

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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).

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

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: SMALL CAP VALUE FUND
1b Three-digit plan number (PN): 488
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC
2b Employer Identification Number (EIN): 38-4097325
2c Plan Sponsor's telephone number: 866-427-6885
2d Business code (see instructions)

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.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>SMALL CAP VALUE FUND</u>	B Three-digit plan number (PN)	<u>488</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>38-4097325</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>PIMCO RAE US SMALL CIT</u>		
b Name of sponsor of entity listed in (a):	<u>GREAT GRAY TRUST COMPANY, LLC</u>		
c EIN-PN <u>88-2858456-798</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>231771368</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
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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)

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

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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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d Entity code

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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:

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 401(K) PLAN OF HOCHHEIM PRAIRIE FARM MUTUAL INSURANCE ASSOCIATION	
b	Name of plan sponsor HOCHHEIM PRAIRIE FARM MUTUAL INSURANCE ASSOCIATION	c EIN-PN 74-0685915-003
a	Plan name 5Q PARTNERS 401(K) PLAN	
b	Name of plan sponsor 5Q PARTNERS, LLC	c EIN-PN 46-3533175-001
a	Plan name A. R. BELLI, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor A.R. BELLI, INC.	c EIN-PN 04-2451382-011
a	Plan name A.M. EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor A.M. EXPRESS, INC.	c EIN-PN 38-2568690-001
a	Plan name ABC SUPPLY COMPANY UNION EMPLOYEES' SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN BUILDERS & CONTRACTORS SUPPLY CO INC	c EIN-PN 39-1413708-003
a	Plan name ABS GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor ABS GRAPHICS, INC.	c EIN-PN 36-3161107-001
a	Plan name ACI ELECTRICAL CONTRACTOR, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ACI ELECTRICAL CONTRACTOR, INC.	c EIN-PN 22-3682330-001
a	Plan name ADG, P.C. 401(K) PLAN	
b	Name of plan sponsor ADG, P.C.	c EIN-PN 73-1104907-001
a	Plan name ADVANCED COMFORT SPECIALISTS 401(K) PLAN	
b	Name of plan sponsor ADVANCED COMFORT SPECIALISTS	c EIN-PN 20-1900569-001
a	Plan name ADVANCED PAYROLL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED PAYROLL SOLUTIONS, INC.	c EIN-PN 56-2593567-001
a	Plan name AGATE SOFTWARE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AGATE SOFTWARE, INC.	c EIN-PN 38-3161089-001
a	Plan name AGILEX FRAGRANCE DIVISION 401(K) PLAN	
b	Name of plan sponsor AROMATIC TECHNOLOGIES, D/B/A AGILEX	c EIN-PN 36-4289343-001

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	AIR TEMPERATURE SPECIALISTS, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	AIR TEMPERATURE SPECIALISTS
c	EIN-PN	33-0957411-001
a	Plan name	ALBERTSONS COMPANIES 401(K) PLAN
b	Name of plan sponsor	ALBERTSONS COMPANIES, INC.
c	EIN-PN	47-5579477-002
a	Plan name	ALL CONTROL ENTERPRISES, INC. 401(K) PLAN
b	Name of plan sponsor	FEED CONTROL CORP. DBA ALL CONTROL ENTERPRISES, INC.
c	EIN-PN	36-2534912-002
a	Plan name	ALL MAINTENANCE AND REPAIR, LLC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ALL MAINTENANCE AND REPAIR, LLC
c	EIN-PN	80-0597122-001
a	Plan name	ALL POWER, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ALL POWER, INC.
c	EIN-PN	68-0399476-011
a	Plan name	ALL WEB LEADS 401(K) PLAN
b	Name of plan sponsor	ALL WEB LEADS, INC.
c	EIN-PN	20-3642230-001
a	Plan name	ALLENDER BUTZKE ENGINEERS INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ALLENDER BUTZKE ENGINEERS INC 401(K) PS PLAN
c	EIN-PN	42-1384531-001
a	Plan name	ALLIED SERVICE 401(K) PLAN
b	Name of plan sponsor	ALLIED SERVICE
c	EIN-PN	81-3685560-001
a	Plan name	ALTLAND'S R&R SHOP 401(K) PLAN
b	Name of plan sponsor	ALTLANDS R&R SHOP, LLC
c	EIN-PN	47-3939439-001
a	Plan name	AM CONSTRUCTION 401(K) PLAN
b	Name of plan sponsor	A M CONSTRUCTION, LLC
c	EIN-PN	27-3400152-001
a	Plan name	AMARILLO HEART INSTITUTE 401(K) AND PSP
b	Name of plan sponsor	AMARILLO HEART INSTITUTE
c	EIN-PN	88-3862154-001
a	Plan name	AMERICAN ASPHALT REPAIR & RESURFACING CO. , INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	AMERICAN ASPHALT REPAIR & RESURFACING CO, INC.
c	EIN-PN	94-2914200-001

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	AMERICAN ASPHALT SOUTH, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN ASPHALT SOUTH, INC.	c EIN-PN 94-3324781-001
a	Plan name	AMERICAN GLASS PROFESSIONALS 401(K) PLAN	
b	Name of plan sponsor	AMERICAN GLASS PROFESSIONALS, LLC	c EIN-PN 85-3536192-001
a	Plan name	AMERICAN LIFE SAFETY FIRE PROTECTION 401(K) PLAN	
b	Name of plan sponsor	AMERICAN LIFE SAFETY FIRE PROTECTION, LLC	c EIN-PN 27-2555751-001
a	Plan name	ANGEL ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	B&B SMITH VETERINARY PLLC DBA ANGEL ANIMAL HOSPITAL	c EIN-PN 93-2111578-001
a	Plan name	AQUATEC INTERNATIONAL, INC. 401K PLAN	
b	Name of plan sponsor	AQUATEC INTERNATIONAL, INC.	c EIN-PN 33-0364575-001
a	Plan name	ARGEER CONSTRUCTION, INC. DBA CRAFTSMAN CONSTRUCTION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARGEER CONSTRUCTION, INC. DBA CRAFTS MAN CONSTRUCTION	c EIN-PN 47-1242149-001
a	Plan name	ASSOCIATED ELECTRO-MECHANICS, INC. RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED ELECTRO-MECHANICS, INC.	c EIN-PN 04-2578755-001
a	Plan name	ATLANTIC STAINLESS CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ATLANTIC STAINLESS CO., INC.	c EIN-PN 04-2811263-001
a	Plan name	ATX NETWORKS 401(K) PLAN	
b	Name of plan sponsor	ATX NETWORKS (DALLAS) CORP.	c EIN-PN 80-0223540-001
a	Plan name	AVAILITY, L.L.C. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AVAILITY, L.L.C.	c EIN-PN 59-3715944-001
a	Plan name	B & H ELECTRIC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	B & H ELECTRIC, INC.	c EIN-PN 68-0305611-011
a	Plan name	BACKD 401(K) PLAN	
b	Name of plan sponsor	AUSTIN BUSINESS FINANCE DBA BACKD	c EIN-PN 36-4909669-001

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	BALTIMORE WATERPROOFING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BALTIMORE WATERPROOFING	c EIN-PN 20-3065991-001
a	Plan name	BAUER UNDERGROUND, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	BAUER UNDERGROUND, INC.	c EIN-PN 77-0591642-001
a	Plan name	BEAR RIVER BAND OF ROHNERVILLE RANCHERIA 401(K) PLAN	
b	Name of plan sponsor	BEAR RIVER BAND OF ROHNERVILLE RANCHERIA	c EIN-PN 68-0085465-001
a	Plan name	BEAR'S PLUMBING SERVICES,LLC 401(K) PLAN	
b	Name of plan sponsor	BEARS PLUMBING SERVICES,LLC	c EIN-PN 90-0822858-001
a	Plan name	BEARDSLEY & SON 401(K) PLAN	
b	Name of plan sponsor	BEARDSLEY & SON	c EIN-PN 95-1920345-001
a	Plan name	BHM 401(K) PLAN	
b	Name of plan sponsor	BACKBAR HOSPITALITY MANAGEMENT LLC	c EIN-PN 82-1831964-001
a	Plan name	BIG SKY PEDIATRIC THERAPY, LLC 401(K) PLAN	
b	Name of plan sponsor	BIG SKY PEDIATRIC THERAPY, LLC	c EIN-PN 26-3166441-001
a	Plan name	BISTA BROTHERS ASIAN GROCERY 401(K) PLAN	
b	Name of plan sponsor	BISTA BROTHERS ASIAN GROCERY	c EIN-PN 46-1756045-001
a	Plan name	BLEIGH CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BLEIGH CONSTRUCTION COMPANY, INC.	c EIN-PN 43-0647535-002
a	Plan name	BRASK, INC. 401(K) PLAN	
b	Name of plan sponsor	BRASK, INC.	c EIN-PN 72-1485569-001
a	Plan name	BREMBO NORTH AMERICA, INC. EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BREMBO NORTH AMERICA, INC.	c EIN-PN 95-4190804-001
a	Plan name	BRF RETIREMENT PLAN	
b	Name of plan sponsor	BIOMEDICAL RESEARCH FOUNDATION OF NORTHWEST LOUISIANA	c EIN-PN 58-1711612-004

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	BRG 401(K) PLAN	
b	Name of plan sponsor	BRG 401(K) PLAN	c EIN-PN 75-1605963-001
a	Plan name	BROUGH CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BROUGH CONSTRUCTION, INC.	c EIN-PN 20-2861259-001
a	Plan name	BROWN GRAHAM & COMPANY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BROWN GRAHAM & COMPANY, P.C.	c EIN-PN 75-1386677-001
a	Plan name	BUCKLEY THEROUX KLINE & COOLEY, LLC 401(K) PLAN	
b	Name of plan sponsor	BUCKLEY, THEROUX, KLINE AND COOLEY, LLC	c EIN-PN 22-3594244-001
a	Plan name	BUNIM-MURRAY PRODUCTIONS 401(K) PLAN	
b	Name of plan sponsor	BUNIM-MURRAY PRODUCTIONS, LLC	c EIN-PN 95-4304935-001
a	Plan name	C. WHITE MARINE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C. WHITE MARINE, INC.	c EIN-PN 04-3301039-002
a	Plan name	CALDWELL CASSADY & CURRY 401(K) PLAN	
b	Name of plan sponsor	CALDWELL CASSADY & CURRY	c EIN-PN 46-1738227-001
a	Plan name	CALIFORNIA COMMERCIAL POOLS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CALIFORNIA COMMERCIAL POOLS, INC.	c EIN-PN 95-3452683-002
a	Plan name	CALL AND GENTRY LAW GROUP 401K PLAN	
b	Name of plan sponsor	CALL AND GENTRY LAW GROUP	c EIN-PN 46-3173296-001
a	Plan name	CANFOR SOUTHERN PINE, INC. 401(K) PLAN	
b	Name of plan sponsor	CANFOR SOUTHERN PINE, INC.	c EIN-PN 57-1128614-002
a	Plan name	CAPITOL COMPUTER SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	CAPITOL COMPUTER SYSTEMS, INC.	c EIN-PN 23-2491626-001
a	Plan name	CARDIOVASCULAR INSTITUTE OF THE SOUTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARDIOVASCULAR INSTITUTE OF THE SOUTH	c EIN-PN 72-0993441-001

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	CARRIX, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CARRIX, INC.	c EIN-PN 91-1653735-002
a	Plan name	CASTRO COUNTY HOSP DCP	
b	Name of plan sponsor	CASTRO COUNTY HOSP	c EIN-PN 75-6003939-001
a	Plan name	CENTRAL VALLEY ENGINEERING & ASPHALT, INC. RSP	
b	Name of plan sponsor	CENTRAL VALLEY ENGINEERING & ASPHAL INC.	c EIN-PN 68-0446147-003
a	Plan name	CERRIS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CERRIS, INC.	c EIN-PN 36-3740049-001
a	Plan name	CERTIFIED UTILITY SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CERTIFIED UTILITY SERVICES, INC.	c EIN-PN 06-1506699-003
a	Plan name	CHARTER BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHARTER BANK	c EIN-PN 42-1470586-001
a	Plan name	CHITIMACHA TRIBE OF LOUISIANA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHITIMACHA TRIBE OF LOUISIANA	c EIN-PN 72-0705406-001
a	Plan name	CHOICE CONSULTING, LLC 401K PLAN	
b	Name of plan sponsor	CHOICE CONSULTING, LLC	c EIN-PN 87-3883509-001
a	Plan name	CIRCLE M	
b	Name of plan sponsor	CIRCLE M CONTRACTORS, INC.	c EIN-PN 27-3664871-001
a	Plan name	CITY OF BURLINGAME DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CITY OF BURLINGAME	c EIN-PN 94-6000304-001
a	Plan name	CITY OF EUSTIS 401A PLAN	
b	Name of plan sponsor	CITY OF EUSTIS	c EIN-PN 59-6000316-401
a	Plan name	CITY OF LIVERMORE 401(A) PLAN	
b	Name of plan sponsor	CITY OF LIVERMORE	c EIN-PN 94-6000359-401

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	CITY OF SAN MATEO 401(A) GOV'T PLAN FOR SAFETY MGMT	
b	Name of plan sponsor	CITY OF SAN MATEO	c EIN-PN 94-6000422-401
a	Plan name	COBO MANAGEMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor	COBO MANAGEMENT SERVICES	c EIN-PN 61-1715007-002
a	Plan name	COLE VALLEY CHRISTIAN SCHOOLS 401K RETIREMENT	
b	Name of plan sponsor	COLE VALLEY CHRISTIAN SCHOOLS	c EIN-PN 86-2425049-001
a	Plan name	COMPASS 360 401(K) PLAN	
b	Name of plan sponsor	COMPASS 360, LLC	c EIN-PN 47-1286283-001
a	Plan name	COMPLEX CHEMICAL CO., INC.	
b	Name of plan sponsor	STACY RATCLIFF	c EIN-PN 14-1865385-029
a	Plan name	CON-FAB CALIFORNIA, LLC 401(K) PLAN	
b	Name of plan sponsor	CON-FAB CALIFORNIA, LLC	c EIN-PN 81-3626722-001
a	Plan name	CONIFER INFRASTRUCTURE 401(K) PLAN	
b	Name of plan sponsor	CONIFER INFRASTRUCTURE EMPLOYEE RESOURCES LLC	c EIN-PN 92-2610474-001
a	Plan name	CONQUEST SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CONQUEST SOLUTIONS LLC	c EIN-PN 26-4033869-001
a	Plan name	CONSILIO 401(K) PLAN	
b	Name of plan sponsor	CONSILIO, LLC	c EIN-PN 54-2019342-001
a	Plan name	CORELL CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	CORELL CONTRACTOR, INC.	c EIN-PN 42-1294898-001
a	Plan name	COSSENTINO CONTRACTING COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COSSENTINO CONTRACTING COMPANY, INC.	c EIN-PN 52-0880312-001
a	Plan name	DAW CONSTRUCTION GROUP, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAW CONSTRUCTION GROUP, LLC	c EIN-PN 33-1087950-001

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	DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DECISIVEDGE, LLC	c EIN-PN 26-1440851-001
a	Plan name	DELTA HEALTH SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WM. MICHAEL STEMLER, INC. DBA DELTA HEALTH SYSTEMS	c EIN-PN 94-2353289-001
a	Plan name	DENNISON BRIDGE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DENNISON BRIDGE, INC.	c EIN-PN 34-1684403-010
a	Plan name	DES MOINES FLYING SERVICE 401(K) PLAN	
b	Name of plan sponsor	DMFS ACQUISITION LLC	c EIN-PN 85-2668010-001
a	Plan name	DESIGN SCIENCE GROUP, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	DESIGN SCIENCE GROUP, LLC	c EIN-PN 84-3925662-001
a	Plan name	DLZ HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	DLZ HOLDINGS LLC	c EIN-PN 81-3302714-001
a	Plan name	DML SERVICES OF IDAHO 401(K) PLAN	
b	Name of plan sponsor	DML SERVICES OF IDAHO LLC	c EIN-PN 85-0638897-001
a	Plan name	DOORLINK MANUFACTURING INC. 401K	
b	Name of plan sponsor	DOORLINK MANUFACTURING INC	c EIN-PN 20-0825206-001
a	Plan name	DORSKY YUE INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DORSKY YUE INTERNATIONAL, LLC	c EIN-PN 27-1532615-001
a	Plan name	DOUBLE R PIPE AND SUPPLY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DOUBLE R PIPE AND SUPPLY INC	c EIN-PN 85-0278984-001
a	Plan name	DYSTE AGENCY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DYSTE AGENCY	c EIN-PN 41-1792769-001
a	Plan name	E.R. STUEBNER CONSTRUCTION INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	E.R. STUEBNER CONSTRUCTION, INC.	c EIN-PN 23-1462430-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EMERGING MARKET SEPARATE ACCOUNT	
b	Name of plan sponsor	EMERGING MARKET SEPARATE ACCOUNT	c EIN-PN 46-3943208-001
a	Plan name	ENEVATE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	ENEVATE CORPORATION	c EIN-PN 26-2361179-002
a	Plan name	ENGINEERING CONSTRUCTORS, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ENGINEERING CONSTRUCTORS, INC.	c EIN-PN 85-0263193-001
a	Plan name	ENTERTAINMENT PROPERTIES GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	ENTERTAINMENT PROPERTIES GROUP, INC.	c EIN-PN 90-1035810-001
a	Plan name	EPX CONSTRUCTION PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	EPX CONSTRUCTION PARTNERS, LLC	c EIN-PN 47-1552875-001
a	Plan name	EXCLUSIVE RESORTS, LLC 401(K) PLAN	
b	Name of plan sponsor	EXCLUSIVE RESORTS, LLC	c EIN-PN 27-0074637-001
a	Plan name	EXPERTISE AUTO GLASS 401K401(K) PLAN	
b	Name of plan sponsor	EXPERTISE AUTO GLASS	c EIN-PN 81-0554982-001
a	Plan name	EXPLORER PIPELINE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	EXPLORER PIPELINE COMPANY	c EIN-PN 73-0785982-001
a	Plan name	FAIRFIELD CHAIR COMPANY EMPLOYEES' SAVINGS PLUS RETIREMENT PLAN	
b	Name of plan sponsor	FAIRFIELD CHAIR COMPANY	c EIN-PN 56-6067109-002
a	Plan name	FARMER BROS. CO. PENSION PLAN	
b	Name of plan sponsor	FARMER BROS. CO.N PLAN	c EIN-PN 95-0725980-002
a	Plan name	FB BANCORP 401K PLAN	
b	Name of plan sponsor	FB BANCORP	c EIN-PN 88-0392128-001
a	Plan name	FERGUSON CASE ORR PATERSON LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FERGUSON CASE ORR PATERSON LLP	c EIN-PN 95-3764264-001

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	FOOTHILLS ANIMAL SHELTER 401(K) PLAN	
b	Name of plan sponsor	FOOTHILLS ANIMAL SHELTER	c EIN-PN 84-1311450-001
a	Plan name	FORMFIRE LLC 401(K) PLAN	
b	Name of plan sponsor	FORMFIRE, LLC	c EIN-PN 20-4039399-001
a	Plan name	FOUR ROSES DISTILLERY LLC SAVINGS PLAN	
b	Name of plan sponsor	FOUR ROSES DISTILLERY LLC	c EIN-PN 06-1636822-001
a	Plan name	FOX CERAMIC TILE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FOX CERAMIC TILE, INC.	c EIN-PN 48-0849111-001
a	Plan name	FREEDMAN CLINIC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	FREEDMAN CLINIC OF INTERNAL MEDICINE, LLP	c EIN-PN 72-0399647-001
a	Plan name	FRESHGOGO 401(K) PLAN	
b	Name of plan sponsor	FRESHGOGO, INC.	c EIN-PN 38-4012822-001
a	Plan name	G. S. PRECISION, INC. 401(K) EMPLOYEE SAVINGS PLAN & TRUST	
b	Name of plan sponsor	G. S. PRECISION, INC.	c EIN-PN 03-0214289-001
a	Plan name	GB CAPITAL HOLDINGS LLC	
b	Name of plan sponsor	PAYCHEX	c EIN-PN 20-5549396-001
a	Plan name	GENOA COMMUNITY BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENOA COMMUNITY BANK	c EIN-PN 47-0171470-001
a	Plan name	GLISSON & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	GLISSON & ASSOCIATES LLC	c EIN-PN 26-2776805-001
a	Plan name	GLOBAL AFFILIATES UNION 401(K) PLAN	
b	Name of plan sponsor	MAYCO INTERNATIONAL LLC	c EIN-PN 20-5663915-001
a	Plan name	GOLDEN GATE BRIDGE, HWY & TRANSPORTATION DIST 457B	
b	Name of plan sponsor	GOLDEN GATE BRIDGE, HWY & TRANSPORTATION DIST	c EIN-PN 94-6000696-457

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 GOLDEN VALLEY BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GOLDEN VALLEY BANK	c EIN-PN 20-4148098-001
a	Plan name GRAYBACK FORESTRY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRAYBACK FORESTRY, INC.	c EIN-PN 93-0730231-002
a	Plan name GREATER PHOENIX CONVENTION & VISITORS BUREAU 401K	
b	Name of plan sponsor GREATER PHOENIX CONVENTION &	c EIN-PN 86-0224211-003
a	Plan name GT'S LIVING FOODS 401(K) PLAN	
b	Name of plan sponsor GTS LIVING FOODS, LLC	c EIN-PN 95-4526003-001
a	Plan name H HICKS & COMPANY, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H HICKS & COMPANY, INC	c EIN-PN 38-3160702-001
a	Plan name HARTE AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor HARTE NISSAN, INC.	c EIN-PN 06-1079202-002
a	Plan name HASELTON BAKER RISK GROUP 401(K) PLAN	
b	Name of plan sponsor HASELTON BAKER RISK GROUP, LLC	c EIN-PN 47-1170819-001
a	Plan name HEATHER WARREN LAND SURVEYOR, PLLC DBA WARREN RAMIE SURVEYING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HEATHER WARREN LAND SURVEYOR, PLLC DBA WARREN RAMIE SURVEYING	c EIN-PN 16-1572523-001
a	Plan name HERCULES FIRE PROTECTION AND PLUMBING, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HERCULES FIRE PROTECTION & PLUMBING, LLC	c EIN-PN 38-3734395-001
a	Plan name HF GROUP LLC 401 K PLAN	
b	Name of plan sponsor HF GROUP LLC 401 K PLAN	c EIN-PN 20-4101469-001
a	Plan name HOLTON & MAYBERRY, P.C. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HOLTON & MAYBERRY, P.C.	c EIN-PN 26-2836142-002
a	Plan name HOOSIER HEARTLAND STATE BANCORP EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
b	Name of plan sponsor HOOSIER HEARTLAND STATE BANCORP	c EIN-PN 26-3820781-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name HORIBA INSTRUMENTS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor HORIBA INSTRUMENTS INCORPORATED	c EIN-PN 33-0820160-001
a	Plan name HORIZON INDUSTRIES, LIMITED 401(K) PLAN	
b	Name of plan sponsor HORIZON INDUSTRIES, LIMITED	c EIN-PN 52-2004291-001
a	Plan name HOSPICE FOR ALL SEASONS 401(K) PLAN	
b	Name of plan sponsor HOSPICE FOR ALL SEASONS	c EIN-PN 27-3524967-001
a	Plan name HOUSTON PRESS 401(K) PLAN	
b	Name of plan sponsor GCL VENTURE LLC DBA HOUSTON PRESS	c EIN-PN 87-2538221-001
a	Plan name IDA TECHNOLOGY/BNF TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor IDA TECHNOLOGY	c EIN-PN 68-0667275-001
a	Plan name IGH SERVICES INC. 401K PLAN	
b	Name of plan sponsor IGH SERVICES INC	c EIN-PN 93-4463527-001
a	Plan name ILKB POWAY 401(K) PLAN	
b	Name of plan sponsor ILKB SAN DIEGO	c EIN-PN 81-1095167-001
a	Plan name INBANKSHARES, CORP DBA INBANK	
b	Name of plan sponsor AMY LOVELL	c EIN-PN 81-5377409-029
a	Plan name INCORPORATED COUNTY OF LOS ALAMOS NEW MEXICO PENSION PLAN AND TRUST	
b	Name of plan sponsor INCORPORATED COUNTY OF LOS ALAMOS	c EIN-PN 85-6000679-001
a	Plan name INDUSTRIAL ARTS WORKSHOP 401(K) PLAN	
b	Name of plan sponsor INDUSTRIAL ARTS WORKSHOP	c EIN-PN 84-1824326-001
a	Plan name INNOVATIVE INJECTION TECHNOLOGIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor INNOVATIVE INJECTION TECHNOLOGIES, INC.	c EIN-PN 16-1668785-001
a	Plan name INSTITUTIONAL PRODUCTS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INSTITUTIONAL PRODUCTS, LLC	c EIN-PN 85-0462518-001

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	INTERACTIVE LIFE FORMS LLC 401(K) PROFIT SHARING	
b	Name of plan sponsor	INTERACTIVE LIFE FORMS LLC	c EIN-PN 77-0367193-001
a	Plan name	IRON MECHANICAL, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IRON MECHANICAL, INC.	c EIN-PN 27-0252085-001
a	Plan name	J. R. PIPELINE CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J.R. PIPELINE CO., INC.	c EIN-PN 95-3791465-002
a	Plan name	JAMES ELECTRICAL CONTRACTORS LLC.	
b	Name of plan sponsor	JAMES ELECTRICAL CONTRACTORS LLC	c EIN-PN 27-2549644-001
a	Plan name	JENSEN BUILDERS LTD EMPLOYEES' SAVINGS TRUST	
b	Name of plan sponsor	JENSEN BUILDERS LTD	c EIN-PN 42-1204299-001
a	Plan name	JMR ENGINEERING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JMR ENGINEERING, LLC	c EIN-PN 42-1772702-001
a	Plan name	JOHN MADONNA CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JOHN MADONNA CONSTRUCTION COMPANY, INC.	c EIN-PN 73-1695944-002
a	Plan name	JOHNSON PROTECTIVE COATINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JOHNSON PROTECTIVE COATINGS, INC.	c EIN-PN 14-1676701-011
a	Plan name	K-MAR INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	K-MAR INDUSTRIES, INC.	c EIN-PN 51-0319001-002
a	Plan name	KA PO'E HANA LLC 401(K) PLAN	
b	Name of plan sponsor	KA POE HANA LLC	c EIN-PN 31-1674666-001
a	Plan name	KING SCHOOLS, INC. SAVINGS PLAN	
b	Name of plan sponsor	KING SCHOOLS, INC.	c EIN-PN 33-0492638-001
a	Plan name	KNEELAND PLUMBING & HEATING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KNEELAND PLUMBING & HEATING, INC.	c EIN-PN 04-2687185-011

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	KORPORATE COMPUTING 401(K) PLAN	
b	Name of plan sponsor	KASUAL COMPUTING DBA KORPORATE COMPUTING	c EIN-PN 23-2939453-001
a	Plan name	KT HOLDEN CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	KT HOLDEN CONSTRUCTION LLC	c EIN-PN 46-4055698-001
a	Plan name	KURT BOHMER PLUMBING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KURT BOHMER PLUMBING, INC.	c EIN-PN 95-4536321-001
a	Plan name	KYLIN TV, INC. 401K PLAN	
b	Name of plan sponsor	KYLIN TV, INC.	c EIN-PN 20-1926301-001
a	Plan name	L & L CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	L & L CONSTRUCTION, INC.	c EIN-PN 23-2070629-001
a	Plan name	LAFFERTY & COMPANY 401(K) PLAN	
b	Name of plan sponsor	LAFFERTY & COMPANY	c EIN-PN 23-1391495-003
a	Plan name	LAFFERTY TRUCK & TRAILER REPAIR 401(K) PLAN	
b	Name of plan sponsor	LAFFERTY TRUCK & TRAILER REPAIR LLC	c EIN-PN 87-2706374-001
a	Plan name	LAMINATORS INCORPORATED EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAMINATORS INCORPORATED	c EIN-PN 23-1636067-002
a	Plan name	LAN-CO COMPANIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LAN-CO COMPANIES, INC.	c EIN-PN 16-1580369-001
a	Plan name	LAWRY'S RESTAURANT, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	LAWRYS RESTAURANT, INC.	c EIN-PN 95-0925915-001
a	Plan name	LAZY DOG 401(K) PLAN	
b	Name of plan sponsor	LAZY DOG RESTAURANTS, LLC	c EIN-PN 46-1351268-001
a	Plan name	LEGACY RESHAB SERVICES 401(K) PLAN	
b	Name of plan sponsor	LEGACY RESHAB SERVICES, LLC	c EIN-PN 83-4438584-001

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	LEGEND PICTURES, LLC 401(K) RETIREMENT SAVINGS	
b	Name of plan sponsor	LEGEND PICTURES, LLC	c EIN-PN 20-1394866-001
a	Plan name	LEPI ENTERPRISES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LEPI ENTERPRISE, INC.	c EIN-PN 31-1190056-004
a	Plan name	LHOME 401(K) PLAN	
b	Name of plan sponsor	LHOME	c EIN-PN 45-4127209-001
a	Plan name	LIBRA ELECTRIC COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LIBRA ELECTRIC COMPANY	c EIN-PN 73-1186032-002
a	Plan name	LIEBERT CASSIDY WHITMORE PROFIT SHARING/401K PLAN AND TRUST	
b	Name of plan sponsor	LIEBERT CASSIDY WHITMORE	c EIN-PN 95-3658973-002
a	Plan name	LONGSTREET AUTOBODY 401(K) PLAN	
b	Name of plan sponsor	LONGSTREET AUTOBODY & SALES, INC.	c EIN-PN 34-1453259-001
a	Plan name	LUMOS PHARMA, INC. 401K PLAN	
b	Name of plan sponsor	LUMOS PHARMA, INC.	c EIN-PN 42-1491350-001
a	Plan name	MADERA FRAMING 401(K) PLAN	
b	Name of plan sponsor	MADERA FRAMING, INC.	c EIN-PN 80-0047706-001
a	Plan name	MANAC TRAILERS USA, INC. SAVINGS PLAN	
b	Name of plan sponsor	MANAC TRAILERS USA, INC.	c EIN-PN 43-1968355-001
a	Plan name	MARATHON EQUIPMENT LEASING CORPORATION RSP	
b	Name of plan sponsor	MARATHON EQUIPMENT LEASING CORPORAT ON	c EIN-PN 95-3643061-002
a	Plan name	MARQUEZ CABLE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MARQUEZ CABLE SYSTEMS, INC.	c EIN-PN 95-4865118-001
a	Plan name	MARR AND COMPANY, P.C. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MARR AND COMPANY, P.C.	c EIN-PN 43-1490039-001

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	MAV 401(K) PLAN	
b	Name of plan sponsor	MACON ALLEY VENTURES	c EIN-PN 83-4663584-001
a	Plan name	MCKENNA MOTOR COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MCKENNA MOTOR COMPANY, INC.	c EIN-PN 95-3379374-002
a	Plan name	METRO ORTHOPEDICS & SPORTS THERAPY, P.C. 401(K) PLAN	
b	Name of plan sponsor	METRO ORTHOPEDICS & SPORTS THERAPY, P.C.	c EIN-PN 52-2177914-003
a	Plan name	MID-ATLANTIC COMPANIES INC. 401K	
b	Name of plan sponsor	MIDATLANTIC COMPANIES INC	c EIN-PN 52-1555913-001
a	Plan name	MIDWEST CARDIOVASCULAR INSTITUTE 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWEST CARDIOVASCULAR INSTITUTE, S.C.	c EIN-PN 86-1664195-001
a	Plan name	MILANI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MILANI CONSTRUCTION, LLC	c EIN-PN 77-0681984-001
a	Plan name	MILAZZO ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	MILAZZO ENTERPRISES, LLC	c EIN-PN 20-2937464-001
a	Plan name	MINORITY BEHAVIORAL HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor	AKRON COMMUNITY DEVELOPMENT ASSOCIATION INC. DBA MINORITY BEHAVIORAL H	c EIN-PN 34-1965936-001
a	Plan name	MOHAWK GLOBAL LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	MOHAWK GLOBAL LOGISTICS	c EIN-PN 16-1444116-001
a	Plan name	MONTEREY PENINSULA ENGINEERING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MONTEREY PENINSULA ENGINEERING	c EIN-PN 94-2697245-002
a	Plan name	MS ELECTRONICS 401(K) PLAN	
b	Name of plan sponsor	MS ELECTRONICS, LLC	c EIN-PN 22-3860340-001
a	Plan name	MSC BIOMEDICAL HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	MSC BIOMEDICAL HOLDINGS	c EIN-PN 87-3498426-001

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	MVB BANK, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MVB BANK, INC.	c EIN-PN 55-0755205-001
a	Plan name	MYWORKPLACE, INC. 401(K) PLAN	
b	Name of plan sponsor	MYWORKPLACE, INC.	c EIN-PN 83-8465321-001
a	Plan name	NATION WELDING LLC 401(K) PLAN	
b	Name of plan sponsor	NATION WELDING LLC	c EIN-PN 83-3508498-001
a	Plan name	NATIONAL NOVELTY COMPANY 401(K) PLAN	
b	Name of plan sponsor	NATIONAL NOVELTY COMPANY INCORPORATED	c EIN-PN 23-1501381-001
a	Plan name	NATIONWIDE COILS ENTERPRISES PROFIT SHARING	
b	Name of plan sponsor	NATIONWIDE COILS	c EIN-PN 57-1213864-001
a	Plan name	NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor	NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a	Plan name	NCC SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	N C C SYSTEMS INC.	c EIN-PN 16-1161663-001
a	Plan name	NEUROLOGY CLINIC PC 401K PSP AND TRUST	
b	Name of plan sponsor	CHIP HARRIS	c EIN-PN 62-1510987-001
a	Plan name	NEW YORK ISLANDERS HOCKEY CLUB, LP 401(K) PLAN	
b	Name of plan sponsor	NEW YORK ISLANDERS HOCKEY CLUB, LP	c EIN-PN 11-2254417-001
a	Plan name	NJCAA 401(K) PLAN	
b	Name of plan sponsor	NATIONAL JUNIOR COLLEGE ATHLETIC ASSOCIATION	c EIN-PN 41-6023833-004
a	Plan name	NORTHGATE ENVIRONMENTAL MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHGATE ENVIRONMENTAL MANAGEMENT, INC.	c EIN-PN 94-3350317-001
a	Plan name	NORTHWEST FEDERAL CREDIT UNION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NORTHWEST FEDERAL CREDIT UNION	c EIN-PN 53-0216888-001

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	NUPOINTE ENERGY LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NUPOINTE ENERGY LLC	c EIN-PN 83-3986498-001
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	ONPOINT WEALTH PARTNERS 401(K) PLAN	
b	Name of plan sponsor	ONPOINT WEALTH PARTNERS	c EIN-PN 85-4026670-001
a	Plan name	P & D ELECTRIC OF HUDSON VALLEY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	P & D ELECTRIC OF HUDSON VALLEY, IN	c EIN-PN 06-1501161-001
a	Plan name	PACIFIC SERVICE CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	PACIFIC SERVICE CREDIT UNION	c EIN-PN 94-6061277-001
a	Plan name	PALLADIUM GROUP GLOBAL 401(K) PLAN	
b	Name of plan sponsor	PALLADIUM GROUP GLOBAL LLC	c EIN-PN 27-1357362-001
a	Plan name	PAWNIE'S HOME CARE 401(K) PLAN	
b	Name of plan sponsor	BARDISON ENTERPRISES INC. DBA PAWNIES HOME CARE	c EIN-PN 84-2238944-001
a	Plan name	PDG 401(K) PLAN	
b	Name of plan sponsor	PROCESS DISTRIBUTION GROUP	c EIN-PN 71-1043927-006
a	Plan name	PENN VALLEY GAS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PENN VALLEY GAS	c EIN-PN 23-1600215-001
a	Plan name	PETER LAPIDUS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PETER LAPIDUS CONSTRUCTION, INC.	c EIN-PN 56-2533652-001
a	Plan name	PFISTER ENERGY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PFISTER ENERGY, INC.	c EIN-PN 20-3413769-001
a	Plan name	PLSI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PYRAMID LOGISTICS SERVICES, INC.	c EIN-PN 33-0794075-001

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	POSTY CARDS INC PROFIT SHARING	
b	Name of plan sponsor	POSTY CARDS INC	c EIN-PN 44-0530386-001
a	Plan name	PRAESES 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRAESES, LLC	c EIN-PN 20-8083840-001
a	Plan name	PRO ELECTRIC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRO ELECTRIC, INC.	c EIN-PN 06-1231982-011
a	Plan name	PRO-ED EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	PRO-ED, INC.	c EIN-PN 74-1916673-001
a	Plan name	PROLATO RESEARCH LLC 401(K) PLAN	
b	Name of plan sponsor	PROLATO RESEARCH LLC	c EIN-PN 83-2829260-001
a	Plan name	PROLINE PIPELINE, INC. 401(K) PLAN	
b	Name of plan sponsor	PROLINE PIPELINE, INC.	c EIN-PN 26-0532444-001
a	Plan name	PRUETT AIR CONDITIONING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRUETT AIR CONDITIONING COMPANY	c EIN-PN 58-2453509-001
a	Plan name	PRUITT COMMUNICATIONS, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	PRUITT COMMUNICATIONS, INC.	c EIN-PN 63-1204773-001
a	Plan name	QUALITY ROOFING SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	QUALITY ROOFING SERVICES, INC.	c EIN-PN 06-1303539-001
a	Plan name	R E A P INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	R E A P INC	c EIN-PN 93-1315162-001
a	Plan name	RADAN CONSTRUCTION INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RADAN CONSTRUCTION INC.	c EIN-PN 33-0480127-001
a	Plan name	RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A.	c EIN-PN 85-0214117-005

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	RAINIER TRUST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	INVESTCO L.L.C	c EIN-PN 84-3870453-001
a	Plan name	RAMIREZ MASONRY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RAMIREZ MASONRY, INC.	c EIN-PN 95-4067311-001
a	Plan name	READY PAC FOODS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	READY PAC PRODUCE, INC.	c EIN-PN 95-2628613-001
a	Plan name	REAM ROOFING 401(K) PLAN	
b	Name of plan sponsor	REAM ROOFING ASSOCIATES LLC	c EIN-PN 23-2801208-001
a	Plan name	RENAISSANCE PROPERTY ASSOCIATES, LLC 401K PLAN	
b	Name of plan sponsor	RENAISSANCE PROPERTY ASSOCIATES,	c EIN-PN 20-3767811-001
a	Plan name	RESTAURANT SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	RESTAURANT SERVICES, INC. 401(K) EE SAVINGS	c EIN-PN 65-0308534-001
a	Plan name	RINGLER MANAGEMENT SERVICES, INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	RINGLER MANAGEMENT SERVICES, INC.	c EIN-PN 95-3862316-005
a	Plan name	RKG 401(K) PLAN	
b	Name of plan sponsor	RETIREMENT (K)ONCIERGE GROUP	c EIN-PN 86-1926015-001
a	Plan name	ROARING CREEK MACHINE CO. 401(K) PLAN	
b	Name of plan sponsor	ROARING CREEK MACHINE CO.	c EIN-PN 92-0397211-001
a	Plan name	ROB REYNOLDS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROB REYNOLDS CONSTRUCTION, INC.	c EIN-PN 80-0812265-001
a	Plan name	ROBRYAN CONSTRUCTION, LP 401(K) PLAN	
b	Name of plan sponsor	ROBRYAN CONSTRUCTION, LP	c EIN-PN 55-0881960-001
a	Plan name	ROMANOFF ELECTRIC, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ROMANOFF ELECTRIC, INC.	c EIN-PN 31-1020367-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name S.J. LOUIS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor S. J. LOUIS CONSTRUCTION, INC	c EIN-PN 41-1440589-001
a	Plan name SAINT PAUL & MINNESOTA FOUNDATION RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor SAINT PAUL & MINNESOTA FOUNDATION	c EIN-PN 41-6031510-002
a	Plan name SALLUS RETIREMENT LLC	
b	Name of plan sponsor SALLUS RETIREMENT LLC	c EIN-PN 85-0609152-001
a	Plan name SAMBATEK, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAMBATEK, LLC	c EIN-PN 26-4801863-001
a	Plan name SAN JOAQUIN DOOR & SUPPLY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SAN JOAQUIN DOOR & SUPPLY, INC.	c EIN-PN 77-0166163-001
a	Plan name SAN MATEO CONSOLIDATED FIRE DEPARTMENT	
b	Name of plan sponsor SAN MATEO CONSOLIDATED FIRE DEPARTMENT	c EIN-PN 83-1986577-457
a	Plan name SAVING YOUR DOUGH 401K PLAN	
b	Name of plan sponsor COMPANION BAKING CO	c EIN-PN 43-1646171-001
a	Plan name SCHECK MECHANICAL CORPORATION EMPLOYEES	
b	Name of plan sponsor SCHECK MECHANICAL CORP	c EIN-PN 36-3294759-001
a	Plan name SCHWARTZ & SCHWARTZ 401(K) PLAN	
b	Name of plan sponsor SCHWARTZ & SCHWARTZ ENTERPRISES INC.	c EIN-PN 47-2798848-001
a	Plan name SCOTT BROTHERS 401(K) PLAN	
b	Name of plan sponsor SCOTT BROTHERS WINDOWS & DOORS	c EIN-PN 87-2222565-001
a	Plan name SCOTT COMPANIES PROFIT SHARING PLAN	
b	Name of plan sponsor SCOTT COMPANIES PROFIT SHARING PLAN	c EIN-PN 72-6029611-001
a	Plan name SEALED AIR CORPORATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SEALED AIR CORPORATION	c EIN-PN 65-0654331-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SELIGMAN GROUP RETIREMENT PLAN	
b	Name of plan sponsor	PENTEGRA SERVICES, INC.	c EIN-PN 13-3745616-008
a	Plan name	SEWER SENTRY 401K PLAN	
b	Name of plan sponsor	SEWER SENTRY	c EIN-PN 84-3766680-001
a	Plan name	SHAINLINE EXCAVATING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SHAINLINE EXCAVATING, INC.	c EIN-PN 23-2083330-001
a	Plan name	SHEEPSCOT GENERAL 401(K) PLAN	
b	Name of plan sponsor	SHEEPSCOT GENERAL LLC	c EIN-PN 36-4697019-001
a	Plan name	SKABELUND 401(K) PLAN	
b	Name of plan sponsor	SKABELUND, PLLC	c EIN-PN 92-0890685-001
a	Plan name	SMART PROFITABILITY SOLUTIONS, LLC	
b	Name of plan sponsor	MICHAEL GUDE	c EIN-PN 45-4054298-029
a	Plan name	SOMERS EYE CENTER 401(K) PLAN	
b	Name of plan sponsor	SOMERS EYE CENTER, INC.	c EIN-PN 43-1917847-001
a	Plan name	SOMEWHERE THAT'S GREEN 401(K) PLAN	
b	Name of plan sponsor	SOMEWHERE THATS GREEN LLC	c EIN-PN 85-1284377-001
a	Plan name	SOUTH BAY HEALTH & INSURANCE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTH BAY HEALTH & INSURANCE SER	c EIN-PN 26-0485597-002
a	Plan name	SOUTH DES MOINES DENTAL PRACTICE, INC PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTH DES MOINES DENTAL PRACTICE, INC	c EIN-PN 47-5526998-001
a	Plan name	SPIDER COMPANY INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SPIDER COMPANY, INC.	c EIN-PN 36-3453535-001
a	Plan name	ST. JOHNS COUNTY SHERIFF'S OFFICE DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	ST JOHNS COUNTY SHERIFFS OFFICE	c EIN-PN 59-6000829-414

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 STEPHENS PIPE AND STEEL, LLC 401(K) PLAN	
b	Name of plan sponsor STEPHENS PIPE AND STEEL, LLC	c EIN-PN 26-2319757-001
a	Plan name STILLWATER ELECTRIC INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STILLWATER ELECTRIC INC.	c EIN-PN 73-1725261-001
a	Plan name STONEWATER VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor STONEWATER VETERINARY HOSPITAL	c EIN-PN 85-3882911-001
a	Plan name SUMMIT PRIMARY AND PAIN 401(K) PLAN	
b	Name of plan sponsor SUMMIT PRIMARY AND PAIN LLC	c EIN-PN 85-1978996-001
a	Plan name SUNPRO COATINGS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUNPRO COATINGS INC.	c EIN-PN 46-1840820-001
a	Plan name SUNSHARE COMMUNITY SOLAR 401(K) PLAN	
b	Name of plan sponsor SUNSHARE, LLC	c EIN-PN 45-2324951-002
a	Plan name SUPERIOR AMERICAN CRANE 401(K) PLAN	
b	Name of plan sponsor TC/AMERICAN CRANE COMPANY	c EIN-PN 81-3315284-001
a	Plan name SUPERIOR STEEL ERECTORS LLC 401K PLAN	
b	Name of plan sponsor SUPERIOR STEEL ERECTORS LLC	c EIN-PN 47-4755328-001
a	Plan name SUREFIRE LOCAL 401(K) PLAN	
b	Name of plan sponsor GENNEXT MEDIA, INC. DBA SUNFIRE LOCAL	c EIN-PN 26-3405573-001
a	Plan name SYSTEMS MANAGEMENT & BALANCING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SYSTEMS MANAGEMENT & BALANCING, INC.	c EIN-PN 86-3237083-001
a	Plan name TC CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TC CONSTRUCTION COMPANY, INC.	c EIN-PN 95-3646005-002
a	Plan name TEXAS RESTAURANT ASSOCIATION 401K PL & TRS	
b	Name of plan sponsor TEXAS RESTAURANT ASSOCIATION	c EIN-PN 74-0921350-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TEXAS STATE ALARM RETIREMENT PLAN	
b	Name of plan sponsor	TEXAS STATE ALARM, LLC	c EIN-PN 26-1983130-001
a	Plan name	TEXSUN ELECTRICAL CONTRACTORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TEXSUN ELECTRICAL CONTRACTORS, INC.	c EIN-PN 75-1879972-001
a	Plan name	THE ACT 1 GROUP OF COMPANIES 401(K) PLAN FOR STAFF EMPLOYEES	
b	Name of plan sponsor	HOWROYD GROUP OF COMPANIES	c EIN-PN 95-2580864-003
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	HOUSEAL MECHANICAL	c EIN-PN 26-4787323-001
a	Plan name	THE FORBES COMPANY, LLC EMPLOYEES PROFIT SHARING/401(K)	
b	Name of plan sponsor	THE FORBES COMPANY, LLC	c EIN-PN 38-3441715-333
a	Plan name	THE HALLMARK COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor	THE HALLMARK COMPANIES, INC.	c EIN-PN 58-2342469-001
a	Plan name	THE NSABP FOUNDATION INC. MATCHED	
b	Name of plan sponsor	LISA QUIGLEY	c EIN-PN 25-1781357-001
a	Plan name	THE OXFORD INDUSTRIES, INC. RETIREMENT SAVINGS PLA	
b	Name of plan sponsor	OXFORD INDUSTRIES, INC.	c EIN-PN 58-0831862-004
a	Plan name	THE SUN LIGHT & POWER 401(K) PLAN	
b	Name of plan sponsor	SUN LIGHT & POWER	c EIN-PN 94-2357077-001
a	Plan name	THE WOMBLE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE WOMBLE COMPANY	c EIN-PN 73-0955282-001
a	Plan name	THRIFT PAINTING, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	THRIFT PAINTING, INC.	c EIN-PN 39-1715733-001
a	Plan name	THUNDER TECH INC RETIREMENT PLAN	
b	Name of plan sponsor	THUNDER TECH INC	c EIN-PN 16-1637756-001

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	TILT HOLDINGS INC. 401(K) PLAN
b	Name of plan sponsor	TILT HOLDINGS INC.
c	EIN-PN	83-2097293-001
a	Plan name	TIPP DISTRIBUTORS, INC. DBA NOVAMEX 401(K) PLAN
b	Name of plan sponsor	TIPP DISTRIBUTORS, INC. DBA NOVAMEX
c	EIN-PN	74-2444846-002
a	Plan name	TLHIGA 401(K) PLAN
b	Name of plan sponsor	TX LIFE & HEALTH INS. GUAR. ASSOCIATION
c	EIN-PN	74-6252674-003
a	Plan name	TOWN MANAGEMENT CO LLC 401(K) PLAN
b	Name of plan sponsor	TOWN MANAGEMENT CO LLC
c	EIN-PN	84-3704073-001
a	Plan name	TRIANGLE ENTERPRISES, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	TRIANGLE ENTERPRISES, INC.
c	EIN-PN	95-4624276-001
a	Plan name	TRINITY CONSTRUCTION GROUP 401(K) PLAN
b	Name of plan sponsor	TRINITY CONSTRUCTION GROUP
c	EIN-PN	27-0371208-001
a	Plan name	TRUEPILL 401(K) PLAN
b	Name of plan sponsor	TRUEPILL, INC
c	EIN-PN	84-3676147-001
a	Plan name	TURFCO MFG. INC.
b	Name of plan sponsor	TURFCO MFG. INC.
c	EIN-PN	41-1323814-001
a	Plan name	TWO RIVERS ENTERPRISES, INC. 401(K) PLAN
b	Name of plan sponsor	TWO RIVERS ENTERPRISES, INC.
c	EIN-PN	41-1994904-001
a	Plan name	UNIFIED CONTRACTING, INC. 401(K) PLAN
b	Name of plan sponsor	UNIFIED CONTRACTING, INC.
c	EIN-PN	42-1519673-001
a	Plan name	UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	UNITED HEALTH CENTERS OF THE SAN JOAQUIN VALLEY
c	EIN-PN	94-1732538-001
a	Plan name	UNITED TALENT AGENCY LLC 401(K) PLAN
b	Name of plan sponsor	UNITED TALENT AGENCY LLC
c	EIN-PN	95-4312582-001

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 USA BUILDING MAINTENANCE INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor USA BUILDING MAINTENANCE INC.	c EIN-PN 83-4065069-001
a	Plan name VALVEWORKS USA, INC.	
b	Name of plan sponsor LAUREN CLEMENTS	c EIN-PN 72-1247394-029
a	Plan name VERUNA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VERUNA, INC.	c EIN-PN 83-4401239-001
a	Plan name VISIT LOUDOUN 401(K) PLAN	
b	Name of plan sponsor LOUDOUN CONVENTION & VISITORS ASSOCIATION, INC.	c EIN-PN 54-1593470-002
a	Plan name WALTON CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WALTON CONSTRUCTION, INC	c EIN-PN 82-3421806-001
a	Plan name WARMIES 401(K) PLAN	
b	Name of plan sponsor INTELEX USA, LLC	c EIN-PN 46-1393795-001
a	Plan name WAYNE BANK 401(K) PLAN	
b	Name of plan sponsor WAYNE BANK	c EIN-PN 24-0754330-002
a	Plan name WEALTH MANAGING PARTNERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEALTH MANAGING PARTNERS, INC.	c EIN-PN 26-1170223-001
a	Plan name WEIDMULLER, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor WEIDMULLER, INC.	c EIN-PN 74-3082931-002
a	Plan name WEISBART SPRINGER HAYES, LLP 401(K) PLAN	
b	Name of plan sponsor WEISBART SPRINGER HAYES, LLP	c EIN-PN 45-4404922-001
a	Plan name WEST MAUI CONSTRUCTION LLC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WEST MAUI CONSTRUCTION LLC	c EIN-PN 27-2305765-001
a	Plan name WHITLOCK ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor WHITLOCK ENTERPRISES LLC	c EIN-PN 45-3134696-001

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.	<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 SMALL CAP VALUE FUND	B Three-digit plan number (PN) 488
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4097325

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
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)	1948435	669045
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)	268081800	231771368
(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	270030235	232440413
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	56618
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2204513	669045
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2204513	725663
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	267825722	231714750

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)		19755909
(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		19755909

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)	11427	
(5) Investment advisory and investment management fees	2i(5)	423991	
(6) Bank or trust company trustee/custodial fees	2i(6)	116607	
(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)		552025
j Total expenses. Add all expense amounts in column (b) and enter total	2j		552025

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19203884
l Transfers of assets:			
(1) To this plan	2l(1)		16696211
(2) From this plan	2l(2)		72011067

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 _____.