

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>LARGE CAP VALUE FUND III</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-7289865</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>LARGE CAP VALUE FUND III</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>38-7289865</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>JPMCB U.S.VALUE FUND</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
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)	<u>351588901</u>
<u>87-1901428-001</u>	<u>C</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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d Entity code

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d Entity code

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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)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	A.I. SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	A.I. SOLUTIONS, INC.	c EIN-PN 52-2005040-002
a	Plan name	AAOS RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS	c EIN-PN 36-2110592-002
a	Plan name	ABELL RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	ABELL, LLC	c EIN-PN 72-0568321-001
a	Plan name	ADAPTIVE BIOTECHNOLOGIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ADAPTIVE BIOTECHNOLOGIES CORPORATION	c EIN-PN 27-0907024-001
a	Plan name	ADVANCED OFFICE EQUIPMENT INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED OFFICE EQUIPMENT INC.	c EIN-PN 54-1747579-001
a	Plan name	ADVO(K)ATE ADVISORS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVO(K)ATE ADVISORS, LLC	c EIN-PN 88-2371084-001
a	Plan name	AKVELON, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	AKVELON, INC.	c EIN-PN 20-8435414-001
a	Plan name	ALLIED PLUMBING & HEATING INC. 401K	
b	Name of plan sponsor	ALLIED PLUMBING AND HEATING CO	c EIN-PN 37-1037251-001
a	Plan name	AMERICAN INDIAN HEALTH & SERVICES CORPORATION EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN INDIAN HEALTH & SERVICES CORPORATION	c EIN-PN 77-0398793-001
a	Plan name	AMERICAN TOMBOW, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN TOMBOW, INC.	c EIN-PN 95-3858127-001
a	Plan name	AMS 401(K) PLAN	
b	Name of plan sponsor	DAC ACQUISITION COMPANY, LLC	c EIN-PN 20-5081488-001
a	Plan name	ANCHORAGE DIGITAL 401(K) PLAN	
b	Name of plan sponsor	ANCHOR LABS, INC.	c EIN-PN 82-3257853-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ANDERSON & HOWARD ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	ANDERSON & HOWARD ELECTRIC, INC.	c EIN-PN 95-2497870-002
a	Plan name	ANDERSON, MCPHARLIN & CONNERS PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDERSON, MCPHARLIN & CONNERS	c EIN-PN 95-1530000-007
a	Plan name	ARNEL DEVELOPMENT COMPANY SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor	ARNEL DEVELOPMENT COMPANY	c EIN-PN 95-2553658-001
a	Plan name	ARTISTIC IMPRINTS 401(K) PLAN	
b	Name of plan sponsor	ARTISTIC IMPRINTS	c EIN-PN 76-0794441-001
a	Plan name	ASHEVILLE TRANSIT EMPLOYEES MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	ASHEVILLE TRANSIT MANAGEMENT, LLC	c EIN-PN 82-2344007-010
a	Plan name	ASIAN HUMAN SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ASIAN HUMAN SERVICES, INC.	c EIN-PN 36-3005889-001
a	Plan name	ASSOCIATION MANAGEMENT STRATEGIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	ASSOCIATION MANAGEMENT STRATEGIES, INC.	c EIN-PN 52-2219264-001
a	Plan name	ASSURANCEAMERICA CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ASSURANCEAMERICA CORPORATION	c EIN-PN 87-0281240-001
a	Plan name	ATTAIN CONSULTING GROUP LLC	
b	Name of plan sponsor	ATTAIN CONSULTING GROUP LLC	c EIN-PN 85-0709432-001
a	Plan name	AUSTIN CONSULTING 401K PLAN	
b	Name of plan sponsor	AUSTIN CONSULTING GROUP LLC	c EIN-PN 86-1488098-001
a	Plan name	BEAUTY BY IMAGINATION 401(K) PLAN	
b	Name of plan sponsor	J & D BRUSH ASSOCIATES, LLC	c EIN-PN 82-0640629-001
a	Plan name	BEAZER HOMES USA, INC. 401(K) PLAN	
b	Name of plan sponsor	BEAZER HOMES USA, INC.	c EIN-PN 58-2086934-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BI-PETRO INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BIPETRO INC	c EIN-PN 37-0968365-001
a	Plan name	BLAIR AND COMPANY 401(K) PLAN	
b	Name of plan sponsor	BLAIR AND COMPANY	c EIN-PN 90-0007224-001
a	Plan name	BOINGO GRAPHICS, INC. PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor	BOINGO GRAPHICS, INC.	c EIN-PN 56-1249664-001
a	Plan name	BOOKOFF MCANDREWS 401K P/S PLAN & TRUST	
b	Name of plan sponsor	BOOKOFF MCANDREWS	c EIN-PN 46-0687897-001
a	Plan name	BRADBURY STAMM CONSTRUCTION INC	
b	Name of plan sponsor	BRADBURY STAMM CONSTRUCTION	c EIN-PN 85-0133987-004
a	Plan name	BRIDGEPORT FITTINGS, INC. 401(K) SAVINGS PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor	BRIDGEPORT FITTINGS, INC.	c EIN-PN 06-0272900-002
a	Plan name	BROOKWOOD CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	BROOKWOOD CONSTRUCTION LLC	c EIN-PN 27-3335439-001
a	Plan name	BROOKWOOD INTERNISTS	
b	Name of plan sponsor	BROOKWOOD INTERNISTS, P.C.	c EIN-PN 63-1266801-001
a	Plan name	BROWN HAY & STEPHENS LLP PROFIT SHARING	
b	Name of plan sponsor	BROWN HAY STEPHENS LLP	c EIN-PN 37-0297446-001
a	Plan name	CANCER SPECIALISTS OF NORTH FLORIDA 401(K) PLAN	
b	Name of plan sponsor	CANCER SPECIALISTS, LLC	c EIN-PN 45-5523028-001
a	Plan name	CANVAS WORLDWIDE LLC RETIREMENT PLAN	
b	Name of plan sponsor	CANVAS WORLDWIDE LLC	c EIN-PN 38-3975313-001
a	Plan name	CAPITAL BANK 401(K) PLAN	
b	Name of plan sponsor	CAPITAL BANK, N.A.	c EIN-PN 52-2132492-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CAPITOL CHIROPRACTIC LTD./H & I FITNESS	
b	Name of plan sponsor	H AND I FITNESS LTD DBA FITCLUB	c EIN-PN 37-1337951-001
a	Plan name	CAPSTONE REAL ESTATE INVESTMENTS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CAPSTONE REAL ESTATE INVESTMENTS, LLC	c EIN-PN 80-0762981-001
a	Plan name	CENTURION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MHM SERVICES, INC.	c EIN-PN 82-5316510-001
a	Plan name	CHARTIS CONSULTING CORPORATION 401 K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	CHARTIS CONSULTING CORPORATION	c EIN-PN 90-0343829-001
a	Plan name	CHOWBUS 401(K) PLAN	
b	Name of plan sponsor	CHOWBUS, INC.	c EIN-PN 47-4055685-001
a	Plan name	CIRQUE DU SOLEIL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CIRQUE DU SOLEIL HOLDING USA NEWCO INC.	c EIN-PN 83-3191818-001
a	Plan name	CITY OF HILLSBORO, OR 401(A) MATCH PLAN	
b	Name of plan sponsor	CITY OF HILLSBORO, OR	c EIN-PN 93-6002183-401
a	Plan name	CLEVELAND-CLIFFS INC. & ITS ASSOCIATED EMPLOYERS SALARIED EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	CLEVELAND-CLIFFS INC. ATTN KURT J. HOLLAND	c EIN-PN 34-1464672-010
a	Plan name	COATUE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	COATUE MANAGEMENT, LLC	c EIN-PN 13-4078032-001
a	Plan name	COMFORT AIR 401K PLAN	
b	Name of plan sponsor	COMFORT AIR 217 INC	c EIN-PN 83-4229220-001
a	Plan name	COMMUNITY ASSOCIATIONS INSTITUTE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COMMUNITY ASSOCIATIONS INSTITUTE	c EIN-PN 23-7392984-001
a	Plan name	COMMUNITY FOUNDATION FOR THE LAND	
b	Name of plan sponsor	COMMUNITY FOUNDATION FOR THE LAND OF LIN	c EIN-PN 20-4191391-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CONSULTING SOLUTIONS 401K PLAN	
b	Name of plan sponsor	CSI IT LLC	c EIN-PN 81-2264132-001
a	Plan name	CONTRACTOR SERVICE & FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTRACTOR SERVICE & FABRICATION, INC.	c EIN-PN 63-1108047-001
a	Plan name	CRADDOCK HEALTH CENTER P.C. 401K PLAN	
b	Name of plan sponsor	CRADDOCK HEALTH CENTER PC	c EIN-PN 63-0981314-003
a	Plan name	CRAFTMARK GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAFTMARK HOMES, INC.	c EIN-PN 54-1762694-001
a	Plan name	CREDIT UNION OF SOUTHERN CALIFORNIA 401K	
b	Name of plan sponsor	CREDIT UNION OF SOUTHERN CALIFORNIA	c EIN-PN 95-1818041-002
a	Plan name	CREDITXPRT 401(K) PLAN	
b	Name of plan sponsor	CREDITXPRT INC.	c EIN-PN 52-1826790-001
a	Plan name	CRST EXPEDITED INC D/B/A CRST THE TRANSPORTATION SOLUTION, INC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	CRST EXPEDITED INC	c EIN-PN 42-0750182-008
a	Plan name	CUMMINS ENGINEERING CORPORATION 401K	
b	Name of plan sponsor	CUMMINS ENGINEERING CORPORATION	c EIN-PN 37-1376743-001
a	Plan name	DAGER TECHNOLOGY 401K PLAN	
b	Name of plan sponsor	DAGER TECHNOLOGY LLC	c EIN-PN 27-3126491-001
a	Plan name	DAIRY & FOOD NUTRITION COUNCIL	
b	Name of plan sponsor	DAIRY & FOOD NUTRITION COUNCIL	c EIN-PN 81-4058275-001
a	Plan name	DHALIWAL LABS 401(K) PLAN	
b	Name of plan sponsor	DHALIWAL LABORATORIES, LLC	c EIN-PN 26-1861084-001
a	Plan name	DOMINION PACKAGING, INC. 401(K) PLAN	
b	Name of plan sponsor	DOMINION PACKAGING, INC.	c EIN-PN 20-1144537-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name DR. MARK ROSE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MARK ROSE DENTAL PC	c EIN-PN 37-1398661-001
a	Plan name DRFIRST.COM, INC 401(K) PLAN	
b	Name of plan sponsor DRFIRST.COM, INC.	c EIN-PN 52-2212902-001
a	Plan name DUPAGE CREDIT UNION EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUPAGE CREDIT UNION	c EIN-PN 36-2499724-001
a	Plan name EAGLEBANK 401(K) PLAN	
b	Name of plan sponsor EAGLEBANK	c EIN-PN 52-2099123-001
a	Plan name EIBACH, INC. 401(K) PLAN	
b	Name of plan sponsor EIBACH, INC.	c EIN-PN 33-0276266-001
a	Plan name ELIAS LAW GROUP LLP 401(K) PLAN	
b	Name of plan sponsor ELIAS LAW GROUP LLP	c EIN-PN 87-1808790-002
a	Plan name ELLIGO HEALTH RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor ELLIGO HEALTH RESEARCH, INC.	c EIN-PN 81-1874533-001
a	Plan name EMPLOYEES RETIREMENT READINESS - 401(K) SAVINGS PLAN	
b	Name of plan sponsor HARTUNG BROTHERS, INC.	c EIN-PN 39-1215159-001
a	Plan name ENDURANCE POLY 401(K) PLAN & TRUST	
b	Name of plan sponsor ENDURANCE POLY PRODUCERS, LLC	c EIN-PN 85-2848700-001
a	Plan name ENVIRONMENTAL EQUIPMENT & SUPPLY, LLC 401(K) PLAN	
b	Name of plan sponsor ENVIRONMENTAL EQUIPMENT & SUPPLY, LLC	c EIN-PN 81-5437172-001
a	Plan name EPTURA, INC. 401(K) PLAN	
b	Name of plan sponsor EPTURA INC.	c EIN-PN 04-3142406-001
a	Plan name EVOLUCION INNOVATIONS, INC. RETIREMENT TRUST	
b	Name of plan sponsor EVOLUCION INNOVATIONS, INC.	c EIN-PN 56-2529165-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	EXASERV INC. 401K PLAN	
b	Name of plan sponsor	EXASERV INC	c EIN-PN 58-2620450-001
a	Plan name	EXCEL SPORTS & GAME	
b	Name of plan sponsor	EXCEL SPORTS MANAGEMENT, LLC	c EIN-PN 45-2780471-001
a	Plan name	EXCELSIOR MINING 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EXCELSIOR MINING ARIZONA, INC.	c EIN-PN 90-0618661-001
a	Plan name	FAMILY FIRST HOMECARE 401(K) PLAN	
b	Name of plan sponsor	FAMILY FIRST HOMECARE, LLC	c EIN-PN 46-0893326-001
a	Plan name	FIERA CAPITAL 401(K) PLAN	
b	Name of plan sponsor	FIERA US HOLDING INC.	c EIN-PN 46-3936165-001
a	Plan name	FINTECH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FINANCIAL INFORMATION TECHNOLOGIES, LLC	c EIN-PN 65-0152732-001
a	Plan name	FIRST STATE PEDIATRICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST STATE PEDIATRICS, LLC	c EIN-PN 27-0848567-001
a	Plan name	FISHTECH GROUP 401(K) PLAN	
b	Name of plan sponsor	FISHTECH GROUP, LLC	c EIN-PN 47-4959203-001
a	Plan name	FOULGER-PRATT COMPANIES 401(K) PLAN	
b	Name of plan sponsor	FOULGER-PRATT COMPANIES LLC	c EIN-PN 45-0463021-001
a	Plan name	FREEDOM FORUM INC. RETIREMENT SAVINGS PL	
b	Name of plan sponsor	THE FREEDOM FORUM INC	c EIN-PN 54-1604427-002
a	Plan name	FREEPOINT COMMODITIES LLC 401K PLAN	
b	Name of plan sponsor	FREEPOINT COMMODITIES LLC	c EIN-PN 27-5017798-001
a	Plan name	FRONTIER COOPERATIVE 401(K) PLAN	
b	Name of plan sponsor	FRONTIER CO-OP	c EIN-PN 20-3013069-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FTS 401K PLAN	
b	Name of plan sponsor FEDERAL TECHNOLOGY SYSTEMS LLC	c EIN-PN 45-2880281-001
a	Plan name FUELING ILLINOIS MEP	
b	Name of plan sponsor ILLINOIS PETROLEUM MARKETERS ASSOCIATION	c EIN-PN 37-0344500-333
a	Plan name FULHAM COMPANY INC 401K PROFIT SHARING	
b	Name of plan sponsor FULHAM COMPANY INC	c EIN-PN 95-4475508-001
a	Plan name GENE GOODWILLIE INC. 401K PROFIT	
b	Name of plan sponsor GENE GOODWILLIE INC	c EIN-PN 36-2743847-002
a	Plan name GEORGIA LOGISTICS GROUP, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GEORGIA LOGISTICS GROUP, INC	c EIN-PN 82-5220638-001
a	Plan name GLOBAL DATA CONSULTANTS, LLC 401(K) P/S PLAN	
b	Name of plan sponsor GLOBAL DATA CONSULTANTS, LLC	c EIN-PN 20-0505791-001
a	Plan name GR METROLOGY 401(K) PLAN	
b	Name of plan sponsor GRAND RAPIDS METROLOGY, INC.	c EIN-PN 38-3134332-001
a	Plan name GREEN VALLEY MANUFACTURING OF ILLINOIS	
b	Name of plan sponsor GREEN VALLEY MANUFACTURING OF ILLINOIS I	c EIN-PN 47-1312228-001
a	Plan name HAAS AUTOMATION INC 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor HAAS AUTOMATION INC	c EIN-PN 95-3883244-001
a	Plan name HABITAT FOR HUMANITY OF LEE AND HENDRY COUNTIES, INC. 401(K) PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY OF LEE AND HENDRY COUNTIES, INC	c EIN-PN 59-2236174-001
a	Plan name HITT CONTRACTING INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor HITT CONTRACTING INC.	c EIN-PN 54-0248192-002
a	Plan name HUDSONLAKE, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor HUDSON LAKE, INC	c EIN-PN 54-2040293-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name <u>ILLINI COUNTRY CLUB 401K PLAN</u>	
b	Name of plan sponsor <u>ILLINI COUNTRY CLUB</u>	c EIN-PN <u>37-0341170-001</u>
a	Plan name <u>ILLINOIS CHAMBER OF COMMERCE 401K</u>	
b	Name of plan sponsor <u>ILLINOIS CHAMBER OF COMMERCE</u>	c EIN-PN <u>36-1254650-001</u>
a	Plan name <u>IMG USA INC. 401K PLAN</u>	
b	Name of plan sponsor <u>IMPERIAL MANUFACTURING GROUP</u>	c EIN-PN <u>27-3301886-001</u>
a	Plan name <u>INDUSTRIAL GROUP INTERMEDIATE HOLDINGS, LLC RETIREMENT SAVINGS PLAN</u>	
b	Name of plan sponsor <u>INDUSTRIAL GROUP INTERMEDIATE HOLDINGS, LLC</u>	c EIN-PN <u>46-5377299-001</u>
a	Plan name <u>INFORMATION SYSTEMS & NETWORKS 401(K) PLAN</u>	
b	Name of plan sponsor <u>INFORMATION SYSTEMS & NETWORKS CORPORATION</u>	c EIN-PN <u>52-1191165-004</u>
a	Plan name <u>INHEALTH MEDICAL ALLIANCE</u>	
b	Name of plan sponsor <u>INHEALTH MEDICAL ALLIANCE</u>	c EIN-PN <u>27-3619901-002</u>
a	Plan name <u>INTEGRATED CONSULTING 401(K) PLAN</u>	
b	Name of plan sponsor <u>INTEGRATED CONSULTING, LLC</u>	c EIN-PN <u>87-1172697-001</u>
a	Plan name <u>INTEGRITYONE PARTNERS 401(K) PLAN</u>	
b	Name of plan sponsor <u>INTEGRITYONE PARTNERS, INC.</u>	c EIN-PN <u>54-2030662-001</u>
a	Plan name <u>INTERNATIONAL CONSTRUCTION EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>INTERNATIONAL CONSTRUCTION EQUIPMENT</u>	c EIN-PN <u>56-1060440-002</u>
a	Plan name <u>ITENTIAL, INC. RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>ITENTIAL, INC.</u>	c EIN-PN <u>46-4934449-001</u>
a	Plan name <u>J.J. COLLINS' SONS INC. 401K PLAN</u>	
b	Name of plan sponsor <u>JJ COLLINS SONS INC</u>	c EIN-PN <u>36-0933370-002</u>
a	Plan name <u>JCB, INC. 401(K) RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>JCB, INC.</u>	c EIN-PN <u>52-0907423-001</u>

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	JENKINS FENSTERMAKER, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS FENSTERMAKER, PLLC	c EIN-PN 55-0483426-003
a	Plan name	JONES & JONES RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	JONES & JONES ARCHITECTS AND LANDSCAPE ARCHITECTS, LTD.	c EIN-PN 91-1170155-001
a	Plan name	JOYCE UNIVERSITY RETIREMENT PLAN	
b	Name of plan sponsor	AMERITECH COLLEGE	c EIN-PN 27-4239279-001
a	Plan name	JWM FAMILY ENTERPRISES LP	
b	Name of plan sponsor	JWM FAMILY ENTERPRISES LP	c EIN-PN 52-1821926-001
a	Plan name	KAEB SALES 401K PLAN	
b	Name of plan sponsor	KAEB SALES INC	c EIN-PN 36-4097147-001
a	Plan name	KELLER NORTH AMERICA PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor	KELLER MANAGEMENT SERVICES, LLC	c EIN-PN 52-1691496-002
a	Plan name	KELLER NORTH AMERICA RETIREMENT SAVINGS P/S PLAN	
b	Name of plan sponsor	KELLER MANAGEMENT SERVICES, LLC	c EIN-PN 52-1691496-001
a	Plan name	KNIGHTED VENTURES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KNIGHTED VENTURES, LLC	c EIN-PN 45-4477245-001
a	Plan name	KOBE STEEL USA RETIREMENT PLAN	
b	Name of plan sponsor	KOBE STEEL USA INC.	c EIN-PN 13-3458454-001
a	Plan name	KONG 401(K) PLAN	
b	Name of plan sponsor	KONG INC.	c EIN-PN 98-0629818-001
a	Plan name	KOSITZKA, WICKS AND COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KOSITZKA WICKS & COMPANY	c EIN-PN 54-1342298-001
a	Plan name	KRAMER, SHIRLEY & DITTY, LLC 401(K) PLAN	
b	Name of plan sponsor	KRAMER, SHIRLEY & DITTY, LLC	c EIN-PN 25-1824646-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KRB MACHINERY COMPANY RETIREMENT	
b	Name of plan sponsor	KRB MACHINERY COMPANY	c EIN-PN 23-2397053-001
a	Plan name	L2SC 401(K) PLAN	
b	Name of plan sponsor	L2SC, LLC	c EIN-PN 87-3445911-001
a	Plan name	LABCONNECT 401K PLAN	
b	Name of plan sponsor	LABCONNECT, LLC	c EIN-PN 06-1644519-001
a	Plan name	LANE DERMATOLOGY & DERMATOLOGIC SURGERY 401(K) PLAN	
b	Name of plan sponsor	LANE DERMATOLOGY &	c EIN-PN 20-8201015-001
a	Plan name	LCM INVESTMENTS HOLDINGS II, LLC 401(K) PLAN	
b	Name of plan sponsor	LCM INVESTMENTS II, LLC	c EIN-PN 20-4587299-001
a	Plan name	LERNER CORPORATION 401(K) PLAN	
b	Name of plan sponsor	LERNER CORPORATION	c EIN-PN 52-0815758-001
a	Plan name	LEXINGTON COUNTRY CLUB 401K RETIREMENT	
b	Name of plan sponsor	LEXINGTON COUNTRY CLUB	c EIN-PN 65-0601209-001
a	Plan name	LISTERHILL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	LISTERHILL CREDIT UNION	c EIN-PN 63-0333902-003
a	Plan name	LONG FENCE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG FENCE COMPANY, INC.	c EIN-PN 53-0257174-001
a	Plan name	MAHAFFEY TENT & EVENT RENTALS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAHAFFEY EVENTS & TENTS, LLC	c EIN-PN 81-4327285-003
a	Plan name	MAKJOHN QUALIFIED PLAN	
b	Name of plan sponsor	BONNEVILLE MACHINE	c EIN-PN 87-0524448-001
a	Plan name	MAPLEBEAR INC. D/B/A INSTACART RETIREMENT PLAN	
b	Name of plan sponsor	MAPLEBEAR INC. D/B/A INSTACART	c EIN-PN 46-0723335-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MCCALL FARMS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCCALL FARMS, INC.	c EIN-PN 57-0363473-001
a	Plan name MCGRAW ENTERPRISES INC. 401K PLAN &	
b	Name of plan sponsor MCGRAW ENTERPRISES INC	c EIN-PN 37-1070316-002
a	Plan name MID-ILLINOIS DENTAL CLINIC 401K PLAN	
b	Name of plan sponsor MID ILLINOIS DENTAL CLINIC	c EIN-PN 85-2255415-001
a	Plan name MID-WEST TRUCKERS ASSN. PROFIT SHARING	
b	Name of plan sponsor MIDWEST TRUCKERS ASSOCIATION INC	c EIN-PN 37-0843363-001
a	Plan name MIDAMERICAN AEROSPACE, LTD. 401(K) PLAN	
b	Name of plan sponsor MIDAMERICAN AEROSPACE, LTD.	c EIN-PN 20-0207550-001
a	Plan name MODERN MACHINE & TOOL CO., INC. 401(K) PLAN	
b	Name of plan sponsor MODERN MACHINE & TOOL CO., INC.	c EIN-PN 54-0562646-002
a	Plan name MODERN REAL ESTATE INC. 401K PLAN	
b	Name of plan sponsor MODERN REAL ESTATE INC	c EIN-PN 87-2683124-001
a	Plan name MONUMENTAL VENDING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONUMENTAL VENDING, INC.	c EIN-PN 52-1738598-001
a	Plan name MULTISOURCE MANUFACTURING LLC SAVINGS PLAN	
b	Name of plan sponsor MULTISOURCE MANUFACTURING, LLC	c EIN-PN 41-1924018-003
a	Plan name MURPHY & MURPHY DDS PC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MURPHY & MURPHY DDS PC	c EIN-PN 38-1998517-001
a	Plan name NEUHOFF COMMUNICATIONS 401K PLAN	
b	Name of plan sponsor NEUHOFF FAMILY LIMITED PARTNERSHIP LAF	c EIN-PN 65-1103891-001
a	Plan name NIANTIC, INC. 401(K) PLAN	
b	Name of plan sponsor NIANTIC, INC.	c EIN-PN 47-4877639-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NMR 401K PLAN	
b	Name of plan sponsor	NMR CONSULTING INC	c EIN-PN 52-2047564-001
a	Plan name	NOBLE SUPPLY & LOGIS	
b	Name of plan sponsor	NOBLE SUPPLY AND LOGISTICS, LLC	c EIN-PN 04-2767926-001
a	Plan name	NORDEN SHIPPING USA LLC 401K PLAN	
b	Name of plan sponsor	NORDEN SHIPPING USA LLC	c EIN-PN 52-2282808-001
a	Plan name	NORTH AMERICAN ROOFING SERVICES 401(K) PLAN	
b	Name of plan sponsor	NORTH AMERICAN ROOFING SERVICES	c EIN-PN 13-3724765-001
a	Plan name	NSI 401(K) PLAN	
b	Name of plan sponsor	NSI HOLDINGS, INC.	c EIN-PN 56-1669688-001
a	Plan name	NTREPID, LLC 401K DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	NTREPID, LLC	c EIN-PN 27-3715415-001
a	Plan name	OLAMETER CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OLAMETER CORPORATION	c EIN-PN 38-2611717-001
a	Plan name	ONEAMERICA SEPARATE ACCOUNT	
b	Name of plan sponsor	AMERICAN UNITED LIFE INSURANCE COMPANY	c EIN-PN 35-0145825-100
a	Plan name	PALLET REPAIR SYSTEMS 401K PLAN	
b	Name of plan sponsor	PALLET REPAIR SYSTEMS INC DBA PRS	c EIN-PN 37-1246102-001
a	Plan name	PAVEMENT PARTNERS 401K PLAN	
b	Name of plan sponsor	PAVEMENT PARTNERS INTERCO LLC	c EIN-PN 87-1034990-001
a	Plan name	PILOT CORPORATION OF AMERICA EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	PILOT CORPORATION OF AMERICA EMPLOYEES	c EIN-PN 11-2277015-002
a	Plan name	PILOT PEN 401(K) PLAN	
b	Name of plan sponsor	PILOT PEN	c EIN-PN 11-2277015-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PLANET AID 401(K) PLAN	
b	Name of plan sponsor	PLANET AID, INC.	c EIN-PN 04-3348171-001
a	Plan name	PLANET PAYMENT INC. 401(K) PLAN	
b	Name of plan sponsor	PLANET PAYMENT INC.	c EIN-PN 13-4084693-001
a	Plan name	POLARIS ADVISORS 401(K) PLAN	
b	Name of plan sponsor	POLARIS ADVISORS, LLC	c EIN-PN 47-5126432-001
a	Plan name	POPULATION CONNECTION RETIREMENT PLAN	
b	Name of plan sponsor	POPULATION CONNECTION RETIREMENT PLAN	c EIN-PN 52-2335977-001
a	Plan name	PORTLAND COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	PORTLAND COUNTRY CLUB	c EIN-PN 01-0142660-001
a	Plan name	PREMIUM BRANDS US MEATS 401(K) PLAN	
b	Name of plan sponsor	OBERTO SNACKS INC.	c EIN-PN 82-5144642-001
a	Plan name	PUTMAN DENTAL INC. 401K PLAN	
b	Name of plan sponsor	PUTMAN DENTAL INC	c EIN-PN 87-4443778-001
a	Plan name	PYXIS ONCOLOGY RETIREMENT PLAN	
b	Name of plan sponsor	PYXIS ONCOLOGY, INC.	c EIN-PN 83-1160910-001
a	Plan name	R.W. TROXELL & COMPANY 401K	
b	Name of plan sponsor	TROXELL INSURANCE	c EIN-PN 37-0902741-002
a	Plan name	RAIN 401(K) PLAN	
b	Name of plan sponsor	RAIN TECHNOLOGY, INC	c EIN-PN 85-4282784-001
a	Plan name	RAPPAPORT MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	RAPPAPORT MANAGEMENT COMPANY	c EIN-PN 52-1353340-001
a	Plan name	REEL POWER INTERNATI	
b	Name of plan sponsor	REEL POWER INTERNATIONAL CORP.	c EIN-PN 26-2732533-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	REFRIGERATED SOLUTIO	
b	Name of plan sponsor	NOR-LAKE INC. DBA REFRIGERATED SOLUTIONS	c EIN-PN 39-0768718-003
a	Plan name	RENKEN DENTISTRY PC 401K PLAN	
b	Name of plan sponsor	RENKEN DENTISTRY	c EIN-PN 26-1412559-001
a	Plan name	RENMATIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RENMATIX, INC.	c EIN-PN 26-1641190-001
a	Plan name	RESIGNATION HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	RESIGNATION HOLDINGS LLC	c EIN-PN 46-2945122-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF JOHNNY R. ADCOCK, CLU & ASSOCIATES, INC.	
b	Name of plan sponsor	JOHNNY R. ADCOCK, CLU & ASSOC., INC.	c EIN-PN 59-3216303-001
a	Plan name	RODGERS CONSULTING, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RODGERS CONSULTING, INC.	c EIN-PN 52-0955929-002
a	Plan name	ROVER 401(K) PLAN	
b	Name of plan sponsor	ROVER GROUP, INC.	c EIN-PN 85-3147201-001
a	Plan name	RUBY ELECTRIC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RUBY ELECTRIC INC	c EIN-PN 37-1134866-001
a	Plan name	RUPPERT 401(K) PLAN	
b	Name of plan sponsor	RUPPERT LANDSCAPE LLC	c EIN-PN 20-0802650-001
a	Plan name	SAERTEX RETIREMENT PLAN	
b	Name of plan sponsor	SAERTEX USA, LLC	c EIN-PN 56-2223993-001
a	Plan name	SANTANNA ENERGY SERVICES EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	SANTANNA ENERGY SERVICES 401(K)	c EIN-PN 74-2500445-002
a	Plan name	SELVAGGIO STEEL 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SELVAGGIO STEEL	c EIN-PN 37-1058689-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SEMERSKY ENTERPRISES 401K PLAN	
b	Name of plan sponsor	SEMERSKY ENTERPRISES	c EIN-PN 36-2914777-001
a	Plan name	SERVICEPOWER, INC. 401(K) PLAN	
b	Name of plan sponsor	SERVICEPOWER, INC.	c EIN-PN 52-2160760-001
a	Plan name	SHAPIRO & DUNCAN INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	SHAPIRO & DUNCAN INC.	c EIN-PN 52-1069819-001
a	Plan name	SHERMAN FAMILY DENTAL P.C. 401K PLAN	
b	Name of plan sponsor	SHERMAN FAMILY DENTAL PC	c EIN-PN 81-0729338-001
a	Plan name	SHORE HEALTH SYSTEM, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSITY OF MARYLAND MEDICAL SYSTEM	c EIN-PN 52-0610538-001
a	Plan name	SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SILVER BIRCH SERVICES LLC	c EIN-PN 82-3479583-001
a	Plan name	SIMPLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INFOSYS NOVA HOLDINGS LLC	c EIN-PN 47-2080218-001
a	Plan name	SOUNDEXCHANGE, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUNDEXCHANGE, INC.	c EIN-PN 76-0742496-001
a	Plan name	SPARK POWER CORP USA 401(K) PLAN	
b	Name of plan sponsor	SPARK POWER CORP USA	c EIN-PN 83-1846482-001
a	Plan name	SPOTTS FAIN PC PROFIT SHARING PLAN	
b	Name of plan sponsor	SPOTTS FAIN PC	c EIN-PN 54-1510051-001
a	Plan name	STANLEY PEARLMAN ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	STANLEY PEARLMAN ENTERPRISES, INC.	c EIN-PN 52-1747521-001
a	Plan name	STRUCTURAL RUBBER PRODUCTS 401K	
b	Name of plan sponsor	STRUCTURAL RUBBER PRODUCTS CO	c EIN-PN 37-0997370-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	STYLE CRAFT HOMES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STYLE CRAFT HOMES INC	c EIN-PN 31-1648625-001
a	Plan name	SUNENERGY1 LLC 401(K) PLAN	
b	Name of plan sponsor	SUNENERGY1 LLC	c EIN-PN 27-1695242-001
a	Plan name	SWAGVAULT 401(K)	
b	Name of plan sponsor	PRODEGE, LLC DBA SWAGBUCKS	c EIN-PN 03-0563997-001
a	Plan name	TANDEM TIRE 401K PLAN	
b	Name of plan sponsor	TANDEM TIRE AUTO SERVICE INC	c EIN-PN 42-1455547-001
a	Plan name	TCM 401(K) PLAN	
b	Name of plan sponsor	TRANSITIONAL CARE MANAGEMENT	c EIN-PN 26-4831215-002
a	Plan name	TEC-MASTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEC-MASTERS, INC.	c EIN-PN 63-0971481-001
a	Plan name	TEN OAKS GROUP 401(K) PLAN	
b	Name of plan sponsor	TEN OAKS GROUP	c EIN-PN 83-3554630-001
a	Plan name	TERRAL RIVERSERVICE INC 401(K) PLAN	
b	Name of plan sponsor	TERRAL RIVERSERVICE INC.	c EIN-PN 72-0890414-001
a	Plan name	THE GREEN FAMILY 401K PLAN	
b	Name of plan sponsor	GREEN LINCOLN INC	c EIN-PN 76-0734137-001
a	Plan name	THE IMAGE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE IMAGE GROUP, INC.	c EIN-PN 34-1629768-001
a	Plan name	THE WEBER-STEPHEN PRODUCTS LLC 401(K) INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	WEBER-STEPHEN PRODUCTS LLC	c EIN-PN 27-4002685-002
a	Plan name	THE WILBERN GROUP RETIREMENT PLAN	
b	Name of plan sponsor	RMSCI INC	c EIN-PN 46-3122779-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	TOYO INK 401(K) PLAN
b	Name of plan sponsor	TOYO INK INTERNATIONAL CORP.
c	EIN-PN	22-2969724-001
a	Plan name	TRIAD RETAIL CONSTRUCTION 401(K) SAVINGS PLAN
b	Name of plan sponsor	TRIAD RETAIL CONSTRUCTION, INC.
c	EIN-PN	26-2058637-001
a	Plan name	TYK AMERICA, INC. HOURLY EMPLOYEES PENSION PLAN (LARGE)
b	Name of plan sponsor	TYK AMERICA, INC.
c	EIN-PN	25-1415004-003
a	Plan name	TYK AMERICA, INC. SALARIED EMPLOYEES PENSION PLAN
b	Name of plan sponsor	TYK AMERICA, INC.
c	EIN-PN	25-1415004-001
a	Plan name	UHLIG LLC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	UHLIG LLC
c	EIN-PN	90-0175078-001
a	Plan name	UNITED MIDWEST SAVINGS BANK
b	Name of plan sponsor	UNITED MIDWEST SAVINGS BANK
c	EIN-PN	34-1499160-001
a	Plan name	UNIVERSITY OF MARYLAND MEDICAL SYSTEM 401(A) DEFINED CONTRIBUTION PLAN
b	Name of plan sponsor	UNIVERSITY OF MARYLAND MEDICAL SYSTEM
c	EIN-PN	52-1362793-001
a	Plan name	UPSTREAM 401(K) PLAN
b	Name of plan sponsor	UPSTREAM USA, INC.
c	EIN-PN	35-2581424-001
a	Plan name	US INTERNATIONAL MEDIA 401(K) PLAN
b	Name of plan sponsor	USIM
c	EIN-PN	20-0244617-001
a	Plan name	VALA COMPANIES RETIREMENT PLAN
b	Name of plan sponsor	CCSI CASE COORDINATION LLC
c	EIN-PN	37-1083261-001
a	Plan name	VELOX VALUATIONS LLC 401(K) PLAN
b	Name of plan sponsor	VELOX VALUATIONS LLC
c	EIN-PN	84-4430975-001
a	Plan name	VIG LAW 401K PLAN
b	Name of plan sponsor	VIG LAW
c	EIN-PN	82-1828977-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LARGE CAP VALUE FUND III	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7289865

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	565990	801346
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	102268324	351588901
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	102834314	352390247
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	85508
i Acquisition indebtedness	1i		
j Other liabilities	1j	576935	801346
k Total liabilities (add all amounts in lines 1g through 1j)	1k	576935	886854
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	102257379	351503393

Part II Income and Expense Statement

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

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

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	41224165
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	41224165

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	14117
(5) Investment advisory and investment management fees	2i(5)	83709
(6) Bank or trust company trustee/custodial fees	2i(6)	144049
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	241875
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	241875

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	40982290
l Transfers of assets:		
(1) To this plan.....	2l(1)	332247262
(2) From this plan	2l(2)	123983538

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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