

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
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
1a	Name of plan NEXTEP 401(K) RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 01/01/1999
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) 899210-01 NEXTEP, INC. 1800 N INTERSTATE DRIVE NORMAN, OK 73072
2b	Employer Identification Number (EIN) 73-1543198
2c	Plan Sponsor's telephone number 888-811-5150
2d	Business code (see instructions) 541990

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	Filed with authorized/valid electronic signature.	12/22/2023	JUSTIN DAVIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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 17366
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 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.....	6a(1) 17366 6a(2) 16863 6b 17 6c 2624 6d 19504 6e 0 6f 19504 6g 8282 6h 142
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: 2A 2E 2F 2G 2J 2K 2R 2S 2T 3D 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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NEXTEP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶	333
C Plan sponsor's name as shown on line 2a of Form 5500 899210-01 NEXTEP, INC.	D Employer Identification Number (EIN) 73-1543198	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	899210	896	01/01/2022	12/31/2022

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid 1661	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid RYAN HILL 14241 DALLAS PARKWAY SUITE 1200 DALLAS, TX 75254

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1661	0	MMLIS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	20047258
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY CONTRACT

b Balance at the end of the previous year **7b** 15766836

c Additions: (1) Contributions deposited during the year	7c(1)	1611937	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	636024	
(4) Transferred from separate account.....	7c(4)	3788411	
(5) Other (specify below)	7c(5)	1671915	
▶ LN DISTRIBUTIONS, LNRP , LOAN DEFAULT, MKT VALUE			

(6) Total additions..... **7c(6)** 7708287

d Total of balance and additions (add lines **7b** and **7c(6)**)..... **7d** 23475123

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2300789	
(2) Administration charge made by carrier.....	7e(2)	112694	
(3) Transferred to separate account.....	7e(3)	879825	
(4) Other (specify below)	7e(4)	134557	
▶ LOAN DISTRIBUTION, LOAN DEFAULT MKT VALUE			

(5) Total deductions..... **7e(5)** 3427865

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 20047258

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
A Name of plan NEXTEP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 899210-01 NEXTEP, INC.	D Employer Identification Number (EIN) 73-1543198

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INS. COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	1722932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

NEXTEP, INC.

73-1543198

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
62 64 99	RECORDKEEPER	395000	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

MML INVESTORS SERVICES INC

04-2746212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	SHAREHOLDER SERVICE PRO	0	Yes ☒ No ☐	Yes ☐ No ☒	132058	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

GREAT WEST LIFE & ANNUITY INS.

04-2746212

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
53	INVESTMENT SERVICE	0	Yes ☒ No ☐	Yes ☐ No ☒	225	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

EMPOWER ADVISORY GROOUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MGMT	1	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MML INVESTOR SERVICES INC.	53	132058
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MASSACHUSETTS MUTUAL LIFE INSURANCE 04-1590850	COMMISION AND FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GREAT WEST LIFE & ANNUITY INSURANCE	71	225
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CHARLES SCHWAB & CO, INC 94-1737782	PLAN RELATED EXPENSES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NEXTEP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 899210-01 NEXTEP, INC.	D Employer Identification Number (EIN) 73-1543198	

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: INDEX SELECT AGGR RET FUND CL R6		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 81-4374798-300	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 504572
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2045 FUND CL R6		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 81-4470950-308	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34615126
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2055 FUND CL R6		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 81-4484368-309	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25092706
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2035 FUND CL R6		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 81-4393238-302	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2427272
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONSERV 2045 FD CL R6		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 81-4532033-313	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11283956
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONSER 2055 FD CL R6		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 81-4543855-314	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7382948
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONSER 2025 FD CL R6		
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST		
c EIN-PN 81-4509619-311	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1457663

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2035 FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4457845-307	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 50320774
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2025 FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4447624-306	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37128290
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECTMOD RETIRE FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4430771-305	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11098704
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2045 FUND CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4403657-303	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2613864
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONS RET FUND CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4499160-310	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4394651
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONSER 2035 FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4515825-312	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17133070
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2055 FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4418048-304	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 261326
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2025 FUND CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4386547-301	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1616562
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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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Part II **Information on Participating Plans (to be completed by DFEs)**

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>NEXTEP 401(K) RETIREMENT SAVINGS PLAN</u>		B Three-digit plan number (PN) <u>333</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>899210-01 NEXTEP, INC.</u>		D Employer Identification Number (EIN) <u>73-1543198</u>

Part I Asset and Liability Statement			
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.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	56587	501350
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	615073	428599
(2) Participant contributions.....	1b(2)	1422705	1223515
(3) Other.....	1b(3)	7757	0
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)	3890916	3959757
(9) Value of interest in common/collective trusts.....	1c(9)	238410021	209691485
(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)	156892764	140295735
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	15766836	19599400
(15) Other	1c(15)	866283	435487

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	417928942	376135328

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	197798	204737
k Total liabilities (add all amounts in lines 1g through 1j)	1k	197798	204737

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	417731144	375930591
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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)	17323216	
(B) Participants	2a(1)(B)	40946750	
(C) Others (including rollovers)	2a(1)(C)	8635431	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		66905397
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)	183869	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		183869
(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)	6087451	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6087451
(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)		-37847061
(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)		-30528304
c Other income	2c		-213926
d Total income. Add all income amounts in column (b) and enter total	2d		4587426
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	41290784	
(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)		41290784
f Corrective distributions (see instructions)	2f		207716
g Certain deemed distributions of participant loans (see instructions)	2g		132541
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	758226	
(3) Investment advisory and management fees	2i(3)	1205953	
(4) Other	2i(4)	68688	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2032867
j Total expenses. Add all expense amounts in column (b) and enter total	2j		43663908
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-39076482
l Transfers of assets:			
(1) To this plan	2l(1)		70322071
(2) From this plan	2l(2)		73046142

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: UHY LLP

(2) EIN: 20-0694403

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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.)			
4b		X	
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.)			
4c		X	
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.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
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?			
4g		X	
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?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
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.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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.			
4n			

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)
ADP	59-2452823	001
AMERICAN FUNDS	95-1411037	001
AMERITAS	31-4379515	001
CAPITALGROUP	43-1763741	001

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 _____.

	Yes	No	Amount
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.)			
4b			
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.)			
4c			
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.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
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?			
4g			
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?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
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.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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.			
4n			

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)
CETERA RETIREMENT	36-8756340	001
CHARLES SCHWAB	94-3106735	001

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NEXTEP 401(K) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ► 333
C Plan sponsor's name as shown on line 2a of Form 5500 899210-01 NEXTEP, INC.		D Employer Identification Number (EIN) 73-1543198
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-1590850 20-3691708 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

NEXTEP 401(k) RETIREMENT SAVINGS PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2022 and 2021
and for the year ended December 31, 2022

NEXTEP 401(k) RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
the Nextep 401(k) Retirement Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Nextep 401(k) Retirement Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022, and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021, and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- The amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

The logo for UHY LLP, featuring the letters "UHY" in a large, stylized, cursive font, with "LLP" in a smaller, simpler font to the right.

Sterling Heights, Michigan
December 21, 2023

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2022	2021
ASSETS		
Cash	\$ 501,350	\$ 56,587
Investments at fair value	370,022,107	396,169,068
Investments at contract value	-	15,766,836
Receivables		
Interest	-	7,757
Employer contributions	428,599	615,073
Participant contributions	1,223,515	1,422,705
Notes receivable from participants	3,959,757	3,890,916
Total receivables	5,611,871	5,936,451
Total assets	376,135,328	417,928,942
LIABILITIES - Excess contributions payable	204,737	197,798
Net assets available for benefits	\$ 375,930,591	\$ 417,731,144

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2022

ADDITIONS (REDUCTIONS):

Investment income (loss):	
Net depreciation in the fair value of investments	\$ (68,375,365)
Dividends	<u>6,087,451</u>
Total investment loss	(62,287,914)
Interest income on notes receivable from participants	183,869
Contributions:	
Employer	17,323,216
Participants	40,946,750
Rollovers	<u>8,635,431</u>
Total contributions	<u>66,905,397</u>
Total additions	4,801,352

DEDUCTIONS:

Benefits paid to participants	41,290,784
Deemed distributions	132,541
Corrective distributions	207,716
Administrative expenses	2,032,867
Other expense	<u>213,926</u>
Total deductions	<u>43,877,834</u>

NET DECREASE IN NET ASSETS (39,076,482)

OTHER CHANGES IN NET ASSETS:

Transfers of assets from other plans	70,322,071
Transfers of assets to other plans	<u>(73,046,142)</u>
Net other changes	<u>(2,724,071)</u>

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>417,731,144</u>
End of year	<u><u>\$ 375,930,591</u></u>

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Nextep 401(k) Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all eligible employees of Nextep Holdings, LLC and Affiliated Entities (the “Company”) and its adopting employers, except for leased employees, non-resident aliens and employees covered by a collective bargaining agreement. All participating employers of this multiple employer plan have signed joinder agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each participating employer’s adopted plan agreement should be referred to by the participants for additional information regarding plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Reliance Trust Company was the Plan’s trustee for the period January 1, 2022 through October 28, 2022, and Empower Trust Company, LLC was the Plan’s trustee for the period October 29, 2022 through December 31, 2022. Empower Retirement Services provides recordkeeping services to the Plan. The plan administrator has overall responsibility for the operation and administration of the plan. Plan Management determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

Contributions

Participants may contribute 100% of annual eligible compensation, as defined in the Plan, and designate those contributions as either pre-tax or Roth. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Each adopting employers’ matching contributions are discretionary and determined as a percentage of participant elected deferrals for that employer.

If elected, each adopting employer can make a safe harbor matching contribution.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Contributions (Continued)

Each adopting employers' discretionary profit-sharing contributions are determined annually by each employer. Profit sharing contributions are allocated to each participant based upon the ratio of the participant's compensation to the total compensation of the adopting employer.

Participants should refer to their adopting employers' specific plan provisions for the calculation and amount of employer contributions for the year ended December 31, 2022.

Contributions are subject to certain IRS limits. Participants direct the investment of their contributions, including their employer contribution, into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and employer matching contributions, employer profit-sharing contributions, and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are vested immediately in their contributions plus earnings thereon. Each participating employer provides vesting of participating employer discretionary contributions; refer to specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to \$50,000 or 50% of the participant's vested account balance, whichever is less. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Payment of Vested Benefits

On termination of service due to death, disability or retirement, participants may elect to receive an amount equal to the value of the vested interest in their accounts in either a lump-sum amount or in installments, depending on the size of the participant's account balance at the time of termination. Participants with a vested account balance of less than \$1,000 must take a lump-sum distribution. Participants that have a vested account balance less than \$5,000, but greater than \$1,000, will have their vested balance rolled into an IRA. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

In-service distributions are allowed when a participant reaches age 59½. Rollover contributions may be withdrawn at any time. The Company may authorize certain withdrawals from a participant's account in the event of proven financial hardship. Hardship withdrawals are subject to specific statutory and regulatory requirements.

Forfeitures

Forfeited nonvested accounts may be used to pay plan expenses or reduce employer contributions. For the year ended December 31, 2022, forfeitures in the amount of \$535,213 were used to pay plan expenses and \$125,639 were used reduce employer contributions. Unallocated forfeitures were \$501,350 and \$522,761 at December 31, 2022 and 2021, respectively.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Investment Valuation and Income Recognition (Continued)

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. As of December 31, 2022 and 2021, no allowance for credit losses has been recorded. If a participant does not make loan repayments and the plan administrator considers the participant loan to be in default, the loan balance is reduced, and the delinquent participant note receivable is recorded as a benefit payment based on the terms of the plan document.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2022 excess contributions to the applicable participants prior to March 15, 2023. There were \$204,737 in excess contributions payable at December 31, 2022.

Payments of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net depreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through December 31, 2022 the date the financial statements were available to be issued and has determined that there are no material events that have occurred during this period except as disclosed in Note 10.

NOTE 3 – CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net depreciation in fair value of investments, dividends, and interest income on notes receivable from participants for the year ended December 31, 2022, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Reliance Trust Company for the period January 1, 2022 through October 28, 2022, and Empower Trust Company, LLC for the period October 29, 2022 through December 31, 2022, the trustees of the Plan.

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds registered with the Securities and Exchange Commission (SEC). These funds must publish their daily net asset value (NAV) and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Common collective trusts: Valued at the NAV of units of the fund, which is based on the estimated market value of the underlying investments less its liabilities. The NAV is used as a practical expedient to estimate fair value.

Guaranteed investment contract: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021.

	Assets at Fair Value as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 140,295,735	\$ -	\$ -	\$ 140,295,735
Guaranteed investment contract	-	19,599,400	-	19,599,400
Self-directed brokerage accounts	-	435,487	-	435,487
Investments measured at net asset value ^(a)	-	-	-	209,691,485
Total assets at fair value	<u>\$ 140,295,735</u>	<u>\$ 20,034,887</u>	<u>\$ -</u>	<u>\$ 370,022,107</u>

	Assets at Fair Value as of December 31, 2021			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 156,892,764	\$ -	\$ -	\$ 156,892,764
Common collective trusts	-	238,410,021	-	238,410,021
Self-directed brokerage accounts	-	866,283	-	866,283
Total assets at fair value	<u>\$ 156,892,764</u>	<u>\$ 239,276,304</u>	<u>\$ -</u>	<u>\$ 396,169,068</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 5 – FULLY BENEFIT-RESPONSIVE INVESTMENT CONTRACT

The Plan holds a traditional fully benefit responsive investment contract with Massachusetts Mutual Life insurance Company (Mass Mutual) totaling \$15,766,836 at December 31, 2021. Mass Mutual maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer. The crediting rate is reviewed on a semi-annual basis for resetting.

The guaranteed investment contract does not permit the insurance company to terminate the agreement prior to the scheduled maturity date.

The contract meets the fully-benefit responsive investment contract criteria and therefore is reported at contract value at December 31, 2021. Contract value is the relevant measure for fully benefit responsive investment contracts because this is the amount received by participants if they were able to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Mass Mutual, represents contributions made under the contract, plus credited interest, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. Such events include (1) removal of a group of participants from Plan coverage as a result of temporary absence (2) changes to the position or other occurrence qualifying as a temporary break in service under the Plan, (3) transfer or other change of position resulting in employment by an entity controlling, controlled by, or under other common control with the employer, or (4) cessation of an employment relationship resulting from a reorganization, merger, layoff or the sale or discontinuance of all or any part of the plan sponsor's business. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 6 – PARTY IN INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2022, there were direct fees of \$2,032,867 paid to Empower Annuity Insurance Company and Nextep, Inc., parties-in-interest as defined in Section 3(14) of ERISA. During the years ended December 31, 2022 and 2021, there were transactions involving the investment of plan assets in investment funds maintained by Reliance Trust Company and Empower Trust Company, LLC, parties-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net depreciation of the fair value of investments.

NOTE 7 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

NOTE 8 – TAX STATUS

The Plan is a volume submitter document plan for which the Internal Revenue Service has issued an advisory letter dated April 7, 2021, stating that while they do not issue a determination as to whether a specific employer's plan is qualified, any employer who adopts this plan document will be considered to have a plan qualified under code section 401(a) provided all the terms are not more favorable for officers, owners, or highly compensated employees than for other employees. Although the Plan has been amended, management believes that the Plan is operating in accordance with the terms provided in the volume submitter document.

The Plan is subject to examination by the Internal Revenue Service for the statutory period.

NOTE 9 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2022 and 2021

NOTE 10 – SUBSEQUENT EVENT

Subsequent to year end, the plan sponsor reached a class action settlement agreement involving participants in the Plan related to claims that there was a failure to attempt to reduce the Plan's expenses or exercise appropriate judgement to scrutinize each investment option that was offered in the Plan to ensure it was prudent. The class action settlement was approved by the court in February 2023, which amounted to \$1,100,000, was funded by the plan sponsor's insurance carrier.

The settlement will be used to pay attorney fees for the plaintiffs and other costs related to administering the settlement and the remainder will be allocated to the settlement class members, according to the plan of allocation settled by the court.

SUPPLEMENTARY INFORMATION

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
EIN # 73-1543198, Plan # 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2022

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
*	Reliance Trust Company	Moderate 2035 Fund	\$ 50,320,775
	Vanguard	500 Index Fund	40,996,063
*	Reliance Trust Company	Moderate 2025 Fund	37,128,290
*	Reliance Trust Company	Moderate 2045 Fund	34,615,126
*	Reliance Trust Company	Moderate 2055 Fund	25,092,706
	Mass Mutual	SAGIC Diversified Bond I	19,599,400
*	Reliance Trust Company	Conservative 2035 Fund	17,133,070
	Mass Mutual	Blue Chip Growth Fund	11,557,450
*	Reliance Trust Company	Conservative 2045 Fund	11,283,956
*	Reliance Trust Company	Moderate Retirement Fund	11,098,704
	American Funds	Washington Mutual Fund	10,598,449
	Vanguard	Total Bond Market Index Fund	10,269,611
*	Reliance Trust Company	Conservative 2055 Fund	7,382,948
	Vanguard	Small Cap Index Fund	6,198,561
	Vanguard	Mid Cap Index Fund	6,092,963
	Vanguard	Developed Markets Index Fund	6,009,055
	American Funds	New Perspective Fund	5,611,139
	Vanguard	Small Cap Value Index Fund	5,049,717
	Mass Mutual	Mid Cap Growth Fund	4,621,815
	Vanguard	Explorer Fund	4,507,335
	Mass Mutual	Inflation-Protected and Income Fund	4,398,976
*	Reliance Trust Company	Conservative Retirement Fund	4,394,651
	BlackRock	Natural Resources Fund	3,809,684
	Hartford	Healthcare Fund	3,458,682
	Dimensional Fund Advisors	Real Estate Securities Fund	3,442,927
	Allspring	Special Mid Cap Value Fund	3,405,727
	American Funds	New World Fund	3,289,985
	PIMCO	Income Fund Institutional Class	2,777,398
	American Funds	EuroPacific Fund	2,693,194
*	Reliance Trust Company	Aggressive 2055 Fund	2,621,326
*	Reliance Trust Company	Aggressive 2045 Fund	2,613,864
*	Reliance Trust Company	Aggressive 2035 Fund	2,427,272
*	Reliance Trust Company	Aggressive 2025 Fund	1,616,562
*	Reliance Trust Company	Conservative 2025 Fund	1,457,663
	Dreyfus	Government Cash Mgmt Institutional Class	1,228,900
*	Reliance Trust Company	Aggressive Retirement Fund	504,572
	Charles Schwab	Schwab SDB	435,487
	Mass Mutual	US Government Money Market Fund	278,104
			370,022,107
*	Notes receivable from participants	Notes receivable from participants (interest rates range from 4.17% to 8.50%) due at various dates through March 2047	
			3,959,757
			\$ 373,981,864

A. Name Of Plan Nextep, Inc.	B. Three-Digit plan number 333
C. Plan Year 1/1/2022 - 12/31/2022	D. Employer Identification Number 731543198

Multiple-Employer Plan Participating Employer Information

1. Participating Employer Name	2. Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Nextep, Inc.	73-1543198	1.34%	9,709,595.98
20/20 Retail Management, LLC	73-1543198	0.00%	291.35
3B Studio, Inc.	76-0691453	0.11%	1,490,479.51
3N1 Media, LLC (DBA - Affinity	20-1470830	0.05%	51,002.70
83 Bar, Inc.	46-2202808	0.67%	2,210,451.81
A & W Bearings & Supply Co., I	75-1491977	0.00%	24,227.71
A Glimmer of Hope Foundation	31-1758218	0.15%	934,984.87
Absolute Quality Manufacturing	41-1941845	0.10%	1,236,253.67
AccessCare Dialysis, LLC	20-3390017	0.00%	12,671.33
Accurate Laboratories, Inc.	20-3745905	0.00%	182,085.02
Ace Transfer & Storage Co.	73-0683263	0.03%	89,103.56
Adjacent Solutions, LLC	27-3221537	0.00%	894,674.81
Administep, LLC	75-2777124	0.00%	4,008.01
ADOPT-A-CLASSROOM, Inc.	65-0828272	0.10%	299,565.78
Advanced Flooring Solutions LL	84-1384684	0.12%	664,582.44
Advanced Refurbishment Technol	32-0156738	0.11%	287,442.27
ADX Labs	47-4668903	0.59%	5,395,601.31

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Aesthetic Center for Plastic S	76-0522509	0.37%	4,628,691.15
Affinaquest LLC	90-0898687	0.00%	145,102.01
Altium Wealth Management, LLC	27-2941375	0.00%	351,092.06
American Gateways	74-2578266	0.16%	290,161.62
American Truck & Rail Audits, Inc.	71-0786086	0.10%	375,059.13
Analytical Edge Laboratories, LLC	46-2337506	0.00%	2,783.55
Anthem Ventures, LLC	45-3743858	0.69%	2,940,238.07
Antler Supply Services, LLC	45-5387113	0.00%	160,605.92
APSCO Professional Service Co.	73-1609138	0.06%	570,213.29
Aquila Commercial, LLC	20-8047772	1.44%	4,216,526.66
Aquila Management Services, LLC	74-2653724	0.22%	988,219.79
Arcas Risk Management, Inc	87-3097784	0.09%	477,613.19
ArenaCX	85-2485818	0.04%	127,920.65
Arlington Nephrology	75-2889402	0.13%	3,142,048.38
Artists Road LLC	85-1447384	0.01%	7,741.58
Aslan Home Lending Corporation	84-1959444	0.13%	813,522.63
Astadia, Inc.	90-0572439	0.00%	440,011.01
ATECH, Inc.	62-1569652	0.11%	479,605.26
ATX Energy Partners	82-0941220	0.12%	2,976,652.22
Automation Improvements, LLC	85-1505858	0.00%	5,409.45
Aviation Academy of America	20-0365498	0.06%	183,736.15
Bay Mountain Management LLC	20-4138927	0.32%	934,692.92

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Belfiore Condominium Owners Assoc	46-4812173	0.09%	447,681.82
Bilingual Pediatric Therapies,	27-4542289	0.16%	373,254.34
BlackFin Square, Inc.	46-3337279	0.04%	106,412.63
Blackswan Cybersecurity, LLC	84-4986739	0.02%	39,880.79
Blade Platforms LLC	45-5214423	0.01%	63,729.56
Blair Labeling, Inc.	26-3709879	0.10%	913,179.44
Bliss Electric, Inc.	73-1197246	0.14%	1,892,619.41
Blue Jean Networks, LLC	26-2832530	0.00%	391,044.36
Blue Phoenix Ventures, Inc.	20-2789634	0.47%	506,740.43
Blueview Inc.	16-1745009	0.00%	38,892.82
Brazelton Leasing, Inc.	43-1964683	0.02%	225,670.88
Brazen Animation, LLC	47-2208183	0.17%	469,681.88
BreachQuest, Inc.	86-2696947	0.07%	206,279.72
Breakthrough Houston	83-0924608	0.06%	159,801.55
Brigham Resources Management,	46-2565501	0.58%	6,766,794.14
Burgess Building Company, LLC	73-1512008	0.13%	650,109.20
Burrer Engineering, Inc.	83-3060725	0.20%	130,680.08
C&C Reservoirs, Inc.	76-0613825	0.28%	1,457,965.75
Caldera Management, LLC	47-2383794	0.10%	598,536.61
CamCara, Inc. (DBA- AST Waterj	20-4750969	0.01%	22,660.61
Cancer Care Services	75-1025511	0.06%	518,878.40
Capitalize Consulting, LLC	22-3905135	0.17%	1,631,660.48

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Capitalize Data Analytics, LLC	46-1149020	0.55%	1,693,825.49
Capitol Lift Truck, Inc.	73-1175075	0.11%	1,055,528.16
Capstone Construction Services	26-2965194	0.10%	512,842.02
Capstone Underwriters, LLC.	75-2392097	0.03%	242,705.42
Carolina Small Business Develo	58-1903219	5.47%	1,047,444.30
Casoro Group, LLC	83-4637701	0.04%	190,682.52
Cateye America, Inc.	45-2780122	0.00%	38,164.17
CAZ Investments, LP	76-0649950	2.33%	2,342,797.66
Center Animal Hospital, Inc. D	74-2099489	0.12%	1,669,327.45
Centerstone Management II, LLC	26-4540454	0.07%	750,030.50
CGS Publishing Technologies In	41-1923734	0.28%	4,618,121.39
Chemily Management Company	84-1048876	0.08%	1,687,394.33
Chicago Area Res Inst, dba MER	47-1094651	0.01%	33,110.78
Child And Family Advocacy Prog	84-1305384	0.08%	290,077.05
Chisholm Oil and Gas Managemen	81-4868687	0.49%	4,314,771.49
Chrome Hero, LLC	84-1728763	0.05%	57,455.71
CI International, Inc.	84-1364821	0.85%	3,960,681.77
Circadence Corp	84-1305290	1.09%	5,608,817.95
City Care, Inc.	73-1497381	0.11%	316,531.46
Clear Launch, LLC	46-4208867	0.05%	222,732.26
Clearpath Accountants, LLC	27-3388427	0.07%	534,750.91
Client 4 Life Group, Inc.	82-2628616	0.05%	293,157.31

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Cliintel Capital Management Gr	81-4568245	0.05%	25,073.16
Coalition For The Homeless	67-0257018	0.19%	812,234.81
ColorMark, L.C.	75-2500573	0.14%	3,172,408.80
Compass East Financial, LLC	45-3829406	0.10%	335,694.56
COMPASS TECHNOLOGY GROUP, LLC	45-4826162	0.25%	765,518.39
Complete Book & Media Supply,	74-2852244	0.06%	2,057,679.75
Computerized Business Solution	20-5299552	0.15%	1,638,449.02
Contemporary Cabinets, Inc.	73-1394529	0.00%	646,584.29
ConvenCare, LLC	82-2696179	0.00%	668.41
Conversant Solutions	84-1489946	0.32%	1,911,789.22
Conversion Interactive Agency,	47-2488164	0.57%	1,417,332.34
Copper Mobile, Inc.	27-3073203	0.08%	167,700.89
Corinthian Health Services, In	74-2897477	0.57%	5,025,861.11
CPI Pipe & Steel, Inc.	73-1129740	1.23%	414,825.14
Creekside Surgery Center	45-0950622	0.00%	642.20
Crossroads Systems, Inc.	59-3058828	0.01%	3,206,066.88
Crown Haven, LLC	53-9133431	0.05%	164,798.25
CRR Communications, Inc.	20-8027501	0.14%	678,482.46
Cutting Edge Robotic Tech	47-1696246	0.03%	111,952.57
Cyclonic Valve	73-1438863	0.48%	2,947,923.14
Dallas Hermetic Co. Inc.	75-1220923	0.00%	9,469.71
Data & Mailing Res of Houston	20-4903112	0.16%	621,916.51

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Data Storage, Inc.	73-1606608	0.00%	14,888.24
David E. Wilkens, Inc.	26-1231675	0.19%	43,089.27
Dean's Natural Foods	46-5068012	0.04%	199,172.36
Devlyn Optical, LLC	46-2646192	0.00%	11,876.95
Digestive Health Research, LLC	82-2320867	0.01%	29,795.63
Dimensions SaaS Solutions, LLC	82-4710041	0.00%	212,017.89
Direct RehabMed	59-3770431	0.13%	706,146.48
DirectNet - (DBA - 42U)	84-1293678	0.04%	272,212.20
Donsol LLC	85-4207864	0.00%	1,492.07
Dornak Enterprises, Inc. dba R	78-2812897	0.03%	317,506.08
Drucker Labs LP	20-0497868	0.01%	260,049.93
DunAn Microstaq, Inc.	45-3767508	0.21%	1,909,841.91
DunAn Precision, Inc.	76-0821282	0.09%	121,230.17
Dunton Commercial, LLC	82-3731339	0.14%	337,061.59
Durag, Inc	41-1815977	0.16%	542,307.98
Eckard Global, LLC	61-1672084	0.44%	811,293.77
Edge Engineering and Science,	27-3019973	0.84%	3,736,640.65
EduTrak, LLC	90-1041039	0.01%	13,678.50
Edward R. Rensimer, M.D., P.A.	76-0289544	0.00%	7,114.22
EF Properties, L.C.	75-2446314	0.00%	460,876.20
Eighteenth Ave Fam Enrich Cent	62-0562855	0.00%	500.44
ELDS, LLC	81-4978725	0.01%	125,172.85

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Elevate Partnership, PLLC	90-0622595	0.20%	403,909.83
Elkus & Sisson, PC	02-0747893	0.37%	3,100,379.62
Emerge Medical Day Spa	20-4660957	0.02%	132,339.27
Employees Federal Credit Union	73-0656684	0.01%	171,528.93
Encore Search Partners, LLC	27-5493150	0.39%	116,277.97
EnergyPrint, Inc.	26-4666944	0.02%	68,478.16
Equip Outdoor Technologies USA	26-3617654	0.01%	9,001.13
ERT Lighting & Sales, Inc.	74-2444291	0.69%	1,094,930.41
eStudio, LLC	27-1812727	0.08%	60,074.83
EthosIQ, LLC	27-0676515	0.00%	24,994.74
Event Promotion Supply, Inc.	84-1189111	0.07%	1,755,767.05
Fabrication and Maintenance Se	81-4063128	0.00%	10,820.61
Falcon Logistics	73-1543198	0.00%	302.06
First Lone Star Pharmacy Group	27-1882472	0.01%	162,611.89
Fleske Holding Company, LLC	46-1598914	0.04%	101,835.94
Flex Radio Systems	74-2935974	0.00%	39,865.28
FMOC, Ltd.	74-2959116	0.01%	10,957.51
Foundation for Essential Needs	27-4342240	0.05%	57,541.48
Frayar Enterprises II, LLC	47-4861794	0.20%	985,470.53
Freeman Medical Group	27-2662716	0.01%	338,920.46
Friendship Baptist Church	41-1552097	3.82%	684,814.19
Frontier Bank of Texas	20-8384720	0.49%	2,200,171.77

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Frontline Property Management,	75-2692726	3.11%	559,346.05
FSG Operating, LLC	85-3435851	0.45%	764,972.47
Furman and Keil Architects, PL	20-0065644	0.11%	601,700.50
FX Shoulder USA, Inc.	82-3505600	0.21%	273,542.14
G Mason Group LLC	45-4287303	0.08%	24,298.42
Garcia Tire Service, Inc.	73-0943455	0.00%	654,266.82
Garden Design, Inc.	05-0533038	0.09%	802,598.93
Gardner.Studio, LLC	86-2625907	0.11%	398,151.85
Geneva Home Fashion, LLC	46-5580032	0.06%	246,734.77
GenLife Institute	73-1543198	0.00%	69.34
Genotox Laboratories, LTD.	90-0863464	0.06%	461,193.27
Gentle Healthy Smiles, LLC	46-3979077	0.10%	651,961.17
GLB Exploration, Inc.	73-1405292	0.14%	48,854.72
Global Medical Management, LLC	35-2234836	0.00%	160,796.97
GMI OpCo, LLC	82-2214298	0.28%	2,123,686.38
Grand Prairie Dialysis Center	68-0499495	0.00%	70,184.11
GraphAware, Inc.	83-1535046	0.14%	424,055.64
Graves Investment Holdings, LL	47-5636458	0.03%	195,394.43
Great Trango Holdings, Inc.	84-1472733	0.07%	243,787.75
Greater Norman Surgery Center,	27-2990999	0.00%	116,878.30
Green's Natural Foods, Inc.	81-4371274	0.03%	1,225,798.92
Grower's Organic, LLC	02-0745679	0.00%	105,699.06

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Guerilla Suit.LLC	20-3071274	1.12%	201,475.18
H.A.S. INC dba HOSE & ACCESSOR	76-0270237	0.00%	1,604,427.35
Hand & Wrist of Center of Hous	20-0531085	0.02%	373,698.02
Hargrave Eye Center PA	71-0888283	0.00%	5,191.33
Harmonic Bionics, Inc.	81-4760749	0.28%	205,130.33
Hartwell Industries	74-1544711	0.04%	1,447,661.21
Hatch Operation LLC	83-3185818	0.22%	668,127.87
Heinrich Marketing	84-0771005	0.79%	4,126,653.91
HFTP	74-2761039	0.31%	3,105,699.30
High Tide Technologies, LLC	62-1817691	0.19%	604,205.00
Hodges Architecture	75-2822880	0.20%	3,901,287.16
Horizon Hydraulics LLC	82-4120881	0.06%	199,468.75
HPI Investments & Development	81-4640131	0.02%	320,003.72
HSMA, LLC dba Eco Flaps	81-0957572	0.02%	203,413.40
Hurricane Tool & Supply, Inc.	76-0006587	0.17%	561,086.44
Hyde Park Label Company	75-1850951	0.00%	9,173.58
I.M.S. Relocation	75-2460303	0.02%	198,674.52
Iconixx Software Corporation	27-2008763	0.01%	224,168.89
ICSynergy International, LLC	20-2086447	0.46%	2,194,541.52
Ideal System Solutions, Inc.	41-1861333	0.01%	287,364.06
IDM Group, LLC	90-0583740	0.14%	930,061.05
Illumina Technology Solutions,	87-2762727	0.09%	21,661.08

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
In4mative Business Solutions d	37-1801709	0.10%	264,926.00
Independent Consulting Service	06-1794483	0.00%	274,735.88
Industry Consulting Group, Inc	75-2252503	0.00%	40,435.16
Infant Crisis Service, Inc.	73-1378766	0.11%	797,867.23
Innovative Business Products	77-0644252	0.16%	1,331,182.76
Insight Association Management	80-0858494	0.17%	599,878.55
InSite Property Group LLC	83-1895272	0.73%	1,098,887.74
IntegraNet Physician Resource,	76-0541511	0.19%	669,512.10
Integrated Documentation	73-1543198	0.00%	2,304.15
Integrity Testing Labs, Inc.	84-2512439	0.00%	21,720.82
Intelek Technologies, Inc	73-1492037	0.02%	141,703.48
Intercede Health	76-0555897	0.17%	2,125,465.31
Interface Computer Communicati	36-3954813	0.03%	345,779.03
J&B Fastners, LP	76-0578567	0.00%	293,286.13
JAH Realty, L.P.	86-1090919	0.56%	1,875,055.41
Jenkins Wealth, Inc	46-1302083	0.09%	2,222,805.76
Jensamin Corporation	76-0591098	0.35%	3,767,711.70
JKS Contracting Co., Inc.	74-2767184	0.00%	7,713.32
Jose I. Guerra, Inc.	74-2049988	0.51%	3,289,691.84
K&D Construction Services, Inc	27-0287408	0.29%	1,725,003.58
Karen Black Co., LLC	73-1526760	0.02%	180,213.24
Katmai Oncology Group, LLC	20-0326489	0.41%	4,250,531.04

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Keyavi Data Corp.	85-1098740	0.38%	549,197.03
Kor-Lok USA, LLC	20-0998465	0.01%	42,889.75
KSW Environmental, LLC	30-0747509	0.00%	394,289.95
L5E, LLC	45-4036119	1.22%	2,470,251.32
Land Stewardship Project	41-1466054	0.10%	114,337.01
LandPlan Development	75-2785163	0.06%	1,025,725.60
Larry Brewer Dental Lab, Inc.	73-1440215	0.00%	323,925.06
Larson Software Technology	76-0090790	0.08%	1,200,453.35
Lawson Holdings LLC	73-0990385	0.05%	335,542.90
Lee's RV City, Inc.	73-1049332	0.00%	11,431.17
Legacy Lighting, Inc.	76-0707328	0.00%	1,157,143.18
Levin Sitcoff PC	84-1322360	0.33%	1,317,510.68
Lewis, Ringelman & Fanyo P.C.	85-1988456	0.18%	697,117.17
Linkage Logistics, Inc.	84-4002330	0.00%	8,195.39
Liquibase, Inc.	45-5572255	0.78%	1,979,016.56
Liteye Systems Inc.	75-2997400	0.65%	759,386.10
Longhorn Solar	27-2755674	0.06%	177,553.00
Los Trigos, Inc. dba The Recep	47-3571987	0.23%	787,769.18
Loveworks Leadership, Inc.	27-4025891	0.01%	2,927.11
M&M Mortgage, LLC	20-5343305	0.08%	1,073,654.94
Magnolia Instructional Center	45-5008289	0.07%	114,061.59
Maiden Stone, Inc.	91-2181645	0.07%	182,737.97

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Margaret Hudson Program, Inc.	73-0793181	0.00%	13,657.53
Mark Hart Architecture, Inc.	26-4072035	0.06%	257,910.19
MarketScout Corporation	75-2902480	0.08%	809,613.25
MarketScout Wholesale, LLC	27-2425102	0.04%	40,676.05
Martin Bionics, LLC	04-3803107	0.00%	16,520.48
Matt Fajkus Architecture, LLC	27-4674549	0.16%	174,136.02
Matthew 25, Inc.	58-1673641	0.00%	29,326.77
MBZ Property Management, LLC	82-2626462	0.00%	421.75
MEG Healthcare, LLC	86-2541207	0.13%	168,609.04
Megasys Hospitality Systems, I	73-1349986	0.00%	2,722.54
Memorial City Surgical Associa	74-1796735	0.10%	469,498.25
Memorial Women's Specialists	14-1854933	0.02%	57,651.24
Mentor Technologies	73-1543198	0.00%	169.02
Merit Advisors, LLC	73-1543198	0.00%	2,856.25
Mid Continent Well Logging Ser	73-1351571	0.10%	583,057.94
Millennitek, LLC	27-2152866	0.04%	451,504.64
Mixed Media Creations	27-0373572	0.03%	422,318.57
Mobile Tech.	74-2785042	0.00%	25,099.82
Music City Autoplex	45-5389301	0.04%	789,007.00
MWM DesignGroup Inc.	74-2233674	0.33%	3,010,040.03
MXO Tech, Inc.	20-3352715	0.28%	1,733,266.15
MyGov, LLC	14-1857392	0.11%	414,422.20

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
NetGain Solutions, Inc.	82-3529084	0.77%	503,375.40
NetVU	75-2107124	6.00%	1,071,792.63
NewLight Healthcare, LLC	27-2596449	0.13%	381,184.56
Njevity, Inc.	20-0407642	0.13%	304,705.39
Nohbo, Inc.	85-1249854	0.02%	10,198.01
Northwest Diagnostic Clinic	74-2935598	0.00%	247,132.52
OfficeWorks, Inc.	95-4840814	0.09%	212,650.81
Oklahoma City Ear, Nose & Thro	73-1461178	0.00%	56,161.33
Oklahoma City Innovation Distr	73-0756329	0.03%	313,162.53
Oklahoma Police Supply, LLC	73-1613757	0.00%	38,784.11
Oklahomans for Responsible Gov	26-1823098	0.00%	14,069.83
OMNI Flow Computers, Inc.	76-0300492	0.30%	4,671,786.54
Omni Water Solutions, Inc.	26-4824471	0.00%	75,010.36
OMNI-X USA, Inc.	27-4356969	0.11%	3,478,557.74
Once There, Inc.	47-1397980	0.00%	6,235.41
On-Demand Services Group, Inc.	41-1861261	0.32%	1,069,784.68
OneSource Telecom	76-0802950	0.09%	1,211,902.65
Onsite AV Service Partner, Inc	20-0677899	0.00%	148,845.57
Origin Eight, Inc.	45-2447544	0.06%	342,670.04
P2Binvestor, Inc.	84-3181296	0.00%	192,404.88
Paradigm Field Industrial Solutions, LLC	61-1915495	0.01%	67,134.61
Paradigm Property Managers, LL	85-1794276	0.02%	9,579.10

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
PC PARTS PLUS, L.L.C.	46-2533398	0.29%	837,391.34
PCA of Columbia, Inc.	62-1729316	0.57%	5,629,612.95
PCA of Columbia, Inc. MPP Assets	73-1543198	0.00%	129,441.65
PCH Group, LLC	27-1888252	0.20%	1,097,979.36
PCS Telecom, Inc.	26-3423055	0.00%	3,603.40
Perinatal Quality Foundation	77-0653781	0.04%	355,286.01
Personette & Associates, LLC	76-0646785	0.00%	92,175.49
Pharaoh Energy Services, LLC	85-3827161	0.01%	26,189.60
Photodigm, Inc.	75-2882973	0.10%	934,954.32
Point Innovation, Inc.	75-2738415	0.04%	947,821.54
Precision Sample, LLC	80-0415463	0.11%	760,164.82
Predictive Science, Inc.	46-2679973	0.00%	104,599.86
Preferred Office Products, Inc	75-1994243	0.12%	826,231.49
Premier Pain Associates	81-2788867	0.00%	69,024.93
Premier Source	84-1622004	0.00%	540,366.45
Premier Steel Services, LLC	20-0137482	0.05%	251,552.31
Presbyterian Health Foundation	73-0709836	0.03%	1,061,434.56
Press Masters, Inc.	81-5075870	0.06%	256,545.72
Prestige Global Meeting Source	20-3610699	0.24%	1,071,953.78
Preston Road Pharmacy, Inc.	75-1310085	0.14%	2,679,949.29
Professional Driver Agency, LL	47-1062444	0.15%	310,783.53
Quest-Tec Solutions	76-0689734	0.35%	1,212,806.48

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
QuikQ, LLC	26-3101358	0.49%	2,609,484.16
Ragsdale Industries, Inc.	84-1118611	0.11%	1,261,617.91
Realvolve, Inc.	46-4597641	0.05%	367,193.25
Regional Energy Investors, LP	80-0952097	0.06%	8,471.30
REPower, LLC	30-0327046	0.00%	18,668.07
Resonance Center for Women	73-1023752	0.03%	244,113.85
Resource Solutions of Georgia,	86-1187419	0.10%	197,838.53
Restore OKC, Inc.	81-5470507	0.08%	25,916.71
Retinal Care Inc.	82-3706347	0.24%	112,953.87
Riverside Resources Property M	20-3694042	0.00%	144,581.11
Ronald McDonald House Charitie	73-1103242	0.06%	103,449.15
Ronald Walker Associates II, I	75-1864723	0.10%	23,320.62
Ross Transportation, Inc.	73-0765073	0.05%	2,215,297.77
Rothschild Safaris, LLC	36-4567763	0.05%	8,864.30
RPNT Acute Services, Inc.	75-2714866	0.33%	2,334,545.82
Ruckus Games Inc.	88-3516982	0.22%	90,689.47
S4i Systems Inc.	81-0559317	0.06%	530,653.01
Safe Network Solutions, LLC	20-5711773	0.06%	91,413.73
Sagac Public Affairs, LLC	90-0437860	0.60%	981,220.72
SageInsights, LLC	38-3981376	0.00%	45,941.27
Saints Medical Group	76-0825755	0.00%	45,780.56
Savant Financial Technologies,	80-0552436	0.11%	741,103.87

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
SERVICE 800, Inc.	41-1759356	0.20%	1,881,730.15
ServiceFirst Restoration Inc.	45-4255503	0.05%	37,886.15
SevenPico, Inc	84-2282476	0.08%	128,827.42
Shop Data Systems, Inc.	75-1474383	0.04%	902,131.47
Sigmaflow, LLC	46-1633891	0.00%	436,735.24
Silver Creek Management, LLC	38-3897354	0.10%	1,592,166.77
Silver Creek Permian Managemen	83-0956840	0.15%	1,519,329.34
Smaller Earth, Inc	20-5460849	0.00%	29,901.11
Socium Innovations	47-4938515	0.01%	146,905.44
Sojourn Solutions, LLC	47-1787071	0.22%	1,014,620.71
SourceCheck Ltd.	20-1982867	0.00%	51,136.74
South Coast Hydraulics	76-0513282	0.13%	462,400.79
Southwind Hills, LLC	46-4407580	0.00%	5,482.82
Standard Testing & Engineering	82-3042789	8.86%	1,706,576.87
Star of Texas Financial Solutions,	20-2468719	0.00%	889.00
Statera, Inc.	84-1576560	0.00%	2,853,724.15
Statesman Business Advisors, L	76-0470062	0.19%	39,492.66
Stego, Inc.	58-2092756	0.21%	233,757.17
StrongBox Data Solutions, Inc.	98-1293325	0.13%	700,138.65
Studio Architecture, P.C.	73-1614783	0.15%	1,398,923.37
Subvrsive	81-5344445	0.00%	379,292.70
Sullexis, LLC	26-2309639	0.45%	905,565.32

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Summit Medical Center, LLC	46-1413732	0.11%	2,039,271.49
Sunbelt Fabrics, Inc.	75-2237764	0.00%	277,567.33
Sweetwater Medical Associates,	76-0610335	0.09%	1,987,447.47
TDi Technologies, Inc.	75-2510269	0.20%	2,823,978.02
Tech Shield 24/7	45-5118559	0.01%	22,095.87
Technogenia, Inc.	46-1514383	0.19%	1,893,463.08
Tekvizion PVS, Inc.	01-0684395	0.20%	1,570,081.47
TeligentIP	45-4507743	0.03%	365,927.17
Tennessee Industrial Electroni	47-1553696	0.54%	4,109,105.90
Texas Association of Builders	74-1115871	0.15%	3,557,029.82
TGI Enterprises, Inc.	73-1438556	0.01%	15,311.58
The Access Partnership, LP	94-3425634	0.11%	146,718.73
The Benson Firm, PLLC	46-1953821	0.24%	1,888,802.48
The Foundation of Oklahoma Cit	73-1222182	0.13%	323,902.43
The Hope Center Foundation	26-1590757	0.02%	68,402.82
The Houstonian Estates Council	76-0019515	0.26%	969,372.36
The Michael Group	73-1235239	0.00%	1,363.91
The MRAM Company	74-2179254	0.02%	268,427.60
The Paperless Agent	46-3603071	0.08%	115,793.02
The PROS Company, LLC	90-0506947	0.00%	51,995.87
The Rainmaker Companies	46-4355145	0.10%	1,354,677.96
THEIPGUYS NET, LLC	27-3822643	0.15%	347,992.43

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Theo Executive Group	45-0489354	0.06%	544,151.38
Titan Cloud Software, LLC	26-2849155	0.70%	2,066,880.77
TMS Delivery, Inc.	20-2005860	0.15%	72,106.67
TotalScope Estimating Services	86-1405372	0.00%	58,959.07
TransNetwork, LLC	43-1995694	0.13%	824,787.73
Transpere, LLC	81-3766925	0.02%	96,448.10
Travercent, LLC	47-3167366	0.00%	671,487.30
Treat's Solutions, LLC	73-1037920	0.02%	12,911.61
Trelltex, Inc. dba Texcel, Inc	74-2183924	0.31%	5,818,102.98
Trestle Collaborative, Inc.	87-0978939	0.09%	105,041.86
Treve, LLC dba Integrated Prod	81-3906407	0.05%	44,769.90
Tri Star Communications, LLC	73-1543198	0.00%	4,994.97
TriGate Management, LLC	37-1784018	0.28%	4,561,241.86
Triton Networks, LLC	20-4824953	0.02%	10,873.94
Truck Drivers USA	86-2667483	0.00%	2,331.18
TSI Products, Inc.	26-3299228	0.07%	825,137.10
Tulsa Garden Center	73-6068213	0.01%	33,986.62
Tulsa Trailer, LLC	47-4564847	0.02%	159,425.52
TXN Intermodal Inc.	45-1422096	0.06%	257,719.36
Ubisense America LLC	83-2340413	0.20%	590,817.52
Uflip, LLC	84-3319298	0.01%	5,490.79
United States of America Rugby	16-1118870	0.11%	489,075.33

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Urban Commercial Realty Partne	83-4312543	0.21%	259,295.83
US Engineered Wood, Inc.	84-4390511	0.03%	69,689.08
USA Digital Communications, In	73-1545784	0.14%	1,798,785.57
ValuD Consulting LLC	26-4055248	0.00%	371,999.19
Vargos Apartments LP	73-1543198	0.00%	332.93
Vator Accessories, Inc.	26-2528957	0.00%	48,519.24
Venco Construction Inc.	74-2556800	0.00%	38,767.07
Venture Mortgage Corporation	41-1659053	0.09%	772,168.44
Veritas QA, LLC.	20-1364354	0.15%	208,615.56
Versateq, LLC	73-1611590	0.13%	1,605,123.99
Vertex Energy	94-3439569	1.78%	12,689,065.98
Vertex Refining, Alabama LLC	38-4179507	5.47%	3,234,139.90
Viachem Ltd.	20-4925835	0.00%	170,057.95
VirtualArmour LLC	84-1594399	0.19%	288,671.45
VirtueCom, Inc.	27-0420602	0.03%	26,389.46
Visible Health	26-3643591	0.00%	27,957.56
VLG Marketing	80-0869623	0.04%	43,935.40
VTX Management, LLC	30-1293139	0.55%	187,759.36
Waterfield Energy, LLC	27-3170485	1.19%	5,264,744.07
Waterfield Enterprises, LLC	33-0843842	0.10%	1,126,486.36
Webb Air Conditioning Company,	75-1010339	0.00%	104,790.38
Windcrest Golf Club, Inc.	23-7408288	0.00%	3,062.32

1. Participating Employer Name	2.Participating Employer EIN	3. Percentage of Contributions	4. Aggregate Account Balances at End of Year Attributable to Participating Employer
Wise Orthodontics, PA	75-2909466	0.17%	1,122,228.67
WOS, Inc.	73-1543198	0.00%	1,055.42
Wound Management of Oklahoma	73-1448665	0.09%	938,543.42
WTI Holdings LLC	47-1044432	3.86%	9,660,869.20
Xavier Educational Academy	20-8643579	0.11%	323,125.69
Zenergy, Inc.	73-1165071	0.19%	3,201,323.19
Zyston LLC	81-2558546	1.39%	994,714.00

TRANSACTIONS FOR REVIEW (5% REPORTABLE)

Nextep, Inc.

29-OCT-22 to 31-DEC-22

10-OCT-23 00:25:36

GA_ID	INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES
787287-01	IVEXRX	116.70	1.35	24	0.00	0.00	0	0.00
787287-01	IVFIAX	1,276.95	3.61	22	(0.05)	(0.00)	3	(0.05)
787287-01	IVIMAX	407.30	1.61	18	(0.01)	(0.00)	1	(0.01)
787287-01	IVSIAX	116.53	1.71	18	0.00	0.00	0	0.00
787287-01	IVSMAX	524.14	5.98	22	(0.02)	(0.00)	2	(0.02)
787287-01	IVTMGX	405.43	30.30	18	(5.14)	(0.38)	14	(5.14)
787287-01	IVFPRX	58.30	1.32	20	0.00	0.00	0	0.00
787287-01	2MKSCXX	110.77	110.77	5	(0.03)	(0.03)	1	(0.03)
787287-01	2SGDTQ0	0.03		1	0.00	0.00	0	0.00
787287-01	4MKSCXX	0.01	0.01	4	0.00	0.00	0	0.00
787288-01	IDGCXX	1,040,918.22	1,040,918.22	28	0.00	0.00	0	0.00
787288-01	1IA25R6	410.25	30.18	16	(0.13)	(0.01)	4	(0.13)
787288-01	1IA35R6	411.00	27.47	16	(0.10)	(0.01)	4	(0.10)
787288-01	1IC25R6	409.19	33.56	16	(0.10)	(0.01)	4	(0.10)
787288-01	1IC35R6	409.75	31.65	16	(0.10)	(0.01)	4	(0.10)
787288-01	1IM25R6	347.65	26.31	6	0.00	0.00	0	0.00
787288-01	1IM35R6	4,962.39	352.21	54	(1.12)	(0.08)	12	(1.11)
787288-01	1IM45R6	723.41	48.82	16	(0.17)	(0.01)	4	(0.17)
787288-01	1IM55R6	903.51	60.47	26	(0.18)	(0.01)	6	(0.18)
787288-01	1MAGRX	417.92	12.44	18	(0.10)	(0.00)	4	(0.10)
787288-01	1MEFZX	455.61	23.15	18	(0.10)	(0.00)	4	(0.10)
787288-01	1RNP GX	425.33	8.56	20	(0.10)	(0.00)	4	(0.10)
787288-01	1VFIAX	1,697.67	4.68	22	(0.36)	(0.00)	4	(0.36)
787288-01	1VIMAX	415.04	1.60	18	(0.10)	(0.00)	4	(0.10)
787288-01	1VPRX	2,110.07	45.66	48	(0.07)	(0.00)	2	(0.07)
787288-01	2DGCXX	1,043,798.03	1,043,798.03	2	(0.41)	(0.01)	6	(0.41)
787288-01	2MKSCXX	365.83	365.83	5	(1,040,918.23)	(1,040,918.23)	4	(1,040,918.23)
787289-01	IDFREX	209.87	5.50	70	(0.11)	(0.11)	1	(0.11)
787289-01	IDGCXX	183,477.38	183,477.38	35	(0.18)	(0.00)	11	(0.18)
787289-01	1IM45R6	6,003.49	406.86	46	0.00	0.00	0	0.00
787289-01	1IM55R6	3,945.16	264.62	58	(1.44)	(0.10)	13	(1.42)
787289-01	1IMBCZX	451.30	24.40	72	(0.86)	(0.06)	16	(0.86)
787289-01	1MEFZX	74.38	3.85	56	(0.14)	(0.01)	11	(0.14)
787289-01	1MIPZX	1,207.46	129.77	79	0.00	0.00	0	0.00
787289-01	1RERGX	68.44	1.39	56	(0.29)	(0.03)	16	(0.29)
787289-01	1RNP GX	279.50	5.69	72	0.00	0.00	0	0.00
787289-01	1RNWGX	136.23	2.05	61	(0.05)	(0.00)	5	(0.05)
787289-01	1RWMGX	829.17	15.65	72	(0.01)	(0.00)	1	(0.01)
787289-01	1SGDTQ0	1,502.65	0.00	70	(0.20)	(0.00)	13	(0.20)
787289-01	1VBT LX	1,171.61	123.45	112	(0.36)	(0.00)	12	(0.36)
787289-01	1VEXRX	70.41	0.77	64	(0.26)	(0.03)	13	(0.26)
787289-01	1VFIAX	817.84	2.26	64	0.00	0.00	0	0.00
787289-01	1VIMAX	409.93	1.60	64	(0.18)	(0.00)	11	(0.18)
787289-01	1VSIAX	68.31	0.98	56	(0.09)	(0.00)	8	(0.09)
787289-01	1VSMAX	409.24	4.56	64	0.00	0.00	0	0.00
787289-01	1VTMGX	273.49	20.36	62	(0.09)	(0.00)	8	(0.09)
787289-01	1WFP RX	71.36	1.54	72	(0.04)	(0.00)	4	(0.04)
787289-01	2DGCXX	183,687.92	183,687.92	2	0.00	0.00	0	0.00
787289-01	4MKSCXX	654.02	654.02	5	(183,477.38)	(183,477.38)	1	(183,477.38)
787290-01	1IA55R6	3,456.14	233.91	10	(654.01)	(654.01)	2	(654.01)
787290-01	1IM25R6	1,069.96	81.27	8	(0.13)	(0.01)	2	(0.13)
787290-01	1VFIAX	4,078.12	11.16	10	(0.11)	(0.01)	2	(0.11)
					(0.43)	(0.00)	2	(0.43)

GA_ID	INVESTMENT OPTION	PURCHASE AMOUNT	PURCHASE UNITS/SHARES	PURCHASE COUNT	SALES AMOUNT	SALES UNITS/SHARES	SALES COUNT	COST OF SALES
787291-01	IIM25R6	3,502.64	267.09	14	(0.94)	(0.07)	2	(0.93)
787291-01	IIM45R6	1,267.17	85.16	2	(0.40)	(0.03)	1	(0.39)
787291-01	IIM55R6	4,236.90	279.56	19	(0.60)	(0.04)	3	(0.59)
787294-01	ISGDTQ0	190.44	0.00	4	(0.02)	0.00	1	(0.02)
LEGEND								
INVESTMENT OPTION:								
IDFLEX	DFA Real Estate Securities I							Dreyfus Government Cash Mgmt Instl
IHGHTX	Hartford Healthcare R5							IndexSelect Aggressive 2025 Fund CL R6
IIA35R6	IndexSelect Aggressive 2035 Fund CL R6							IndexSelect Aggressive 2045 Fund CL R6
IIA55R6	IndexSelect Aggressive 2055 Fund CL R6							IndexSelect Aggressive Retire Fund CL R6
IIC25R6	IndexSelect Conservative 2025 Fund CL R6							IndexSelect Conservative 2035 Fund CL R6
IIC45R6	IndexSelect Conservative 2045 Fund CL R6							IndexSelect Conservative 2055 Fund CL R6
IICFR6	IndexSelect Conservative Ret Fund CL R6							IndexSelect Moderate 2025 Fund CL R6
IIM35R6	IndexSelect Moderate 2035 Fund CL R6							IndexSelect Moderate 2045 Fund CL R6
IIM55R6	IndexSelect Moderate 2055 Fund CL R6							IndexSelect Moderate Retire Fund CL R6
IMAGRX	BlackRock Natural Resources I							MassMutual Blue Chip Growth I
IMEFZX	MassMutual Mid Cap Growth I							MassMutual Inf-Prot and Inc I
IMKSXX	MassMutual US Government Mny Mkt Fd							PIMCO Income Instl
IRERGX	American Funds EuroPacific Gr R6							American Funds New Perspective R6
IRNWGX	American Funds New World R6							American Funds Washington Mutual R6
ISDBSCH	Schwab SDB							Schwab SDB Roth
ISGDTQ0	SAGIC Diversified Bond I							Vanguard Total Bond Market Index Admiral
IVEXRX	Vanguard Explorer Adm							Vanguard 500 Index Admiral
IVIMAX	Vanguard Mid Cap Index Fund - Admiral							Vanguard Small Cap Value Index Admiral
IVSMAX	Vanguard Small Cap Index Adm							Vanguard Developed Markets Index Admiral
IWFPRX	Allspring Special Mid Cap Value R6							Dreyfus Government Cash Mgmt Instl
2MKSXX	MassMutual US Government Mny Mkt Fd							SAGIC Diversified Bond I
3DGCXX	Dreyfus Government Cash Mgmt Instl							MassMutual US Government Mny Mkt Fd
3SGDTQ0	SAGIC Diversified Bond I							MassMutual US Government Mny Mkt Fd
4SGDTQ0	SAGIC Diversified Bond I							

	Yes	No	Amount
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.)		X	
4b		X	
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.)		X	
4c		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500,000
4e	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
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?		X	
4g		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
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.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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.			
4n			
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)	
Edward Jones	13-6756890	001	
Empower	84-0467907	001	
E-Plan Services	94-6723986	001	
Health Equity	36-4671310	001	
Human Interest	47-3868366	001	
Inspirity	76-0178498	001	
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 _____.			

	Yes	No	Amount
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.)		X	
4b		X	
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.)		X	
4c		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500,000
4e	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
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?		X	
4g		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
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.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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.			
4n			
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)	
John Hancock	04-3483032	001	
LT Trust	94-2891775	001	
Mass Mutual	04-1590850	001	
Newport Group	76-9823564	001	
Nova 401K Associates	20-1181458	001	
One America	39-4675887	001	
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 _____.			

	Yes	No	Amount
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.)		X	
4b		X	
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.)		X	
4c		X	
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.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		500,000
4e	X		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
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?		X	
4g		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
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.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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.			
4n			
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)	
Paychex	16-1124166	001	
Principal	43-1929483	001	
Slavic	01-0620969	001	
Transamerica	36-6071399	001	
Vanguard	23-2311358	001	
Voya	52-1317217	001	
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			

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
IDFEX			3,606,216.11	3,442,927.36
IDGCXX			1,228,900.27	1,228,900.27
IHGTIX			3,394,528.18	3,458,681.66
IIA25R6			1,585,423.13	1,616,562.42
IIA35R6			2,369,815.15	2,427,271.75
IIA45R6			2,546,730.35	2,613,863.94
IIA55R6			2,562,063.39	2,621,326.47
IIARFR6			496,949.69	504,571.95
IIC25R6			1,436,520.16	1,457,663.22
IIC35R6			16,817,591.49	17,133,069.84
IIC45R6			11,032,489.68	11,283,956.04
IIC55R6			7,189,297.28	7,382,947.60
IICRFR6			4,331,967.42	4,394,650.55
IIM25R6			36,514,042.16	37,128,290.06
IIM35R6			49,273,475.88	50,320,774.36
IIM45R6			33,756,387.08	34,615,125.97
IIM55R6			24,463,411.71	25,092,706.39
IIMRFR6			10,925,091.09	11,098,704.46
IMAGRX			3,720,141.95	3,809,684.31
IMBCZX			13,717,966.77	11,557,449.86
IMEFZX			5,185,847.80	4,621,815.38
IMIPZX			4,558,854.22	4,398,975.74
IMKSXX			278,104.97	278,104.97
IPIMIX			2,765,640.68	2,777,397.78
IRERGX			2,545,038.30	2,693,193.83
IRNPGX			5,693,755.46	5,611,139.06
IRNWGX			3,122,435.40	3,289,984.86
IRWMGX			10,638,218.45	10,598,448.60
IVBTLX			10,071,149.47	10,269,611.23
IVEXRX			4,798,682.20	4,507,335.39
IVFIAX			41,719,352.24	40,996,063.25
IVIMAX			6,125,570.27	6,092,963.12
IVSIAX			5,107,376.72	5,049,716.76
IVSMAX			6,349,775.34	6,198,560.57
IVTMGX			5,583,792.76	6,009,055.30
IWFPRX			3,561,233.52	3,405,726.89
ISDBSCH			424,893.03	424,893.03
ISDBSCR			10,593.99	10,593.99
ISGDTQ0		3.850	19,472,867.62	19,599,400.22
TOTALS			368,982,191.38	370,022,108.45
PARTICIPANT LOANS	VARIOUS	4.25-8	3,688,784.12	3,694,464.60
FORFEITURES			498,557.15	501,349.37