<u>911</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>26-3783561</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>NT COLLECTIVE GOVERNMENT STIF</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-068</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>2307386</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)

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 ACCESS GROUP HEALTHCARE 401K PLAN	
b	Name of plan sponsor EAST OHIO REGIONAL HOSPITAL LLC	c EIN-PN 85-1017086-001
a	Plan name AIOI NISSAY DOWA INSURANCE SERVICES USA CORPORATION 401(K) PLAN	
b	Name of plan sponsor AIOI NISSAY DOWA INSURANCE SERVICES USA CORPORATION	c EIN-PN 81-1934970-001
a	Plan name ALAMO FARMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALAMO FARMS, INC.	c EIN-PN 73-1693156-001
a	Plan name ALL WEBB ENTERPRISES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ALL WEBB ENTERPRISES INC.	c EIN-PN 59-2418764-001
a	Plan name AMOENA USA CORPORATION SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor AMOENA USA CORPORATION	c EIN-PN 20-4870864-001
a	Plan name AMY S. LODEN DMD., PC 401(K) PLAN	
b	Name of plan sponsor AMY S. LODEN DMD., PC	c EIN-PN 26-1963123-001
a	Plan name ARMSTRONG FAMILY DENTISTRY, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARMSTRONG FAMILY DENTISTRY, PC	c EIN-PN 58-1475400-001
a	Plan name ASHBY HOSPITALITY GROUP 401(K) PLAN 1	
b	Name of plan sponsor ASHBY MANAGEMENT CORPORATION	c EIN-PN 51-0294357-001
a	Plan name ATLANTIC COMMUNITY BANKERS BANK 401K PLAN	
b	Name of plan sponsor ATLANTIC COMMUNITY BANKERS BANK	c EIN-PN 23-2217734-001
a	Plan name BARON PAYROLL INC 401K PLAN	
b	Name of plan sponsor BARON PAYROLL INC	c EIN-PN 45-3542572-001
a	Plan name BATES, CARTER & CO., LLP 401(K) PLAN	
b	Name of plan sponsor BATES, CARTER & CO., LLP	c EIN-PN 20-8004844-001
a	Plan name BENCHCRAFT CUSTOM MILLWORK INC 401(K) PLAN	
b	Name of plan sponsor BENCHCRAFT CUSTOM MILLWORK INC	c EIN-PN 84-1587975-001

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 BESWICK CORPORATION 401(K) PLAN	
b	Name of plan sponsor BESWICK CORPORATION	c EIN-PN 38-1977703-001
a	Plan name BILLY J. GOLDMAN, DMD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BILLY J. GOLDMAN, DMD	c EIN-PN 20-5260636-001
a	Plan name BMAC RETIREMENT PLAN	
b	Name of plan sponsor MACPIE, LLC	c EIN-PN 20-0450086-001
a	Plan name BORINQUEN HEALTH CARE CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor BORINQUEN HEALTH CARE CENTER, INC.	c EIN-PN 59-1417397-002
a	Plan name BREAKTHROUGH 401K PLAN SPRINGSEAL, INC.	
b	Name of plan sponsor SPRINGSEAL, INC.	c EIN-PN 86-1096867-347
a	Plan name BROCK BUILT CITY NEIGHBORHOODS 401(K) PLAN	
b	Name of plan sponsor BROCK BUILT HOMES LLC	c EIN-PN 26-4471333-001
a	Plan name CABANA PEP SOLUTION	
b	Name of plan sponsor TRG FIDUCIARY SERVICES LLC	c EIN-PN 82-3095168-014
a	Plan name CBF LABELS, INC. 401(K) PLAN	
b	Name of plan sponsor CBF LABELS, INC.	c EIN-PN 04-3677165-001
a	Plan name CHALFANT CORP. 401(K) PLAN	
b	Name of plan sponsor CHALFANT CORP	c EIN-PN 90-0452856-001
a	Plan name CHERRYTREE/MACON 401(K) PLAN	
b	Name of plan sponsor MACON GC, LLC	c EIN-PN 46-3824036-001
a	Plan name CHILDREN & ADOLESCENT CLINIC, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor CHILDREN & ADOLESCENT CLINIC, P.C.	c EIN-PN 47-0637178-002
a	Plan name CHRIS CHILDS, DMD DENTAL PARTNERSHIP, LLC RETIREMENT PLAN	
b	Name of plan sponsor CHRIS CHILDS, DMD DENTAL PARTNERSHIP, LLC	c EIN-PN 32-0101003-001

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 CHRIS-MARINE USA, LLC 401(K) PLAN	
b	Name of plan sponsor CHRIS-MARINE USA, LLC	c EIN-PN 37-1972688-001
a	Plan name CHUCK PATTERSON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHUCK PATTERSON, INC.	c EIN-PN 94-2644759-001
a	Plan name COMMUNITY NATIONAL BANK 401(K) PLAN	
b	Name of plan sponsor COMMUNITY NATIONAL BANK	c EIN-PN 75-1829272-002
a	Plan name COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor BRAYTON CONSTRUCTION, LLC	c EIN-PN 83-2082611-001
a	Plan name COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor AMERICAN INFRASTRUCTURE MAINTENANCE MANAGEMENT, LLC	c EIN-PN 82-3822451-001
a	Plan name COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor DANNYS, INC.	c EIN-PN 74-2428612-001
a	Plan name COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor GENAN, INC.	c EIN-PN 39-2066234-002
a	Plan name COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor STX SERVICE AMERICAS LLC	c EIN-PN 45-4319858-002
a	Plan name COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor ALEGRIA PRIMARY HOME CARE, INC.	c EIN-PN 20-5536713-002
a	Plan name COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor GREATER HOUSTON INTERVENTIONAL PAIN ASSOCIATES	c EIN-PN 20-2341026-002
a	Plan name COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor INNOVATIONSHR	c EIN-PN 20-0127837-001
a	Plan name COMPLIANCE 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor CMS PRIMARY HOME CARE	c EIN-PN 26-2973062-001

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 CORNERSTONE CHURCH 403(B) PLAN	
b	Name of plan sponsor CORNERSTONE CHURCH OF AMES IOWA	c EIN-PN 42-1425755-001
a	Plan name CORPORACION DE SERVICIOS PRIMARIO Y PREVENCIÓN DE HATILLO SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor CORP. SERVICIOS MEDICO PRIMARIO Y PREVENCIÓN DE HATILLO	c EIN-PN 66-0427194-019
a	Plan name DAVIS GERALD AND CREMER PC 401K PLAN	
b	Name of plan sponsor DAVIS GERALD AND CREMER PC	c EIN-PN 75-2512392-001
a	Plan name DELTA DENTAL CASH OR DEFERRED INCOME PLAN	
b	Name of plan sponsor DELTA DENTAL OF PUERTO RICO, INC.	c EIN-PN 68-0652604-001
a	Plan name DENTAL ARTS CULLMAN 401(K) PLAN	
b	Name of plan sponsor KARI L. BARTLETT DMD, LLC DBA DENTAL ARTS CULLMAN	c EIN-PN 47-4412555-001
a	Plan name DENTISTS FOR CHILDREN LLC 401K PLAN	
b	Name of plan sponsor DENTISTS FOR CHILDREN LLC	c EIN-PN 41-2090219-001
a	Plan name DIECO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIECO INC.	c EIN-PN 75-1464939-001
a	Plan name DILMAR CALLEJAS DMD 401K PLAN	
b	Name of plan sponsor DILMAR CALLEJAS DMD LLC DBA DR CAL	c EIN-PN 45-4077113-001
a	Plan name DISPLAY SALES CO. 401(K) PLAN	
b	Name of plan sponsor DISPLAY SALES CO.	c EIN-PN 41-1233161-003
a	Plan name DL CYCLES LLC 401(K) PLAN	
b	Name of plan sponsor DL CYCLES HOLDINGS CO, LLC	c EIN-PN 46-4148022-001
a	Plan name DNH ENTERPRISES, LLLP	
b	Name of plan sponsor DNH ENTERPRISES, LLLP	c EIN-PN 75-2757051-001
a	Plan name DOUGLAS C. KALLIS, DMD, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOUGLAS C. KALLIS, DMD, PC	c EIN-PN 58-2425195-001

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 DR. WILLIAM SANDBACH 401(K) PLAN	
b	Name of plan sponsor W.A. SANDBACH, D.M.D., P.C.	c EIN-PN 58-2515797-001
a	Plan name DUTCHIE 401(K) PLAN	
b	Name of plan sponsor COURIER PLUS, INC. DBA DUTCHIE	c EIN-PN 83-1035109-001
a	Plan name EARTHLINK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EARTHLINK, LLC	c EIN-PN 83-2896224-002
a	Plan name EDWARD LEHMANN 401(K) PLAN	
b	Name of plan sponsor EDWARD H LEHMANN AGENCY LLC	c EIN-PN 27-0932497-001
a	Plan name ERP MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor ERP MANAGEMENT, INC.	c EIN-PN 47-2789779-001
a	Plan name FARHAN SIDDIQI, MD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FARHAN SIDDIQI, MD, PA	c EIN-PN 27-1689066-001
a	Plan name FIDUCIARY INVESTMENT TRUST AGGRESSIVE PORTFOLIO	
b	Name of plan sponsor COMERICA BANK & TRUST, NATIONAL ASSOCIATION	c EIN-PN 47-6646422-001
a	Plan name FIDUCIARY INVESTMENT TRUST BALANCED PORTFOLIO	
b	Name of plan sponsor COMERICA BANK & TRUST, NATIONAL ASSOCIATION	c EIN-PN 47-6652256-001
a	Plan name FIDUCIARY INVESTMENT TRUST GROWTH PORTFOLIO	
b	Name of plan sponsor COMERICA BANK & TRUST, NATIONAL ASSOCIATION	c EIN-PN 47-6649174-001
a	Plan name FIDUCIARY INVESTMENT TRUST MODERATELY CONSERVATIVE PORTFOLIO	
b	Name of plan sponsor COMERICA BANK & TRUST, NATIONAL ASSOCIATION	c EIN-PN 47-6655437-001
a	Plan name FRANKLIN TOTAL ADVANTAGE 2045 FUND	
b	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 82-3327181-356
a	Plan name FULGHUM INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor FULGHUM INDUSTRIES, INC.	c EIN-PN 58-0684167-001

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 GARDENWORLD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GARDENWORLD, INC.	c EIN-PN 03-0441044-001
a	Plan name GEORGIA DENTAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor GEORGIA DENTAL ASSOCIATION, INC.	c EIN-PN 58-0626520-001
a	Plan name GOE FORSYTHE & HODGES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOE FORSYTHE & HODGES LLP	c EIN-PN 33-0818306-003
a	Plan name GOLDEN BEAR HEATING & AIR, LLC 401(K) PLAN	
b	Name of plan sponsor GOLDEN BEAR HEATING & AIR, LLC	c EIN-PN 26-3343963-001
a	Plan name GREG WARE FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREG WARE FAMILY DENTISTRY	c EIN-PN 58-2204773-001
a	Plan name HAITIAN BRIDGE ALLIANCE, INC. 401(K) PLAN	
b	Name of plan sponsor HAITIAN BRIDGE ALLIANCE, INC.	c EIN-PN 81-3558713-001
a	Plan name HARRISON, TEMBLADOR, HUNGERFORD & GUERNSEY LLP 401(K) PLAN	
b	Name of plan sponsor HARRISON, TEMBLADOR, HUNGERFORD & GUERNSEY LLP	c EIN-PN 45-2080197-001
a	Plan name HAWKINS FAMILY DENTAL 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HAWKINS FAMILY DENTAL LLC	c EIN-PN 26-2823076-001
a	Plan name HOM SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor HOM SOLUTIONS, INC.	c EIN-PN 84-1456278-101
a	Plan name HOUSTON DENTAL PROFESSIONALS P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HOUSTON DENTAL PROFESSIONALS, PC	c EIN-PN 58-1485277-003
a	Plan name HR PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor HR PHARMACEUTICALS, INC.	c EIN-PN 27-1584005-001
a	Plan name INFOGRAPH-ED 401(K) PLAN	
b	Name of plan sponsor INFOGRAPH-ED, LLC	c EIN-PN 47-3874619-001

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 INNERSTAVE, LLC 401(K) PLAN	
b	Name of plan sponsor INNERSTAVE, LLC	c EIN-PN 91-1858729-001
a	Plan name INPATIENT MEDICINE PHYSICIANS 401K PLAN	
b	Name of plan sponsor INPATIENT MEDICINE PHYSICIANS, PA	c EIN-PN 20-4871619-001
a	Plan name INSIGHT FINANCIAL PARTNERS POOLED EMPLOYER PLAN	
b	Name of plan sponsor PLAN COMPLIANCE SERVICES, INC.	c EIN-PN 59-3708427-002
a	Plan name INSIGHTS NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor INSIGHTS NORTH AMERICA, INC.	c EIN-PN 61-1413692-001
a	Plan name J. MORALES INC. 401 (K) PLAN	
b	Name of plan sponsor J. MOARLES INC.	c EIN-PN 30-1038348-001
a	Plan name JARROD R GOLDBERG, D.D.S. INC 401(K) PSP&TR	
b	Name of plan sponsor JARROD R. GOLDBERG, D.D.S., INC	c EIN-PN 93-4803904-001
a	Plan name JAY SONS SCREW MACHINE PRODUCTS INC	
b	Name of plan sponsor JAY SONS SCREW MACHINE PRODUCTS INC	c EIN-PN 06-0934659-001
a	Plan name JENSEN LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENSEN LAW, LLC	c EIN-PN 82-2265359-001
a	Plan name JULORA JOURNEYS LLC 401(K) PLAN	
b	Name of plan sponsor JULORA JOURNEYS LLC	c EIN-PN 47-1560964-001
a	Plan name JUMBURRITO, INC. 401(K) PLAN	
b	Name of plan sponsor JUMBURRITO, INC.	c EIN-PN 75-2177736-001
a	Plan name JUN CHOI LLC RETIREMENT PLAN	
b	Name of plan sponsor JUN CHOI LLC	c EIN-PN 84-5155624-001
a	Plan name KEVIN M. KIRKLAND, DMD, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEVIN M. KIRKLAND, DMD, PC	c EIN-PN 26-0467289-001

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	KEYSTONE REAL ESTATE GROUP, LP RETIREMENT PLAN	
b Name of plan sponsor	KEYSTONE REAL ESTATE GROUP, LP	c EIN-PN 25-1737727-001
a Plan name	LANIER DENTAL PARTNERS 401K PLAN	
b Name of plan sponsor	LANIER DENTAL PARTNERS	c EIN-PN 46-5699841-001
a Plan name	LDI MAP, LLC 401(K) PLAN	
b Name of plan sponsor	LDI MAP, LLC	c EIN-PN 37-1852548-001
a Plan name	LEAFHOUSE 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	LEAFHOUSE FINANCIAL GROUP, LLC	c EIN-PN 26-3479399-001
a Plan name	LGD PODIATRIC SURGICAL PC 401(K) PLAN	
b Name of plan sponsor	LGD PODIATRIC SURGICAL PC	c EIN-PN 45-2942044-001
a Plan name	LYNCH, CHAPPELL & ALSUP, A PROFESSIONAL CORPORATION 401(K) PLAN	
b Name of plan sponsor	LYNCH, CHAPPELL & ALSUP, A PROFESSIONAL CORPORATION	c EIN-PN 75-2367699-001
a Plan name	MAG 401(K) PLAN & TRUST	
b Name of plan sponsor	MAG WEALTH MANAGEMENT, LLC	c EIN-PN 20-3124677-001
a Plan name	MANLEY GARVIN LLC 401(K) PLAN	
b Name of plan sponsor	MANLEY GARVIN, LLC	c EIN-PN 47-5156994-001
a Plan name	MARK W. JUSTICE, DMD, PC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MARK W. JUSTICE, DMD, PC	c EIN-PN 58-1937922-001
a Plan name	MESSAGE ENVY 401K PLAN	
b Name of plan sponsor	KPSM MANAGEMENT LLC	c EIN-PN 82-3817924-001
a Plan name	MATTSON MACDONALD YOUNG, INC. 401(K) PLAN	
b Name of plan sponsor	MATTSON MACDONALD YOUNG, INC.	c EIN-PN 41-1468465-001
a Plan name	MCCLURE OIL COMPANY 401(K) PLAN	
b Name of plan sponsor	MCCLURE OIL COMPANY, INC.	c EIN-PN 75-1985820-001

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	MEALS ON WHEELS OF GREENVILLE, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	MEALS ON WHEELS OF GREENVILLE, INC.
c	EIN-PN	57-0531378-003
a	Plan name	METRO EDGE DEVELOPMENT PARTNERS, LLC 401(K) PLAN
b	Name of plan sponsor	METRO EDGE DEVELOPMENT PARTNERS, LLC
c	EIN-PN	85-1494108-001
a	Plan name	MEYERPRO RETIREMENT PLAN
b	Name of plan sponsor	MEYERPRO RETIREMENT PLAN
c	EIN-PN	47-4920962-001
a	Plan name	MICHAEL L. LEINGANG, III, D.D.S., P.C. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MICHAEL LEINGANG, III, D.D.S., P.C
c	EIN-PN	81-0651705-001
a	Plan name	MID-CITIES 401K PLAN
b	Name of plan sponsor	MID-CITIES COMMUNITY CHURCH
c	EIN-PN	75-1834934-001
a	Plan name	MIDTOWN NEUROLOGY PROFIT SHARING PLAN
b	Name of plan sponsor	MIDTOWN NEUROLOGY, PC
c	EIN-PN	58-2511911-001
a	Plan name	MOSITES MOTORSPORTS, 401(K) PLAN
b	Name of plan sponsor	MOSITES MOTORSPORTS, LLC
c	EIN-PN	61-1489656-001
a	Plan name	NEXVEL CONSULTING LLC RETIREMENT PLAN
b	Name of plan sponsor	NEXVEL CONSULTING, LLC
c	EIN-PN	66-0678233-001
a	Plan name	NIC 401(K) SAVINGS PLAN
b	Name of plan sponsor	NGUYEN INFORMATION CONSULTING, INC.
c	EIN-PN	42-1416082-001
a	Plan name	NORTHLAKE DENTAL PARTNERS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NORTHLAKE DENTAL PARTNERS
c	EIN-PN	71-0883771-001
a	Plan name	NORWEST JET 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NORWEST INGREDIENTS, LLC
c	EIN-PN	91-2020914-001
a	Plan name	OAK CLIFF MIRROR & GLASS CO., INC. PROFIT SHARING PLAN
b	Name of plan sponsor	OAK CLIFF MIRROR & GLASS CO., INC.
c	EIN-PN	75-0929914-001

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 OLIVER'S OIL COMPANY 401(K) PLAN	
b	Name of plan sponsor OLIVER OIL COMPANY, SONNY OLIVER REALTY COMPANY	c EIN-PN 56-2150863-001
a	Plan name OLSON PLUMBING AND HEATING CO., EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor OLSON PLUMBING & HEATING CO.	c EIN-PN 84-0284270-001
a	Plan name ONEAMERICA SEPARATE ACCOUNT	
b	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-100
a	Plan name ORAL AND MAXILLOFACIAL SURGERY CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ORAL AND MAXILLOFACIAL SURGERY CENTER, INC.	c EIN-PN 54-2074906-001
a	Plan name PARLIAMENT CAPITAL RETIREMENT PLAN	
b	Name of plan sponsor PARLIAMENT CAPITAL MANAGEMENT, LLC	c EIN-PN 66-0738884-001
a	Plan name PEACHTREE CORNERS DENTAL ASSOCIATES	
b	Name of plan sponsor PEACHTREE CORNERS DENTAL ASSOCIATES	c EIN-PN 58-1625152-002
a	Plan name PEDIATRIC DENTISTRY OF CENTRAL GEORGIA, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PEDIATRIC DENTISTRY OF CENTRAL GEORGIA, P.C.	c EIN-PN 27-0651552-001
a	Plan name PHOENIX PUMP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PHOENIX PUMP, INC.	c EIN-PN 76-0389308-001
a	Plan name PHYSICIAN INTERLINK, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor PHYSICIAN INTERLINK, LLC	c EIN-PN 01-0856747-001
a	Plan name PORTTEUS PSYCHIATRY GROUP	
b	Name of plan sponsor ANDREW M PORTTEUS, MD, MPH, PA	c EIN-PN 71-0998743-001
a	Plan name POWELL DENTISTRY GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor POWELL DENTISTRY GROUP, LLC	c EIN-PN 58-2600367-001
a	Plan name POWELL VALLEY PHYSICIANS PS 401(K)	
b	Name of plan sponsor POWELL VALLEY PHYSICIANS	c EIN-PN 54-1332477-001

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	PRIORITY ONE SECURITY INC. 401(K) PLAN	
b	Name of plan sponsor	PRIORITY ONE SECURITY SERVICES, INC.	c EIN-PN 81-0575504-001
a	Plan name	PULMONARY & SLEEP ASSOCIATES OF HUNTSVILLE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PULMONARY & SLEEP ASSOCIATES OF HUNTSVILLE, P.C.	c EIN-PN 11-3688302-001
a	Plan name	QUALITY AUTOMOTIVE DISTR CORP 401K	
b	Name of plan sponsor	QUALITY AUTOMOTIVE DISTRIBUTORS CORP	c EIN-PN 35-1468333-001
a	Plan name	QUALITY CARE FOR CHILDREN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALITY CARE FOR CHILDREN, INC.	c EIN-PN 58-2400285-001
a	Plan name	QUALITY SELECT 401(K) PLAN	
b	Name of plan sponsor	QUALITY PORK PROCESSORS, INC.	c EIN-PN 75-2199109-002
a	Plan name	QUESTEK INNOVATIONS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	QUESTEK INNOVATIONS LLC	c EIN-PN 36-4116425-001
a	Plan name	RA NELSON LLC 401(K) PLAN	
b	Name of plan sponsor	R.A. NELSON LLC	c EIN-PN 45-3720030-001
a	Plan name	RALEIGH RECLAIMED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RALEIGH RECLAIMED	c EIN-PN 46-4873731-001
a	Plan name	RAPID RESPONSE 401(K) PLAN	
b	Name of plan sponsor	RAPID RESPONSE	c EIN-PN 43-1925523-001
a	Plan name	REINSMAN CONSULTING 401K PLAN	
b	Name of plan sponsor	REINSMAN CONSULTING LLC	c EIN-PN 86-2789207-001
a	Plan name	RESTORE ONE, INC.	
b	Name of plan sponsor	RESTORE ONE, INC.	c EIN-PN 20-8295069-001
a	Plan name	RETIREGUIDE GROWTH	
b	Name of plan sponsor	RETIREGUIDE GROWTH	c EIN-PN 84-4095754-001

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	RETIREGUIDE MODERATE GROWTH	
b	Name of plan sponsor	RETIREGUIDE MODERATE GROWTH	c EIN-PN 84-4096529-001
a	Plan name	RETIREGUIDE MODERATE GROWTH & INCOME	
b	Name of plan sponsor	RETIREGUIDE MODERATE GROWTH & INCOME	c EIN-PN 84-4096260-001
a	Plan name	RIATA CAPITAL GROUP 401(K) PLAN	
b	Name of plan sponsor	RIATA CAPITAL GROUP, LLC	c EIN-PN 47-1248486-001
a	Plan name	RIVERWAY FAMILY DENTAL 401(K) PLAN	
b	Name of plan sponsor	JEFFERY & DAVIES DDS, PLLC	c EIN-PN 83-2539901-001
a	Plan name	RPLUS ENERGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	RPLUS ENERGIES, LLC	c EIN-PN 83-4049576-001
a	Plan name	RUSSELL A. SEABOLT, DMD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RUSSELL A. SEABOLT, DMD	c EIN-PN 58-1849994-002
a	Plan name	S. GOLDBERG & CO., INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	S. GOLDBERG & COMPANY, INC.	c EIN-PN 22-0946070-002
a	Plan name	S. MICHAEL LODEN DMD PC 401K	
b	Name of plan sponsor	S MICHAEL LODEN DMD PC	c EIN-PN 20-8167979-001
a	Plan name	SAVANNAH PERIO & IMPLANTS, P.C. 401(K) PROFIT SHARNG PLAN	
b	Name of plan sponsor	SAVANNAH PERIO & IMPLANTS, P.C.	c EIN-PN 46-2988855-001
a	Plan name	SCHMUESER GORDON MEYER, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHMUESER GORDON MEYER, INC	c EIN-PN 84-1015600-001
a	Plan name	SCOTT D. WINGARD, DMD P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOTT D. WINGARD, DMD P.C.	c EIN-PN 58-2462808-001
a	Plan name	SECURESTRUX 401(K) PLAN	
b	Name of plan sponsor	SECURESTRUX, LLC	c EIN-PN 26-2577741-001

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	SEIDER HEATING D/B/A ENVIRA-TECH 401K PLAN	
b	Name of plan sponsor	SEIDER HEATING D/B/A ENVIRA-TECH	c EIN-PN 39-1602647-001
a	Plan name	SERVION, INC. DBA THE SERVION GROUP 401(K) PLAN	
b	Name of plan sponsor	THE SERVION GROUP	c EIN-PN 41-1592297-001
a	Plan name	SHIRLEY H. FISHER DMD 401K PSP	
b	Name of plan sponsor	SHIRLEY H FISHER DMD	c EIN-PN 31-1843891-001
a	Plan name	SOUTHERN DENTAL PARTNERSHIP RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	DREW AND ARMSTRONG DENTISTRY PARTNERSHIP	c EIN-PN 26-0752755-001
a	Plan name	ST. LOUIS DEVELOPMENT CORP. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	ST. LOUIS DEVELOPMENT CORP.	c EIN-PN 43-1490972-001
a	Plan name	STYLEKOREAN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STYLEKOREAN INC.	c EIN-PN 47-3786750-001
a	Plan name	SUMMIT MEDICAL CAROLINAS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SUMMIT MEDICAL CAROLINAS PLLC	c EIN-PN 88-2568242-001
a	Plan name	TAS ENVIRONMENTAL SERVICES LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAS ENVIRONMENTAL SERVICES, LP	c EIN-PN 20-1454928-001
a	Plan name	TESTA BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	TESTA BUILDERS, INC.	c EIN-PN 34-1346208-001
a	Plan name	THE ANTERO GROUP 401(K) PLAN	
b	Name of plan sponsor	THE ANTERO GROUP LLC	c EIN-PN 47-3959204-001
a	Plan name	THE CENTER FOR COLON AND DIGESTIVE DISEASE 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CENTER FOR COLON AND DIGESTIVE DISEASE, P. C.	c EIN-PN 26-3803144-001
a	Plan name	THE CENTER FOR SPECIAL NEEDS TRUST 401(K) PSP	
b	Name of plan sponsor	THE CENTER FOR SPECIAL NEEDS TRUST ADMINISTRATION, INC.	c EIN-PN 59-3705979-001

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 FRAZER CENTER, INC'S PROTOTYPE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE FRAZER CENTER, INC.	c EIN-PN 58-1824440-002
a	Plan name THE MUFFIN MAM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE MUFFIN MAM, INC.	c EIN-PN 83-0929843-001
a	Plan name TIFT REGIONAL DENTAL GROUP, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TIFT REGIONAL DENTAL GROUP, P.C.	c EIN-PN 58-1240109-002
a	Plan name TLP ENGINEERING CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor TLP ENGINEERING CONSULTANTS, INC.	c EIN-PN 20-5447373-001
a	Plan name TORO EMPLOYEES FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor TORO EMPLOYEES FEDERAL CREDIT UNION	c EIN-PN 41-0713207-001
a	Plan name TOTAL HIGHSPEED INTERNET SERVICE 401(K) PLAN	
b	Name of plan sponsor TOTAL HIGHSPEED LLC	c EIN-PN 20-2178258-001
a	Plan name TRIPLE R TRUCKING, INC. MONEY PURCHASE PENSION PLAN AND TRUST	
b	Name of plan sponsor TRIPLE R TRUCKING, INC.	c EIN-PN 38-2457095-001
a	Plan name TRISMART SOLAR 401(K) PLAN	
b	Name of plan sponsor TRISMART SOLAR LLC	c EIN-PN 46-1945032-001
a	Plan name USILLUMINATIONS, LLC	
b	Name of plan sponsor USILLUMINATIONS, LLC	c EIN-PN 27-5495132-001
a	Plan name VALUTEK 401(K) PLAN	
b	Name of plan sponsor SIERRA SCIENTIFIC, INC.	c EIN-PN 86-0620790-001
a	Plan name VIRGINIA VETERINARY SPECIALISTS PROFIT SHARING PLAN	
b	Name of plan sponsor VIRGINIA VETERINARY SPECIALISTS, PC	c EIN-PN 27-1766625-001
a	Plan name VNB RETIREMENT PLAN	
b	Name of plan sponsor VIDAL NIEVES & BAUZA LLC	c EIN-PN 66-0863323-001

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	WALKER TAPE 401(K) RETIREMENT PLAN
b	Name of plan sponsor	WALKER TAPE COMPANY
c	EIN-PN	87-0442825-001
a	Plan name	WASKER, DORR, WIMMER & MARCOUILLER PC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	WASKER, DORR, WIMMER, & MARCOUILLER, P.C.
c	EIN-PN	42-1388229-001
a	Plan name	WES PARK FAMILY DENTISTRY 401K PLAN
b	Name of plan sponsor	WES PARK FAMILY DENTISTRY
c	EIN-PN	93-2280510-001
a	Plan name	WESTOVER HILLS PEDIATRIC DENTISTRY 401(K) PLAN
b	Name of plan sponsor	WESTOVER HILLS PEDIATRIC DENTISTRY
c	EIN-PN	26-4047640-001
a	Plan name	WIERS FARM, INC./DUTCH MAID LOGISTICS, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	WIERS FARM, INC./DUTCH MAID LOGISTICS, INC.
c	EIN-PN	34-1342768-001
a	Plan name	Y SOFT NORTH AMERICA, INC. 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	Y SOFT NORTH AMERICA, INC.
c	EIN-PN	75-2677943-001
a	Plan name	ZONAL HOSPITALITY SYSTEMS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ZONAL HOSPITALITY SYSTEMS, INC
c	EIN-PN	59-3182544-001
a	Plan name	ZONE INDUSTRIES 401(K) PLAN
b	Name of plan sponsor	ZONE INDUSTRIES 401(K) PLAN DBA PRECISION PUMP SYSTEMS
c	EIN-PN	46-1109042-001
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan INTERNATIONAL GROWTH FUND	B Three-digit plan number (PN) ▶ 911
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 26-3783561

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	54736	40691
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	600829	539882
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)	123540958	100488948
(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)	3865003	2307386
(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)	179000	0

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	128240526	103376907
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	125229
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	304054	247428
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	304054	372657
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	127936472	103004250

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)	1213733	
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	48481653	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	46114783	
(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)	-372944	
(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)		137567
(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		3345226

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)	5820	
(5) Investment advisory and investment management fees	2i(5)	446918	
(6) Bank or trust company trustee/custodial fees	2i(6)	76555	
(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)		529293
j Total expenses. Add all expense amounts in column (b) and enter total	2j		529293

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2815933
l Transfers of assets:			
(1) To this plan	2l(1)		15975408
(2) From this plan	2l(2)		43723563

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 _____.