

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></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><b>1a</b> Name of plan <u>LARGE CAP VALUE FUND II</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>707</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>38-7264544</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/26/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>LARGE CAP VALUE FUND II</u>	<b>B</b> Three-digit plan number (PN)	<u>707</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>38-7264544</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LARGE CAP VALUE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MFS HERITAGE TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>57-1187281-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>132576167</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	401(K) PLAN OF COSWAY COMPANY, INC.	
<b>b</b>	Name of plan sponsor	COSWAY COMPANY, INC.	<b>c</b> EIN-PN 95-2370488-004
<b>a</b>	Plan name	401K PLAN FOR THE QUALIFIED EMPLOYEES OF	
<b>b</b>	Name of plan sponsor	INTERNATIONAL LEGAL TECHNOLOGY ASSOCIATI	<b>c</b> EIN-PN 94-2964819-001
<b>a</b>	Plan name	5.11 INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	511 INC	<b>c</b> EIN-PN 61-1443499-001
<b>a</b>	Plan name	7G DISTRIBUTING, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	7G DISTRIBUTING, LLC	<b>c</b> EIN-PN 27-2050486-001
<b>a</b>	Plan name	ACME FINISHING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACME FINISHING COMPANY, LLC	<b>c</b> EIN-PN 47-3695493-001
<b>a</b>	Plan name	ADVANCED BEHAVIORAL HEALTH, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED BEHAVIORAL HEALTH, INC.	<b>c</b> EIN-PN 27-1716112-001
<b>a</b>	Plan name	AE DENTAL PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AE DENTAL PLLC	<b>c</b> EIN-PN 88-2695469-001
<b>a</b>	Plan name	ALAPLEX MANAGEMENT INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ALAPLEX MANAGEMENT INC	<b>c</b> EIN-PN 72-1356387-001
<b>a</b>	Plan name	ALCANZA CLINICAL RESEARCH 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ALCANZA CLINICAL RESEARCH	<b>c</b> EIN-PN 87-3867885-003
<b>a</b>	Plan name	ALLEGHENY CONTRACT FLOORING INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALLEGHENY CONTRACT FLOORING INC.	<b>c</b> EIN-PN 04-3400632-001
<b>a</b>	Plan name	ALLEN GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	DEER RUN REHABILITATION	<b>c</b> EIN-PN 38-3433231-001
<b>a</b>	Plan name	AMERANT BANK, N.A. RETIREMENT BENEFITS PLAN	
<b>b</b>	Name of plan sponsor	AMERANT BANK, N.A.	<b>c</b> EIN-PN 59-1846933-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	AMERICAN FEDERATION OF TEACHERS MASSACHUSETTS MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN FEDERATION OF TEACHERS MASSACHUSETTS	<b>c</b> EIN-PN 04-2325769-001
<b>a</b>	Plan name	ANESTHESIOLOGISTS ASSOC 401K PLAN	
<b>b</b>	Name of plan sponsor	ANESTHESIOLOGISTS ASSOCIATED,P.C.	<b>c</b> EIN-PN 63-0577011-003
<b>a</b>	Plan name	AOG LLC DBA TRUFOODMFG 401K PLAN	
<b>b</b>	Name of plan sponsor	AOG LLC DBA TRUFOODMFG	<b>c</b> EIN-PN 84-1992118-001
<b>a</b>	Plan name	APPLIED COATINGS LLC 401K	
<b>b</b>	Name of plan sponsor	APPLIED COATINGS LLC	<b>c</b> EIN-PN 46-5344800-001
<b>a</b>	Plan name	ARABELLA ADVISORS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARABELLA ADVISORS LLC	<b>c</b> EIN-PN 20-4995650-001
<b>a</b>	Plan name	ARCH HEALTH PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARCH HEALTH PARTNERS	<b>c</b> EIN-PN 27-1332228-001
<b>a</b>	Plan name	ARDEO EDUCATION SOLUTIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARDEO EDUCATION SOLUTIONS LLC	<b>c</b> EIN-PN 84-2563905-001
<b>a</b>	Plan name	ASI GOVERNMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASI GOVERNMENT, INC.	<b>c</b> EIN-PN 54-1962068-001
<b>a</b>	Plan name	ASPEN INSURANCE U.S. SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASPEN INSURANCE U.S. SERVICES INC.	<b>c</b> EIN-PN 32-0085193-001
<b>a</b>	Plan name	BALSAM BRANDS INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	BALSAM BRANDS INC.	<b>c</b> EIN-PN 47-3255205-001
<b>a</b>	Plan name	BARSTEEL CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARSTEEL CORPORATION	<b>c</b> EIN-PN 36-3972940-003
<b>a</b>	Plan name	BBL FLEET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BBL FLEET	<b>c</b> EIN-PN 25-1187195-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BIOMED REALTY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BIOMED REALTY, L.P.	<b>c</b> EIN-PN 20-1320636-001
<b>a</b>	Plan name BLACK ROOFING AND WATERPROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLACK ROOFING AND WATERPROOFING	<b>c</b> EIN-PN 84-1096626-001
<b>a</b>	Plan name BLICK CLINIC EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BLICK CLINIC, INC.	<b>c</b> EIN-PN 23-7176525-001
<b>a</b>	Plan name BLUE RIDGE UROLOGICAL, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BLUE RIDGE UROLOGICAL, P.C.	<b>c</b> EIN-PN 27-1051525-001
<b>a</b>	Plan name BORNTEC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BORN CAPITAL, LLC	<b>c</b> EIN-PN 33-1042175-001
<b>a</b>	Plan name BOWKER PINNACLE HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOWKER PINNACLE HOLDINGS INC.	<b>c</b> EIN-PN 87-4177224-001
<b>a</b>	Plan name BROWN & RIDING INSURANCE SERVICES, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROWN & RIDING INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 94-2679254-003
<b>a</b>	Plan name BURKE PRIMARY CARE, L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURKE PRIMARY CARE, LLC	<b>c</b> EIN-PN 56-1896953-001
<b>a</b>	Plan name BURWOOD GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURWOOD GROUP, INC.	<b>c</b> EIN-PN 36-4180073-001
<b>a</b>	Plan name C.W. STRITTMATTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C.W. STRITTMATTER, INC.	<b>c</b> EIN-PN 54-1073359-001
<b>a</b>	Plan name CAGAN 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CAGAN MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 36-3309214-001
<b>a</b>	Plan name CANAL BARGE COMPANY, INC. EMPLOYEES' 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CANAL BARGE COMPANY, INC.	<b>c</b> EIN-PN 72-0145535-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CAPRON COMPANY INC. 401K PLAN	
<b>b</b>	Name of plan sponsor CAPRON COMPANY INC.	<b>c</b> EIN-PN 52-1047768-001
<b>a</b>	Plan name CAR PARTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAR PARTS, INC.	<b>c</b> EIN-PN 05-0344601-001
<b>a</b>	Plan name CENTER FOR PLASTIC SURGERY P.C. 401K	
<b>b</b>	Name of plan sponsor CENTER FOR PLASTIC SURGERY PC	<b>c</b> EIN-PN 52-1371055-001
<b>a</b>	Plan name CENTRAL NEW YORK BRAIN & SPINE NEUROSURGERY	
<b>b</b>	Name of plan sponsor CENTRAL NEW YORK BRAIN & SPINE NEUROSURGERY	<b>c</b> EIN-PN 82-3216934-001
<b>a</b>	Plan name CENTRAL NEW YORK CARDIOLOGY, P.C. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CENTRAL NEW YORK CARDIOLOGY, P.C.	<b>c</b> EIN-PN 16-1225773-002
<b>a</b>	Plan name CERELIA USA BAKERY INC 401K PLAN	
<b>b</b>	Name of plan sponsor CERELIA USA BAKERY INC	<b>c</b> EIN-PN 85-1100898-001
<b>a</b>	Plan name CHAMPION CONTAINER 401(K)	
<b>b</b>	Name of plan sponsor CHAMPION CONTAINER CORPORATION	<b>c</b> EIN-PN 36-2849377-002
<b>a</b>	Plan name CHEM-PLATE INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHEM-PLATE INDUSTRIES, INC.	<b>c</b> EIN-PN 36-2886942-001
<b>a</b>	Plan name CHENANGO VALLEY TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHENANGO VALLEY TECHNOLOGIES INC.	<b>c</b> EIN-PN 20-0507379-001
<b>a</b>	Plan name CIRATA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CIRATA, INC.	<b>c</b> EIN-PN 20-3515984-002
<b>a</b>	Plan name CLEARWATER SERVICES INCORPORATED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CLEARWATER SERVICES INCORPORATED	<b>c</b> EIN-PN 47-2588898-001
<b>a</b>	Plan name CLOSERSTILL US HOLDING COMPANY INC	
<b>b</b>	Name of plan sponsor CLOSERSTILL US HOLDING COMPANY I	<b>c</b> EIN-PN 84-4881219-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COLLIERS FACILITY SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLIERS FACILITY SOLUTIONS, LLC	<b>c</b> EIN-PN 46-5151281-001
<b>a</b>	Plan name COLLIERS INTERNATIONAL-ATLANTA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLIERS INTERNATIONAL-ATLANTA, LLC	<b>c</b> EIN-PN 47-5508890-001
<b>a</b>	Plan name COMMUNITY DENTAL PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor STRATEGIC DENTAL EXECUTIVES LLC DBA COMM	<b>c</b> EIN-PN 27-2885572-001
<b>a</b>	Plan name COMMUNITY HEALTH CONNECTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY HEALTH CONNECTIONS	<b>c</b> EIN-PN 04-3452697-001
<b>a</b>	Plan name COMMUNITY SUPPORT SERVICES INC. 401K	
<b>b</b>	Name of plan sponsor COMMUNITY SUPPORT SERVICES INC	<b>c</b> EIN-PN 23-7029146-001
<b>a</b>	Plan name CONTENTSTACK INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTENTSTACK INC.	<b>c</b> EIN-PN 82-3911928-001
<b>a</b>	Plan name COPELAND ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COPELAND ENTERPRISES, INC.	<b>c</b> EIN-PN 04-2469226-001
<b>a</b>	Plan name CRONOS USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRONOS USA CLIENT SERVICES LLC	<b>c</b> EIN-PN 84-2480556-001
<b>a</b>	Plan name CROWNPEAK 401(K) PLAN	
<b>b</b>	Name of plan sponsor CROWNPEAK TECHNOLOGY, INC.	<b>c</b> EIN-PN 95-4839997-001
<b>a</b>	Plan name CSAFE GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOUBLEDAY ACQUISITIONS LLC DBA CSAFE GLO	<b>c</b> EIN-PN 52-2442441-002
<b>a</b>	Plan name CUSTOM LEARNING DESIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUSTOM LEARNING DESIGNS, INC.	<b>c</b> EIN-PN 04-2661406-001
<b>a</b>	Plan name DANZIG GROUP PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor DANZIG GROUP	<b>c</b> EIN-PN 42-1647391-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name DCI FAMILY OF COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor DCI GROUP AZ, LLC	<b>c</b> EIN-PN 26-3684630-001
<b>a</b>	Plan name DEERFIELD PATISSERIE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor DEERFIELD PATISSERIE LLC	<b>c</b> EIN-PN 83-2321851-001
<b>a</b>	Plan name DIALYSIS AND NEPHROLOGY CONSULTANTS PC	
<b>b</b>	Name of plan sponsor DIALYSIS AND NEPHROLOGY CONSULTANTS PC	<b>c</b> EIN-PN 38-2385752-003
<b>a</b>	Plan name DIGESTIVE DISEASE MEDICINE OF CNY, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIGESTIVE DISEASE MEDICINE OF CNY, LLP	<b>c</b> EIN-PN 16-1503382-001
<b>a</b>	Plan name DIGITAL CHECK CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIGITAL CHECK CORP.	<b>c</b> EIN-PN 36-2445991-001
<b>a</b>	Plan name DIGITAL PHARMACIST INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIGITAL PHARMACIST INC.	<b>c</b> EIN-PN 45-2764885-001
<b>a</b>	Plan name DIVINE BROTHERS COMPANY SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DIVINE BROTHERS COMPANY	<b>c</b> EIN-PN 15-0290560-003
<b>a</b>	Plan name DLA ARCHITECTURE & INTERIOR DESIGN 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DLA ARCHITECTURE & INTERIOR DESIGN	<b>c</b> EIN-PN 26-2164052-001
<b>a</b>	Plan name DOBER CHEMICAL CORPORATION EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOBER CHEMICAL CORP.	<b>c</b> EIN-PN 36-2360676-002
<b>a</b>	Plan name DOOR CONTROLS USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOOR CONTROLS USA, INC.	<b>c</b> EIN-PN 47-2238002-001
<b>a</b>	Plan name DOXIMITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOXIMITY, INC.	<b>c</b> EIN-PN 27-1674417-001
<b>a</b>	Plan name DR. JASON SORENSEN, DDS 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor DR. JASON SORENSEN, DDS, INC.	<b>c</b> EIN-PN 61-1433293-002

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.)	
<b>a</b> Plan name	DUNCAN-PARNELL INC. 401K PLAN AND	
<b>b</b> Name of plan sponsor	DUNCAN PARNELL INC	<b>c</b> EIN-PN 56-0561956-002
<b>a</b> Plan name	DUTCHESS CARS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	DUTCHESS CARS LLC	<b>c</b> EIN-PN 26-0591779-001
<b>a</b> Plan name	DXU LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DXU LLC	<b>c</b> EIN-PN 46-2519461-001
<b>a</b> Plan name	EISCO 401K PLAN	
<b>b</b> Name of plan sponsor	EISCO LLC	<b>c</b> EIN-PN 93-4042523-001
<b>a</b> Plan name	ENVOY 401(K) PLAN	
<b>b</b> Name of plan sponsor	ENVOY GLOBAL, INC.	<b>c</b> EIN-PN 36-4319710-001
<b>a</b> Plan name	EQUIPSOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	EQUIPSOLUTIONS, LLC	<b>c</b> EIN-PN 20-3668362-001
<b>a</b> Plan name	EQUITY HR, INC. 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b> Name of plan sponsor	EQUITY HR, INC.	<b>c</b> EIN-PN 27-0037153-001
<b>a</b> Plan name	ESCO CONSTRUCTION CO 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ESCO CONSTRUCTION COMPANY	<b>c</b> EIN-PN 84-0510732-001
<b>a</b> Plan name	ESSENTIAL INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ESSENTIAL INDUSTRIES, INC.	<b>c</b> EIN-PN 39-1021170-001
<b>a</b> Plan name	EVER.AG 401(K) PLAN	
<b>b</b> Name of plan sponsor	EVER.AG, LLC	<b>c</b> EIN-PN 75-2890244-001
<b>a</b> Plan name	EVERTS AIR FUEL RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	EVERTS AIR FUEL	<b>c</b> EIN-PN 92-0116667-001
<b>a</b> Plan name	F.X. MATT BREWING COMPANY RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	F.X. MATT BREWING COMPANY	<b>c</b> EIN-PN 16-1343803-002

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.)	
<b>a</b>	Plan name FABRIK INDUSTRIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor FABRIK INDUSTRIES, INC.	<b>c</b> EIN-PN 36-3066606-003
<b>a</b>	Plan name FACTION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE FACTION GROUP LLC	<b>c</b> EIN-PN 20-5117645-001
<b>a</b>	Plan name FAVIA PRIMARY CARE, SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FAVIA PRIMARY CARE, SC	<b>c</b> EIN-PN 82-5074133-001
<b>a</b>	Plan name FIREPLACE STONE & PATIO 401K PLAN	
<b>b</b>	Name of plan sponsor FIREPLACE STONE & PATIO	<b>c</b> EIN-PN 47-0226995-001
<b>a</b>	Plan name FITZGERALD, DEPIETRO, & WOJNAS SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor FITZGERALD, DEPIETRO, & WOJNAS, CPAS, P.C.	<b>c</b> EIN-PN 16-1163912-001
<b>a</b>	Plan name FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC. RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC.	<b>c</b> EIN-PN 82-1709584-002
<b>a</b>	Plan name FOOTBRIDGE CONSULTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOOTBRIDGE CONSULTING, LLC	<b>c</b> EIN-PN 81-4767851-002
<b>a</b>	Plan name FORIUS BUSINESS CREDIT RESOURCES EMPLOYEE'S SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FORIUS BUSINESS CREDIT RESOURCES	<b>c</b> EIN-PN 41-0132530-001
<b>a</b>	Plan name FORSHEY & PROSTOK, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FORSHEY & PROSTOK, LLP	<b>c</b> EIN-PN 75-2886460-001
<b>a</b>	Plan name FREEDMAN SEATING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor FREEDMAN SEATING COMPANY	<b>c</b> EIN-PN 36-2276977-001
<b>a</b>	Plan name FRONTAPP, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRONTAPP, INC	<b>c</b> EIN-PN 46-5234686-001
<b>a</b>	Plan name FRONTLINE ROAD SAFETY 401(K) PLAN	
<b>b</b>	Name of plan sponsor FRONTLINE ROAD SAFETY LLC	<b>c</b> EIN-PN 86-3333948-002

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.)	
<b>a</b> Plan name	G P O FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b> Name of plan sponsor	G P O FEDERAL CREDIT UNION	<b>c</b> EIN-PN 15-0476885-033
<b>a</b> Plan name	GALERIE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	GALERIE LIVING, LLC	<b>c</b> EIN-PN 47-2328474-001
<b>a</b> Plan name	GEOTEX CONSTRUCTION SERVICES, INC. 401(K) PSP	
<b>b</b> Name of plan sponsor	GEOTEX CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 31-1355179-001
<b>a</b> Plan name	GLACIAL LAKE CRANBERRIES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GLACIAL LAKE CRANBERRIES, INC.	<b>c</b> EIN-PN 39-6042154-002
<b>a</b> Plan name	GLIMCHER GROUP INC 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	GLIMCHER GROUP, INC.	<b>c</b> EIN-PN 25-1550741-001
<b>a</b> Plan name	GLOBAL IMPACT 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	GLOBAL IMPACT	<b>c</b> EIN-PN 52-1273585-002
<b>a</b> Plan name	GOULD & RATNER LLP RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GOULD & RATNER	<b>c</b> EIN-PN 36-2130566-001
<b>a</b> Plan name	GRADUWAY INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	GRADUWAY INC.	<b>c</b> EIN-PN 84-4406177-001
<b>a</b> Plan name	GRENZEBACH 401(K) PLAN	
<b>b</b> Name of plan sponsor	GRENZEBACH CORPORATION	<b>c</b> EIN-PN 93-0909185-001
<b>a</b> Plan name	H&K EQUIPMENT, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	H&K EQUIPMENT, INC.	<b>c</b> EIN-PN 25-1437196-001
<b>a</b> Plan name	HACIN ARCHITECTS LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	HACIN ARCHITECTS, LLC	<b>c</b> EIN-PN 27-3842135-001
<b>a</b> Plan name	HARKEN, INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HARKEN, INC.	<b>c</b> EIN-PN 39-1086764-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name HART & HICKMAN, P.C. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HART & HICKMAN, P.C.	<b>c</b> EIN-PN 56-1941224-001
<b>a</b>	Plan name HARVARD BIOSCIENCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARVARD BIOSCIENCE, INC.	<b>c</b> EIN-PN 04-3306140-001
<b>a</b>	Plan name HARVEST BIBLE CHAPEL 403(B)(9) PLAN	
<b>b</b>	Name of plan sponsor HARVEST BIBLE CHAPEL DO NOT USE	<b>c</b> EIN-PN 36-3590027-002
<b>a</b>	Plan name HAWKINS FABRICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAWKINS FABRICS, INC.	<b>c</b> EIN-PN 14-1491120-001
<b>a</b>	Plan name HERITAGE OPERATIONS GROUP, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HERITAGE OPERATIONS GROUP, LLC	<b>c</b> EIN-PN 20-3902357-001
<b>a</b>	Plan name HIGHLAND SURGICAL ASSOCIATES, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HIGHLAND SURGICAL ASSOCIATES, LLC	<b>c</b> EIN-PN 23-2091285-001
<b>a</b>	Plan name HOLLAND MOBILE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HOLLAND MOBILE, LLC	<b>c</b> EIN-PN 16-1594957-003
<b>a</b>	Plan name HOME CHEF 401(K) PLAN	
<b>b</b>	Name of plan sponsor RELISH LABS LLC DBA HOME CHEF	<b>c</b> EIN-PN 46-3043362-001
<b>a</b>	Plan name HORNING MANAGEMENT COMPANY, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HORNING MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 27-1413972-002
<b>a</b>	Plan name HUB GROUP EMPLOYEE PROFIT SHARING AND TRUST PLAN	
<b>b</b>	Name of plan sponsor HUB GROUP, INC.	<b>c</b> EIN-PN 36-4007085-001
<b>a</b>	Plan name HUDSON RIVER BULK, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HUDSON RIVER BULK, INC.	<b>c</b> EIN-PN 14-1633870-001
<b>a</b>	Plan name HUGHES ENGINEERING, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUGHES ENGINEERING, PLLC	<b>c</b> EIN-PN 20-8327396-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>INDIUM CORPORATION OF AMERICA EMPLOYEES' PROFIT SHARING AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE INDIUM CORPORATION OF AMERICA</b>	<b>c</b> EIN-PN <b>76-0705251-001</b>
<b>a</b>	Plan name <b>INSERSO CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INSERSO CORPORATION</b>	<b>c</b> EIN-PN <b>54-1759337-001</b>
<b>a</b>	Plan name <b>INTEGRATED PRACTICE SOLUTIONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTEGRATED PRACTICE SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>03-0592020-002</b>
<b>a</b>	Plan name <b>INTERMED, P.A. 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTERMED, P A</b>	<b>c</b> EIN-PN <b>01-0484903-001</b>
<b>a</b>	Plan name <b>INTERNATIONAL SERVICES, INC.</b>	
<b>b</b>	Name of plan sponsor <b>INTERNATIONAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>36-3788558-001</b>
<b>a</b>	Plan name <b>INTERNATIONAL SOS GROUP OF COMPANIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTERNATIONAL SOS ASSISTANCE, INC</b>	<b>c</b> EIN-PN <b>91-1501877-001</b>
<b>a</b>	Plan name <b>IPSEN INC. EMPLOYEE PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IPSEN, INC.</b>	<b>c</b> EIN-PN <b>36-4108317-002</b>
<b>a</b>	Plan name <b>J &amp; L WOOD PRODUCTS, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>J &amp; L WOOD PRODUCTS, INC.</b>	<b>c</b> EIN-PN <b>31-0905998-001</b>
<b>a</b>	Plan name <b>JEL SERT COMPANY INCENTIVE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JEL SERT COMPANY</b>	<b>c</b> EIN-PN <b>36-1279850-002</b>
<b>a</b>	Plan name <b>JOHNSON O'CONNOR FERON CARUCCI PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JOHNSON OCONNOR FERON CARUCCI, LLP</b>	<b>c</b> EIN-PN <b>20-3985546-003</b>
<b>a</b>	Plan name <b>K1 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>K1 INVESTMENT MGMT LLC</b>	<b>c</b> EIN-PN <b>27-4741827-001</b>
<b>a</b>	Plan name <b>KIDNEY &amp; HYPERTENSION CONSULTANTS 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KIDNEY &amp; HYPERTENSION CONSULTANTS, PLLC</b>	<b>c</b> EIN-PN <b>68-0574650-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	KISSIMMEE UTILITY AUTHORITY DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	KISSIMMEE UTILITY AUTHORITY	<b>c</b> EIN-PN 59-2561939-402
<b>a</b>	Plan name	KP LLC 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KP LLC	<b>c</b> EIN-PN 93-0563572-001
<b>a</b>	Plan name	KRYSTAL BIOTECH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRYSTAL BIOTECH, INC.	<b>c</b> EIN-PN 82-1080209-002
<b>a</b>	Plan name	LANDES EYE ASSOCIATES 401K PROFIT	
<b>b</b>	Name of plan sponsor	DR ALLISON LANDES LLC DBA LANDES EYE ASS	<b>c</b> EIN-PN 81-3175032-001
<b>a</b>	Plan name	LANG LIGHTING DESIGN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANG LIGHTING DESIGN, INC.	<b>c</b> EIN-PN 90-0036783-001
<b>a</b>	Plan name	LAUNCH MANAGEMENT SERVICES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAUNCH MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 27-5412512-001
<b>a</b>	Plan name	LAWLEY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAWLEY, LLC	<b>c</b> EIN-PN 22-2737385-002
<b>a</b>	Plan name	LEGAT ARCHITECTS, INC. PROFIT SHARING/401(K)	
<b>b</b>	Name of plan sponsor	LEGAT ARCHITECTS, INC.	<b>c</b> EIN-PN 36-3003268-002
<b>a</b>	Plan name	LEVEL 10, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEVEL 10, LLC	<b>c</b> EIN-PN 30-0002269-001
<b>a</b>	Plan name	LIANDA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LIANDA CORPORATION	<b>c</b> EIN-PN 34-1814754-001
<b>a</b>	Plan name	LITERA MICROSYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREEDOM SOLUTIONS GROUP, LLC D/B/A MICROSYSTEMS	<b>c</b> EIN-PN 36-4156327-001
<b>a</b>	Plan name	LOGS LEGAL NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOGS LEGAL GROUP LLP	<b>c</b> EIN-PN 36-3611018-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MAGNEY CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAGNEY CONSTRUCTION, INC.	<b>c</b> EIN-PN 41-1780718-002
<b>a</b>	Plan name	MALONEY AIRE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JACK MALONEY, INC. DBA MALONEY AIRE	<b>c</b> EIN-PN 52-0882252-001
<b>a</b>	Plan name	MATT INDUSTRIES, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MATT INDUSTRIES, INC.	<b>c</b> EIN-PN 14-1621837-002
<b>a</b>	Plan name	MATTHEW FIORENTINO DDS & ASSOCIATES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MATTHEW FIORENTINO DDS & ASSOCIATES	<b>c</b> EIN-PN 16-1499964-003
<b>a</b>	Plan name	MAWN AND MAWN, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAWN & MAWN, P.C.	<b>c</b> EIN-PN 04-2625073-001
<b>a</b>	Plan name	MAYEKAWA USA, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MAYEKAWA USA, INC.	<b>c</b> EIN-PN 20-2507782-001
<b>a</b>	Plan name	MCQUADE & BANNIGAN, INC. PENSION PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MCQUADE & BANNIGAN, INC.	<b>c</b> EIN-PN 15-0384370-001
<b>a</b>	Plan name	METRO STORAGE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	METRO STORAGE LLC	<b>c</b> EIN-PN 36-4370276-001
<b>a</b>	Plan name	MKD ELECTRIC LLC EMPLOYEE'S PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MKD ELECTRIC LLC	<b>c</b> EIN-PN 36-4070454-001
<b>a</b>	Plan name	MOBIS PARTS MIAMI, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOBIS PARTS MIAMI, LLC	<b>c</b> EIN-PN 46-2788067-001
<b>a</b>	Plan name	MODERN TRANSPORTATION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MODERN TRANSPORTATION, LLC	<b>c</b> EIN-PN 25-1544945-001
<b>a</b>	Plan name	MOLLERTECH, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOLLERTECH, LLC	<b>c</b> EIN-PN 52-2119622-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NATIONAL COUNCIL OF EXAMINERS FOR ENGINEERING AND SURVEYING RETIREMENT SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NTL COUNCIL OF EXAMINERS FOR ENGINEERING & SURV	<b>c</b> EIN-PN 57-0341195-002
<b>a</b>	Plan name	NATIONWIDE SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	NATIONWIDE TRUST COMPANY	<b>c</b> EIN-PN 31-1592130-001
<b>a</b>	Plan name	NICHOLSON CONSTRUCTION COMPANY EMPLOYEES	
<b>b</b>	Name of plan sponsor	NICHOLSON CONSTRUCTION COMPANY	<b>c</b> EIN-PN 25-1024823-003
<b>a</b>	Plan name	NORMAN, HANSON & DETROY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORMAN HANSON & DETROY, LLC	<b>c</b> EIN-PN 01-0339491-001
<b>a</b>	Plan name	NORTHERN BANK AND TRUST COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN BANK & TRUST COMPANY	<b>c</b> EIN-PN 04-2265819-001
<b>a</b>	Plan name	NORTHLAND TELEPHONE SYSTEMS, LTD. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	NORTHLAND TELEPHONE SYSTEMS, LTD	<b>c</b> EIN-PN 16-1188181-001
<b>a</b>	Plan name	OAKMONT COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OAKMONT COUNTRY CLUB	<b>c</b> EIN-PN 25-0699130-003
<b>a</b>	Plan name	OHANAHO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHANAHO, INC.	<b>c</b> EIN-PN 99-0311815-001
<b>a</b>	Plan name	ONEAMERICA SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	AMERICAN UNITED LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0145825-100
<b>a</b>	Plan name	ONEGOAL RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	ONEGOAL	<b>c</b> EIN-PN 56-2369898-001
<b>a</b>	Plan name	PACEMAKER STEEL AND PIPING COMPANY, INC. EMPLOYEES' DEFERRED SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACEMAKER STEEL AND PIPING COMPANY, INC.	<b>c</b> EIN-PN 16-1614925-001
<b>a</b>	Plan name	PADGETT CONSTRUCTION INC.	
<b>b</b>	Name of plan sponsor	PADGETT CONSTRUCTION INC	<b>c</b> EIN-PN 61-1088978-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	PARAGON MICRO INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PARAGON MICRO INC.
<b>c</b>	EIN-PN	20-0144408-001
<b>a</b>	Plan name	PATHFINDER VILLAGE, INC. DEFERRED ANNUITY PLAN
<b>b</b>	Name of plan sponsor	PATHFINDER VILLAGE, INC.
<b>c</b>	EIN-PN	15-0618744-001
<b>a</b>	Plan name	PATHOLOGY MEDICAL SERVICES, P.C. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PATHOLOGY MEDICAL SERVICES, P.C.
<b>c</b>	EIN-PN	47-0549869-003
<b>a</b>	Plan name	PBIGROUP LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PBIGROUP LLC
<b>c</b>	EIN-PN	84-2603241-001
<b>a</b>	Plan name	PENSION PLAN OF CHICAGO CHILD CARE SOCIETY
<b>b</b>	Name of plan sponsor	FAMILY FOCUS
<b>c</b>	EIN-PN	36-2166998-001
<b>a</b>	Plan name	PILOT PRECISION PRODUCTS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	PILOT PRECISION PRODUCTS, LLC
<b>c</b>	EIN-PN	81-3661088-002
<b>a</b>	Plan name	PIP 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PROTECTIVE INDUSTRIAL PRODUCTS, INC.
<b>c</b>	EIN-PN	14-1659264-001
<b>a</b>	Plan name	POINT C RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	BENEFIT PLAN ADMINISTRATORS OF EAU CLAIRE
<b>c</b>	EIN-PN	39-0819344-002
<b>a</b>	Plan name	POTOMAC FAMILY DINING GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	POTOMAC FAMILY DINING GROUP OPERATING COMPANY LLC
<b>c</b>	EIN-PN	27-3546071-001
<b>a</b>	Plan name	POWER CURBERS COMPANIES, LLC EMPLOYEES' RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	POWER CURBERS COMPANIES, LLC
<b>c</b>	EIN-PN	82-2422888-001
<b>a</b>	Plan name	PREMIER COOP 401K PLAN
<b>b</b>	Name of plan sponsor	PREMIER COOP
<b>c</b>	EIN-PN	39-0527690-001
<b>a</b>	Plan name	PRIMARY CARE METABOLIC DISORDERS
<b>b</b>	Name of plan sponsor	PRIMARY CARE METABOLIC DISORDERS MED PR
<b>c</b>	EIN-PN	84-4464338-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PROLEC-GE WAUKESHA, INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROLEC GE WAUKESHA, INC	<b>c</b> EIN-PN 39-1139625-002
<b>a</b>	Plan name	PROVIDENCE MANAGEMENT AND DEVELOPMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE MANAGEMENT AND DEVELOPMENT COMPANY	<b>c</b> EIN-PN 36-3774205-001
<b>a</b>	Plan name	R. ROBERT SOSSEN JR., ATTORNEY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	R. ROBERT SOSSEN JR., ATTORNEY	<b>c</b> EIN-PN 81-3853144-001
<b>a</b>	Plan name	RACE WINNING BRANDS, INC. EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RACE WINNING BRANDS, INC. EMPLOYEES 401K PLAN	<b>c</b> EIN-PN 81-4827266-001
<b>a</b>	Plan name	RALEIGH NEUROSURGERY INC	
<b>b</b>	Name of plan sponsor	RALEIGH NEUROSURGICAL CLINIC	<b>c</b> EIN-PN 56-1534192-002
<b>a</b>	Plan name	RAYONIER ADVANCED MATERIALS INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RAYONIER ADVANCED MATERIALS INC.	<b>c</b> EIN-PN 46-4559529-001
<b>a</b>	Plan name	REGIONAL INDUSTRIAL DEVELOPMENT CORPORATION OF SOUTHWESTERN PENNSYLVANIA 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	RIDC	<b>c</b> EIN-PN 25-1033264-003
<b>a</b>	Plan name	REMINGTON FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	REMINGTON FEDERAL CREDIT UNION	<b>c</b> EIN-PN 15-0538317-033
<b>a</b>	Plan name	RESCALE RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	RESCALE, INC.	<b>c</b> EIN-PN 45-3837167-001
<b>a</b>	Plan name	RETHINK AUTISM, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RETHINK AUTISM, INC. DBA RETHINK FIRST	<b>c</b> EIN-PN 26-1746074-002
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF ONEIDA COUNTY RURAL TELEPHONE CO.	
<b>b</b>	Name of plan sponsor	ONEIDA COUNTY RURAL TELEPHONE CO.	<b>c</b> EIN-PN 15-0405595-001
<b>a</b>	Plan name	REV BIRMINGHAM INC 401K PLAN	
<b>b</b>	Name of plan sponsor	REV BIRMINGHAM INC	<b>c</b> EIN-PN 20-0763511-002

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.)	
<b>a</b>	Plan name ROYAL LABEL COMPANY INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ROYAL LABEL COMPANY INC	<b>c</b> EIN-PN 04-2255738-001
<b>a</b>	Plan name RUBY-COLLINS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RUBY-COLLINS, INC.	<b>c</b> EIN-PN 61-0709337-002
<b>a</b>	Plan name SABA FINANCIAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SABA HEALTHCARE, LLC	<b>c</b> EIN-PN 47-3902336-001
<b>a</b>	Plan name SALUDA GRADE ADVISORY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SALUDA GRADE ADVISORY	<b>c</b> EIN-PN 83-3165460-001
<b>a</b>	Plan name SCALZO, ZOGBY & WITTIG SERVICES, INC. SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SCALZO, ZOGBY & WITTIG SERVICES, INC.	<b>c</b> EIN-PN 16-1408645-001
<b>a</b>	Plan name SEASONS HOSPICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEASONS HEALTHCARE MANAGEMENT, INC.	<b>c</b> EIN-PN 20-0414191-001
<b>a</b>	Plan name SFP WEALTH LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SFP WEALTH LLC	<b>c</b> EIN-PN 45-4470933-001
<b>a</b>	Plan name SHINIGAWA SPECIALTY	
<b>b</b>	Name of plan sponsor SHINAGAWA SPECIALTY CERAMICS AMERICAS LL	<b>c</b> EIN-PN 88-4033030-001
<b>a</b>	Plan name SIDING UNLIMITED, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIDING UNLIMITED LLC	<b>c</b> EIN-PN 39-1789869-001
<b>a</b>	Plan name SIMPLE INTEGRITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIMPLE INTEGRITY, LLC	<b>c</b> EIN-PN 46-2328798-001
<b>a</b>	Plan name SMITH, LEWIS, CHESS & COMPANY SALARY DEFERRAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMITH, LEWIS, CHESS & CO., LLP	<b>c</b> EIN-PN 25-1585317-001
<b>a</b>	Plan name STAMBAUGH NESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor STAMBAUGH NESS, INC.	<b>c</b> EIN-PN 23-2846715-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	STARADIO CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STARADIO CORP.	<b>c</b> EIN-PN 31-1144654-001
<b>a</b>	Plan name	STRATEGIC FINANCIAL SERVICES EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STRATEGIC FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 16-1334685-001
<b>a</b>	Plan name	STRATEGIC FINANCIAL SOLUTIONS, LLC	
<b>b</b>	Name of plan sponsor	STRATEGIC FINANCIAL SOLUTIONS, LLC	<b>c</b> EIN-PN 57-1185164-001
<b>a</b>	Plan name	STRATEGIC POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	ADVISORTRUST INC	<b>c</b> EIN-PN 46-4091337-001
<b>a</b>	Plan name	SUN WEST MORTGAGE CO., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN WEST MORTGAGE COMPANY, INC.	<b>c</b> EIN-PN 95-3523796-001
<b>a</b>	Plan name	TATONDUK OUTFITTERS LIMITED RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TATONDUK OUTFITTERS LIMITED	<b>c</b> EIN-PN 92-0067887-001
<b>a</b>	Plan name	TEACHER CREATED MATERIALS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEACHER CREATED MATERIALS, INC.	<b>c</b> EIN-PN 33-0004235-001
<b>a</b>	Plan name	TEAMDYNAMIX SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	TEAMDYNAMIX SOLUTIONS LLC	<b>c</b> EIN-PN 31-1804205-001
<b>a</b>	Plan name	TELECON DESIGN (USA) INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TELECON DESIGN (USA) INC.	<b>c</b> EIN-PN 37-1794849-001
<b>a</b>	Plan name	TESSA PRECISION PRODUCTS INC. 401K	
<b>b</b>	Name of plan sponsor	TESSA PRECISION PRODUCTS INC	<b>c</b> EIN-PN 34-1346599-001
<b>a</b>	Plan name	THE HUMANE SOCIETY OF THE UNITED STATES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE HUMANE SOCIETY OF THE UNITED STATES	<b>c</b> EIN-PN 53-0225390-002
<b>a</b>	Plan name	THE MATT LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE MATT LAW FIRM, PLLC	<b>c</b> EIN-PN 42-1535305-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name THE MEDICAL PROFESSIONAL LIABILITY ASSOCIATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE MEDICAL PROFESSIONAL LIABILITY ASSOC	<b>c</b> EIN-PN 22-2205875-001
<b>a</b>	Plan name THE NATIONAL GUARD ASSOCIATION OF THE UNITED	
<b>b</b>	Name of plan sponsor THE NATIONAL GUARD ASSOCIATION	<b>c</b> EIN-PN 53-0184296-002
<b>a</b>	Plan name THE POMEROY LAW FIRM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor POMEROY, ARMSTRONG & CASULLO, LLP	<b>c</b> EIN-PN 16-1489788-001
<b>a</b>	Plan name THERMOFLEX CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THERMOFLEX 401(K) PLAN	<b>c</b> EIN-PN 36-3734832-001
<b>a</b>	Plan name THRAILKILL ALL METALS FABRICATING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THRAILKILL ALL METALS FABRICATING, INC.	<b>c</b> EIN-PN 75-1626647-001
<b>a</b>	Plan name TILE ROOFS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TILE ROOFS, INC	<b>c</b> EIN-PN 36-3821542-001
<b>a</b>	Plan name TODAY'S HOME, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TODAYS HOME, INC.	<b>c</b> EIN-PN 25-1244117-001
<b>a</b>	Plan name TOP GUN GROUP LLC 401K	
<b>b</b>	Name of plan sponsor TOP GUN GROUP LLC	<b>c</b> EIN-PN 86-2888497-001
<b>a</b>	Plan name TREND TECHNOLOGIES, LLC SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TREND TECHNOLOGIES, LLC	<b>c</b> EIN-PN 47-0898630-002
<b>a</b>	Plan name TSP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TECHNOLOGY SERVICE PROFESSIONALS, INC.	<b>c</b> EIN-PN 16-1641884-001
<b>a</b>	Plan name TURNBRIDGE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CT CLINICAL SERVICES, INC. D/B/A TURNBRIDGE	<b>c</b> EIN-PN 27-4313481-001
<b>a</b>	Plan name UNIVERSAL ELECTRONIC ALARMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL ELECTRONIC ALARMS, INC.	<b>c</b> EIN-PN 95-4771672-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	URBAN IMPACT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	URBAN IMPACT FOUNDATION	<b>c</b> EIN-PN 25-1752269-001
<b>a</b>	Plan name	UTICA COFFEE ROASTING, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UTICA COFFEE ROASTING, INC.	<b>c</b> EIN-PN 46-2677386-001
<b>a</b>	Plan name	VAN DEVERE 401 K PROFIT SHARING PLAN &	
<b>b</b>	Name of plan sponsor	VANDEVERE INC	<b>c</b> EIN-PN 34-0676529-001
<b>a</b>	Plan name	VARDE MANAGEMENT, L.P. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VARDE MANAGEMENT, L.P.	<b>c</b> EIN-PN 20-8368769-001
<b>a</b>	Plan name	VENTRA HEALTH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VENTRA HEALTH, INC.	<b>c</b> EIN-PN 81-1702029-001
<b>a</b>	Plan name	VICKS LITHOGRAPH & PRINTING CORP PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	VICKS LITHOGRAPH & PRINTING CORP.	<b>c</b> EIN-PN 15-0479760-001
<b>a</b>	Plan name	VINE HOSPITALITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VINE DINING ENTERPRISES, INC.	<b>c</b> EIN-PN 68-0289336-001
<b>a</b>	Plan name	WALDRON PRIVATE WEALTH 401K PSP PLAN	
<b>b</b>	Name of plan sponsor	WALDRON PRIVATE WEALTH	<b>c</b> EIN-PN 26-3953661-001
<b>a</b>	Plan name	WALLWORK CURRY MCKENNA 401K PLAN	
<b>b</b>	Name of plan sponsor	WALLWORK CURRY MCKENNA	<b>c</b> EIN-PN 20-1251782-001
<b>a</b>	Plan name	WATER QUALITY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATER QUALITY ASSOCIATION, INC.	<b>c</b> EIN-PN 36-2784319-001
<b>a</b>	Plan name	WEST END ORTHODONTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST END ORTHODONTICS	<b>c</b> EIN-PN 75-3058427-001
<b>a</b>	Plan name	WH MIDWEST, LLC 401(K) PROFIT SHARING PLAN DBA WAYNE HOMES	
<b>b</b>	Name of plan sponsor	WH MIDWEST, LLC DBA WAYNE HOMES	<b>c</b> EIN-PN 30-0588053-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>LARGE CAP VALUE FUND II</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>707</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>38-7264544</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	3	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	237890	39306
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	85629538	132576167
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	85867431	132615473
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	145273
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	326251	39307
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	326251	184580
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	85541180	132430893

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		10703019
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		10703019

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	5192	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	400654	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	52981	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		458827
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		458827

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		10244192
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		62749924
(2) From this plan .....	<b>2l(2)</b>		26104403

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.