

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: PGIM TOTAL RETURN BOND FUND CIT; 1b Three-digit plan number (PN): 471; 1c Effective date of plan; 2a Plan sponsor's name: GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 38-4097323; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code

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

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

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

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

<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  																				
<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>GREAT GRAY TRUST COMPANY, LLC</b> <b>c</b> Plan Name <b>PGIM TOTAL RETURN BOND FUND</b>	<b>4b</b> EIN <b>38-4097323</b>  <b>4d</b> PN <b>471</b>																				
<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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<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>	
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<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>	<small>OMB No. 1210-0110</small>  <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>PGIM TOTAL RETURN BOND FUND CIT</u>	<b>B</b> Three-digit plan number (PN)	<u>471</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>38-4097323</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>NT COLLECTIVE GOVERNMENT STIF</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC</u>		
<b>c</b> EIN-PN <u>45-6138589-068</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>113098083</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)
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

**c** EIN-PN

**d** Entity code

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

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name 401(K) EMPLOYEES SAVINGS PLAN OF EAST WEST PARTNERS, LLC	
<b>b</b>	Name of plan sponsor EAST WEST PARTNERS, LLC	<b>c</b> EIN-PN 84-1128572-001
<b>a</b>	Plan name ABOVEAIR TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABOVEAIR TECHNOLOGIES, LLC	<b>c</b> EIN-PN 52-2330721-001
<b>a</b>	Plan name ABS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICAN BUREAU OF SHIPPING	<b>c</b> EIN-PN 13-4921556-003
<b>a</b>	Plan name ACCU-CRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCU-CRETE, INC.	<b>c</b> EIN-PN 62-1166041-001
<b>a</b>	Plan name ADAM R. KOLKER, M.D., PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADAM R. KOLKER, M.D., PC	<b>c</b> EIN-PN 48-1275682-001
<b>a</b>	Plan name ADVANCED SPECIALTY CARE, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ADVANCED SPECIALTY CARE, PC, PROFIT SHARING PLAN	<b>c</b> EIN-PN 06-1005395-003
<b>a</b>	Plan name AEA INVESTORS LP 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AEA INVESTORS LP	<b>c</b> EIN-PN 59-3761840-002
<b>a</b>	Plan name AGMOTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AGMOTION, INC.	<b>c</b> EIN-PN 41-1971215-001
<b>a</b>	Plan name ALEGEUS TECHNOLOGIES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALEGEUS TECHNOLOGIES, LLC	<b>c</b> EIN-PN 90-0808825-001
<b>a</b>	Plan name ALL CHICAGO MHH 401K PLAN	
<b>b</b>	Name of plan sponsor ALL CHICAGO MAKING HOMELESSNESS HISTORY	<b>c</b> EIN-PN 36-4272272-001
<b>a</b>	Plan name ALLVUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALLVUE SYSTEMS, LLC	<b>c</b> EIN-PN 20-8317010-002
<b>a</b>	Plan name ALPINE LUMBER COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor ALPINE LUMBER COMPANY	<b>c</b> EIN-PN 84-0526356-002

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 ALTHANS INSURANCE AGENCY, INC EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALTHANS INSURANCE AGENCY, INC	<b>c</b> EIN-PN 34-1192003-001
<b>a</b>	Plan name AMBASSADOR HOME IMPROVEMENTS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMBASSADOR HOME IMPROVEMENTS	<b>c</b> EIN-PN 23-2076387-001
<b>a</b>	Plan name AMC SETTLEMENT SERVICES LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor AMC SETTLEMENT SERVICES LLC	<b>c</b> EIN-PN 25-1873786-001
<b>a</b>	Plan name AMC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor APARTMENT MANAGEMENT CONSULTANTS, LLC	<b>c</b> EIN-PN 87-0659805-001
<b>a</b>	Plan name AMERECTOR RETIREMENT PLAN - ALUMINUM ALLOYS	
<b>b</b>	Name of plan sponsor ALUMINUM ALLOYS	<b>c</b> EIN-PN 98-0650422-001
<b>a</b>	Plan name AMERECTOR RETIREMENT PLAN - FORMWELD FITTING, INC.	
<b>b</b>	Name of plan sponsor AMERECTOR - FORMWELD	<b>c</b> EIN-PN 98-0650422-006
<b>a</b>	Plan name AMERECTOR RETIREMENT PLAN - MONETT METALS	
<b>b</b>	Name of plan sponsor MONETT METALS, INC.	<b>c</b> EIN-PN 98-0650422-011
<b>a</b>	Plan name AMERECTOR RETIREMENT PLAN - RMF TANK SERVICES	
<b>b</b>	Name of plan sponsor AMERECTOR RETIREMENT PLAN RMF TANK SERVICES	<b>c</b> EIN-PN 98-0650422-014
<b>a</b>	Plan name AMERICAN FURNITURE WAREHOUSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN FURNITURE WAREHOUSE	<b>c</b> EIN-PN 84-0581547-001
<b>a</b>	Plan name AMPERE 401K PLAN	
<b>b</b>	Name of plan sponsor AMPERE COMPUTING LLC	<b>c</b> EIN-PN 82-3114356-001
<b>a</b>	Plan name AMPLIFI LOYALTY	
<b>b</b>	Name of plan sponsor AMPLIFI LOYALTY SOLUTIONS	<b>c</b> EIN-PN 27-3844276-001
<b>a</b>	Plan name AMS RISK MANAGEMENT & CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMS RISK MANAGEMENT & CONSULTING, INC	<b>c</b> EIN-PN 11-3207340-001

<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	AMSCO WINDOWS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMSCO WINDOWS	<b>c</b> EIN-PN 87-0239541-001
<b>a</b>	Plan name	ANCHOR CONSTRUCTION CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANCHOR CONSTRUCTION CORPORATION	<b>c</b> EIN-PN 52-1425303-001
<b>a</b>	Plan name	APPLIED RESEARCH WORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLIED RESEARCH WORKS, INC.	<b>c</b> EIN-PN 26-3693564-001
<b>a</b>	Plan name	APSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVOCACY AND PROTECTIVE SERVICES, INC.	<b>c</b> EIN-PN 31-0902799-002
<b>a</b>	Plan name	APTEAN 401K PLAN	
<b>b</b>	Name of plan sponsor	APTEAN, INC.	<b>c</b> EIN-PN 35-1665080-002
<b>a</b>	Plan name	ARC EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AIRLINES REPORTING CORPORATION	<b>c</b> EIN-PN 52-1367276-002
<b>a</b>	Plan name	ARCOS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARCOS LLC	<b>c</b> EIN-PN 20-3787596-001
<b>a</b>	Plan name	ARISTA GROUPS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARISTA GROUPS	<b>c</b> EIN-PN 84-3983791-001
<b>a</b>	Plan name	ASCENSUS TRUST COMPANY FBO CULLEN DANOWSKI 401 K PLAN 2264	
<b>b</b>	Name of plan sponsor	CULLEN AND DANOWSKI LLP	<b>c</b> EIN-PN 11-2459188-001
<b>a</b>	Plan name	ASSOCIATED DENTISTS, S.C. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED DENTISTS, S.C.	<b>c</b> EIN-PN 39-1606037-001
<b>a</b>	Plan name	ASTRO MANUFACTURING & DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASTRO MANUFACTURING & DESIGN	<b>c</b> EIN-PN 34-1228079-001
<b>a</b>	Plan name	ATLAS MEDSTAFF 401K AND PS PLAN	
<b>b</b>	Name of plan sponsor	ATLAS MEDSTAFF, LLC	<b>c</b> EIN-PN 45-4657543-001

<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	ATLAS PACIFIC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ATLAS PACIFIC ENGINEERING COMPANY	<b>c</b> EIN-PN 94-1668811-001
<b>a</b>	Plan name	AUGEO AFFINITY MARKETING, INC.	
<b>b</b>	Name of plan sponsor	AUGEO AFFINITY MARKETING, INC.	<b>c</b> EIN-PN 26-2331983-001
<b>a</b>	Plan name	B.P.I., INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BY-PRODUCTS INDUSTRIES, INC.	<b>c</b> EIN-PN 25-1434748-001
<b>a</b>	Plan name	BABST CALLAND CLEMENTS & ZOMNIR, P.C. ASSOCIATES PROFIT SHARING 401(K) PLAN II	
<b>b</b>	Name of plan sponsor	BABST, CALLAND, CLEMENTS & ZOMNIR, P.C.	<b>c</b> EIN-PN 25-1523683-002
<b>a</b>	Plan name	BANKFIRST FINANCIAL SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BANKFIRST FINANCIAL SERVICES	<b>c</b> EIN-PN 64-0859517-003
<b>a</b>	Plan name	BANKWELL FINANCIAL GROUP, INC. AND ITS SUBSIDIARIES AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANKWELL FINANCIAL GROUP, INC.	<b>c</b> EIN-PN 20-8251355-001
<b>a</b>	Plan name	BCER ENGINEERING INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BCER ENGINEERING, INC 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 84-1284721-001
<b>a</b>	Plan name	BECKLAR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BECKLAR, LLC	<b>c</b> EIN-PN 82-3526865-001
<b>a</b>	Plan name	BEEMAC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEEMAC DRIVERS MANAGEMENT, LLC	<b>c</b> EIN-PN 55-0848840-001
<b>a</b>	Plan name	BERNSTEIN LITOWITZ BERGER & GROSSMANN LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERNSTEIN LITOWITZ BERGER & GROSSMANN LLP	<b>c</b> EIN-PN 13-3165559-003
<b>a</b>	Plan name	BERNSTEIN LITOWITZ BERGER & GROSSMANN LLP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERNSTEIN LITOWITZ BERGER & GROSSMANN LLP	<b>c</b> EIN-PN 13-3165559-006
<b>a</b>	Plan name	BERRY METAL 401K PLAN	
<b>b</b>	Name of plan sponsor	BERRY METAL COMPANY	<b>c</b> EIN-PN 95-3874528-003

<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	BIESSE AMERICA, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIESSE AMERICA, INC.	<b>c</b> EIN-PN 58-1835877-001
<b>a</b>	Plan name	BILFINGER NORTH AMERICA INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BILFINGER NORTH AMERICA INC.	<b>c</b> EIN-PN 26-1983340-001
<b>a</b>	Plan name	BLUUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUUM USA, INC.	<b>c</b> EIN-PN 86-0716114-001
<b>a</b>	Plan name	BOISE CO-OP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOISE CONSUMER COOPERATIVE, INC	<b>c</b> EIN-PN 82-0327910-001
<b>a</b>	Plan name	BONNIER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BONNIER LLC	<b>c</b> EIN-PN 98-0522510-002
<b>a</b>	Plan name	BOSCOV'S 401(K) DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	BOSCOVS 401(K) DEFINED CONTRIBUTION PLAN	<b>c</b> EIN-PN 23-1571589-002
<b>a</b>	Plan name	BOULDERCENTRE FOR ORTHOPEDICS, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BOULDER CENTRE FOR ORTHOPEDICS	<b>c</b> EIN-PN 84-0614901-002
<b>a</b>	Plan name	BPC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARRINGTON PSYCHIATRIC CENTER	<b>c</b> EIN-PN 95-4084637-001
<b>a</b>	Plan name	BRAZILL BROTHERS AND ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAZILL BROTHERS AND ASSOCIATES, INC.	<b>c</b> EIN-PN 22-1630811-002
<b>a</b>	Plan name	BUDGET DUMPSTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUDGET DUMPSTER	<b>c</b> EIN-PN 27-0471717-001
<b>a</b>	Plan name	BULLHORN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BULLHORN, INC.	<b>c</b> EIN-PN 04-3489916-002
<b>a</b>	Plan name	C. HARPER CHEVROLET, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	C. HARPER CHEVROLET, INC.	<b>c</b> EIN-PN 25-1445527-001

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 C.H. GUENTHER & SON LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CH GUENTHER	<b>c</b> EIN-PN 74-1508677-001
<b>a</b>	Plan name CANNONDESIGN	
<b>b</b>	Name of plan sponsor CANNONDESIGN	<b>c</b> EIN-PN 16-0698950-003
<b>a</b>	Plan name CANOO INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CANOO TECHNOLOGIES INC.	<b>c</b> EIN-PN 82-3375874-001
<b>a</b>	Plan name CAPTIVE INSURANCE MANAGEMENT GROUP 401K	
<b>b</b>	Name of plan sponsor CAPTIVE INSURANCE MANAGEMENT GROUP	<b>c</b> EIN-PN 26-3276943-001
<b>a</b>	Plan name CAREPATHRX 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAREPATHRX MIDCO INC.	<b>c</b> EIN-PN 84-3548586-001
<b>a</b>	Plan name CARLISLE, LLC EMPLOYEE INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CARLISLE, LLC EMPLOYEE INCENTIVE SAVINGS PLAN	<b>c</b> EIN-PN 23-0457510-019
<b>a</b>	Plan name CASH BALANCE CIT	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-4126256-003
<b>a</b>	Plan name CBI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CBI, INC.	<b>c</b> EIN-PN 31-0995705-011
<b>a</b>	Plan name CEISLER MEDIA & ISSUE ADVOCACY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEISLER MEDIA & ISSUE ADVOCACY LLC	<b>c</b> EIN-PN 32-0297943-001
<b>a</b>	Plan name CENTENNIAL WATER & SANITATION DISTRICT 457 PLAN	
<b>b</b>	Name of plan sponsor CENTENNIAL WATER & SANITATION DISTRICT	<b>c</b> EIN-PN 84-0821008-001
<b>a</b>	Plan name CENTRAL DENTAL GROUP P.C.	
<b>b</b>	Name of plan sponsor CENTRAL DENTAL GROUP PC	<b>c</b> EIN-PN 47-0560389-002
<b>a</b>	Plan name CENTRALSQUARE TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTRALSQUARE TECHNOLOGIES, LLC	<b>c</b> EIN-PN 83-1102137-001

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 CHAMBERLIN HRDLICKA WHITE & AUGHTRY	
<b>b</b>	Name of plan sponsor CHAMBERLAIN HRDLICKA WHITE WILLIAMS AUGH	<b>c</b> EIN-PN 74-1541761-002
<b>a</b>	Plan name CITY ELECTRIC SUPPLY PR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CITY ELECTRIC SUPPLY COMPANY	<b>c</b> EIN-PN 59-2279498-002
<b>a</b>	Plan name CLEARFIELD, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor CLEARFIELD, INC.	<b>c</b> EIN-PN 41-1347235-001
<b>a</b>	Plan name CLEVELAND MENU PRINTING 401K PLAN	
<b>b</b>	Name of plan sponsor CLEVELAND MENU PRINTING INC	<b>c</b> EIN-PN 34-0692640-001
<b>a</b>	Plan name CLYDE DUNEIER, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CLYDE DUNEIER, INC.	<b>c</b> EIN-PN 13-2627567-001
<b>a</b>	Plan name COAST ALUMINUM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COAST ALUMINUM, INC.	<b>c</b> EIN-PN 94-3146270-001
<b>a</b>	Plan name COGENCY GLOBAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COGENCY GLOBAL, INC	<b>c</b> EIN-PN 13-3246732-003
<b>a</b>	Plan name COLLEGE OF WESTCHESTER BUSINESS SCHOOL DEFINED CONTRIBUTION PLAN I	
<b>b</b>	Name of plan sponsor THE COLLEGE OF WESTCHESTER	<b>c</b> EIN-PN 13-1879788-001
<b>a</b>	Plan name COLLEGE OF WESTCHESTER BUSINESS SCHOOL DEFINED CONTRIBUTION PLAN II	
<b>b</b>	Name of plan sponsor THE COLLEGE OF WESTCHESTER	<b>c</b> EIN-PN 13-1879788-002
<b>a</b>	Plan name COLORADO ROCKIES 401(K) SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor COLORADO ROCKIES BASEBALL CLUB, LTD.	<b>c</b> EIN-PN 84-1162452-002
<b>a</b>	Plan name COLUMBIA HELICOPTERS, INC. AMENDED AND RESTATED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COLUMBIA HELICOPTERS, INC.	<b>c</b> EIN-PN 93-0462482-001
<b>a</b>	Plan name COMMUNITY COFFEE COMPANY LLC	
<b>b</b>	Name of plan sponsor COMMUNITY COFFEE COMPANY LLC	<b>c</b> EIN-PN 72-0478429-002

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 COMMUNITY HEALTH CENTERS, INC. 403(B) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY HEALTH CENTERS, INC.	<b>c</b> EIN-PN 59-1480970-001
<b>a</b>	Plan name CONEJO VALLEY PHYSICAL THERAPY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONEJO VALLEY PHYSICAL THERAPY, INC.	<b>c</b> EIN-PN 27-0732535-001
<b>a</b>	Plan name CONSENSYS PROPERTY MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONSENSYS PROPERTY MANAGEMENT, INC.	<b>c</b> EIN-PN 33-0805279-001
<b>a</b>	Plan name CONSOR ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONSOR ENGINEERS, LLC	<b>c</b> EIN-PN 59-3221706-001
<b>a</b>	Plan name CONSTRUCTION INDUSTRY ADVANCEMENT	
<b>b</b>	Name of plan sponsor CONSTRUCTION INDUSTRY ADVANCEMENT	<b>c</b> EIN-PN 25-6032182-001
<b>a</b>	Plan name COOPER SAVAS LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COOPER SAVAS LLC	<b>c</b> EIN-PN 27-5169784-001
<b>a</b>	Plan name COOPER'S HAWK INTERMEDIATE HOLDING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COOPERS HAWK INTERMEDIATE HOLDING, LLC	<b>c</b> EIN-PN 27-1756724-001
<b>a</b>	Plan name CORE PLUS BOND FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-4116854-003
<b>a</b>	Plan name CORENIC CONSTRUCTION GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORENIC CONSTRUCTION GROUP	<b>c</b> EIN-PN 27-0866734-001
<b>a</b>	Plan name COTA STREET MANAGED BLEND ACCUMULATION FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-4116856-524
<b>a</b>	Plan name COTA STREET MANAGED BLEND DECUMULATION FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-4116859-527
<b>a</b>	Plan name COTA STREET MANAGED FIXED INCOME ACCUMULATION FUND	
<b>b</b>	Name of plan sponsor GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-4116857-525

<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	COTA STREET MANAGED FIXED INCOME DECUMULATION FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-4116860-528
<b>a</b>	Plan name	CRAWFORD TECHNOLOGIES USA, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CRAWFORD TECHNOLOGIES USA, INC.	<b>c</b> EIN-PN 30-0519044-001
<b>a</b>	Plan name	CRIMPING & STAMPING TECHNOLOGIES INC.	
<b>b</b>	Name of plan sponsor	CRIMPING STAMPING TECHNOLOGIES INC	<b>c</b> EIN-PN 25-1766557-001
<b>a</b>	Plan name	CRITICAL START 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRITICAL START, INC.	<b>c</b> EIN-PN 26-3824084-001
<b>a</b>	Plan name	CRONMILLER MARKETING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CRONMILLER MARKETING, INC.	<b>c</b> EIN-PN 25-1182743-001
<b>a</b>	Plan name	CROSS RIVER BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSS RIVER BANK	<b>c</b> EIN-PN 26-1942598-001
<b>a</b>	Plan name	CSW INDUSTRIALS, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CSW INDUSTRIALS, INC.	<b>c</b> EIN-PN 47-2266942-003
<b>a</b>	Plan name	CTI FOODS 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CTI FOODS HOLDING CO., LLC	<b>c</b> EIN-PN 14-1888320-001
<b>a</b>	Plan name	CTM NORTH AMERICA 401K PLAN	
<b>b</b>	Name of plan sponsor	TRAVEL AND TRANSPORT INC	<b>c</b> EIN-PN 47-0355040-002
<b>a</b>	Plan name	CVENT, INC.	
<b>b</b>	Name of plan sponsor	CVENT, INC.	<b>c</b> EIN-PN 54-1954458-001
<b>a</b>	Plan name	D4C DENTAL BRANDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D4C DENTAL BRANDS, INC.	<b>c</b> EIN-PN 27-3864352-002
<b>a</b>	Plan name	DAI 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAI ESOP, INC.	<b>c</b> EIN-PN 81-0781201-001

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 DCJ EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DIELECTRIC MANUFACTURING	<b>c</b> EIN-PN 39-1083000-002
<b>a</b>	Plan name DELVAL EQUIPMENT CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DELVAL EQUIPMENT CORPORATION	<b>c</b> EIN-PN 23-2435212-001
<b>a</b>	Plan name DENTISTRY AT VICKERY CREEK	
<b>b</b>	Name of plan sponsor DENTISTRY AT VICKERY CREEK	<b>c</b> EIN-PN 75-3201454-001
<b>a</b>	Plan name DONALDSON + PARTNERS LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor DONALDSON + PARTNERS LP	<b>c</b> EIN-PN 81-4941410-001
<b>a</b>	Plan name DONOHOE HOSPITALITY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor DONOHOE HOSPITALITY SERVICES	<b>c</b> EIN-PN 20-3091876-001
<b>a</b>	Plan name DRAFTO CORPORATION EMPLOYEES	
<b>b</b>	Name of plan sponsor DRAFTO CORPORATION	<b>c</b> EIN-PN 25-1591454-001
<b>a</b>	Plan name DSP INSURANCE SERVICES, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DS&P INSURANCE SERVICES, INC. 401(K)/ PROFIT SHARING PLAN	<b>c</b> EIN-PN 36-2697450-002
<b>a</b>	Plan name DYMA BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DYMA BRANDS, INC.	<b>c</b> EIN-PN 59-2042699-001
<b>a</b>	Plan name E2 CONSULTING ENGINEERS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor E2 CONSULTING ENGINEERS, INC.	<b>c</b> EIN-PN 94-3061417-001
<b>a</b>	Plan name EAB GLOBAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EAB GLOBAL, INC.	<b>c</b> EIN-PN 82-2931750-001
<b>a</b>	Plan name EAST WEST RESORTS, LLC SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EAST WEST RESORTS EMPLOYEE COMPANY, LLC	<b>c</b> EIN-PN 20-1942537-001
<b>a</b>	Plan name EDGE CASE RESEARCH 401K PLAN	
<b>b</b>	Name of plan sponsor EDGE CASE RESEARCH INC	<b>c</b> EIN-PN 36-4907680-001

<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	EGGLAND'S BEST 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EGGLANDS BEST, INC.	<b>c</b> EIN-PN 52-1588662-001
<b>a</b>	Plan name	ELEVATION CHURCH ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	ELEVATION CHURCH	<b>c</b> EIN-PN 06-1741162-001
<b>a</b>	Plan name	ELO TOUCH SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELO TOUCH SOLUTIONS, INC.	<b>c</b> EIN-PN 90-0827586-001
<b>a</b>	Plan name	EMPLOYEE SAVINGS AND INVESTMENT PLAN OF COCHLEAR AMERICAS	
<b>b</b>	Name of plan sponsor	COCHLEAR AMERICAS	<b>c</b> EIN-PN 84-0945658-001
<b>a</b>	Plan name	ENGINEERING ECONOMICS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERING ECONOMICS INC.	<b>c</b> EIN-PN 84-0942005-001
<b>a</b>	Plan name	ENT CALL INC	
<b>b</b>	Name of plan sponsor	UNIVERSITY OTOLARYNGOLOGISTS INC	<b>c</b> EIN-PN 31-0682633-001
<b>a</b>	Plan name	EPSEN HILLMER GRAPHICS COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EPSEN HILLMER GRAPHICS COMPANY	<b>c</b> EIN-PN 47-0677572-001
<b>a</b>	Plan name	EXTRA SPACE MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXTRA SPACE MANAGEMENT, INC.	<b>c</b> EIN-PN 87-0405300-001
<b>a</b>	Plan name	FIDUCIARY INVESTMENT TRUST BALANCED PORTFOLIO	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST, NATIONAL ASSOCIATION	<b>c</b> EIN-PN 47-6652256-001
<b>a</b>	Plan name	FIDUCIARY INVESTMENT TRUST CONSERVATIVE PORTFOLIO	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST, NATIONAL ASSOCIATION	<b>c</b> EIN-PN 47-6658632-001
<b>a</b>	Plan name	FIDUCIARY INVESTMENT TRUST GROWTH PORTFOLIO	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST, NATIONAL ASSOCIATION	<b>c</b> EIN-PN 47-6649174-001
<b>a</b>	Plan name	FIDUCIARY INVESTMENT TRUST MODERATELY CONSERVATIVE PORTFOLIO	
<b>b</b>	Name of plan sponsor	COMERICA BANK & TRUST, NATIONAL ASSOCIATION	<b>c</b> EIN-PN 47-6655437-001

<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	FIKE CORPORATION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FIKE CORPORATION	<b>c</b> EIN-PN 44-0584415-002
<b>a</b>	Plan name	FIRE ENGINEERING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRE ENGINEERING COMPANY, INC.	<b>c</b> EIN-PN 87-0285738-001
<b>a</b>	Plan name	FIVE POINTS BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIVE POINTS BANK	<b>c</b> EIN-PN 47-0803224-001
<b>a</b>	Plan name	FLEXPATH INDEX+ AGGRESSIVE 2035 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2987118-003
<b>a</b>	Plan name	FLEXPATH INDEX+ AGGRESSIVE RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2836296-003
<b>a</b>	Plan name	FLEXPATH INDEX+ CONSERVATIVE 2035 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3018134-003
<b>a</b>	Plan name	FLEXPATH INDEX+ CONSERVATIVE 2045 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3144367-003
<b>a</b>	Plan name	FLEXPATH INDEX+ CONSERVATIVE 2055 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3216409-003
<b>a</b>	Plan name	FLEXPATH INDEX+ CONSERVATIVE RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2916729-003
<b>a</b>	Plan name	FLEXPATH INDEX+ MODERATE 2035 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3002484-003
<b>a</b>	Plan name	FLEXPATH INDEX+ MODERATE 2045 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-3071639-003
<b>a</b>	Plan name	FLEXPATH INDEX+ MODERATE RETIREMENT FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 47-2851418-003

<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	FLORIDA MULTIEMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA MULTIEMPLOYER 401(K) PLAN	<b>c</b> EIN-PN 59-3483551-001
<b>a</b>	Plan name	FLYNN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLYNN AMERICA LP	<b>c</b> EIN-PN 41-2228936-001
<b>a</b>	Plan name	FOLEY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FOLEY INDUSTRIES, INC.	<b>c</b> EIN-PN 48-1043293-001
<b>a</b>	Plan name	FORCEPOINT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FORCEPOINT LLC	<b>c</b> EIN-PN 47-5289064-001
<b>a</b>	Plan name	FREEBIRD DESERT MOUNTAIN COMPANY, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FREEBIRD DESERT MOUNTAIN COMPANY, LLC	<b>c</b> EIN-PN 46-4337981-001
<b>a</b>	Plan name	FREEPORT CENTER ASSOCIATES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	FREEPORT CENTER ASSOCIATES LLP	<b>c</b> EIN-PN 87-0287277-002
<b>a</b>	Plan name	FUERST GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUERST GROUP, INC.	<b>c</b> EIN-PN 94-2943765-003
<b>a</b>	Plan name	FULLERTON ORTHODONTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	LESLIE H. FULLERTON, DDS, MSD, PC	<b>c</b> EIN-PN 26-2831684-001
<b>a</b>	Plan name	FUREY DOOLAN & ABELL EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FUREY DOOLAN & ABELL LLP	<b>c</b> EIN-PN 52-1089863-002
<b>a</b>	Plan name	GABRIEL FERA 401K PLAN	
<b>b</b>	Name of plan sponsor	GABRIEL FERA PC	<b>c</b> EIN-PN 88-1698698-001
<b>a</b>	Plan name	GADGE USA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GADGE USA INC.	<b>c</b> EIN-PN 11-3165963-001
<b>a</b>	Plan name	GAEDEKE GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAEDEKE GROUP, LLC	<b>c</b> EIN-PN 75-2607832-001

<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	GALLUP RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GALLUP INC	<b>c</b> EIN-PN 21-0699771-003
<b>a</b>	Plan name	GCOM SOFTWARE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GCOM SOFTWARE LLC	<b>c</b> EIN-PN 52-2179898-001
<b>a</b>	Plan name	GELITA USA, INC. 401(K) RETIREMENT AND PLAN TRUST - CHICAGO	
<b>b</b>	Name of plan sponsor	GELITA USA, INC.	<b>c</b> EIN-PN 22-1962146-006
<b>a</b>	Plan name	GERMAIN AUTOMOTIVE PARTNERSHIP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERMAIN AUTOMOTIVE PARTNERSHIP, INC.	<b>c</b> EIN-PN 27-4723638-001
<b>a</b>	Plan name	GIPSON BEARING & SUPPLY COMPANY 401K PSP	
<b>b</b>	Name of plan sponsor	GIPSON BEARING SUPPLY CO	<b>c</b> EIN-PN 25-1054466-001
<b>a</b>	Plan name	GLOBE STORAGE & MOVING COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBE STORAGE & MOVING COMPANY	<b>c</b> EIN-PN 13-3249475-002
<b>a</b>	Plan name	GORDON INVESTMENTS, INC. EMPLOYEE PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GORDON INVESTMENTS, INC. D/B/A ORRS JEWELERS	<b>c</b> EIN-PN 75-3129140-001
<b>a</b>	Plan name	GRAHAM HEALTHCARE GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRAHAM HEALTHCARE GROUP, INC.	<b>c</b> EIN-PN 20-3608523-001
<b>a</b>	Plan name	GREENWAY HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREENWAY HEALTH, LLC	<b>c</b> EIN-PN 59-3396629-001
<b>a</b>	Plan name	GROBSTEIN TEEPLE LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GROBSTEIN TEEPLE LLP	<b>c</b> EIN-PN 46-1955807-001
<b>a</b>	Plan name	GUAGLARDI & MELITI LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GUAGLARDI & MELITI LLP	<b>c</b> EIN-PN 20-4007101-001
<b>a</b>	Plan name	GUILD MORTGAGE COMPANY PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUILD MORTGAGE COMPANY LLC	<b>c</b> EIN-PN 95-2146137-001

<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	GUNNISON CONSULTING GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUNNISON CONSULTING GROUP, INC.	<b>c</b> EIN-PN 52-1907698-001
<b>a</b>	Plan name	HALDEX BRAKE PRODUCTS CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HALDEX BRAKE PRODUCTS	<b>c</b> EIN-PN 43-1811334-001
<b>a</b>	Plan name	HAMILTON CARDIOLOGY ASSOCIATES, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAMILTON CARDIOLOGY ASSOCIATES, P.A.	<b>c</b> EIN-PN 22-3052989-001
<b>a</b>	Plan name	HASTINGS FIREFIGHTERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF HASTINGS, NEBRASKA	<b>c</b> EIN-PN 47-6006221-001
<b>a</b>	Plan name	HASTINGS INTERNAL MEDICINE ASSOCIATES	
<b>b</b>	Name of plan sponsor	HASTINGS INTERNAL MEDICINE ASSOCIATES P	<b>c</b> EIN-PN 47-0612195-003
<b>a</b>	Plan name	HASTINGS RADIOLOGY	
<b>b</b>	Name of plan sponsor	HASTINGS RADIOLOGY ASSOCIATES PC	<b>c</b> EIN-PN 47-0557957-004
<b>a</b>	Plan name	HAWTHORNDEN FOUNDATION 401K PLAN	
<b>b</b>	Name of plan sponsor	HAWTHORNDEN FOUNDATION	<b>c</b> EIN-PN 52-1324746-001
<b>a</b>	Plan name	HB INTERMOUNTAIN HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HB INTERMOUNTAIN HOLDINGS, LLC	<b>c</b> EIN-PN 42-2402549-001
<b>a</b>	Plan name	HDNET, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HDNET, LLC	<b>c</b> EIN-PN 75-2928263-001
<b>a</b>	Plan name	HEALTH CATALYST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTH CATALYST, INC.	<b>c</b> EIN-PN 45-3337483-001
<b>a</b>	Plan name	HEARTHSIDE BANK CORPORATION 401(K)/EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	HEARTHSIDE BANK CORPORATION	<b>c</b> EIN-PN 61-0305840-002
<b>a</b>	Plan name	HEITMAN EMPLOYEES ADVANTAGE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HEITMAN LLC	<b>c</b> EIN-PN 36-4263867-001

<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	HELFRICH BROS BOILER WORKS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HELFRICH BROS BOILER WORKS, INC.	<b>c</b> EIN-PN 04-2280630-001
<b>a</b>	Plan name	HENRY SCHEIN ONE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HENRY SCHEIN ONE, LLC	<b>c</b> EIN-PN 82-3417064-001
<b>a</b>	Plan name	HIGHLANDS RANCH METROPOLITAN DISTRICT 457 PLAN	
<b>b</b>	Name of plan sponsor	HIGHLANDS RANCH METROPOLITAN DISTRICT	<b>c</b> EIN-PN 84-1071321-001
<b>a</b>	Plan name	HIGHLANDS RANCH METROPOLITAN DISTRICT AND CENTENNIAL WATER AND SANITATION DISTRICT PLAN	
<b>b</b>	Name of plan sponsor	HIGHLANDS RANCH METROPOLITAN DISTRICT	<b>c</b> EIN-PN 84-1071321-002
<b>a</b>	Plan name	HSC CENTRAL OHIO LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	HSC CENTRAL OHIO LLC	<b>c</b> EIN-PN 27-4265926-001
<b>a</b>	Plan name	HUAWEI USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUTUREWEI TECHNOLOGIES, INC.	<b>c</b> EIN-PN 75-2923245-001
<b>a</b>	Plan name	HZO 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	HZO	<b>c</b> EIN-PN 27-3892778-001
<b>a</b>	Plan name	INDUSTRIAL IRRIGATION SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL IRRIGATION SERVICES	<b>c</b> EIN-PN 47-0444029-001
<b>a</b>	Plan name	INNOVIM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVIM LLC	<b>c</b> EIN-PN 56-2304619-001
<b>a</b>	Plan name	INSULATION MATERIALS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INSULATION MATERIALS CORPORATION	<b>c</b> EIN-PN 22-1930127-001
<b>a</b>	Plan name	INTEGRAL AD SCIENCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRAL AD SCIENCE, INC.	<b>c</b> EIN-PN 26-2222959-001
<b>a</b>	Plan name	INTERNATIONAL INTEGRATED SOLUTIONS LTD	
<b>b</b>	Name of plan sponsor	INTERNATIONAL INTEGRATED SOLUTIONS LTD	<b>c</b> EIN-PN 11-3006645-001

<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	INTERTECH SECURITY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERTECH SECURITY, LLC	<b>c</b> EIN-PN 25-1850580-001
<b>a</b>	Plan name	IQ BACKOFFICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IQ BACKOFFICE, INC.	<b>c</b> EIN-PN 45-1156261-001
<b>a</b>	Plan name	JACOBOWITZ NEWMAN TVERSKY LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JACOBOWITZ NEWMAN TVERSKY LLP	<b>c</b> EIN-PN 82-0854280-001
<b>a</b>	Plan name	JAMES G. DAVIS CONSTRUCTION CORPORATION PROFIT SHARING, STOCK OWNERSHIP, AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES G. DAVIS CONSTRUCTION CORPORATION	<b>c</b> EIN-PN 54-0799423-001
<b>a</b>	Plan name	JANUS ET CIE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JANUS ET CIE	<b>c</b> EIN-PN 95-3150326-001
<b>a</b>	Plan name	JENNISON ASSOCIATES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JENNISON ASSOCIATES LLC	<b>c</b> EIN-PN 52-2069785-006
<b>a</b>	Plan name	JOHN F. DILLON & CO. LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHN F. DILLON & CO. LLC	<b>c</b> EIN-PN 06-1601925-001
<b>a</b>	Plan name	JOTUL NORTH AMERICA INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JOTUL NORTH AMERICA INC	<b>c</b> EIN-PN 01-0371493-001
<b>a</b>	Plan name	K & I SHEET METAL, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	K & I SHEET METAL, INC.	<b>c</b> EIN-PN 25-1258671-001
<b>a</b>	Plan name	KANSAS CITY ROYALS BASEBALL CLUB, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KANSAS CITY ROYALS BASEBALL CLUB, LLC	<b>c</b> EIN-PN 43-0902508-001
<b>a</b>	Plan name	KARCHER NORTH AMERICA INC 401K	
<b>b</b>	Name of plan sponsor	KARCHER NORTH AMERICA INC	<b>c</b> EIN-PN 13-3129757-002
<b>a</b>	Plan name	KAREN THOMAS ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAREN THOMAS ASSOCIATES, INC.	<b>c</b> EIN-PN 45-3169601-001

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 KELLOGG, HANSEN, TODD, FIGEL & FREDERICK, P.L.L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KELLOGG, HANSEN, TODD, FIGEL & FREDERICK, P.L.L.C.	<b>c</b> EIN-PN 52-1811709-001
<b>a</b>	Plan name KENNEDY CAPITAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KENNEDY CAPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 43-1225960-004
<b>a</b>	Plan name KHOROS 401(K) PLAN	
<b>b</b>	Name of plan sponsor KHOROS	<b>c</b> EIN-PN 52-2338848-002
<b>a</b>	Plan name KINDER ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KINDER ELECTRIC CO., INC.	<b>c</b> EIN-PN 35-1642894-002
<b>a</b>	Plan name KING PLASTIC CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor KING PLASTIC CORPORATION	<b>c</b> EIN-PN 59-1223299-001
<b>a</b>	Plan name KIRBY FOODS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIRBY FOODS, INC. 401(K) PLAN	<b>c</b> EIN-PN 37-0756504-002
<b>a</b>	Plan name KISHMO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KISHMO, INC.	<b>c</b> EIN-PN 41-2072199-001
<b>a</b>	Plan name KLDISCOVERY ONTRACK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KLDISCOVERY HOLDINGS INC.	<b>c</b> EIN-PN 81-0787151-001
<b>a</b>	Plan name KNACK WORKS, INC. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor KNACK WORKS, INC.	<b>c</b> EIN-PN 47-5209101-001
<b>a</b>	Plan name KORBER TECHNOLOGIES, INC. SAVINGS INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor KORBER TECHNOLOGIES, INC	<b>c</b> EIN-PN 54-1733108-002
<b>a</b>	Plan name KORNIS ELECTRIC SUPPLY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KORNIS ELECTRIC SUPPLY, INC.	<b>c</b> EIN-PN 43-1142754-001
<b>a</b>	Plan name KRAUS-MANNING INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KRAUS-MANNING, INC.	<b>c</b> EIN-PN 59-3601034-001

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 <a href="#">KREBS MOTORS NORTH, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KREBS MOTORS NORTH, INC.</a>	<b>c</b> EIN-PN <a href="#">25-1773401-001</a>
<b>a</b>	Plan name <a href="#">KRISH ACTUARIAL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KRISH ACTUARIAL, INC.</a>	<b>c</b> EIN-PN <a href="#">45-2777929-001</a>
<b>a</b>	Plan name <a href="#">LAMB MCERLANE PC EMPLOYEES' SAVINGS PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAMB MCERLANE PC</a>	<b>c</b> EIN-PN <a href="#">23-2181295-002</a>
<b>a</b>	Plan name <a href="#">LAMBERT BUICK PONTIAC-GMC TRUCK, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAMBERT BUICK PONTIAC-GMC TRUCK, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1153081-001</a>
<b>a</b>	Plan name <a href="#">LANCASTER COLONY CORPORATION MASTER PENSION TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHARLES SCHWAB TRUST BANK TRUSTEE OF LANCASTER COLONY CORPORATION</a>	<b>c</b> EIN-PN <a href="#">82-3967259-001</a>
<b>a</b>	Plan name <a href="#">LARRY H. MILLER ASSOCIATES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LHM ADM BEN, INC.</a>	<b>c</b> EIN-PN <a href="#">87-0325010-001</a>
<b>a</b>	Plan name <a href="#">LAWSON PRODUCTS, INC. AND CERTAIN AFFILIATES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAWSON PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">36-2229304-001</a>
<b>a</b>	Plan name <a href="#">LEAR &amp; PANNEPACKER 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEAR &amp; PANNEPACKER, LLP</a>	<b>c</b> EIN-PN <a href="#">22-2947255-001</a>
<b>a</b>	Plan name <a href="#">LES OLSON COMPANY, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LES OLSON COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">87-0324153-002</a>
<b>a</b>	Plan name <a href="#">LIBERTY MOUNTAIN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LIBERTY MOUNTAIN SPORTS, LLC</a>	<b>c</b> EIN-PN <a href="#">91-1835990-001</a>
<b>a</b>	Plan name <a href="#">LIGHTNING ELIMINATORS &amp; CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">LIGHTNING ELIMINATORS &amp; CONSULTANTS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3958167-001</a>
<b>a</b>	Plan name <a href="#">LISTRAK, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LISTRAK INC.</a>	<b>c</b> EIN-PN <a href="#">23-3025990-001</a>

<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	LOGICMONITOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOGICMONITOR, INC.	<b>c</b> EIN-PN 45-1344638-001
<b>a</b>	Plan name	LOTIC.AI INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	LOTICAI INC	<b>c</b> EIN-PN 85-0620270-001
<b>a</b>	Plan name	LPI MEMPHIS, INC.	
<b>b</b>	Name of plan sponsor	LPI MEMPHIS, INC.	<b>c</b> EIN-PN 62-1421742-001
<b>a</b>	Plan name	LUMIN DIGITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUMIN DIGITAL, INC.	<b>c</b> EIN-PN 85-4349833-001
<b>a</b>	Plan name	MACE DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MACE DDS PLLC	<b>c</b> EIN-PN 35-2504956-001
<b>a</b>	Plan name	MADISON HEALTH EMPLOYEES' 401(K) PENSION PLAN	
<b>b</b>	Name of plan sponsor	MADISON HEALTH	<b>c</b> EIN-PN 31-1657206-002
<b>a</b>	Plan name	MAPEI CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAPEI CORPORATION	<b>c</b> EIN-PN 36-3369327-001
<b>a</b>	Plan name	MARK PORTER AUTO GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK PORTER AUTO GROUP INC	<b>c</b> EIN-PN 31-0970288-001
<b>a</b>	Plan name	MARONDA INC	
<b>b</b>	Name of plan sponsor	MARONDA INC	<b>c</b> EIN-PN 25-1230205-001
<b>a</b>	Plan name	MATERIAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MATERIAL HOLDINGS LLC	<b>c</b> EIN-PN 95-2848286-001
<b>a</b>	Plan name	MATSON LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MATSON LUMBER COMPANY	<b>c</b> EIN-PN 25-6072152-001
<b>a</b>	Plan name	MCCAMBRIDGE BROTHERS CONSTRUCTION COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCCAMBRIDGE BROTHERS CONSTRUCTIO	<b>c</b> EIN-PN 43-1186080-001

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 MCCLYMONDS SUPPLY & TRANSIT COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCCLYMONDS SUPPLY & TRANSIT COMPANY, INC.	<b>c</b> EIN-PN 25-1437635-001
<b>a</b>	Plan name MDS ASSOCIATED COMPANIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MDS ASSOCIATED COMPANIES, INC.	<b>c</b> EIN-PN 26-1745795-001
<b>a</b>	Plan name MENARD USA EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DGIMENARD INC	<b>c</b> EIN-PN 54-2031153-001
<b>a</b>	Plan name METEOR EDUCATION, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor METEOR EDUCATION, LLC	<b>c</b> EIN-PN 26-3476027-001
<b>a</b>	Plan name MID-OHIO CAR COMPANY 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor MID-OHIO IMPORTED CAR COMPANY DBA KELLY BMW	<b>c</b> EIN-PN 31-0883981-001
<b>a</b>	Plan name MIDMARK CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MIDMARK CORPORATION	<b>c</b> EIN-PN 34-4269370-003
<b>a</b>	Plan name MIDWESTERN AUTO GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRENTLINGER ENTERPRISES	<b>c</b> EIN-PN 31-1336530-001
<b>a</b>	Plan name MIKRON CORP MONROE RETIREMENT PL AND TR	
<b>b</b>	Name of plan sponsor MIKRON CORP MONROE	<b>c</b> EIN-PN 06-0974033-001
<b>a</b>	Plan name MILHOUSE ENGINEERING AND CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MILHOUSE ENGINEERING AND CONSTRUCTION, INC.	<b>c</b> EIN-PN 36-4468621-001
<b>a</b>	Plan name MITRATECH 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MITRATECH HOLDINGS, INC.	<b>c</b> EIN-PN 74-3025949-001
<b>a</b>	Plan name MITSUBISHI LOGISNEXT AMERICAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MITSUBISHI LOGISNEXT AMERICAS (HOUSTON) INC.	<b>c</b> EIN-PN 34-1710051-001
<b>a</b>	Plan name MLP STEEL, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MLP STEEL, LLC	<b>c</b> EIN-PN 45-0583713-001

<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	MONARC CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MONARC CONSTRUCTION, INC.	<b>c</b> EIN-PN 54-1595040-001
<b>a</b>	Plan name	MONROE CAPITAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MONROE CAPITAL LLC	<b>c</b> EIN-PN 20-1790541-001
<b>a</b>	Plan name	MORRIS MURDOCK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORRIS MURDOCK, LLC	<b>c</b> EIN-PN 87-0651732-001
<b>a</b>	Plan name	MOUNTAIN WEST ANESTHESIA, L. L. C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN WEST ANESTHESIA, L.L.C.	<b>c</b> EIN-PN 87-0545614-003
<b>a</b>	Plan name	MPR ASSOCIATES INC 401 K AND PROFIT	
<b>b</b>	Name of plan sponsor	MPR ASSOCIATES INC	<b>c</b> EIN-PN 52-0804505-002
<b>a</b>	Plan name	NAB HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAB HOLDINGS, LLC	<b>c</b> EIN-PN 45-3514691-001
<b>a</b>	Plan name	NATIONAL BEVERAGE INVESTMENT AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL BEVERAGE CORP.	<b>c</b> EIN-PN 59-2605822-003
<b>a</b>	Plan name	NATIONAL YOUTH ADVOCATE PROGRAM 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL YOUTH ADVOCATE PROGRAM	<b>c</b> EIN-PN 31-1404302-001
<b>a</b>	Plan name	NAVEX GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAVEX GLOBAL, INC.	<b>c</b> EIN-PN 03-0513136-001
<b>a</b>	Plan name	NAVIGA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAVIGA INC.	<b>c</b> EIN-PN 20-4137909-001
<b>a</b>	Plan name	NEUBERGER, QUINN, GIELEN, RUBIN & GIBBER, P.A. RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEUBERGER, QUINN, GIELEN, RUBIN & GIBBER, P.A.	<b>c</b> EIN-PN 52-1641614-001
<b>a</b>	Plan name	NEW ENGLAND DERMATOLOGY, P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEW ENGLAND DERMATOLOGY, P.C.	<b>c</b> EIN-PN 04-2507134-002

<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	NEWBRIDGE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND CENTER FOR ARTS AND TECHNOLOGY DBA NEWBRIDGE CLEVELAND	<b>c</b> EIN-PN 27-1193704-001
<b>a</b>	Plan name	NEXT 15 COMMUNICATIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEXT FIFTEEN COMMUNICATIONS CORPORATION	<b>c</b> EIN-PN 20-3013332-001
<b>a</b>	Plan name	NOATUM LOGISTICS USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIQ LOGISTICS, LLC	<b>c</b> EIN-PN 27-3574565-001
<b>a</b>	Plan name	NUMERATOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NUMERATOR	<b>c</b> EIN-PN 20-0509196-001
<b>a</b>	Plan name	OBSTETRICIANS AND GYNECOLOGISTS PC 401K	
<b>b</b>	Name of plan sponsor	OBSTETRICIANS AND GYNECOLOGISTS PC	<b>c</b> EIN-PN 47-0603320-004
<b>a</b>	Plan name	ONCOURSE HOME SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ONCOURSE HOME SOLUTIONS 401(K) PLAN	<b>c</b> EIN-PN 54-0912221-001
<b>a</b>	Plan name	ORLANDO FOOD SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORLANDO FOOD SALES, INC.	<b>c</b> EIN-PN 22-3140998-001
<b>a</b>	Plan name	ORTHOPAEDIC & SPINE CENTER OF THE ROCKIES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORTHOPAEDIC & SPINE CENTER OF THE ROCKIES, PC	<b>c</b> EIN-PN 84-0593455-001
<b>a</b>	Plan name	ORTHOPEDIC CENTERS OF COLORADO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC CENTERS OF COLORADO, LLC	<b>c</b> EIN-PN 47-5021191-001
<b>a</b>	Plan name	OVERSTOCK.COM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OVERSTOCK.COM, INC.	<b>c</b> EIN-PN 87-0634302-001
<b>a</b>	Plan name	P5 STRATEGIES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	P5 STRATEGIES LLC	<b>c</b> EIN-PN 84-4249008-001
<b>a</b>	Plan name	PACIFIC HIDE & FUR DEPOT D/B/A PACIFIC STEEL & RECYCLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC STEEL & RECYCLING 401(K)	<b>c</b> EIN-PN 81-0246538-002

<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	PACIFIC RIM MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC RIM MECHANICAL, INC.	<b>c</b> EIN-PN 03-0489033-001
<b>a</b>	Plan name	PANDI CAPITAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PANDI CAPITAL LLC	<b>c</b> EIN-PN 27-1779970-001
<b>a</b>	Plan name	PARALLAX VOLATILITY ADVISERS, L.P. DISCRETIONARY CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	PARALLAX VOLATILITY ADVISERS, L.P.	<b>c</b> EIN-PN 94-3235485-001
<b>a</b>	Plan name	PARKER PERSONAL CARE HOMES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARKER PERSONAL CARE HOMES, INC.	<b>c</b> EIN-PN 84-1582091-001
<b>a</b>	Plan name	PARR BROWN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARR BROWN GEE LOVELESS A PROFESSIONA	<b>c</b> EIN-PN 87-0307691-001
<b>a</b>	Plan name	PATH CONSULTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PATH CONSULTING, LLC	<b>c</b> EIN-PN 14-1839463-001
<b>a</b>	Plan name	PEDIATRIC ASSOCIATES OF N.Y.C. P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC ASSOCIATES OF N.Y.C.	<b>c</b> EIN-PN 13-2693549-005
<b>a</b>	Plan name	PERCHERON, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERCHERON HOLDINGS, LLC	<b>c</b> EIN-PN 27-1955567-001
<b>a</b>	Plan name	PERRY HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERRY HOMES UTAH, INC.	<b>c</b> EIN-PN 02-0625034-333
<b>a</b>	Plan name	PGIM TARGET DATE 2015 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-186
<b>a</b>	Plan name	PGIM TARGET DATE 2020 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-187
<b>a</b>	Plan name	PGIM TARGET DATE 2025 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-188

<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	PGIM TARGET DATE 2030 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-189
<b>a</b>	Plan name	PGIM TARGET DATE 2035 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-190
<b>a</b>	Plan name	PGIM TARGET DATE 2040 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-191
<b>a</b>	Plan name	PGIM TARGET DATE 2045 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-192
<b>a</b>	Plan name	PGIM TARGET DATE 2050 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-193
<b>a</b>	Plan name	PGIM TARGET DATE 2055 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-194
<b>a</b>	Plan name	PGIM TARGET DATE 2060 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-195
<b>a</b>	Plan name	PGIM TARGET DATE 2065 FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-197
<b>a</b>	Plan name	PGIM TARGET DATE INCOME FUND	
<b>b</b>	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	<b>c</b> EIN-PN 38-7103946-196
<b>a</b>	Plan name	PHILLIPS EDISON & CO 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PHILLIPS EDISON COMPANY LTD	<b>c</b> EIN-PN 31-1669229-001
<b>a</b>	Plan name	POWDER RIVER DEVELOPMENT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWDER RIVER DEVELOPMENT SERVICES, LLC	<b>c</b> EIN-PN 20-0195645-001
<b>a</b>	Plan name	POWERHOUSE RETAIL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWERHOUSE RETAIL SERVICES, LLC	<b>c</b> EIN-PN 26-0761398-001

<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	POWERSCHOOL GROUP LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	POWERSCHOOL GROUP LLC
<b>c</b>	EIN-PN	47-4429364-001
<b>a</b>	Plan name	PRIDA, GUIDA & PEREZ, PA 401(K) PLAN
<b>b</b>	Name of plan sponsor	PRIDA, GUIDA & PEREZ, P.A.
<b>c</b>	EIN-PN	59-1978917-001
<b>a</b>	Plan name	PRIZM ASSET MANAGEMENT COMPANY 401(K) DEFINED CONTRIBUTION PLAN
<b>b</b>	Name of plan sponsor	PRIZM ASSET MGMT CO 401(K) DEFINED CONTRIB PLAN
<b>c</b>	EIN-PN	23-3062258-002
<b>a</b>	Plan name	PRN HEALTH SERVICE INC. 401K PLAN
<b>b</b>	Name of plan sponsor	PRN HEALTH SERVICE INC
<b>c</b>	EIN-PN	25-1361710-001
<b>a</b>	Plan name	PROHEALTH RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	PROHEALTH CARE, INC.
<b>c</b>	EIN-PN	39-1486873-001
<b>a</b>	Plan name	PSL GROUP AMERICA 401(K) PLAN
<b>b</b>	Name of plan sponsor	PSL GROUP AMERICA
<b>c</b>	EIN-PN	52-2124029-001
<b>a</b>	Plan name	PT-1 INTERMEDIATE HOLDINGS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	PT-1 INTERMEDIATE HOLDINGS, LLC
<b>c</b>	EIN-PN	68-0461114-001
<b>a</b>	Plan name	RA OUTDOORS, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	RA OUTDOORS, LLC
<b>c</b>	EIN-PN	82-2521854-001
<b>a</b>	Plan name	RADIOLOGY PARTNERS INC. 401K PROFIT
<b>b</b>	Name of plan sponsor	RADIOLOGY PARTNERS INC
<b>c</b>	EIN-PN	46-1413340-001
<b>a</b>	Plan name	RADIOLOGY PARTNERS INC. ASSOCIATE PLAN
<b>b</b>	Name of plan sponsor	RADIOLOGY PARTNERS INC
<b>c</b>	EIN-PN	46-1413340-002
<b>a</b>	Plan name	RADIOLOGY PARTNERS INC. PARTNER PLAN
<b>b</b>	Name of plan sponsor	RADIOLOGY PARTNERS INC
<b>c</b>	EIN-PN	46-1413340-003
<b>a</b>	Plan name	RANGE RESOURCES CORPORATION 401K PLAN
<b>b</b>	Name of plan sponsor	RANGE RESOURCES CORPORATION
<b>c</b>	EIN-PN	34-1312571-002

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 <b>RECARO AIRCRAFT SEATING AMERICAS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RECARO AIRCRAFT SEATING AMERICAS, LLC</b>	<b>c</b> EIN-PN <b>75-2793650-001</b>
<b>a</b>	Plan name <b>RENEWABLE ENERGY SYSTEMS AMERICAS INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RENEWABLE ENERGY SYSTEMS AMERICAS INC.</b>	<b>c</b> EIN-PN <b>95-4683730-001</b>
<b>a</b>	Plan name <b>RETIREMENT SAVINGS PLAN OF BOARDMAN &amp; CLARK LLP</b>	
<b>b</b>	Name of plan sponsor <b>BOARDMAN &amp; CLARK LLP</b>	<b>c</b> EIN-PN <b>45-3866466-002</b>
<b>a</b>	Plan name <b>RETIREMENT SERVICES GROUP PLAN</b>	
<b>b</b>	Name of plan sponsor <b>APPLIED VISUAL TECHNOLOGY, INC.</b>	<b>c</b> EIN-PN <b>59-3514066-001</b>
<b>a</b>	Plan name <b>RICHMOND FARM L.P. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RICHMOND FARM LP</b>	<b>c</b> EIN-PN <b>25-1780943-001</b>
<b>a</b>	Plan name <b>ROHRICH AUTOMOTIVE GROUP 401K</b>	
<b>b</b>	Name of plan sponsor <b>ROHRICH AUTOMOTIVE GROUP</b>	<b>c</b> EIN-PN <b>25-0921544-001</b>
<b>a</b>	Plan name <b>ROTAREX NORTH AMERICA, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROTAREX NORTH AMERICA, INC.</b>	<b>c</b> EIN-PN <b>25-1693512-001</b>
<b>a</b>	Plan name <b>RTI 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RIVERSIDE TECHNOLOGIES, INC.</b>	<b>c</b> EIN-PN <b>20-2173161-001</b>
<b>a</b>	Plan name <b>RUSCOE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRC BUYER CO.</b>	<b>c</b> EIN-PN <b>85-2177394-001</b>
<b>a</b>	Plan name <b>S.E.I. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SECURITY EQUIPMENT INC.</b>	<b>c</b> EIN-PN <b>47-0532482-003</b>
<b>a</b>	Plan name <b>S1L, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>S1L, INC.</b>	<b>c</b> EIN-PN <b>84-2764875-001</b>
<b>a</b>	Plan name <b>SAGENT PHARMACEUTICALS INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAGENT PHARMACEUTICALS INC</b>	<b>c</b> EIN-PN <b>20-5522946-001</b>

<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	SANTA MARIA MOTORCYCLES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANTA MARIA MOTORCYCLES, LLC	<b>c</b> EIN-PN 77-0586016-001
<b>a</b>	Plan name	SAVINGS PLAN FOR EMPLOYEES OF INTERMOUNTAIN POWER SERVICE CORPORATION	
<b>b</b>	Name of plan sponsor	INTERMOUNTAIN POWER SERVICE CORPORATION	<b>c</b> EIN-PN 87-0388573-002
<b>a</b>	Plan name	SCENTSY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCENTSY, INC.	<b>c</b> EIN-PN 84-1624958-001
<b>a</b>	Plan name	SCHINDLER COHEN & HOCHMAN LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCHINDLER COHEN & HOCHMAN LLP	<b>c</b> EIN-PN 13-3921560-001
<b>a</b>	Plan name	SDMLS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAN DIEGO MULTIPLE LISTING SERVI	<b>c</b> EIN-PN 33-0484209-001
<b>a</b>	Plan name	SEABRIDGE GOLD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEABRIDGE GOLD, INC.	<b>c</b> EIN-PN 90-0004301-001
<b>a</b>	Plan name	SEED BEAUTY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SEED BEAUTY, LLC	<b>c</b> EIN-PN 46-5238479-002
<b>a</b>	Plan name	SELECTQUOTE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SELECTQUOTE INSURANCE SERVICES	<b>c</b> EIN-PN 68-0027389-001
<b>a</b>	Plan name	SENTINEL CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SENTINEL CONSTRUCTION, LLC	<b>c</b> EIN-PN 81-1136539-001
<b>a</b>	Plan name	SGH REDGLAZE HOLDINGS, INC. MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	SGH REDGLAZE HOLDINGS, INC.	<b>c</b> EIN-PN 81-4256977-002
<b>a</b>	Plan name	SH GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SH GROUP OPERATIONS, L.L.C.	<b>c</b> EIN-PN 26-4006966-001
<b>a</b>	Plan name	SHAPCO PRINTING, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SHAPCO PRINTING, INC.	<b>c</b> EIN-PN 41-1271159-001

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 SHERWOOD CONSTRUCTION CO. INC. SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHERWOOD CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 73-1133882-001
<b>a</b>	Plan name SHUSTER'S EMPLOYEES' PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHUSTERS BUILDERS SUPPLIES, INC.	<b>c</b> EIN-PN 25-1087252-001
<b>a</b>	Plan name SIBLEY MEMORIAL HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIBLEY MEMORIAL HOSPITAL	<b>c</b> EIN-PN 53-0196602-002
<b>a</b>	Plan name SIMMONS FOODS, INC. 401(K) RETIREMENT AND TRUST PLAN	
<b>b</b>	Name of plan sponsor SIMMONS FOODS, INC.	<b>c</b> EIN-PN 75-0995574-002
<b>a</b>	Plan name SMITH PAULEY LLP 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor SMITH PAULEY LLP	<b>c</b> EIN-PN 47-0795114-001
<b>a</b>	Plan name SOAVE ENTERPRISES L.L.C. SAVINGS AND PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SOAVE ENTERPRISES, LLC	<b>c</b> EIN-PN 38-3389446-001
<b>a</b>	Plan name SOLERA HOLDINGS	
<b>b</b>	Name of plan sponsor SOLERA HOLDINGS, LLC	<b>c</b> EIN-PN 20-4552341-001
<b>a</b>	Plan name SOLVAIRE TECHNOLOGIES, LP PROFIT SHARING 401(K) PLAN I	
<b>b</b>	Name of plan sponsor SOLVAIRE TECHNOLOGIES, LP	<b>c</b> EIN-PN 25-1891228-001
<b>a</b>	Plan name SOUTHERN UTAH UNIVERSITY 401(A)	
<b>b</b>	Name of plan sponsor SOUTHERN UTAH UNIVERSITY	<b>c</b> EIN-PN 87-6000481-401
<b>a</b>	Plan name SOUTHWORTH INTERNATIONAL GROUP, INC. 401K	
<b>b</b>	Name of plan sponsor SOUTHWORTH INTERNATIONAL GROUP, INC.	<b>c</b> EIN-PN 01-0419894-003
<b>a</b>	Plan name SOVOS COMPLIANCE, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOVOS COMPLIANCE, LLC	<b>c</b> EIN-PN 46-1379693-001
<b>a</b>	Plan name SPANDEX HOLDINGS, UTAH, LLC EMPLOYEES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SPANDEX HOLDINGS UTAH, LLC	<b>c</b> EIN-PN 26-0622293-003

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.)	
<b>a</b>	Plan name SPORTSMAN'S WAREHOUSE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SPORTSMANS WAREHOUSE HOLDING, INC.	<b>c</b> EIN-PN 39-1975614-001
<b>a</b>	Plan name SPS COMMERCE, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SPS COMMERCE, INC.	<b>c</b> EIN-PN 41-2015127-001
<b>a</b>	Plan name SPX FLOW SAVINGS PLN	
<b>b</b>	Name of plan sponsor SPX FLOW, INC	<b>c</b> EIN-PN 47-3110748-003
<b>a</b>	Plan name STARREZ 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STARREZ, INC.	<b>c</b> EIN-PN 87-0700759-001
<b>a</b>	Plan name STATES INDUSTRIES, LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STATES INDUSTRIES, LLC	<b>c</b> EIN-PN 27-3216331-001
<b>a</b>	Plan name STATS LLC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STATS LLC	<b>c</b> EIN-PN 84-1686415-001
<b>a</b>	Plan name STOCKMAN, KAST, RYAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor STOCKMAN, KAST, RYAN & COMPANY, LLP	<b>c</b> EIN-PN 84-1509584-001
<b>a</b>	Plan name STOCKTON #12 EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STOCKTON #12 HONDA AUTOMOTIVE, INC.	<b>c</b> EIN-PN 84-1396686-001
<b>a</b>	Plan name STOREY-KENWORTHY COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STOREY-KENWORTHY COMPANY	<b>c</b> EIN-PN 42-0549150-001
<b>a</b>	Plan name STORM WATER PIPE SOLUTIONS	
<b>b</b>	Name of plan sponsor STORM WATER PIPE SOLUTIONS LLC	<b>c</b> EIN-PN 47-4840486-002
<b>a</b>	Plan name STORM WATER PIPE SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor STORM WATER PIPE SOLUTIONS LLC	<b>c</b> EIN-PN 47-4840486-001
<b>a</b>	Plan name STULLER, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STULLER, INC.	<b>c</b> EIN-PN 72-0694251-001

<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	TALERICO GROUP LLC 401K PLAN	
<b>b</b> Name of plan sponsor	TALERICO GROUP LLC	<b>c</b> EIN-PN 27-4497493-001
<b>a</b> Plan name	TANNER LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	TANNER LLC	<b>c</b> EIN-PN 20-2253063-001
<b>a</b> Plan name	TAP & AFFILIATES 401(K) PLAN	
<b>b</b> Name of plan sponsor	TAP & AFFILIATES	<b>c</b> EIN-PN 20-3646966-001
<b>a</b> Plan name	TEAM KARL MALONE 401(K) PLAN	
<b>b</b> Name of plan sponsor	M&M AUTOMOTIVE, INC.	<b>c</b> EIN-PN 87-0571961-002
<b>a</b> Plan name	TECH QUIP, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	TECH QUIP, INC	<b>c</b> EIN-PN 74-1778531-001
<b>a</b> Plan name	TECTONICENGINEERINGCONSULTANTS, GEOLOGISTS & LANDSURVEYORS, D.P.C. 401(K)PROFITSHARING PLAN	
<b>b</b> Name of plan sponsor	TECTONIC ENGINEERING CONSULTANTS, GEOLOGISTS & LAND	<b>c</b> EIN-PN 14-1691128-001
<b>a</b> Plan name	TEGAN MARKETING, INC. 401(K) PROFIT SHARING	
<b>b</b> Name of plan sponsor	TEGAN MARKETING INC.	<b>c</b> EIN-PN 41-1654760-003
<b>a</b> Plan name	THE BECK GROUP RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HC BECK LTD	<b>c</b> EIN-PN 75-1731802-001
<b>a</b> Plan name	THE BEECHWOOD COMPANY L.P. 401K PROFIT	
<b>b</b> Name of plan sponsor	THE BEECHWOOD COMPANY LP	<b>c</b> EIN-PN 23-2913641-001
<b>a</b> Plan name	THE BUCKEYE RANCH 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE BUCKEYE RANCH	<b>c</b> EIN-PN 31-0642111-002
<b>a</b> Plan name	THE CLEVELAND MUSEUM OF ART PENSION PLAN	
<b>b</b> Name of plan sponsor	THE CLEVELAND MUSEUM OF ART	<b>c</b> EIN-PN 34-0714336-001
<b>a</b> Plan name	THE COYLE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	THE COYLE COMPANY INSURANCE GROUP, LLC	<b>c</b> EIN-PN 26-3469226-001

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 DEPOSITORY TRUST & CLEARING	
<b>b</b>	Name of plan sponsor THE DEPOSITORY TRUST CLEARING CORPORAT	<b>c</b> EIN-PN 13-4086405-002
<b>a</b>	Plan name THE GERSON COMPANIES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE GERSON COMPANIES 401(K) AND PROFIT	<b>c</b> EIN-PN 44-0515427-001
<b>a</b>	Plan name THE GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREATER PRINCE WILLIAM COMMUNITY HEALTH CENTER	<b>c</b> EIN-PN 83-0435138-001
<b>a</b>	Plan name THE INTELLEKT GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor THE INTELLEKT GROUP	<b>c</b> EIN-PN 47-4526395-001
<b>a</b>	Plan name THE INTERNET TRUCKSTOP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE INTERNET TRUCKSTOP, LLC	<b>c</b> EIN-PN 82-0484075-001
<b>a</b>	Plan name THE MITRE CORPORATION QUALIFIED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE MITRE CORPORATION	<b>c</b> EIN-PN 04-2239742-002
<b>a</b>	Plan name THE PACIFIC CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE PACIFIC CLUB	<b>c</b> EIN-PN 99-0051650-002
<b>a</b>	Plan name THE WOMAN'S ATHLETIC CLUB OF CHICAGO 401(K) PLAN	
<b>b</b>	Name of plan sponsor WOMANS ATHLETIC CLUB OF CHICAGO	<b>c</b> EIN-PN 36-1981160-002
<b>a</b>	Plan name THOM BROWNE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOM BROWNE INC	<b>c</b> EIN-PN 90-0009098-001
<b>a</b>	Plan name THORNBURG INVESTMENT MANAGEMENT INC.	
<b>b</b>	Name of plan sponsor THORNBURG INVESTMENT MANAGEMENT INC	<b>c</b> EIN-PN 85-0301299-002
<b>a</b>	Plan name TIARA AUTOMOTIVE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIARA AUTOMOTIVE, LLC	<b>c</b> EIN-PN 47-5267057-001
<b>a</b>	Plan name TONY DIVINO ENTERPRISES DBA TONY DIVINO TOYOTA 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TONY DIVINO TOYOTA	<b>c</b> EIN-PN 87-0459928-001

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 TOPS CONSERVATIVE PORTFOLIO	
<b>b</b>	Name of plan sponsor TD AMERITRADE TRUST COMPANY	<b>c</b> EIN-PN 20-0937408-115
<b>a</b>	Plan name TRAX INTERNATIONAL CORPORATION SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TRAX INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 85-0277228-001
<b>a</b>	Plan name TRI-V TOOL AND MFG. COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRI-V TOOL AND MFG COMPANY	<b>c</b> EIN-PN 47-0686033-001
<b>a</b>	Plan name TRM & RT EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THREE RIVERS MARINE RAIL TERMINALS LLC	<b>c</b> EIN-PN 23-2908008-001
<b>a</b>	Plan name TRU COMMUNITY CARE 401K PLAN	
<b>b</b>	Name of plan sponsor TRU COMMUNITY CARE	<b>c</b> EIN-PN 84-0748577-002
<b>a</b>	Plan name TSS LLC 401(K)	
<b>b</b>	Name of plan sponsor TECHNICAL SAFETY SERVICES, LLC	<b>c</b> EIN-PN 68-0121933-001
<b>a</b>	Plan name U.S. ENVIRONMENTAL RENTAL CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor U.S. ENVIRONMENTAL RENTAL CORPORATION	<b>c</b> EIN-PN 04-3312662-002
<b>a</b>	Plan name UBER FREIGHT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UBER FREIGHT US LLC	<b>c</b> EIN-PN 75-2949425-001
<b>a</b>	Plan name UNIVERSAL INDUSTRIES EMPLOYEES' PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor PGT TRUCKING, INC.	<b>c</b> EIN-PN 25-1338962-002
<b>a</b>	Plan name UROLOGY CENTERS OF ALABAMA PC 401(K) PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UROLOGY CENTERS OF ALABAMA, P.C.	<b>c</b> EIN-PN 63-0581180-001
<b>a</b>	Plan name USMD HOSPITAL AT ARLINGTON, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor USMD HOSPITAL AT ARLINGTON, LP	<b>c</b> EIN-PN 73-1662763-001
<b>a</b>	Plan name UTAH STATE UNIVERSITY RETIREMENT PLANS 401(A)	
<b>b</b>	Name of plan sponsor UTAH STATE UNIVERSITY	<b>c</b> EIN-PN 87-6000528-401

<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	UTAH TECH UNIVERSITY RETIREMENT PLANS 401(A)	
<b>b</b>	Name of plan sponsor	UTAH TECH UNIVERSITY	<b>c</b> EIN-PN 87-6000488-401
<b>a</b>	Plan name	UTAH VALLEY UNIVERSITY 401(A)	
<b>b</b>	Name of plan sponsor	UTAH VALLEY UNIVERSITY	<b>c</b> EIN-PN 87-0280648-401
<b>a</b>	Plan name	VALTECH CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALTECH CORPORATION	<b>c</b> EIN-PN 23-2533964-002
<b>a</b>	Plan name	VETERANS TRADING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VETERANS TRADING COMPANY, INC.	<b>c</b> EIN-PN 20-2833303-001
<b>a</b>	Plan name	VIALTO PARTNERS US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GALAXY US OPCO INC.	<b>c</b> EIN-PN 87-3913943-002
<b>a</b>	Plan name	VISTA EQUITY PARTNERS MANAGEMENT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VISTA EQUITY PARTNERS MANAGEMENT, LLC	<b>c</b> EIN-PN 26-0434499-001
<b>a</b>	Plan name	VIVID SEATS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VIVID SEATS, LLC	<b>c</b> EIN-PN 02-0691684-001
<b>a</b>	Plan name	VOGEL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VOGEL HOLDING, INC.	<b>c</b> EIN-PN 25-1657389-003
<b>a</b>	Plan name	VSE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VSE CORPORATION	<b>c</b> EIN-PN 54-0649263-003
<b>a</b>	Plan name	W & T OFFSHORE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W & T OFFSHORE, INC.	<b>c</b> EIN-PN 72-1121985-001
<b>a</b>	Plan name	WATER.ORG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WATER.ORG	<b>c</b> EIN-PN 58-2060131-001
<b>a</b>	Plan name	WCF 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WCF MUTUAL INSURANCE CO.	<b>c</b> EIN-PN 87-0407018-001



<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>PGIM TOTAL RETURN BOND FUND CIT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>471</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>38-4097323</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>	0	6366043
<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>	43237727	51237138
<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>	274007748	110468783
<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>	346602045	1218550808
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	19500
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	62592	180663
<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>	3814369	4478707
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	30514283	113098083
<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>	318714343	24510895

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(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>	1016953107	1528910620
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	534857
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	84599412	112530416
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	84599412	113065273
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	932353695	1415845347

**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>		(a) Amount	(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>	3813338	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	51630941	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	423905	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	523650	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		56391834
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	6719	
<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>		6719
<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>	31372957	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	55696873	
<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>	-4455862	
<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>		1820712
(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>		29439487

**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>	17637	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	54616	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1628333	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	194873	
(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>		1895459
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1895459

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		27544028
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		722793028
(2) From this plan .....	<b>2l(2)</b>		266845404

**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 \_\_\_\_\_.