

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>INDEXSELECT AGGRESSIVE 2065 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>774</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>38-7275305</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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/30/2025</u>	<u>BRIAN MULLER</u>
	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 <hr/> 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>INDEXSELECT AGGRESSIVE 2065 FUND</u>	B Three-digit plan number (PN) ▶	<u>774</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-7275305</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>COMMODITY INDEX DAILY FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4616854-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-2659367-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR MSCI ACWI EX-US IMI INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4955447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4399549</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3357216-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7557413</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>94-3318704-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>562080</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>U.S. TIPS FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>36-4495972-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FTSE NAREIT ALL EQUITY REITS INDEX</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>99-3288435-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>127745</u>

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	401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF HOME HEADQUARTERS, INC.	
b Name of plan sponsor	HOME HEADQUARTERS, INC.	c EIN-PN 22-2982267-002
a Plan name	A360 INC. 401(K) PLAN	
b Name of plan sponsor	A360 INC.	c EIN-PN 81-4491906-001
a Plan name	ADX LABS 401(K) PLAN	
b Name of plan sponsor	ADX LABS INC.	c EIN-PN 47-4668903-001
a Plan name	AKULA & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	AKULA & ASSOCIATES, PC	c EIN-PN 26-1687969-001
a Plan name	ALLEN CONSULTING, INC. 401(K) PLAN	
b Name of plan sponsor	ALLEN CONSULTING, INC.	c EIN-PN 73-1077678-001
a Plan name	ALLEN MEDIA BROADCASTING 401K PLAN	
b Name of plan sponsor	ALLEN MEDIA BROADCASTING, LLC	c EIN-PN 47-1403290-001
a Plan name	ALTERNATIVE PATHS 401K P/S PLAN	
b Name of plan sponsor	ALTERNATIVE PATHS, INC	c EIN-PN 34-1617525-002
a Plan name	ALTIX 401(K) PLAN	
b Name of plan sponsor	ALTIX CORPORATION	c EIN-PN 32-0558852-001
a Plan name	AMERICAN CRUISE LINES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THE AMERICAN CRUISE LINES, INC.	c EIN-PN 06-1324808-001
a Plan name	AMERICAN HYDRO 401(K) PLAN	
b Name of plan sponsor	AMERICAN HYDRO	c EIN-PN 23-2426636-001
a Plan name	AMERICAN INTEGRITY 401(K) PLAN	
b Name of plan sponsor	AMERICAN INTEGRITY INSURANCE COMPANY OF FLORIDA	c EIN-PN 20-5239410-002
a Plan name	ANESTHESIOLOGISTS ASSOC 401K PLAN	
b Name of plan sponsor	ANESTHESIOLOGISTS ASSOCIATED,P.C.	c EIN-PN 63-0577011-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ARONA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ARONA CORPORATION	c EIN-PN 42-1455271-001
a	Plan name	ATHENS INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	P & C RISK SERVICES, LLC.	c EIN-PN 62-1798090-001
a	Plan name	ATLSS-ASH 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC SELF STORAGE, LLC	c EIN-PN 46-5543216-001
a	Plan name	AVID BIOSERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	AVID BIOSERVICES, INC.	c EIN-PN 95-3698422-001
a	Plan name	AXA ASSISTANCE USA, INC. 401(K) PLAN	
b	Name of plan sponsor	AXA ASSISTANCE USA, INC.	c EIN-PN 36-3235090-001
a	Plan name	B & J GROUP RETIREMENT PLAN	
b	Name of plan sponsor	B&J SPECIALTY, INC.	c EIN-PN 35-1794553-001
a	Plan name	BDG ARCHITECTS, LLP 401(K) PLAN	
b	Name of plan sponsor	BDG ARCHITECTS, LLP	c EIN-PN 59-3730398-001
a	Plan name	BEHR HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	BEHR HOLDINGS	c EIN-PN 20-5536893-001
a	Plan name	BERGGRUEN INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	BERGGRUEN INSTITUTE	c EIN-PN 46-5602320-001
a	Plan name	BFCC RETIREMENT PLAN	
b	Name of plan sponsor	BIG FOOT COUNTRY CLUB	c EIN-PN 39-0165735-003
a	Plan name	BJ RYAN'S EAST 401(K) PLAN	
b	Name of plan sponsor	SPT INC.	c EIN-PN 06-1121189-001
a	Plan name	BLAINE BROTHERS MAINTENANCE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BLAINE BROTHERS MAINTENANCE, INC.	c EIN-PN 41-1379303-001

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 BRADLEY, GMELICH & WELLERSTEIN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRADLEY, GMELICH & WELLERSTEIN LLP	c EIN-PN 95-4769511-001
a	Plan name BURKE GROUP RETIREMENT PLAN	
b	Name of plan sponsor SAB SPECIALTIES, LLC	c EIN-PN 46-1620243-001
a	Plan name C & E CONCRETE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor C & E CONCRETE, INC.	c EIN-PN 85-0231718-001
a	Plan name CAAVO INC 401(K) PLAN	
b	Name of plan sponsor CAAVO INC.	c EIN-PN 47-4404736-001
a	Plan name CABIN CREEK HEALTH SYSTEMS, INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CABIN CREEK HEALTH SYSTEMS, INC.	c EIN-PN 55-0709223-001
a	Plan name CALIFORNIA BANK OF COMMERCE, NA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA BANK OF COMMERCE, N.A.	c EIN-PN 33-0956417-002
a	Plan name CARRION SANCHEZ RETIREMENT PLAN	
b	Name of plan sponsor CARRION SANCHEZ, LLC	c EIN-PN 66-0752164-001
a	Plan name CARSON HELICOPTERS INC. 401(K) PLAN	
b	Name of plan sponsor CARSON HELICOPTERS INC	c EIN-PN 23-1538917-001
a	Plan name CEDAR SECURITY 401(K) PLAN	
b	Name of plan sponsor CEDAR SECURITY BANK	c EIN-PN 47-0672448-001
a	Plan name CENTRAL CONTRACTING, INC. 401 (K) PLAN	
b	Name of plan sponsor CENTRAL CONTRACTING, INC.	c EIN-PN 55-0710237-001
a	Plan name CHERRYLAKE'S 401(K) PLAN	
b	Name of plan sponsor CHERRYLAKES 401(K) PLAN	c EIN-PN 58-1477943-001
a	Plan name CHILD-PARENT CENTERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor CHILD-PARENT CENTERS INC.	c EIN-PN 86-0204557-001

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 CLARK, SCHAEFER, HACKETT & CO. PROFIT SHARING RETIREMENT PLAN (WITH 401(K) PROVISIONS)	
b	Name of plan sponsor CLARK, SCHAEFER, HACKETT & CO	c EIN-PN 31-0800053-001
a	Plan name CLEVELAND PUBLIC THEATRE 401(K) PLAN	
b	Name of plan sponsor CLEVELAND PUBLIC THEATRE	c EIN-PN 34-1359225-001
a	Plan name COLLETTE HEALTH LLC RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor COLLETTE HEALTH LLC	c EIN-PN 86-3939564-001
a	Plan name COLT RECYCLING 401(K) PLAN	
b	Name of plan sponsor COLT RECYCLING LLC	c EIN-PN 35-2223918-001
a	Plan name COMPASS MORTGAGE, INC. 401K PLAN	
b	Name of plan sponsor COMPASS MORTGAGE, INC.	c EIN-PN 36-4322204-001
a	Plan name CRAIG & LANDRETH CARS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor CRAIG & LANDRETH CARS, INC.	c EIN-PN 61-1382413-001
a	Plan name CRAIG S. BINDI, M.D., INC. 401(K) PLAN	
b	Name of plan sponsor CRAIG S. BINDI, MD, INC.	c EIN-PN 27-2592581-001
a	Plan name CREDITXPRT 401(K) PLAN	
b	Name of plan sponsor CREDITXPRT INC.	c EIN-PN 52-1826790-001
a	Plan name CURTIS PACKAGING CORPORATION MASTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CURTIS PACKAGING CORPORATION	c EIN-PN 06-1032297-001
a	Plan name DALIGATY INC 401(K) PLAN	
b	Name of plan sponsor DALIGATY, INC	c EIN-PN 85-3658882-001
a	Plan name DAVIDSON HOSPITALITY GROUP 401(K) PLAN	
b	Name of plan sponsor DAVIDSON HOSPITALITY GROUP	c EIN-PN 20-3747936-002
a	Plan name DCCM, LLC 401(K) PLAN	
b	Name of plan sponsor DCCM, LLC 401(K) PLAN	c EIN-PN 86-2523370-001

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	DCD AUTOMOTIVE HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	DCD AUTOMOTIVE HOLDINGS, INC.	c EIN-PN 47-2847221-001
a	Plan name	DEEPWATCH INC 401(K) PLAN	
b	Name of plan sponsor	DEEPWATCH, INC	c EIN-PN 38-4056947-001
a	Plan name	DEERFIELD AGENCY LLC 401(K) PLAN	
b	Name of plan sponsor	DEERFIELD AGENCY LLC	c EIN-PN 47-3931876-001
a	Plan name	DIPLOMA HOLDINGS, INC 401(K) PLAN	
b	Name of plan sponsor	DIPLOMA HOLDINGS, INC	c EIN-PN 25-1817924-001
a	Plan name	DONJON MARINE CO., INC. RETIREMENT PLAN	
b	Name of plan sponsor	DONJON MARINE CO., INC.	c EIN-PN 22-1844615-001
a	Plan name	DOYLESTOWN COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	DOYLESTOWN COUNTRY CLUB	c EIN-PN 23-0535085-001
a	Plan name	EDGE ELECTRICAL SYSTEMS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EDGE ELECTRICAL SYSTEMS, LLC	c EIN-PN 46-4200887-001
a	Plan name	EDGE ONE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EDGE ONE, LLC	c EIN-PN 39-1813629-001
a	Plan name	EGM, L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EGM, L.L.C.	c EIN-PN 63-1259690-001
a	Plan name	EMERALD TEXTILES, SAN DIEGO, 401K	
b	Name of plan sponsor	EMERALD TEXTILES, SAN DIEGO. LLC	c EIN-PN 27-1167089-001
a	Plan name	EVANS GENERAL CONTRACTORS, LLC 401(K) PLAN	
b	Name of plan sponsor	EVANS GENERAL CONTRACTORS, LLC	c EIN-PN 58-2602425-001
a	Plan name	EVOLUTION NUTRITION INC. 401 (K) PLAN	
b	Name of plan sponsor	EVOLUTION NUTRITION INC.	c EIN-PN 46-1453746-001

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	EXTEND, INC. 401(K) PLAN	
b Name of plan sponsor	EXTEND, INC.	c EIN-PN 36-4919826-001
a Plan name	FAMILY PRACTICE CENTER, P.C. 401(K) PLAN	
b Name of plan sponsor	FAMILY PRACTICE CENTER, P.C.	c EIN-PN 23-1919008-001
a Plan name	FAMILY VISION 401(K) PLAN	
b Name of plan sponsor	FAMILY VISION CENTER OF LA CROSSE, LLC	c EIN-PN 81-4895832-001
a Plan name	FORWARD RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	FORWARD CORPORATION	c EIN-PN 38-1464754-002
a Plan name	FOULGER-PRATT COMPANIES 401(K) PLAN	
b Name of plan sponsor	FOULGER-PRATT COMPANIES LLC	c EIN-PN 45-0463021-001
a Plan name	FRONTIER NURSING UNIVERSITY 401(K) RETIREMENT PLAN	
b Name of plan sponsor	FRONTIER NURSING UNIVERSITY	c EIN-PN 61-1124267-002
a Plan name	FUEL YOUR 401(K) RETIREMENT PLAN	
b Name of plan sponsor	VIRGINIA TRANSPORTATION CORPORATION	c EIN-PN 05-0481917-001
a Plan name	GABLES RESIDENTIAL SERVICES, INC. 401(K) PLAN	
b Name of plan sponsor	GABLES RESIDENTIAL SERVICES, INC.	c EIN-PN 75-2517913-001
a Plan name	GATEWAY DEVELOPMENT COMMISSION RETIREMENT PLAN	
b Name of plan sponsor	GATEWAY DEVELOPMENT COMMISSION	c EIN-PN 87-2091167-414
a Plan name	GENOVA TECHNOLOGIES 401(K) PLAN	
b Name of plan sponsor	GENOVA TECHNOLOGIES	c EIN-PN 42-1466298-001
a Plan name	GIVENHANSCO 401(K) PLAN	
b Name of plan sponsor	GIVENHANSCO, INC.	c EIN-PN 31-1750596-010
a Plan name	GLOBAL DATA CONSULTANTS, LLC 401(K) P/S PLAN	
b Name of plan sponsor	GLOBAL DATA CONSULTANTS, LLC	c EIN-PN 20-0505791-001

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 GOURMET CULINARY PARTNERS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GOURMET CULINARY PARTNERS, LLC	c EIN-PN 83-3649071-001
a	Plan name GRAND RAPIDS FOAM TECHNOLOGIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor GRAND RAPIDS FOAM TECHNOLOGIES, INC.	c EIN-PN 38-1812836-001
a	Plan name GREAT LAKES DENTAL CARE, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor GREAT LAKES DENTAL CARE, P.C.	c EIN-PN 26-1443829-001
a	Plan name GREEN AND SPIEGEL U.S., LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GREEN AND SPIEGEL, US, LLC	c EIN-PN 99-0378634-001
a	Plan name GREENMARK EQUIPMENT, LLC RETIREMENT PLAN	
b	Name of plan sponsor GREENMARK EQUIPMENT, LLC	c EIN-PN 38-2221695-001
a	Plan name GREENWICH ORAL & MAXILLOFACIAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREENWICH ORAL & MAXILLOFACIAL SURGERY ASSOC. PC	c EIN-PN 06-0877452-004
a	Plan name GSA MANAGEMENT LLC 401K PLAN & TRUST	
b	Name of plan sponsor GSA MANAGEMENT LLC	c EIN-PN 46-1610090-003
a	Plan name HARTFORD ELEVATOR, LLC 401(K) PLAN	
b	Name of plan sponsor HARTFORD ELEVATOR, LLC	c EIN-PN 30-0335585-001
a	Plan name HASTINGS ARCHITECTURE 401(K) PLAN	
b	Name of plan sponsor HASTINGS ARCHITECTURE, LLC	c EIN-PN 56-2313715-001
a	Plan name HEALTHMARK 401(K) PLAN	
b	Name of plan sponsor HEALTHMARK INDUSTRIES COMPANY	c EIN-PN 38-2073977-001
a	Plan name HEALTHNET, INC. 401(K) PLAN	
b	Name of plan sponsor HEALTHNET, INC.	c EIN-PN 35-1579827-001
a	Plan name HEART CITY GROUP, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HEART CITY AUTOMOTIVE INC	c EIN-PN 35-1537836-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HMI MECHANICAL SYSTEMS, INC. RESTATED PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	HMI MECHANICAL SYSTEMS, INC.	c EIN-PN 16-0985245-001
a	Plan name	HOTT ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HOTT ASSOCIATES, INC.	c EIN-PN 34-1821072-001
a	Plan name	HURON, INC. RETIREMENT SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	HURON, INC.	c EIN-PN 38-2546791-002
a	Plan name	IDM COMPANIES, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	IDM COMPANIES LLC	c EIN-PN 88-3973496-001
a	Plan name	INDUSTRIAL RIGGING SERVICE OF CENTRAL TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL RIGGING SERVICE OF CENTRAL TEXAS INC.	c EIN-PN 56-2405551-001
a	Plan name	INLIGHT WEALTH MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	INLIGHT WEALTH MANAGEMENT, LLC	c EIN-PN 82-2820416-001
a	Plan name	INNOPHOS, INC. 401(K) PLAN	
b	Name of plan sponsor	INNOPHOS, INC.	c EIN-PN 20-1380712-001
a	Plan name	INOVEX INFORMATION SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	INOVEX INFORMATION SYSTEMS	c EIN-PN 20-0789181-001
a	Plan name	INTEGRATED CONSULTING 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED CONSULTING, LLC	c EIN-PN 87-1172697-001
a	Plan name	INTEGRITY TAX GROUP 401(K) PLAN	
b	Name of plan sponsor	INTEGRITY TAX GROUP OF JENISON	c EIN-PN 27-1391149-001
a	Plan name	INTELIDENT SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	INTELIDENT SOLUTIONS, LLC	c EIN-PN 57-1220613-001
a	Plan name	INTERIM HEALTHCARE 401(K)	
b	Name of plan sponsor	LOWCOUNTRY NURSING GROUP, LLC DBA INTERIM HEALTHCARE	c EIN-PN 76-0815039-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INTERNATIONAL SCHOOL OF LOUISIANA 401(K) PLAN	
b	Name of plan sponsor	THE INTERNATIONAL SCHOOL OF LOUISIANA	c EIN-PN 72-1461891-002
a	Plan name	INVENTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor	INVENTIVE, LLC	c EIN-PN 20-4903902-001
a	Plan name	ISPE 401(K) PLAN	
b	Name of plan sponsor	ISPE, INC.	c EIN-PN 59-2009272-001
a	Plan name	J R ZUKIN CORPORATION 401K PLAN	
b	Name of plan sponsor	JR ZUKIN CORPORATION	c EIN-PN 95-1478121-002
a	Plan name	JAMES E. FULTON & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	JAMES E. FULTON & SONS, INC.	c EIN-PN 38-2064280-001
a	Plan name	JENKINS PLUMBING AND HEATING 401(K) PLAN	
b	Name of plan sponsor	JENKINS PLUMBING AND HEATING, INC.	c EIN-PN 21-0622081-001
a	Plan name	K-SPACE ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	K-SPACE ASSOCIATES, INC.	c EIN-PN 38-3059777-001
a	Plan name	KEYHOLE SOFTWARE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYHOLE SOFTWARE, LLC	c EIN-PN 26-2842185-001
a	Plan name	KITCHEN DESIGN SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	KITCHEN DESIGN SOLUTIONS	c EIN-PN 83-2824924-001
a	Plan name	KIZIK 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KIZIK DESIGN, LLC	c EIN-PN 37-1870390-001
a	Plan name	KLINE, KEPPEL & KORYAK, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KLINE, KEPPEL & KORYAK, P.C.	c EIN-PN 25-1400745-001
a	Plan name	KNAPP INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KNAPP INC.	c EIN-PN 58-2365257-001

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	KOPPERT BIOLOGICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KOPPERT BIOLOGICAL SYSTEMS, INC	c EIN-PN 38-3195931-002
a	Plan name	LOYAL SOURCE GOV'T SERV 401K PLAN	
b	Name of plan sponsor	LOYAL SOURCE GOV'T SERVICES	c EIN-PN 30-0564703-001
a	Plan name	M&R STRATEGIC SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	M&R STRATEGIC SERVICES, INC.	c EIN-PN 13-3588025-002
a	Plan name	MG LAW 401(K) PLAN	
b	Name of plan sponsor	MEYER GOERGEN PC	c EIN-PN 54-1597612-001
a	Plan name	MIAMI POSTAL SERVICE CREDIT UNION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIAMI POSTAL SERVICE CREDIT UNION	c EIN-PN 59-0359710-002
a	Plan name	MICON DEVELOPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	MICON DEVELOPMENT LLC	c EIN-PN 03-0446822-001
a	Plan name	MIDAMERICAN AEROSPACE, LTD. 401(K) PLAN	
b	Name of plan sponsor	MIDAMERICAN AEROSPACE, LTD.	c EIN-PN 20-0207550-001
a	Plan name	MILLER EQUIPMENT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MILLER EQUIPMENT COMPANY	c EIN-PN 20-0017568-001
a	Plan name	MISSOURI ASSOCIATION MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	MISSOURI ASSOCIATION MANAGEMENT, LLC	c EIN-PN 26-1599655-001
a	Plan name	MONARCH INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	MONARCH INTERNATIONAL, INC.	c EIN-PN 02-0333450-001
a	Plan name	MP GLOBAL PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor	MP GLOBAL PRODUCTS LLC	c EIN-PN 91-1838266-001
a	Plan name	MT STANLEY STEEMER 401 (K) PLAN	
b	Name of plan sponsor	MT STARK ENTERPRISES LLC	c EIN-PN 84-3942202-001

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	NAPCA 401(K) PLAN	
b	Name of plan sponsor	NATIONAL ASIAN PACIFIC CENTER ON AGING	c EIN-PN 52-1266741-002
a	Plan name	NAUTILUS BIOTECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor	NAUTILUS SUBSIDIARY INC.	c EIN-PN 81-4928437-001
a	Plan name	NEW APM, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN PHOTO MARKETING, INC.	c EIN-PN 86-1249671-001
a	Plan name	NEW WATERLOO 401(K) PLAN	
b	Name of plan sponsor	6H MANAGEMENT LLC	c EIN-PN 30-0913137-001
a	Plan name	NIC INDUSTRIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NIC INDUSTRIES, INC.	c EIN-PN 91-1767717-001
a	Plan name	NORTHERN TOOL & EQUIPMENT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHERN TOOL & EQUIPMENT COMPANY, INC.	c EIN-PN 41-1405311-003
a	Plan name	NOTRE DAME TRAINING SCHOOL, INC. 401(K) PLAN	
b	Name of plan sponsor	SISTERS OF NOTRE DAME DE NAMUR	c EIN-PN 04-3210469-001
a	Plan name	ONEWORLD 401(K) PLAN	
b	Name of plan sponsor	ONEWORLD COMMUNITY HEALTH CENTERS, INC.	c EIN-PN 47-0548990-001
a	Plan name	ONIX NETWORKING 401(K) PLAN	
b	Name of plan sponsor	ONIX NETWORKING CORP.	c EIN-PN 34-1729033-001
a	Plan name	ORDERS CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	ORDERS CONSTRUCTION COMPANY, INC.	c EIN-PN 55-0487806-002
a	Plan name	PACIFIC COAST JET LLC 401(K) P/S PLAN	
b	Name of plan sponsor	PACIFIC COAST JET LLC	c EIN-PN 34-2066648-001
a	Plan name	PALACIOS LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE LAW OFFICES OF XAVIER A. PALACIOS & ASSOCIATES, P.C.	c EIN-PN 20-3187871-001

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 PATHWAYS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PATHWAYS, INC.	c EIN-PN 61-0661987-001
a	Plan name PAUL DAVIS RESTORATION 401K PLAN	
b	Name of plan sponsor C & M SERVICES OF KY, INC.	c EIN-PN 61-0946630-001
a	Plan name PEOPLES SERVICES INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PEOPLES SERVICES INC	c EIN-PN 34-1692443-002
a	Plan name PERFORMANCE PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor PERFORMANCE PLUMBING AND HEATING, LLC	c EIN-PN 25-1908740-001
a	Plan name PERSPECTUS ACHITECTURE, LLC 401(K) PLAN	
b	Name of plan sponsor PERSPECTUS ARCHITECTURE, LLC	c EIN-PN 03-0484121-001
a	Plan name PHALCON, LTD. 401(K) PLAN	
b	Name of plan sponsor PHALCON LTD.	c EIN-PN 20-8104883-001
a	Plan name PLUMB TECH, INC. 401(K) PLAN	
b	Name of plan sponsor PLUMB TECH, INC.	c EIN-PN 42-1420820-001
a	Plan name PRIDE CAPITAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor PRIDE CAPITAL PARTNERS, LLC	c EIN-PN 54-2131570-001
a	Plan name PROFESSIONAL ANESTHESIA SERVICES, INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL ANESTHESIA SERVICES, INC.	c EIN-PN 55-0665912-001
a	Plan name PROFESSIONAL DRYWALL, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PROFESSIONAL DRYWALL LLC.	c EIN-PN 27-3907592-001
a	Plan name PROOS EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor PROOS MANUFACTURING, LLC	c EIN-PN 93-3747467-001
a	Plan name PROXIMA 401K PLAN	
b	Name of plan sponsor PROXIMA 401(K) PLAN	c EIN-PN 45-2785636-001

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	PSIQUANTUM 401(K) PLAN
b	Name of plan sponsor	PSIQUANTUM CORP
c	EIN-PN	81-1715139-001
a	Plan name	PURA SCENTS, INC. 401(K) PLAN
b	Name of plan sponsor	PURA SCENTS, INC.
c	EIN-PN	47-4157710-001
a	Plan name	RED OAK BEHAVIORAL HEALTH 401(K) PLAN
b	Name of plan sponsor	RED OAK BEHAVIORAL HEALTH
c	EIN-PN	34-1282145-003
a	Plan name	RELISHIQ INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	RELISH IQ
c	EIN-PN	85-4099959-001
a	Plan name	ROCKY MOUNTAIN UNIVERSITY OF HEALTH PROFESSIONS, INC.
b	Name of plan sponsor	ROCKY MOUNTAIN UNIVERSITY OF HEALTH PROFESSIONS, INC.
c	EIN-PN	87-0594592-002
a	Plan name	ROSS CONTROLS RETIREMENT PLAN
b	Name of plan sponsor	ROSS OPERATING VALVE COMPANY, ALSO KNOWN AS ROSS CONTROLS
c	EIN-PN	38-0985950-005
a	Plan name	RPC, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	RPC, INC.
c	EIN-PN	59-2707333-003
a	Plan name	SAVANT, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	SAVANT, INC.
c	EIN-PN	38-1909696-001
a	Plan name	SCENIC FRUIT COMPANY 401K PROFIT SHARING PLAN
b	Name of plan sponsor	SCENIC FRUIT COMPANY
c	EIN-PN	93-0461147-001
a	Plan name	SEARCH MASTERS, INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	SEARCH MASTERS, INC.
c	EIN-PN	34-1119739-001
a	Plan name	SEASONS EVOO HOLDINGS LLC RETIREMENT SAVINGS PLAN 401(K)
b	Name of plan sponsor	SEASONS EVOO HOLDINGS, LLC
c	EIN-PN	47-1946111-001
a	Plan name	SEASONS RETIREMENT GROUP - HILLTOP FAMILY DENTAL RETIREMENT PLAN
b	Name of plan sponsor	HILLTOP FAMILY DENTAL, LLC
c	EIN-PN	27-3572702-001

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 SEASONS RETIREMENT GROUP - HUGHES GENERAL CONTRACTORS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HUGHES GENERAL CONTRACTORS, INC.	c EIN-PN 03-0403856-001
a	Plan name SEASONS RETIREMENT GROUP - INDUSTRIAL INJECTION SERVICE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INDUSTRIAL INJECTION SERVICE	c EIN-PN 87-0419542-001
a	Plan name SEASONS RETIREMENT GROUP - MIKE ZIMMERMAN WELL SERVICE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MIKE ZIMMERMAN WELL SERVICE, LLC	c EIN-PN 87-0642958-001
a	Plan name SEASONS RETIREMENT GROUP - PAULSEN CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PAULSEN CONSTRUCTION, LLC	c EIN-PN 20-8067235-001
a	Plan name SEASONS RETIREMENT GROUP - XYNGULAR/PURE HAVEN 401K PLAN	
b	Name of plan sponsor XYNGULAR CORPORATION	c EIN-PN 45-2702985-001
a	Plan name SEASONS RETIREMENT GROUP COGNITIVE FX 401(K) PLAN	
b	Name of plan sponsor COGNITIVE FX	c EIN-PN 47-1881429-001
a	Plan name SID PETERSON MEMORIAL HOSPITAL 401(K) SAVINGS AND PROFIT SHARING PLAN SID PETERS	
b	Name of plan sponsor SID PETERSON MEMORIAL HOSPITAL	c EIN-PN 74-2557820-003
a	Plan name SIETE FAMILY FOODS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIETE FAMILY FOODS	c EIN-PN 46-5012862-001
a	Plan name SIGNATURE TRANSPORT 401(K) PLAN	
b	Name of plan sponsor SIGNATURE TRANSPORT INC.	c EIN-PN 20-8872264-001
a	Plan name SIXTEENFIFTY HOLDING, INC. 401(K) P/S PLAN	
b	Name of plan sponsor SIXTEENFIFTY HOLDING INC.	c EIN-PN 20-0912120-001
a	Plan name SONDERMIND, INC. 401(K) PLAN	
b	Name of plan sponsor SONDERMIND, INC.	c EIN-PN 82-3006071-001
a	Plan name SPARKPEOPLE MANAGEMENT, INC. RETIREMENT SAVINGS	
b	Name of plan sponsor SPARK PEOPLE, INC	c EIN-PN 83-2770095-001

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 STEIN SPERLING BENNETT DE JONG DRISCOLL PC 401(K) PLAN	
b	Name of plan sponsor STEIN SPERLING BENNETT DE JONG DRISCOLL PC	c EIN-PN 52-1129904-001
a	Plan name STERLING ASSOCIATES GROUP LLC RETIREMENT TRUST	
b	Name of plan sponsor STERLING ASSOCIATES GROUP LLC	c EIN-PN 47-1728063-001
a	Plan name STRUCTURAL MODULAR INNOVATIONS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor STRUCTURAL MODULAR INNOVATIONS, LLC	c EIN-PN 92-1266814-001
a	Plan name SULLIVAN FINANCIAL, LLC 401(K) PLAN	
b	Name of plan sponsor SULLIVAN FINANCIAL, LLC	c EIN-PN 14-1893598-001
a	Plan name T. QUINN NICHOLSON, LTD	
b	Name of plan sponsor T QUINN NICHOLSON LTD.	c EIN-PN 33-0521014-001
a	Plan name T.A. PELSUE COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor T.A. PELSUE COMPANY	c EIN-PN 84-0575187-001
a	Plan name TEAM WIRELESS 401(K) PLAN	
b	Name of plan sponsor TEAM WIRELESS-ESCANABA, INC.	c EIN-PN 38-3621046-001
a	Plan name TEDDYS TRANSPORTATION SYSTEM 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor TEDDYS TRANSPORTATION SYSTEM, INC.	c EIN-PN 06-0989422-001
a	Plan name TEK PAK, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TEK PAK, INC.	c EIN-PN 36-3868071-001
a	Plan name THE 401K MANEUVER POOLED EMPLOYER PLAN	
b	Name of plan sponsor THE FINWAY GROUP, LLC	c EIN-PN 42-1468222-017
a	Plan name THE 401K PLAN PEP	
b	Name of plan sponsor PENTEGRA SERVICES INC	c EIN-PN 13-5645888-003
a	Plan name THE ARCHITECT 401(K) PLAN - THE FINWAY GROUP, LLC	
b	Name of plan sponsor THE FINWAY GROUP, LLC	c EIN-PN 42-1468222-001

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 ARCHITECT 401(K) PLAN _ VERO CHIROPRACTIC, PLLC	
b	Name of plan sponsor	VERO CHIROPRACTIC, PLLC	c EIN-PN 81-5213703-001
a	Plan name	THE ASHGROVE HOLDINGS 401K PLAN	
b	Name of plan sponsor	ASHGROVE HOLDINGS, LLC	c EIN-PN 13-4122483-001
a	Plan name	THE BJ RYAN'S GROUP 401(K) PLAN	
b	Name of plan sponsor	B & B RESTAURANT GROUP LLC	c EIN-PN 56-2625746-001
a	Plan name	THE HURON RETIREMENT SAVINGS & INVESTMENT PLAN FOR EMPLOYEES REPRESENTED BY UAW LOCAL 9699	
b	Name of plan sponsor	HURON, INC.	c EIN-PN 38-2546791-004
a	Plan name	THE LINEUP, A RETIREMENT SAVINGS PLAN BY ONDEFEND 401(K) PLAN	
b	Name of plan sponsor	ONDEFEND, LLC	c EIN-PN 81-1895971-001
a	Plan name	THE NOVAK 401(K) PLAN	
b	Name of plan sponsor	MARV SMITH ELECTRIC, PLUMBING & HEATING, LLC	c EIN-PN 82-3770166-001
a	Plan name	THE RUSKIN MOSCOU FALTISCHEK, P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RUSKIN MOSCOU FALTISCHEK, P.C.	c EIN-PN 11-2301137-002
a	Plan name	THE TSG PEP	
b	Name of plan sponsor	PENTEGRA SERVICES, INC.	c EIN-PN 13-3745616-014
a	Plan name	THE U.S. PETROLEUM PARTNERS 401(K) PLAN	
b	Name of plan sponsor	U.S. PETROLEUM PARTNERS, LLC	c EIN-PN 83-1469067-001
a	Plan name	THOMPSON ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	BJT HOLDING, LLC	c EIN-PN 02-0498062-001
a	Plan name	TIMBERLINE ACE HARDWARE 401(K) PLAN	
b	Name of plan sponsor	TIMBERLINE ACE HARDWARE	c EIN-PN 20-4579659-001
a	Plan name	TIS INTERNATIONAL INC 401(K) P/S PLAN	
b	Name of plan sponsor	TIS INTERNATIONAL INC	c EIN-PN 20-4960172-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name TOBIN HEATING AND AIR 401(K) PLAN	
b	Name of plan sponsor TOBIN-DML GROUP, LLC DBA TOBIN HEATING & AIR	c EIN-PN 04-3686892-001
a	Plan name TOTAL WAREHOUSE, INC. 401(K) PLAN	
b	Name of plan sponsor TOTAL WAREHOUSE, INC.	c EIN-PN 82-2468672-001
a	Plan name TPC ENGINEERING HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor TPC ENGINEERING HOLDINGS, INC.	c EIN-PN 87-4037719-001
a	Plan name TRANS-TECH ENERGY, LLC 401K PLAN	
b	Name of plan sponsor TRANS-TECH ENERGY, LLC	c EIN-PN 46-1316128-001
a	Plan name TRUST FOR THE NATIONAL MALL 401(K) PLAN	
b	Name of plan sponsor TRUST FOR THE NATIONAL MALL	c EIN-PN 30-0080738-001
a	Plan name TRUSTED RESOURCE UNDERWRITERS, LLC 401(K) PLAN	
b	Name of plan sponsor TRUSTED RESOURCE UNDERWRITERS, LLC	c EIN-PN 85-1266246-001
a	Plan name TRYON MEDICAL PARTNERS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRYON MEDICAL PARTNERS, PLLC	c EIN-PN 82-3553452-001
a	Plan name TVS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THOMPSON VENTULETT STAINBACK & ASSOCIATES INC.	c EIN-PN 58-1274188-002
a	Plan name UNITED ROAD SERVICES, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor UNITED ROAD SERVICE, INC.	c EIN-PN 94-3278455-001
a	Plan name VARDA SPACE INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor VARDA SPACE INDUSTRIES INC	c EIN-PN 85-3976446-001
a	Plan name VICTORIA U.S. HOLDINGS 401(K) PLAN	
b	Name of plan sponsor VICTORIA U.S. HOLDINGS	c EIN-PN 20-3050842-001
a	Plan name VIEJAS RETIREMENT PROGRAM	
b	Name of plan sponsor THE VIEJAS BAND OF KUMEYAAY INDIANS	c EIN-PN 33-0409825-001

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	VIRGINIA WATERS AND WETLANDS, INC. RATE GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VIRGINIA WATERS AND WETLANDS, INC.	c EIN-PN 82-0538788-002
a	Plan name	VISPERO 401K PLAN	
b	Name of plan sponsor	VISPERO	c EIN-PN 33-0871664-001
a	Plan name	VTRIPS 401(K) PLAN	
b	Name of plan sponsor	VACATION RENTAL PROS PROPERTY MA	c EIN-PN 20-5070889-004
a	Plan name	WEIS BUILDERS, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WEIS BUILDERS, INC.	c EIN-PN 41-0834779-001
a	Plan name	WENTWOOD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	WENTWOOD COMPANIES, INC.	c EIN-PN 83-2138839-001
a	Plan name	WEST SHORE HOME, LLC 401(K) PLAN	
b	Name of plan sponsor	WEST SHORE HOME, LLC	c EIN-PN 30-0371596-001
a	Plan name	WESTCOTT COMMUNITY CENTER INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WESTCOTT COMMUNITY CENTER INC	c EIN-PN 16-1499834-001
a	Plan name	WGS 401(K) PLAN	
b	Name of plan sponsor	WEST GAINES SEED, INC.	c EIN-PN 75-2567012-001
a	Plan name	WHITE ROCK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITE ROCK, INC.	c EIN-PN 25-1183641-001
a	Plan name	WILLAMETTE VALLEY BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLAMETTE VALLEY BANK	c EIN-PN 93-1277376-001
a	Plan name	WILLWORK, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WILLWORK INC.	c EIN-PN 04-3057333-001
a	Plan name	WILSON LAW GROUP, LLC SALARY SAVINGS PLAN	
b	Name of plan sponsor	WILSON LAW GROUP, LLC	c EIN-PN 39-1909864-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	WILSONTECH 401(K)	
b Name of plan sponsor	WILSONTECH SERVICES, INC.	c EIN-PN 93-4231510-001

a Plan name	WINDSTAR STUDIOS 401(K) PLAN	
b Name of plan sponsor	WINDSTAR STUDIOS, INC	c EIN-PN 84-0923765-001

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

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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.	OMB No. 1210-0110 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 INDEXSELECT AGGRESSIVE 2065 FUND	B Three-digit plan number (PN) ▶ 774
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7275305

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	55617	607901
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3827653	12774532
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	3883270	13382433
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	3694
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	56262	607900
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	56262	611594
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3827008	12770839

Part II Income and Expense Statement

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

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

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	972679
(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	972679

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)	383
(5) Investment advisory and investment management fees	2i(5)	6783
(6) Bank or trust company trustee/custodial fees	2i(6)	2675
(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)	9841
j Total expenses. Add all expense amounts in column (b) and enter total	2j	9841

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	962838
l Transfers of assets:		
(1) To this plan	2l(1)	11016796
(2) From this plan	2l(2)	3035803

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 _____.