

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☒ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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.	10/15/2024	CORY DOWERS
	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

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 20464
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 17588 6a(2) 14614 6b 1129 6c 1748 6d 17491 6e 0 6f 17491 6g(1) 6583 6g(2) 9038 6h 196
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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **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
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
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

(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	1638	01/01/2023	12/31/2023

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.

(a) Total amount of commissions paid 7420	(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	
7420			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	17679571
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.**6d**

Specify nature of costs ▶

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**

20028545

c Additions: (1) Contributions deposited during the year**7c(1)**

2018360

(2) Dividends and credits

7c(2)

0

(3) Interest credited during the year

7c(3)

785845

(4) Transferred from separate account.....

7c(4)

6883963

(5) Other (specify below)

7c(5)

339219

▶ **LOAN REPAYMENTS AND FORFEITURES**

(6) Total additions.....

7c(6)

10027387

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

30055932

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

6103945

(2) Administration charge made by carrier

7e(2)

65176

(3) Transferred to separate account.....

7e(3)

6207240

(4) Other (specify below)

7e(4)

0

(5) Total deductions.....

7e(5)

12376361

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

17679571

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
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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)

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).....

No

Yes

☒
- 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

(b)

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

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

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	1735971	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

EMPOWER ADVISORY GROUP, 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 MANAGEMENT	17934	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
(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.	
(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.	
(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
(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
(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 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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) 385050		
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) 48411220		
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) 39640948		
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) 5016083		
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) 10138180		
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) 6641406		
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) 657306		

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) 70696194

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) 45351062

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) 12398102

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) 4152503

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) 3878104

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) 16239864

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) 4336036

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) 1994601

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**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
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**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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	501350	732938
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	428599	1652686
(2) Participant contributions	1b(2)	1223515	1423701
(3) Other	1b(3)		
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)	3959757	5439049
(9) Value of interest in common/collective trusts	1c(9)	209691485	269936657
(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)	140295735	187629240
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	19599400	17003835
(15) Other	1c(15)	435487	968791

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	376135328	484786897
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	204737	302039
k Total liabilities (add all amounts in lines 1g through 1j)	1k	204737	302039
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	375930591	484484858

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)	21077235	
(B) Participants	2a(1)(B)	44380724	
(C) Others (including rollovers)	2a(1)(C)	8145827	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		73603786
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)	277022	
(F) Other	2b(1)(F)	762978	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1040000
(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)	4648336	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4648336
(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)		
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(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)		59531235
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		138823357

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	49705062	
(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)		49705062
f Corrective distributions (see instructions)	2f		8854
g Certain deemed distributions of participant loans (see instructions)	2g		380795
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)	1289703	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	17934	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1307637
j Total expenses. Add all expense amounts in column (b) and enter total	2j		51402348

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		87421009
l Transfers of assets:			
(1) To this plan	2l(1)		95006381
(2) From this plan	2l(2)		73873123

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** as part of Schedule H because:

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
ADP RETIREMENT SERVICES	59-2452823	001
AMERITAS	31-4379515	001
EMPOWER	84-0467907	001
EXODUS HR GROUP	23-4656324	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 _____.

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)
GUIDELINE 401K	47-4474775	001
INSPERITY RETIREMENT SERVICES	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 _____.

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 2023 This Form is Open to Public Inspection.
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
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): 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) 2023 v. 230707		

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) 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) 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)	14a 14b 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 b The corresponding number for the second preceding plan year	15a 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 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	16a 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) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
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: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☒ "Current year" ADP test ☐ N/A	
22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter <u>12 / 31 / 2018</u> (MM/DD/YYYY) and the Opinion Letter serial number <u>Q703120A</u> .	

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan NEXTEP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN) ►	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF 899210-01 NEXTEP, INC.	D Administrator's EIN 73-1543198	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
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1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

- a** ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)
- b** ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)
- c** ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)
- d** ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. **Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).**

2a Name of Participating Employer NEXTEP, INC.	2b EIN 73-1543198	2c Percentage of Total Contributions for the Plan Year 2.05	2d Aggregate Account Balances Attributable to Participating Employer 12202589
2a Name of Participating Employer 237 GLOBAL	2b EIN 46-3767308	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 2820

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

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

**Schedule MEP (2023)
v. 230728**

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
3B STUDIO, INC.	76-0691453	0.19	1840955
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
3N1 MEDIA, LLC (DBA - AFFINITY	20-1470830	0.09	122166
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
83 BAR, INC.	46-2202808	1.11	3135918
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A & W BEARINGS & SUPPLY CO., I	75-1491977	0.00	27706
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
A GLIMMER OF HOPE FOUNDATION	31-1758218	0.19	1214353
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ABSOLUTE QUALITY MANUFACTURING	41-1941845	0.16	1432068
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCESSCARE DIALYSIS, LLC	20-3390017	0.00	11068
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACCURATE LABORATORIES, INC.	20-3745905	0.00	217655
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ACE TRANSFER & STORAGE CO.	73-0683263	0.05	117097

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADJACENT SOLUTIONS, LLC	27-3221537	0.00	0
ADMINISTEP, LLC	75-2777124	0.00	4115
ADOPT-A-CLASSROOM, INC.	65-0828272	0.10	0
ADVANCED FLOORING SOLUTIONS LL	84-1384684	0.14	868617
ADVANCED REFURBISHMENT TECHNOL	32-0156738	0.19	429881
ADX LABS	47-4668903	0.28	0
AESTHETIC CENTER FOR PLASTIC S	76-0522509	1.85	6229705
AFFINAQUEST LLC	90-0898687	0.00	165115
ALTIUM WEALTH MANAGEMENT, LLC	27-2941375	0.00	340350

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN ALLIANCE OF ORTHOPAEDIC EXECUTIVES, INC.	81-2059186	0.14	409582
AMERICAN FINANCIAL EDUCATION ALLIANCE	38-3844292	0.01	130392
AMERICAN GATEWAYS	74-2578266	0.25	533293
AMERICAN KEG COMPANY	84-4164502	0.09	309617
AMERICAN PEANUT TRAILER, LLC	82-5393384	0.01	297273
AMERICAN TRUCK & RAIL AUDITS, INC.	71-0786086	0.17	548215
AMRAD EVOLUTION IMAGING, LLC	87-2896634	0.00	1984
ANALYTICAL EDGE LABORATORIES, LLC	46-2337506	0.00	3381
ANTHEM VENTURES, LLC	45-3743858	1.34	5214979

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANTLER SUPPLY SERVICES, LLC	45-5387113	0.00	105820
APSCO PROFESSIONAL SERVICE CO.	73-1609138	0.06	0
AQUILA COMMERCIAL, LLC	20-8047772	0.97	5402518
AQUILA MANAGEMENT SERVICES, LLC	74-2653724	0.11	1197161
ARCAS RISK MANAGEMENT, INC	87-3097784	0.02	533395
ARCHETYPE SIGNMAKERS, INC.	41-1937341	0.50	3534370
ARENACX	85-2485818	0.05	126201
ARIA REAL ESTATE GROUP, LLC	47-3895588	0.05	130925
ARLINGTON NEPHROLOGY	75-2889402	0.23	3731522

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ARTISTS ROAD LLC	85-1447384	0.01	19663
2a Name of Participating Employer ASLAN HOME LENDING CORPORATION	84-1959444	0.30	997527
2a Name of Participating Employer ASSURED TRACKING, INC.	75-3201318	0.00	276
2a Name of Participating Employer ASTADIA, INC.	90-0572439	0.00	479709
2a Name of Participating Employer ATECH, INC.	62-1569652	0.21	682928
2a Name of Participating Employer ATWOOD COMPANIES INC	41-1561504	0.02	11906
2a Name of Participating Employer ATX ENERGY PARTNERS	82-0941220	0.00	3483677
2a Name of Participating Employer AUTOMATION IMPROVEMENTS, LLC	85-1505858	0.00	6451
2a Name of Participating Employer AVENTON COMPANIES, LLC	83-2146656	1.52	2943751

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AVIATION ACADEMY OF AMERICA	20-0365498	0.07	259070
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BASE PAIR BIOTECHNOLOGIES, INC.	45-4702942	0.00	38034
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAY MOUNTAIN MANAGEMENT LLC	20-4138927	0.62	1457860
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BELFIORE CONDOMINIUM OWNERS ASSOC	46-4812173	0.14	605237
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BILINGUAL PEDIATRIC THERAPIES,	27-4542289	0.22	613553
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLACKFIN SQUARE, INC.	46-3337279	0.07	117271
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLACKSWAN CYBERSECURITY, LLC	84-4986739	0.03	68637
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLADE PLATFORMS LLC	45-5214423	0.03	98469
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLAIR LABELING, INC.	26-3709879	0.11	1071326

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLEFA KEGS, INC.	26-3822844	0.42	1788134
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLISS ELECTRIC, INC.	73-1197246	0.22	2234417
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUE JEAN NETWORKS, LLC	26-2832530	0.00	96219
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUE PHOENIX VENTURES, INC.	20-2789634	0.13	558774
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUEVIEW INC.	16-1745009	0.00	44570
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BLUM CONSTRUCTION CO., INC. DBA EUROPEAN ROLLING SHUTTERS	77-0160674	0.17	3055011
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BMB MANAGEMENT LLC	81-4050828	0.02	18028
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BOKER USA, INC.	84-1027977	0.03	428898
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRAZELTON LEASING, INC.	43-1964683	0.00	0

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRAZEN ANIMATION, LLC	47-2208183	0.39	854897
BREACHQUEST, INC.	86-2696947	0.02	151739
BREAKTHROUGH HOUSTON	83-0924608	0.12	170689
BRIGHTMAN RESOURCES MANAGEMENT,	46-2565501	0.66	4384127
BURGESS BUILDING COMPANY, LLC	73-1512008	0.10	0
BURRER ENGINEERING, INC.	83-3060725	0.17	344969
C&C RESERVOIRS, INC.	76-0613825	0.35	1706166
CALDERA MANAGEMENT, LLC	47-2383794	0.19	815046
CAMCARA, INC. (DBA- AST WATERJ	20-4750969	0.03	46160

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CANCER CARE SERVICES	75-1025511	0.10	674483
CAPITALIZE CONSULTING, LLC	22-3905135	0.38	2130384
CAPITALIZE DATA ANALYTICS, LLC	46-1149020	1.33	3153202
CAPITOL LIFT TRUCK, INC.	73-1175075	0.18	1311718
CAPSTONE CONSTRUCTION SERVICES	26-2965194	0.13	683709
CAPSTONE UNDERWRITERS, LLC.	75-2392097	0.05	301517
CAROLINA SMALL BUSINESS DEVELO	58-1903219	0.48	1464351
CASA FLORA, INC.	75-1368843	0.05	1402736
CASORO GROUP, LLC	83-4637701	0.12	266643

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CATEYE AMERICA, INC.	45-2780122	0.00	45853
CAZ INVESTMENTS, LP	76-0649950	0.98	3326724
CENTER ANIMAL HOSPITAL, INC. D	74-2099489	0.30	2160594
CENTERSTONE MANAGEMENT II, LLC	26-4540454	0.14	743383
CGS PUBLISHING TECHNOLOGIES IN	41-1923734	0.43	5525335
CHANNELTIVITY, LLC	26-0310238	0.06	449650
CHEMILY MANAGEMENT COMPANY	84-1048876	0.16	2035702
CHICAGO AREA RES INST, DBA MER	47-1094651	0.05	51751
CHILD AND FAMILY ADVOCACY PROG	84-1305384	0.00	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CHISHOLM OIL AND GAS MANAGEMEN	81-4868687	0.73	5522931
2a Name of Participating Employer CHRISTIAN BROTHERS, INC.	58-2452934	0.44	2459096
2a Name of Participating Employer CHROME HERO, LLC	84-1728763	0.01	65927
2a Name of Participating Employer CI INTERNATIONAL, INC.	84-1364821	1.00	4783923
2a Name of Participating Employer CIRCADENCE CORP	84-1305290	0.05	0
2a Name of Participating Employer CITY CARE, INC.	73-1497381	0.16	440481
2a Name of Participating Employer CLEAR LAUNCH, LLC	46-4208867	0.07	322499
2a Name of Participating Employer CLEARPATH ACCOUNTANTS, LLC	27-3388427	0.12	692686
2a Name of Participating Employer CLIENT 4 LIFE GROUP, INC.	82-2628616	0.08	390224

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLIINTEL CAPITAL MANAGEMENT GR	81-4568245	0.03	31669
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COALITION FOR THE HOMELESS	67-0257018	0.38	1159871
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COASTAL CAPITAL MARKETS, LLC	93-1453623	0.00	364
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLORADO PAIN & REHAB, LLC	20-4109720	0.00	5505624
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLORMARK, L.C.	75-2500573	0.33	3341745
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMBINED RESOURCES, INC.	36-3468701	0.34	977769
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPASS EAST FINANCIAL, LLC	45-3829406	0.16	500430
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPASS TECHNOLOGY GROUP, LLC	45-4826162	0.39	1019456
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPLETE BOOK & MEDIA SUPPLY,	74-2852244	0.16	1447358

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPUTERIZED BUSINESS SOLUTION	20-5299552	0.28	2101089
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONSERV EQUIPMENT LEASING, LLC	47-3724752	0.15	886757
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONTEMPORARY CABINETS, INC.	73-1394529	0.00	609547
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONVERSANT SOLUTIONS	84-1489946	0.39	2443584
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONVERSION INTERACTIVE AGENCY,	47-2488164	0.64	2317359
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COPPER MOBILE, INC.	27-3073203	0.06	246595
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORINTHIAN HEALTH SERVICES, IN	74-2897477	0.42	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORVAGLIA CLOSURES USA INC	81-4657041	0.33	788688
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CPI PIPE & STEEL, INC.	73-1129740	0.44	819852

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREEKSIDE SURGERY CENTER	45-0950622	0.00	761
CROSSROADS SYSTEMS, INC.	59-3058828	0.01	1895830
CROWN HAVEN, LLC	53-9133431	0.11	236344
CRR COMMUNICATIONS, INC.	20-8027501	0.16	855250
CUTTING EDGE ROBOTIC TECH	47-1696246	0.01	143408
CYCLONIC VALVE	73-1438863	0.43	3590481
DALLAS HERMETIC CO. INC.	75-1220923	0.00	10413
DATA & MAILING RES OF HOUSTON	20-4903112	0.02	0
DATA STORAGE, INC.	73-1606608	0.00	14237

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVID E. WILKENS, INC.	26-1231675	0.32	505971
DEAN'S NATURAL FOODS	46-5068012	0.00	166545
DELTA STUDWELD, INC.	76-0311641	0.81	7030720
DENT IMPACT	88-3036315	0.04	113183
DERMATOLOGY EMPLOYMENT, LLC	47-2519466	0.00	23623
DEVLYN OPTICAL, LLC	46-2646192	0.00	13587
DIGESTIVE HEALTH RESEARCH, LLC	82-2320867	0.01	48101
DIMENSIONS SAAS SOLUTIONS, LLC	82-4710041	0.01	242567
DIRECT REHABMED	59-3770431	0.16	875156

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIRECTNET - (DBA - 42U)	84-1293678	0.12	391296
2a Name of Participating Employer DOGS PLAYING FOR LIFE	2b EIN 46-5559418	2c Percentage of Total Contributions for the Plan Year 0.01	2d Aggregate Account Balances Attributable to Participating Employer 4644
2a Name of Participating Employer DONSOL LLC	2b EIN 85-4207864	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 1828
2a Name of Participating Employer DORNAK ENTERPRISES, INC. DBA R	2b EIN 73-1543198	2c Percentage of Total Contributions for the Plan Year 0.04	2d Aggregate Account Balances Attributable to Participating Employer 403398
2a Name of Participating Employer DRUCKER LABS LP	2b EIN 20-0497868	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 0
2a Name of Participating Employer DUNAN MICROSTAQ, INC.	2b EIN 45-3767508	2c Percentage of Total Contributions for the Plan Year 0.29	2d Aggregate Account Balances Attributable to Participating Employer 2402460
2a Name of Participating Employer DUNAN PRECISION, INC.	2b EIN 76-0821282	2c Percentage of Total Contributions for the Plan Year 0.16	2d Aggregate Account Balances Attributable to Participating Employer 254122
2a Name of Participating Employer DUNTON COMMERCIAL, LLC	2b EIN 82-3731339	2c Percentage of Total Contributions for the Plan Year 0.19	2d Aggregate Account Balances Attributable to Participating Employer 521922
2a Name of Participating Employer DURAG, INC	2b EIN 41-1815977	2c Percentage of Total Contributions for the Plan Year 0.22	2d Aggregate Account Balances Attributable to Participating Employer 648036

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ECKARD GLOBAL, LLC	61-1672084	0.72	1446925
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGE ENGINEERING AND SCIENCE,	27-3019973	1.05	4657457
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDMOND FINE ARTS	73-1250294	0.01	9890
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDUTRAK, LLC	90-1041039	0.02	28285
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDWARD R. RENSIMER, M.D., P.A.	76-0289544	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EF PROPERTIES, L.C.	75-2446314	0.00	538341
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EIGHTEENTH AVE FAM ENRICH CENT	62-0562855	0.00	496
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELDON JAMES CORPORATION	84-1062964	0.34	1462304
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELDS, LLC	81-4978725	0.06	194774

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ELEVATE PARTNERSHIP, PLLC	90-0622595	0.13	571994
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELKUS & SISSON, PC	02-0747893	0.37	3705891
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMERGE MEDICAL DAY SPA	20-4660957	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EMPLOYEES FEDERAL CREDIT UNION	73-0656684	0.03	188913
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENCORE SEARCH PARTNERS, LLC	27-5493150	0.43	743826
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENERGYPRINT, INC.	26-4666944	0.00	42823
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ENGINEERED PACKAGING SYSTEMS, INC.	20-0779579	0.12	940339
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EQUIP OUTDOOR TECHNOLOGIES USA	26-3617654	0.01	15836
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERT LIGHTING & SALES, INC.	74-2444291	0.47	1684236

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ESTUDIO, LLC	27-1812727	0.11	149924
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ETG SYSTEMS, INC.	90-0376492	0.01	52968
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ETHOSIQ, LLC	27-0676515	0.00	29750
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EVENT PROMOTION SUPPLY, INC.	84-1189111	0.11	1479622
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXCEL ORTHOPEDICS OF TEXAS, LLC	46-2319824	0.02	385484
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EXCELERATION SERVICES, LLC	85-4287911	0.18	132193
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FABRICATION AND MAINTENANCE SE	81-4063128	0.00	12092
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FINNAN FINANCIAL, INC. (DBA - TLW.MEDIA)	87-0776874	0.00	306
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRST LONE STAR PHARMACY GROUP	27-1882472	0.02	201961

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRSTNAME, LLC	86-2134747	0.08	57394
2a Name of Participating Employer FLESKE HOLDING COMPANY, LLC	46-1598914	0.03	108345
2a Name of Participating Employer FLEX RADIO SYSTEMS	74-2935974	0.00	45386
2a Name of Participating Employer FMOC, LTD.	74-2959116	0.01	22162
2a Name of Participating Employer FOUNDATION FOR ESSENTIAL NEEDS	27-4342240	0.06	106765
2a Name of Participating Employer FRAYER ENTERPRISES II, LLC	47-4861794	0.32	1307097
2a Name of Participating Employer FREEMAN MEDICAL GROUP	27-2662716	0.00	0
2a Name of Participating Employer FRIENDSHIP BAPTIST CHURCH	41-1552097	0.13	860739
2a Name of Participating Employer FRONTIER BANK OF TEXAS	20-8384720	0.87	3132834

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRONTRANGE CAPITAL ADVISERS, LLC	27-4323186	0.57	2796787
FSG OPERATING, LLC	85-3435851	0.70	1369116
FURMAN AND KEIL ARCHITECTS, PL	20-0065644	0.12	779842
FUSE MEDICAL, INC	59-1224913	0.06	40812
FX SHOULDER USA, INC.	82-3505600	0.35	557253
G MASON GROUP LLC	45-4287303	0.10	100462
GARCIA TIRE SERVICE, INC.	73-0943455	0.00	687124
GARDEN DESIGN, INC.	05-0533038	0.19	991489
GARDNER.STUDIO, LLC	86-2625907	0.14	533916

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GENETIC REFLECTIONS LLC DBA VIAGEN PETS & EQUINE	83-1327010	0.07	860388
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENEVA HOME FASHION, LLC	46-5580032	0.13	334198
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENOTOX LABORATORIES, LTD.	90-0863464	0.19	670981
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENTLE HEALTHY SMILES, LLC	46-3979077	0.15	821462
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLB EXPLORATION, INC.	73-1405292	0.06	68526
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL MEDICAL MANAGEMENT, LLC	35-2234836	0.00	181768
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GMI OPCO, LLC	82-2214298	0.42	2847471
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAND PRAIRIE DIALYSIS CENTER	68-0499495	0.00	82110
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAPHAWARE, INC.	83-1535046	0.20	584112

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Part II Participating Employer Information (Continued).

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAVES INVESTMENT HOLDINGS, LL	47-5636458	0.04	209193
GREAT LAKES ENGINEERING	41-1980196	0.15	3234853
GREAT TRANGO HOLDINGS, INC.	84-1472733	0.09	357604
GREATER NORMAN SURGERY CENTER,	27-2990999	0.00	131292
GREEN'S NATURAL FOODS, INC.	81-4371274	0.00	904634
GRIFFIN HEATING & AIR CONDITIONING	56-0889813	0.08	357147
GROWER'S ORGANIC, LLC	02-0745679	0.00	124325
GUARDIAN HOUSE	74-2780384	0.01	11519
GUERRILLA SUIT LLC	20-3071274	0.07	0

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
H.A.S. INC DBA HOSE & ACCESSOR	76-0270237	0.04	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HAND & WRIST OF CENTER OF HOUS	20-0531085	0.03	430722
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARGRAVE EYE CENTER PA	71-0888283	0.00	5816
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARMONIC BIONICS, INC.	81-4760749	0.27	337530
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HARTWELL INDUSTRIES	74-1544711	0.04	1209525
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HATCH OPERATION LLC	83-3185818	0.43	1156598
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEALTH MOVEMENT, INC.	85-1030353	0.00	3236
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HEINRICH MARKETING	84-0771005	1.14	5243263
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HFTP	74-2761039	0.01	0

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HIGH TIDE TECHNOLOGIES, LLC	62-1817691	0.00	0
HODGES ARCHITECTURE	75-2822880	0.28	4558781
HORIZON HYDRAULICS LLC	82-4120881	0.12	316706
HP MANUFACTURING	73-1486681	0.00	3232
HPC PROPERTY SERVICES	81-2664285	0.01	6602
HPI INVESTMENTS & DEVELOPMENT	81-4640131	0.00	0
HSMA, LLC DBA ECO FLAPS	81-0957572	0.05	283762
HUMBLE ORIGINS HOSPITALITY MANAGEMENT, LLC	47-4275367	0.06	42535
HURRICANE TOOL & SUPPLY, INC.	76-0006587	0.25	791764

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
HYDE PARK LABEL COMPANY	75-1850951	0.00	10949
I.M.S. RELOCATION	75-2460303	0.05	242408
ICONIXX SOFTWARE CORPORATION	27-2008763	0.03	270370
ICSYNERGY INTERNATIONAL, LLC	20-2086447	0.03	0
IDEAL SYSTEM SOLUTIONS, INC.	41-1861333	0.01	0
IDM GROUP, LLC	90-0583740	0.17	1132261
ILLUMINA TECHNOLOGY SOLUTIONS,	87-2762727	0.32	309330
IN4MATIVE BUSINESS SOLUTIONS D	37-1801709	0.16	515538
INDEPENDENT CONSULTING SERVICE	06-1794483	0.00	318825

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INDUSTRY CONSULTING GROUP, INC	75-2252503	0.00	46396
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INFANT CRISIS SERVICE, INC.	73-1378766	0.17	930647
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INNOVATIVE BUSINESS PRODUCTS	77-0644252	0.03	200799
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSCIO BUSINESS SOLUTIONS, LLC	20-8739422	0.09	1247206
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSIGHT ASSOCIATION MANAGEMENT	80-0858494	0.29	867008
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INSITE PROPERTY GROUP LLC	83-1895272	1.30	2550217
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRAL GIS, INC.	91-1937117	0.18	864135
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRANET PHYSICIAN RESOURCE,	76-0541511	0.21	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRATED RENTAL SYSTEMS, INC.	83-2279972	0.05	291233

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTEGRITY TESTING LABS, INC.	84-2512439	0.00	8680
INTELEK TECHNOLOGIES, INC	73-1492037	0.03	192018
INTERCEDE HEALTH	76-0555897	0.23	2579026
INTERFACE COMPUTER COMMUNICATI	36-3954813	0.09	457473
INTERVENTIONAL SPINE & PAIN LLP	47-1278280	0.00	2727
INVENTURE COLLECTIVE, INC.	76-0620068	0.56	2346772
J&B FASTNERS, LP	76-0578567	0.00	319271
J.R.MERRITT CONTROLS, INC	06-1176263	0.33	7309230
JAH REALTY, L.P.	86-1090919	0.56	2587645

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JANOURA REALTY & MANAGEMENT, INC.	65-0844987	0.12	2383520
JBL HOSE SERVICES, LLC	27-3047126	0.02	11548
JENKINS WEALTH, INC	46-1302083	0.39	3063630
JENSAMIN CORPORATION	76-0591098	0.00	0
JKS CONTRACTING CO., INC.	74-2767184	0.00	8443
JOSE I. GUERRA, INC.	74-2049988	0.56	3932835
K&D CONSTRUCTION SERVICES, INC	27-0287408	0.74	2522167
KAREN BLACK CO., LLC	73-1526760	0.00	27971
KATMAI ONCOLOGY GROUP, LLC	20-0326489	0.02	0

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KES SYSTEMS SOLUTIONS	20-3673612	0.37	1332451
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KEYAVI DATA CORP.	85-1098740	0.54	963409
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KIERI SOLUTIONS, LLC	47-3960233	0.02	16174
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KOR-LOK USA, LLC	20-0998465	0.01	58310
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
KSW ENVIRONMENTAL, LLC	30-0747509	0.01	467083
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
L5E, LLC	45-4036119	0.83	4392178
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAND STEWARDSHIP PROJECT	41-1466054	0.16	240363
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LANDPLAN DEVELOPMENT	75-2785163	0.11	1262510
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LARRY BREWER DENTAL LAB, INC.	73-1440215	0.00	0

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LARSON SOFTWARE TECHNOLOGY	76-0090790	0.11	1286091
LAWSON HOLDINGS LLC	73-0990385	0.08	437143
LEADERSHIP STRATEGIES, INC.	58-2019848	0.12	923660
LEE'S RV CITY, INC.	73-1049332	0.00	13029
LEGACY LIGHTING, INC.	76-0707328	0.00	0
LEVIN SITCOFF PC	84-1322360	0.19	0
LEWIS RINGELMAN, P.C.	85-1988456	0.28	1040353
LINKAGE LOGISTICS, INC.	84-4002330	0.00	3314
LIQUIBASE, INC.	45-5572255	1.17	2868456

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LITEYE SYSTEMS INC.	75-2997400	0.57	1082793
LOCUM INC.	27-0003341	0.13	692311
LONGHORN SOLAR	27-2755674	0.07	238384
LOS TRIGOS, INC. DBA THE RECEP	47-3571987	0.43	1287743
LOVEWORKS LEADERSHIP, INC.	27-4025891	0.00	5479
LUB-LINE, LLC	95-4811846	0.09	228768
M&M MORTGAGE, LLC	20-5343305	0.15	1097470
MAGNOLIA INSTRUCTIONAL CENTER	45-5008289	0.09	208604
MAIDEN STONE, INC.	91-2181645	0.12	294967

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MALMBERG DEVELOPMENT CORPORATION	37-1426591	0.58	3844242
MANAGEGO, LLC	27-1718553	0.06	232566
MAPR AGENCY, INC.	84-1224339	0.05	66631
MARGARET HUDSON PROGRAM, INC.	73-0793181	0.00	15641
MARK HART ARCHITECTURE, INC.	26-4072035	0.08	343566
MARKETSCOUT CORPORATION	75-2902480	0.00	439916
MARKETSCOUT WHOLESALE, LLC	27-2425102	0.00	46702
MARTIN BIONICS, LLC	04-3803107	0.00	18953
MATT FAJKUS ARCHITECTURE, LLC	27-4674549	0.18	343247

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MATTHEW 25, INC.	58-1673641	0.00	34087
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MBZ PROPERTY MANAGEMENT, LLC	82-2626462	0.00	419
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDIGY, LLC	73-1709542	0.00	1579
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEG HEALTHCARE, LLC	86-2541207	0.23	358074
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEGASYS HOSPITALITY SYSTEMS, I	73-1349986	0.00	2943
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEMORIAL CITY SURGICAL ASSOCIA	74-1796735	0.11	539655
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEMORIAL WOMEN'S SPECIALISTS	14-1854933	0.03	85694
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MERIT ADVISORS, LLC	73-1543198	0.00	3414
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MID CONTINENT WELL LOGGING SER	73-1351571	0.19	528961

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MILBERN RAY AND COMPANY LLP	75-1793612	0.57	417394
MILLENNITEK, LLC	27-2152866	0.10	588688
MINI.KATANA, LLC	86-2781082	0.03	20786
MIXED MEDIA CREATIONS	27-0373572	0.08	493496
MOBILE TECH.	74-2785042	0.00	28332
MUSIC CITY AUTOPLEX	45-5389301	0.13	944477
MWM DESIGNGROUP INC.	74-2233674	0.00	0
MXO TECH, INC.	20-3352715	0.01	0
MYGOV, LLC	14-1857392	0.15	599601

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Part II Participating Employer Information (Continued).

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2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
NETGAIN SOLUTIONS, INC.	82-3529084	0.88	846087
NETVU	75-2107124	0.12	1227237
NEWEDGE SERVICES, LLC	47-3835979	0.23	631059
NEWLIGHT HEALTHCARE, LLC	27-2596449	0.18	591138
NJEVITY, INC.	20-0407642	0.14	393003
NOHBO, INC.	85-1249854	0.01	0
NORTHLAND LAWN & SPORT LLC	81-3243139	0.21	559081
NORTHWEST DIAGNOSTIC CLINIC	74-2935598	0.00	266558
OFFICEWORKS, INC.	95-4840814	0.03	215871

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Part II Participating Employer Information (Continued).

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OKLAHOMA CITY EAR, NOSE & THRO	73-1461178	0.00	61203
OKLAHOMA CITY INNOVATION DISTR	73-0756329	0.06	307713
OKLAHOMA POLICE SUPPLY, LLC	73-1613757	0.01	46976
OKLAHOMANS FOR RESPONSIBLE GOV	26-1823098	0.00	16116
OMNI FLOW COMPUTERS, INC.	76-0300492	0.54	5207534
OMNI WATER SOLUTIONS, INC.	26-4824471	0.00	87254
OMNI-X USA, INC.	27-4356969	0.22	0
ONCE THERE, INC.	47-1397980	0.00	7530
ON-DEMAND SERVICES GROUP, INC.	41-1861261	0.74	1814760

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ONE, LLC	20-8206474	0.01	403130
2a Name of Participating Employer ONESOURCE TELECOM	2b EIN 76-0802950	2c Percentage of Total Contributions for the Plan Year 0.09	2d Aggregate Account Balances Attributable to Participating Employer 1500626
2a Name of Participating Employer ONSITE AV SERVICE PARTNER, INC	2b EIN 20-0677899	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 103031
2a Name of Participating Employer ORIGIN EIGHT, INC.	2b EIN 45-2447544	2c Percentage of Total Contributions for the Plan Year 0.09	2d Aggregate Account Balances Attributable to Participating Employer 583732
2a Name of Participating Employer P2BINVESTOR, INC.	2b EIN 84-3181296	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 210996
2a Name of Participating Employer PARADIGM FIELD INDUSTRIAL SOLUTIONS, LLC	2b EIN 61-1915495	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 64198
2a Name of Participating Employer PARADIGM PROPERTY MANAGERS, LL	2b EIN 85-1794276	2c Percentage of Total Contributions for the Plan Year 0.05	2d Aggregate Account Balances Attributable to Participating Employer 42998
2a Name of Participating Employer PC PARTS PLUS, L.L.C.	2b EIN 46-2533398	2c Percentage of Total Contributions for the Plan Year 0.41	2d Aggregate Account Balances Attributable to Participating Employer 1260404
2a Name of Participating Employer PCA OF COLUMBIA, INC.	2b EIN 62-1729316	2c Percentage of Total Contributions for the Plan Year 0.67	2d Aggregate Account Balances Attributable to Participating Employer 6776626

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PCA OF COLUMBIA, INC. MPP ASSETS	73-1543198	0.00	147242
PCH GROUP, LLC	27-1888252	0.27	1384912
PCS TELECOM, INC.	26-3423055	0.00	2590
PERINATAL QUALITY FOUNDATION	77-0653781	0.12	485806
PERSONETTE & ASSOCIATES, LLC	76-0646785	0.00	102275
PHARAOH ENERGY SERVICES, LLC	85-3827161	0.06	227815
PHAROS MARINE AUTOMATIC POWER OF LOUISIANA	88-2595756	0.04	1531628
PHOTODIGM, INC.	75-2882973	0.13	1112771
PINNACLE STORAGE MANAGERS, LLC	81-1747196	0.01	63220

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
POINT INNOVATION, INC.	75-2738415	0.06	1095190
PRECISION SAMPLE, LLC	80-0415463	0.00	0
PREDICTIVE SCIENCE, INC.	46-2679973	0.00	124280
PREFERRED OFFICE PRODUCTS, INC	75-1994243	0.08	0
PREMIER PAIN ASSOCIATES	81-2788867	0.00	79496
PREMIER SOURCE	84-1622004	0.00	626224
PREMIER STEEL SERVICES, LLC	20-0137482	0.00	0
PRESBYTERIAN HEALTH FOUNDATION	73-0709836	0.08	320264
PRESS MASTERS, INC.	81-5075870	0.08	351739

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PRESSMAN CANTRELL MCCULLOCH INC.	75-2915930	0.02	689341
PRESSMAN TOY CORP. - DBA GOLIATH	13-5585288	0.56	1264440
PRESTIGE GLOBAL MEETING SOURCE	20-3610699	0.27	1363736
PRESTON ROAD PHARMACY, INC.	75-1310085	0.25	2428896
PROFESSIONAL DRIVER AGENCY, LL	47-1062444	0.12	451921
Q MARKETING SERVICES, LLC	46-1138319	0.03	13950
QUEST-TEC SOLUTIONS	76-0689734	0.12	0
QUIKQ, LLC	26-3101358	0.97	3499452
QUIRK & KIDS LOGISTICS, LLC - DBA- RODE SENSE	85-4322234	0.02	12206

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RAGSDALE INDUSTRIES, INC.	84-1118611	0.19	1415494
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REALVOLVE, INC.	46-4597641	0.05	386855
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RELIANCE AIRCRAFT INTERNATIONAL, LLC	84-3918252	0.18	126868
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REOC PARTNERS LTD	45-0464104	0.00	98903
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
REPOWER, LLC	30-0327046	0.00	17904
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESONANCE CENTER FOR WOMEN	73-1023752	0.01	14921
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESOURCE SOLUTIONS OF GEORGIA,	86-1187419	0.19	356357
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RESTORE OKC, INC.	81-5470507	0.05	68215
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RETINAL CARE INC.	82-3706347	0.16	251669

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RIVERSIDE RESOURCES PROPERTY M	20-3694042	0.05	222909
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RONALD MCDONALD HOUSE CHARITIE	73-1103242	0.06	136206
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RONALD WALKER ASSOCIATES II, I	75-1864723	0.16	1932029
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROSS TRANSPORTATION, INC.	73-0765073	0.12	2400589
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ROTHSCHILD SAFARIS, LLC	36-4567763	0.06	72554
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RPNT ACUTE SERVICES, INC.	75-2714866	0.45	1766841
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
RUCKUS GAMES INC.	88-3516982	0.35	360562
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
S4I SYSTEMS INC.	81-0559317	0.09	652045
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SAFE NETWORK SOLUTIONS, LLC	20-5711773	0.07	0

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SAGAC PUBLIC AFFAIRS, LLC	90-0437860	0.30	1352184
SAGEINSIGHTS, LLC	38-3981376	0.00	50665
SAINTS MEDICAL GROUP	76-0825755	0.00	52681
SAUNDERS THERAPY CENTERS, INC.	41-1620171	0.04	2533501
SAVAGE MACHINING, INC.	55-0910221	0.02	462223
SAVANT FINANCIAL TECHNOLOGIES,	80-0552436	0.19	991348
SDS IMPORTS, LLC	81-4979875	0.04	122117
SEROVITA HOLDING CORPORATION	46-5367338	0.03	132529
SERVICE 800, INC.	41-1759356	0.15	0

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SERVICEFIRST RESTORATION INC.	45-4255503	0.08	94738
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEVENPICO, INC	84-2282476	0.07	162039
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SHOP DATA SYSTEMS, INC.	75-1474383	0.10	1161957
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIGMAFLOW, LLC	46-1633891	0.00	203321
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SILVER CREEK MANAGEMENT, LLC	38-3897354	0.17	3239189
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SILVER CREEK PERMIAN MANAGEMEN	83-0956840	0.21	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYYA, LLC	26-1988817	0.04	613160
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMALLER EARTH, INC	20-5460849	0.01	54842
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOCIUM INNOVATIONS	47-4938515	0.00	52253

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOJOURN SOLUTIONS, LLC	47-1787071	0.21	1332922
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOURCECHECK LTD.	20-1982867	0.00	59352
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTH COAST HYDRAULICS	76-0513282	0.04	532775
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOUTHWIND HILLS, LLC	46-4407580	0.00	7648
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STANDARD TESTING & ENGINEERING	73-1543198	0.03	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STAR OF TEXAS FINANCIAL SOLUTIONS,	20-2468719	0.00	991
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STATERA, INC.	84-1576560	0.01	3172048
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STATESMAN BUSINESS ADVISORS, L	76-0470062	0.58	5765000
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEGO, INC.	58-2092756	0.19	389171

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STRONGBOX DATA SOLUTIONS, INC.	98-1293325	0.07	398321
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STUDIO ARCHITECTURE, P.C.	73-1614783	0.23	1845396
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUBVRSIVE	81-5344445	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SULLEXIS, LLC	26-2309639	0.41	607472
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUMMIT MEDICAL CENTER, LLC	46-1413732	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SUNBELT FABRICS, INC.	75-2237764	0.00	298961
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SWEETWATER MEDICAL ASSOCIATES,	76-0610335	0.14	2343450
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNERLINK CORPORATION	74-2202082	0.13	1876734
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TDI TECHNOLOGIES, INC.	75-2510269	0.36	3278450

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Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TECH SHIELD 24/7	45-5118559	0.01	31191
2a Name of Participating Employer TECHNOGENIA, INC.	46-1514383	0.21	0
2a Name of Participating Employer TEKVISION PVS, INC.	01-0684395	0.51	2200447
2a Name of Participating Employer TELIGENTIP	45-4507743	0.04	451121
2a Name of Participating Employer TENNESSEE INDUSTRIAL ELECTRONI	47-1553696	1.34	5313209
2a Name of Participating Employer TEXAS ASSOCIATION OF BUILDERS	74-1115871	0.35	4346016
2a Name of Participating Employer TEXAS CONGRESS OF PARENTS & TEACHERS	74-1054403	0.11	533592
2a Name of Participating Employer TEXAS HEALTHCARE LINEN, LLC	27-2620846	0.01	4583
2a Name of Participating Employer TEXAS SECURE TITLE COMPANY, LLC	38-3915361	0.04	175913

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXCEL, LLC	74-2183924	0.97	7012116
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TGI ENTERPRISES, INC.	73-1438556	0.00	6947
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE ACCESS PARTNERSHIP, LP	94-3425634	0.19	324235
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE BENSON FIRM, PLLC	46-1953821	0.31	1767941
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE FOUNDATION OF OKLAHOMA CIT	73-1222182	0.10	443253
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE HOPE CENTER FOUNDATION	26-1590757	0.05	99303
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE HOUSTONIAN ESTATES COUNCIL	76-0019515	0.13	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE MRAM COMPANY	74-2179254	0.06	327254
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE NOBLE LAW, PLLC	27-0456311	0.07	276311

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE PAPERLESS AGENT	46-3603071	0.11	216239
THE PROS COMPANY, LLC	90-0506947	0.00	60372
THE RAINMAKER COMPANIES	46-4355145	0.14	1669917
THE SOONER THEATRE OF NORMAN, INC.	51-0196629	0.01	18252
THEIPGUYS NET, LLC	27-3822643	0.34	835975
THEO EXECUTIVE GROUP	45-0489354	0.18	0
TITAN CLOUD SOFTWARE, LLC	26-2849155	0.68	1975215
TMS DELIVERY, INC.	20-2005860	0.08	179258
TOTALCLAIM, LLC	87-3625301	0.01	78669

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOTALSCOPE ESTIMATING SERVICES	86-1405372	0.00	942
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRANSNETWORK, LLC	43-1995694	0.29	1117809
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRANSPERE, LLC	81-3766925	0.02	13835
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRAVERCENT, LLC	47-3167366	0.00	768722
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TREAT'S SOLUTIONS, LLC	73-1037920	0.02	30760
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRESTLE COLLABORATIVE, INC.	87-0978939	0.14	242012
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TREVE, LLC DBA INTEGRATED PROD	81-3906407	0.07	96856
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRIGATE MANAGEMENT, LLC	37-1784018	0.82	5791050
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRITON NETWORKS, LLC	20-4824953	0.03	33973

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TRUCK DRIVERS USA	86-2667483	0.00	4292
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TSI PRODUCTS, INC.	26-3299228	0.14	653954
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TULSA GARDEN CENTER	73-6068213	0.02	54194
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TULSA TRAILER, LLC	47-4564847	0.04	214050
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TXN INTERMODAL INC.	45-1422096	0.14	379119
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UBISENSE AMERICA LLC	83-2340413	0.42	880214
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UFLIP, LLC	84-3319298	0.01	14961
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ULTIMATE BUILDER SERVICES, LLC	46-4354299	0.09	988653
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITED GROUP SERVICE CENTERS, INC.	75-2270295	1.10	10000869

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UNITED STATES OF AMERICA RUGBY	16-1118870	0.14	634178
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
UPTIME SYSTEMS, LLC	47-0949704	0.42	1968247
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URBAN COMMERCIAL REALTY PARTNE	83-4312543	0.26	405217
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
URBAN LEAGUE TWIN CITIES	41-0706915	0.06	374727
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
US ENGINEERED WOOD, INC.	84-4390511	0.00	8175
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
USA DIGITAL COMMUNICATIONS, IN	73-1545784	0.18	1757141
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VALUD CONSULTING LLC	26-4055248	0.00	357039
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VATOR ACCESSORIES, INC.	26-2528957	0.00	524
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VENCO CONSTRUCTION INC.	74-2556800	0.00	42809

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VENTURE MORTGAGE CORPORATION	41-1659053	0.17	966416
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERIDATA INSIGHTS, LLC	84-1869838	0.19	381147
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERITAS QA, LLC.	20-1364354	0.18	420922
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERSATEQ, LLC	73-1611590	0.12	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERSONA SYSTEMS	20-5581271	0.07	1560544
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERTEX ENERGY	94-3439569	3.11	14982178
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERTEX REFINING, ALABAMA LLC	38-4179507	7.52	9044446
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VEX ENERGY, LP	80-0952097	0.07	98210
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIACHEM LTD.	20-4925835	0.00	125151

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIRIDI GROUP, SBC	87-1950729	0.11	1385302
VIRTUALARMOUR LLC	84-1594399	0.15	294579
VIRTUECOM, INC.	27-0420602	0.00	0
VISIBLE HEALTH	26-3643591	0.00	32263
VISIONS REALTY & INVESTMENTS INC.	94-3417989	0.18	529093
VIVAQUANT, INC.	82-4361596	0.01	3643
VLG MARKETING	80-0869623	0.03	54592
VTX MANAGEMENT, LLC	30-1293139	1.02	1203465
WATERFIELD ENERGY, LLC	27-3170485	1.34	7440378

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATERFIELD ENTERPRISES, LLC	33-0843842	0.13	1433823
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEBB AIR CONDITIONING COMPANY,	75-1010339	0.00	116589
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITE SURVEYING COMPANY	73-0980314	0.16	1499575
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINDCREST GOLF CLUB, INC.	23-7408288	0.00	3358
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WISE ORTHODONTICS, PA	75-2909466	0.19	1387628
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOUND MANAGEMENT OF OKLAHOMA	73-1448665	0.17	1155580
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WTI HOLDINGS LLC	47-1044432	0.18	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XAVIER EDUCATIONAL ACADEMY	20-8643579	0.16	469156
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ZENERGY, INC.	73-1165071	0.28	3777381

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2a Name of Participating Employer ZIEKER EYE OPHTHALMOLOGY, P.C.	2b EIN 27-3631860	2c Percentage of Total Contributions for the Plan Year 0.12	2d Aggregate Account Balances Attributable to Participating Employer 1273439
2a Name of Participating Employer ZYSTON LLC	2b EIN 81-2558546	2c Percentage of Total Contributions for the Plan Year 0.53	2d Aggregate Account Balances Attributable to Participating Employer 1258052
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
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Part III

Pooled Employer Plan Information

Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

- 3a

Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)

☐ Yes ☐ No
- 3b

If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)

ACK ID

NEXTEP 401(k) RETIREMENT SAVINGS PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2023 and 2022
and for the year ended December 31, 2023

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 accompanying 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, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, 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 Plan's 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, 2023 and 2022, and for the year ended December 31, 2023, 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, 2023, 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 audits 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, is 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, is 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, followed by "LLP" in a smaller, sans-serif font.

Sterling Heights, Michigan
October 14, 2024

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

	December 31,	
	2023	2022
ASSETS		
Cash	\$ 732,938	\$ 501,350
Investments at fair value	475,538,523	370,022,107
Receivables		
Employer contributions	1,652,686	428,599
Participant contributions	1,423,701	1,223,515
Notes receivable from participants	5,439,049	3,959,757
Total receivables	8,515,436	5,611,871
Total assets	484,786,897	376,135,328
LIABILITIES - Excess contributions payable	302,039	204,737
Net assets available for benefits	<u>\$ 484,484,858</u>	<u>\$ 375,930,591</u>

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2023

ADDITIONS:

Investment income:	
Net appreciation in the fair value of investments	\$ 59,531,235
Interest	762,978
Dividends	<u>4,648,336</u>
Total investment income	64,942,549
Interest income on notes receivable from participants	277,022
Contributions:	
Employer	21,077,235
Participants	44,380,724
Rollovers	<u>8,145,827</u>
Total contributions	<u>73,603,786</u>
Total additions	138,823,357

DEDUCTIONS:

Benefits paid to participants	49,705,062
Deemed distributions	380,795
Corrective distributions	8,854
Administrative expenses	<u>1,307,637</u>
Total deductions	<u>51,402,348</u>

NET INCREASE IN NET ASSETS 87,421,009

OTHER CHANGES IN NET ASSETS

Transfers of assets from other plans	95,006,381
Transfers of assets to other plans	<u>(73,873,123)</u>
Net other changes	<u>21,133,258</u>

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>375,930,591</u>
End of year	<u><u>\$ 484,484,858</u></u>

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

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. All participating employers of this multiple employer plan have signed joiner 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).

Empower Trust Company, LLC and Empower Annuity Insurance Company of America are the Plan’s trustees. 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.

The Setting Every Community Up for Retirement Enhancement Act 2.0 of 2022 (the SECURE Act 2.0) was signed into law December 29, 2022. This law, among other things, includes several required and optional provisions that will impact employee benefit plans that go into effect at various times through 2027. The provisions that were required to be implemented on or after December 29, 2022 are; 1) the change of the RMD age from 72 to 73, 2) a reduction in the excise tax due for failure to take a RMD, 3) the ability for fiduciaries to not have to recoup inadvertent overpayments to plan participants (though the Plan must still be made whole), and 4) limits the time to recontribute amounts taken for qualified birth or adoption distributions from an unlimited time period to 3 years. The optional provisions that could be implemented on or after December 29, 2022 are; 1) the ability to give de minimis incentives to boost employee participation in an employee benefit plan, 2) to allow employer match or non-elective contributions to be made on a Roth basis, 3) to allow an employer to elect if hardship withdrawals can be self-certified by participants, and 4) to allow for distributions related to disasters and terminal illness.

The Plan did not elect any of the optional provisions of the Secure Act 2.0 during the 2023 plan year. The Plan will be amended for any provisions implemented in accordance with applicable laws and IRS guidance.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Contributions

Each year, participants may contribute up to 100% of 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 employer may elect to include an auto-enrollment provision whereby all newly eligible employees are automatically enrolled into the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have their deferral rate set in accordance with their adopting employer's specific plan provisions.

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.

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, 2023.

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 Company matching contributions, as well as allocations of the Company's 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.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Vesting

Participants are vested immediately in their contributions plus earnings thereon. Participants are also immediately vested in all safe harbor matching contributions. 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. 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.

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. The account of a participant with a vested account balance between \$1,000 and \$5,000 who does not request a distribution will be rolled into an individual retirement account in the participant's name. 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.

Forfeited Accounts

As of December 31, 2023 and 2022, forfeited nonvested accounts totaled \$732,938 and \$501,350, respectively. These accounts will be used to pay plan expenses or reduce employer contributions. During the year ended December 31, 2023, forfeitures in the amount of \$56,300 were used to reduce employer contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Recently Adopted Accounting Standard

Effective January 1, 2023, the Plan adopted accounting standards update (ASU) 2016-13, Financial Instruments - Credit Losses (Topic 326): Measurement of Credit Losses on Financial Instruments (FASB ASC 326), which significantly changed how entities measure credit losses for most financial assets. The most significant change in the standard is a shift from the incurred loss methodology to an expected loss methodology. Financial assets held by the Plan that are subject to the guidance in FASB ASC 326 were contributions receivable. There was no material impact to the financial statements as a result of the adoption of ASU 2016-13

Investment Valuation and Income Recognition

Investments are reported at fair 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. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers and the trustee.

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from Plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation. No allowance for credit losses had been recorded as of December 31, 2023 and 2022.

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.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Excess Contributions Payable

Amounts payable to participants for excess employee contributions based on the results of nondiscrimination testing are recorded as a liability with a corresponding reduction to contributions. The Plan distributed the 2023 excess contributions to the applicable participants prior to March 15, 2024.

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 appreciation 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.

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 14, 2024 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, 2023 and 2022, and net appreciation in fair value of investments, interest, and dividends, and interest income on notes receivable from participants for the year ended December 31, 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Trust Company and Empower Annuity Insurance Company of America (the trustees of the Plan).

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

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.

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, 2023 and 2022.

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.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

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.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2023 and 2022.

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 187,629,240	\$ -	\$ -	\$ 187,629,240
Guaranteed investment contract	-	17,003,835	-	17,003,835
Self-directed brokerage accounts	-	968,791	-	968,791
Investments measured at net asset value ^(a)	-	-	-	269,936,657
Total assets at fair value	<u>\$ 187,629,240</u>	<u>\$ 17,972,626</u>	<u>\$ -</u>	<u>\$ 475,538,523</u>
	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>

(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, 2023 and 2022

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

The following table summarizes investments for which fair value is measured using the net asset per share practical expedient as of December 31, 2023 and 2022 respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

	Estimated fair value at December 31,		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2023	2022		
Stable value collective trust funds	<u>\$ 269,936,657</u>	<u>\$ 209,691,485</u>	Daily	12 months

NOTE 5 – 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, 2023, there were direct fees of \$1,307,637 and transactions involving the investment of plan assets in investment funds maintained by Empower Annuity Insurance Company of America, a party-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 appreciation of the fair value of investments.

NOTE 6 – 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 discretionary contributions.

NOTE 7 – TAX STATUS

On June 30, 2020, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualified under IRC Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2023 and 2022

NOTE 8 – 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.

NOTE 9 – LITIGATION

During the year ended December 31, 2022, 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, and was funded by the plan sponsor's insurance carrier. The settlement was used to pay attorney fees for the plaintiffs and other costs related to administering the settlement and the remainder was allocated to the settlement class members, according to the plan of allocation settled by the court.

NOTE 10 – SUBSEQUENT EVENTS

Effective January 1, 2024, the Plan implemented the required provision of the SECURE Act 2.0 related to the re-characterization of catch-up contributions to Roth contributions for participants with FICA wages over \$145,000, removing the requirement for RMDs from Roth accounts and allows surviving spouse to use the deceased participants age to determine RMD requirements, and extending the correction period for employee deferral failures.

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, 2023

(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
	Dimensional Fund Advisors	Real Estate Securities Fund	\$ 3,977,160
	Dreyfus	Government Cash Mgmt Institutional Class	140,861
	Hartford	Healthcare Fund	2,718,794
*	Reliance Trust Company	Aggressive 2025 Fund	1,994,601
*	Reliance Trust Company	Aggressive 2035 Fund	5,016,083
*	Reliance Trust Company	Aggressive 2045 Fund	4,152,503
*	Reliance Trust Company	Aggressive 2055 Fund	4,336,036
*	Reliance Trust Company	Aggressive Retirement Fund	385,050
*	Reliance Trust Company	Conservative 2025 Fund	657,306
*	Reliance Trust Company	Conservative 2035 Fund	16,239,864
*	Reliance Trust Company	Conservative 2045 Fund	10,138,180
*	Reliance Trust Company	Conservative 2055 Fund	6,641,406
*	Reliance Trust Company	Conservative Retirement Fund	3,878,104
*	Reliance Trust Company	Moderate 2025 Fund	45,351,062
*	Reliance Trust Company	Moderate 2035 Fund	70,696,194
*	Reliance Trust Company	Moderate 2045 Fund	48,411,220
*	Reliance Trust Company	Moderate 2055 Fund	39,640,948
*	Reliance Trust Company	Moderate Retirement Fund	12,398,102
	JPMorgan	Large Cap Growth Fund	16,337,084
	BlackRock	Natural Resources Fund	4,024,858
	Mass Mutual	Blue Chip Growth Fund	2,387
	Mass Mutual	Mid Cap Growth Fund	4,841,140
	Mass Mutual	Inflation-Protected and Income Fund	4,679,827
	Mass Mutual	US Government Money Market Fund	4,177,442
	PIMCO	Income Fund Institutional Class	5,088,442
	American Funds	EuroPacific Fund	3,309,646
	American Funds	New Perspective Fund	7,285,057
	American Funds	New World Fund R4	100
	American Funds	New World Fund R6	4,394,616
	American Funds	Washington Mutual Fund	12,129,845
	Vanguard	Total Bond Market Index Fund	11,051,693
	Vanguard	Explorer Fund	5,167,033
	Vanguard	500 Index Fund	61,208,008
	Vanguard	Mid Cap Index Fund	8,408,152
	Vanguard	Small Cap Value Index Fund	7,261,196
	Vanguard	Small Cap Index Fund	9,004,042
	Vanguard	Developed Markets Index Fund	8,534,623
	Allspring	Special Mid Cap Value Fund	3,887,232
	Charles Schwab	Schwab SDB	955,823
	Charles Schwab	Schwab SDB Roth	12,968
	Mass Mutual	SAGIC Diversified Bond I	17,003,835
			<u>475,538,523</u>
*	Notes receivable from participants	Notes receivable from participants (interest rates range from 4.17% to 10.25%) due at various dates through June 2052	<u>5,439,049</u>
			<u><u>\$ 480,977,572</u></u>

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 USA	04-3483032	001
Lincoln Financial Group	54-5896744	001
National Financial Services	23-2775632	001
Paychex	16-1124166	001
PSC Retirement	57-7569814	001
Slavic 401k	01-0620969	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 _____.

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)
Transamerica	36-6071399	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			3,800,386.43	3,977,160.19
IDGXX			139,634.69	140,861.40
IHGTX			2,569,747.41	2,718,793.73
IIA25R6			1,786,500.84	1,994,600.52
IIA35R6			4,425,422.02	5,016,082.79
IIA45R6			3,529,724.97	4,152,502.58
IIA55R6			3,725,225.54	4,336,035.97
IIRFR6			349,776.17	385,050.07
IIC25R6			608,403.61	657,306.18
IIC35R6			14,419,750.76	16,239,863.54
IIC45R6			8,646,569.20	10,138,179.61
IIC55R6			5,440,388.83	6,641,406.44
IICRFR6			3,567,422.84	3,878,104.16
IIM25R6			41,389,287.82	45,351,061.88
IIM35R6			62,701,839.30	70,696,193.50
IIM45R6			41,402,484.54	48,411,219.60
IIM55R6			33,642,439.89	39,640,948.02
IIMRFR6			11,305,071.23	12,398,102.08
IJLGMX			14,761,890.03	16,337,083.98
IIMAGRXX			4,152,496.23	4,024,857.98
IMBCZX			2,625.04	2,386.83
IMEFZX			4,739,909.01	4,841,140.06
IMPZX			4,704,569.26	4,679,827.26
IMKSXX			4,177,443.32	4,177,443.32
IPIMIX			4,939,114.98	5,088,442.10
IRERGX			3,018,516.81	3,309,645.59
IRNPGX			6,598,516.70	7,285,057.31
IRNWEX			97.92	100.41
IRNWGX			3,904,204.34	4,394,615.51
IRWMGX			11,205,455.68	12,129,845.24
IVBTLX			10,646,995.62	11,051,692.81
IVEXRX			4,653,734.22	5,167,033.03
IVFIAX			52,317,854.59	61,208,008.36
IVIMAX			7,561,358.89	8,408,151.96
IVSIAX			6,539,882.83	7,261,195.58
IVSMAX			8,030,615.21	9,004,042.19
IVTMGX			7,442,348.17	8,534,622.78
IWFPRX			3,883,722.43	3,887,231.98
ISDBSCH			955,822.90	955,822.90
ISDBSCR			12,968.41	12,968.41
ISGDTQ0		4.607	16,269,043.88	17,003,834.54
TOTALS			423,969,262.56	475,538,522.39
PARTICIPANT LOANS				
	VARIOUS	4.17-10.25	5,430,669.95	5,439,048.79
FORFEITURES			709,320.88	732,938.08

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
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EIN # 731543198

LEGEND

INVESTMENT OPTION:

IDFEX DFA Real Estate Securities I
IHGHTX Hartford Healthcare R5
1IA35R6 IndexSelect Aggressive 2035 Fund CL R6
1IA55R6 IndexSelect Aggressive 2055 Fund CL R6
1IC25R6 IndexSelect Conservative 2025 Fund CL R6
1IC45R6 IndexSelect Conservative 2045 Fund CL R6
1ICRFR6 IndexSelect Conservative Ret Fund CL R6
1IM35R6 IndexSelect Moderate 2035 Fund CL R6
1IM55R6 IndexSelect Moderate 2055 Fund CL R6
1JLGMX JPMorgan Large Cap Growth R6
1MBCZX MassMutual Blue Chip Growth I
1MIPZX MassMutual Inf-Prot and Inc I
1PIMIX PIMCO Income Instl
1RNPGX American Funds New Perspective R6
1RNWGX American Funds New World R6
1SDBSCH Schwab SDB
1SGDTQ0 SAGIC Diversified Bond I
1VEXRX Vanguard Explorer Adm
1VIMAX Vanguard Mid Cap Index Fund - Admiral
1VSMAX Vanguard Small Cap Index Adm
1WFPRX Allspring Special Mid Cap Value R6

IDGCXX Dreyfus Government Cash Mgmt Instl
1IA25R6 IndexSelect Aggressive 2025 Fund CL R6
1IA45R6 IndexSelect Aggressive 2045 Fund CL R6
1IARFR6 IndexSelect Aggressive Retire Fund CL R6
1IC35R6 IndexSelect Conservative 2035 Fund CL R6
1IC55R6 IndexSelect Conservative 2055 Fund CL R6
1IM25R6 IndexSelect Moderate 2025 Fund CL R6
1IM45R6 IndexSelect Moderate 2045 Fund CL R6
1IMRFR6 IndexSelect Moderate Retire Fund CL R6
1MAGRX BlackRock Natural Resources I
1MEFZX MassMutual Mid Cap Growth I
1MK5XX MassMutual US Government Mny Mkt Fd
1RERGX American Funds EuroPacific Gr R6
1RNWEX American Funds New World Fund R4
1RWMGX American Funds Washington Mutual R6
1SDBSCR Schwab SDB Roth
1VBT LX Vanguard Total Bond Market Index Admiral
1VFIAX Vanguard 500 Index Admiral
1VSIAX Vanguard Small Cap Value Index Admiral
1VTMGX Vanguard Developed Markets Index Admiral

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year.
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year.