

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

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 10/03/2024

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

a single-employer plan  a DFE (specify) C

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>BLACKROCK LIFEPATH INDEX 2025 FUND</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>154</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>26-3773730</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>866-427-6885</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/15/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

---

**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 10/03/2024

<b>A</b> Name of plan <u>BLACKROCK LIFEPATH INDEX 2025 FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>154</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>26-3773730</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIFEPATH INDEX 2025 FUND F</u>	
<b>b</b> Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	
<b>c</b> EIN-PN <u>20-5114920-001</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	21ST CENTURY BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	21ST CENTURY BANK	<b>c</b> EIN-PN 41-0250430-001
<b>a</b>	Plan name	A.W. FARRELL & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A.W. FARRELL & SON, INC.	<b>c</b> EIN-PN 16-0954042-001
<b>a</b>	Plan name	ABIOMED RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ABIOMED, INC.	<b>c</b> EIN-PN 04-2743260-001
<b>a</b>	Plan name	ADDUS HEALTHCARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADDUS HEALTHCARE, INC.	<b>c</b> EIN-PN 42-1014070-002
<b>a</b>	Plan name	AISC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AISC HOLDINGS, INC.	<b>c</b> EIN-PN 13-0432350-002
<b>a</b>	Plan name	ALABAMA ORAL & FACIAL SURGERY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALABAMA ORAL & FACIAL SURGERY, LLC	<b>c</b> EIN-PN 46-1310420-001
<b>a</b>	Plan name	AM MANAGEMENT INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AM MANAGEMENT INC	<b>c</b> EIN-PN 42-1368820-001
<b>a</b>	Plan name	AMES CONSTRUCTION, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMES CONSTRUCTION, INC.	<b>c</b> EIN-PN 23-1988847-001
<b>a</b>	Plan name	AMY S. LODEN DMD., PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMY S. LODEN DMD., PC	<b>c</b> EIN-PN 26-1963123-001
<b>a</b>	Plan name	ANDOVER BANK EMPLOYEES STOCK PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	ANDOVER BANK	<b>c</b> EIN-PN 34-1436056-002
<b>a</b>	Plan name	ANESTHESIA ASSOCIATES OF KANSAS CITY, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANESTHESIA ASSOCIATES OF KANSAS CITY, P.A.	<b>c</b> EIN-PN 43-0975680-001
<b>a</b>	Plan name	APCO WORLDWIDE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APCO WORLDWIDE LLC	<b>c</b> EIN-PN 13-3627625-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>APPLEJACK WINE &amp; SPIRITS LLC 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>APPLEJACK WINE &amp; SPIRITS LLC</b>	<b>c</b> EIN-PN <b>47-1314946-001</b>
<b>a</b>	Plan name <b>ARCTOS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARCTOS, LLC</b>	<b>c</b> EIN-PN <b>47-5602018-001</b>
<b>a</b>	Plan name <b>ARIZONA PAINTING COMPANY LLC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ARIZONA PAINTING COMPANY LLC</b>	<b>c</b> EIN-PN <b>26-3809901-001</b>
<b>a</b>	Plan name <b>ASCEND BUSINESS SERVICES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASCEND BUSINESS SERVICES, LLC</b>	<b>c</b> EIN-PN <b>81-3017595-001</b>
<b>a</b>	Plan name <b>AUBREY SILVEY ENTERPRISES, INC. EMPLOYEE STOCK OWNERSHIP PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AUBREY SILVEY ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>58-1098798-001</b>
<b>a</b>	Plan name <b>AUSTIN POWDER 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AUSTIN POWDER COMPANY</b>	<b>c</b> EIN-PN <b>34-0077750-012</b>
<b>a</b>	Plan name <b>BBD OPCO LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BBD OPCO LLC</b>	<b>c</b> EIN-PN <b>81-1094306-002</b>
<b>a</b>	Plan name <b>CAPE COD EXPRESS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAPE COD EXPRESS, LLC</b>	<b>c</b> EIN-PN <b>04-2263917-001</b>
<b>a</b>	Plan name <b>CAPITAL CITY BANK GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAPITAL CITY BANK GROUP, INC.</b>	<b>c</b> EIN-PN <b>59-2273542-003</b>
<b>a</b>	Plan name <b>CCI SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CCI SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>38-2356585-002</b>
<b>a</b>	Plan name <b>CENTRAL ARIZONA IRRIGATION &amp; DRAINAGE DISTRICT 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTRAL ARIZONA IRRIGATION AND DRAI</b>	<b>c</b> EIN-PN <b>86-0497999-001</b>
<b>a</b>	Plan name <b>CINCY CLIPS, INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CINCY CLIPS, INC.</b>	<b>c</b> EIN-PN <b>30-0075215-001</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CIRRUS DESIGN CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CIRRUS DESIGN CORPORATION	<b>c</b> EIN-PN 39-1578274-001
<b>a</b>	Plan name CLARKSON GRAIN COMPANY	
<b>b</b>	Name of plan sponsor CLARKSON GRAIN COMPANY	<b>c</b> EIN-PN 37-1062319-001
<b>a</b>	Plan name CLASS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CLASS	<b>c</b> EIN-PN 13-4236357-001
<b>a</b>	Plan name CLEVEREX SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEVEREX SYSTEMS, INC.	<b>c</b> EIN-PN 52-2020313-001
<b>a</b>	Plan name CLYDE & CO US LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLYDE & CO US LLP	<b>c</b> EIN-PN 20-5083001-001
<b>a</b>	Plan name COLONY BRANDS, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor COLONY BRANDS, INC.	<b>c</b> EIN-PN 39-0869862-001
<b>a</b>	Plan name COMMERCIAL CONCRETE CONSTRUCTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL CONCRETE CONSTRUCTORS, INC.	<b>c</b> EIN-PN 20-2340062-003
<b>a</b>	Plan name CONSTRUCTION RESOURCES HOLDINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CONSTRUCTION RESOURCES HOLDINGS, LLC	<b>c</b> EIN-PN 81-0773852-001
<b>a</b>	Plan name CO-OP 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARMERS COOPERATIVE ELEVATOR COMPANY	<b>c</b> EIN-PN 41-0144700-001
<b>a</b>	Plan name CO-OP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTRAL PRAIRIE CO-OP	<b>c</b> EIN-PN 48-0214460-001
<b>a</b>	Plan name COPPER ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COPPER ELECTRIC, INC.	<b>c</b> EIN-PN 58-1789406-001
<b>a</b>	Plan name DELEK US 401(K) PLAN	
<b>b</b>	Name of plan sponsor DELEK US HOLDINGS, INC.	<b>c</b> EIN-PN 52-2319066-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	DENTISTS FOR CHILDREN, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	DENTISTS FOR CHILDREN, LLC
<b>c</b>	EIN-PN	41-2090219-001
<b>a</b>	Plan name	DLW LLC 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	DLW LLC
<b>c</b>	EIN-PN	27-1396435-001
<b>a</b>	Plan name	DM LUXURY LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	DM LUXURY LLC
<b>c</b>	EIN-PN	27-3324953-001
<b>a</b>	Plan name	DOUGLAS C. KALLIS, DMD, PC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DOUGLAS C. KALLIS, DMD, PC
<b>c</b>	EIN-PN	58-2425195-001
<b>a</b>	Plan name	DRETLOH AIRCRAFT SUPPLY, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DRETLOH AIRCRAFT SUPPLY, INC.
<b>c</b>	EIN-PN	95-2943856-003
<b>a</b>	Plan name	EAST BANK CLUB RETIREMENT AND SAVINGS PLAN
<b>b</b>	Name of plan sponsor	EAST BANK CLUB VENTURE
<b>c</b>	EIN-PN	36-3049268-001
<b>a</b>	Plan name	ELEVATION LABS 401(K) PLAN
<b>b</b>	Name of plan sponsor	CL ACQUISTION CORPORATION DBA ELEVATION LABS
<b>c</b>	EIN-PN	46-4952901-001
<b>a</b>	Plan name	ELLIE MENTAL HEALTH 401K PLAN
<b>b</b>	Name of plan sponsor	ELLIE FAMILY SERVICES, PLLP
<b>c</b>	EIN-PN	47-3503652-001
<b>a</b>	Plan name	ELLIOTT/DRINKWARD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ELLIOTT/DRINKWARD CONSTRUCTION, INC.
<b>c</b>	EIN-PN	33-0375898-001
<b>a</b>	Plan name	EMPOWER LIFETIME 2015 TRUST
<b>b</b>	Name of plan sponsor	EMPOWER TRUST COMPANY, LLC
<b>c</b>	EIN-PN	84-1455663-011
<b>a</b>	Plan name	EPLAN SERVICES GROUP TRUST
<b>b</b>	Name of plan sponsor	EPLAN SERVICES GROUP
<b>c</b>	EIN-PN	77-6214267-001
<b>a</b>	Plan name	FBC MORTGAGE LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	FBC MORTGAGE LLC
<b>c</b>	EIN-PN	20-3702275-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FFW CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FFW CORPORATION	<b>c</b> EIN-PN 35-1875502-002
<b>a</b>	Plan name	FLOCK TEX, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	FLOCK TEX, INC.	<b>c</b> EIN-PN 05-0344575-001
<b>a</b>	Plan name	FRONTIER AG. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRONTIER AG, INC.	<b>c</b> EIN-PN 20-8325734-002
<b>a</b>	Plan name	GLOBE STORAGE & MOVING COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBE STORAGE & MOVING CO., INC.	<b>c</b> EIN-PN 13-3249475-002
<b>a</b>	Plan name	GOLD CROSS SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GOLD CROSS SERVICES INC.	<b>c</b> EIN-PN 87-0277106-001
<b>a</b>	Plan name	GREGORIO, CHAFIN, JOHNSON & TABOR, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GREGORIO, CHAFIN, JOHNSON & TABOR LLC	<b>c</b> EIN-PN 46-4834128-001
<b>a</b>	Plan name	GUARDIAN FLEET SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUARDIAN FLEET	<b>c</b> EIN-PN 82-1297296-002
<b>a</b>	Plan name	HAWKERS ASIAN STREET FOOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWKERS HOLDINGS, LLC DBA HAWKERS ASIAN STREET FOOD	<b>c</b> EIN-PN 46-2198823-001
<b>a</b>	Plan name	HURON CONSULTING GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HURON CONSULTING GROUP INC.	<b>c</b> EIN-PN 01-0666114-001
<b>a</b>	Plan name	INNOVATIVE HEALTH, LLC 401K	
<b>b</b>	Name of plan sponsor	INNOVATIVE HEALTH, LLC	<b>c</b> EIN-PN 47-2158920-001
<b>a</b>	Plan name	INNOVEERING, LLC INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INNOVEERING, LLC	<b>c</b> EIN-PN 45-5028385-001
<b>a</b>	Plan name	INTERNATIONAL AUTOMATION, INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHD, INC.	<b>c</b> EIN-PN 35-1000183-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name IVAN CARLSON & ASSOCIATES 401(K) SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor IVAN CARLSON & ASSOCIATES, INC.	<b>c</b> EIN-PN 36-2807739-001
<b>a</b>	Plan name JAMES A. NESPER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DR. JAMES NESPER	<b>c</b> EIN-PN 25-1521784-001
<b>a</b>	Plan name JMAR, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JMAR, INC.	<b>c</b> EIN-PN 47-4438355-001
<b>a</b>	Plan name JTM/CHEMMASTERS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JTM PRODUCTS INC	<b>c</b> EIN-PN 34-1686149-001
<b>a</b>	Plan name KARWAY INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor KARWAY INC	<b>c</b> EIN-PN 86-0501775-001
<b>a</b>	Plan name LANDIS AND LANDIS CONSTRUCTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LANDIS & LANDIS CONSTRUCTION	<b>c</b> EIN-PN 52-2337537-001
<b>a</b>	Plan name LANIER DENTAL PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LANIER DENTAL PARTNERS	<b>c</b> EIN-PN 46-5699841-001
<b>a</b>	Plan name LAW OFFICES OF ANDREA WINTERS, PC 401K PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF ANDREA WINTERS, PC	<b>c</b> EIN-PN 75-2340006-001
<b>a</b>	Plan name LAYMAN ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAYMAN ELECTRIC, INC.	<b>c</b> EIN-PN 77-0050614-001
<b>a</b>	Plan name LEAD BUILDERS, INC. CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor LEAD BUILDERS, INC.	<b>c</b> EIN-PN 65-1206055-002
<b>a</b>	Plan name LIFE UNLIMITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIFE UNLIMITED, INC.	<b>c</b> EIN-PN 43-1237483-001
<b>a</b>	Plan name MARCUS INVESTMENTS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARCUS INVESTMENTS, LLC	<b>c</b> EIN-PN 20-4632365-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MATHESON MAIL TRANSPORTATION EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATHESON TRUCKING, INC.	<b>c</b> EIN-PN 91-1578272-001
<b>a</b>	Plan name	MCBEE & CO, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCBEE & CO, PC	<b>c</b> EIN-PN 03-0494890-001
<b>a</b>	Plan name	MENDONCA SERVICES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	MENDONCA SERVICES, INC.	<b>c</b> EIN-PN 27-1654171-001
<b>a</b>	Plan name	METRO RECYCLING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	METRO RECYCLING, INC.	<b>c</b> EIN-PN 35-2047195-001
<b>a</b>	Plan name	MIDWEST EDITIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST EDITIONS, INC.	<b>c</b> EIN-PN 41-0963385-001
<b>a</b>	Plan name	MIRACORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIRACORP INC.	<b>c</b> EIN-PN 54-1944750-001
<b>a</b>	Plan name	MUELLER INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MUELLER INC	<b>c</b> EIN-PN 75-1964049-001
<b>a</b>	Plan name	MUTARE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MUTARE, INC.	<b>c</b> EIN-PN 36-3092124-001
<b>a</b>	Plan name	MX CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MX CONSTRUCTION, INC.	<b>c</b> EIN-PN 47-2900554-001
<b>a</b>	Plan name	NEUROSCIENCE SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EUROSCIENCE SPECIALISTS, P.C.	<b>c</b> EIN-PN 73-1517778-001
<b>a</b>	Plan name	NORTHERN CONTOURS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORTHERN CONTOURS, INC.	<b>c</b> EIN-PN 41-1735466-001
<b>a</b>	Plan name	NORTHERN PLAINS RAILROAD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORTHERN PLAINS RAILROAD, INC.	<b>c</b> EIN-PN 45-0445434-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NPARALLEL EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARALLEL, LLC	<b>c</b> EIN-PN 41-2079480-001
<b>a</b>	Plan name NT CONCEPTS 401K PLAN	
<b>b</b>	Name of plan sponsor EXT TIER CONCEPTS, INC.	<b>c</b> EIN-PN 54-1909584-001
<b>a</b>	Plan name ONEAMERICA SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor AMERICAN UNITED LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0145825-100
<b>a</b>	Plan name ORDIZ-MELBY ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORDIZ-MELBY, INC., AN ARCHITECTURAL CORPORATION	<b>c</b> EIN-PN 83-3962337-001
<b>a</b>	Plan name ORTHOILLINOIS PROFIT SHARING/SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROCKFORD ORTHOPEDIC ASSOCIATES, LTD. DBA ORTHOILLINOIS	<b>c</b> EIN-PN 36-2691111-001
<b>a</b>	Plan name PARALLEL TECHNOLOGIES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARALLEL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 41-1452724-001
<b>a</b>	Plan name PASSPORT TECHNOLOGY USA, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PASSPORT TECHNOLOGY USA, INC	<b>c</b> EIN-PN 86-0859413-101
<b>a</b>	Plan name PENSIONMARK FINANCIAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PENSIONMARK FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 61-1758632-001
<b>a</b>	Plan name POR LA MAR NURSERY 401(K) EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor W.J. GRIFFIN, INC. - DBA POR LA MAR NURSERY	<b>c</b> EIN-PN 95-2261285-001
<b>a</b>	Plan name PREMISE ONE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PREMISE ONE LLC	<b>c</b> EIN-PN 46-1547806-001
<b>a</b>	Plan name PROFESSIONAL AMBULANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROFESSIONAL AMBULANCE & OXYGEN SERVICE, INC.	<b>c</b> EIN-PN 04-2482001-001
<b>a</b>	Plan name PRUITTHEALTH, INC. EMPLOYEES 401(K) PLAN AND HERO FUND	
<b>b</b>	Name of plan sponsor PRUITTHEALTH, INC.	<b>c</b> EIN-PN 58-1295697-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWER SOLUTIONS INTERNATIONAL, INC.	<b>c</b> EIN-PN 33-0963637-002
<b>a</b>	Plan name	RAINES FELDMAN LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RAINES FELDMAN LLP	<b>c</b> EIN-PN 20-4515337-001
<b>a</b>	Plan name	RAPID RESPONSE MONITORING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAPID RESPONSE MONITORING SERVICES, INC.	<b>c</b> EIN-PN 16-1432416-001
<b>a</b>	Plan name	REKA KOERNER DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REKA KOERNER DDS, PA	<b>c</b> EIN-PN 27-3688657-001
<b>a</b>	Plan name	REMINGTON COLLEGE 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	REMINGTON COLLEGE	<b>c</b> EIN-PN 27-3339369-001
<b>a</b>	Plan name	SAEXPLORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAEXPLORATION INC.	<b>c</b> EIN-PN 45-2959022-001
<b>a</b>	Plan name	SAVANNAH PERIO & IMPLANTS, P.C. 401(K) PROFIT SHARNG PLAN	
<b>b</b>	Name of plan sponsor	SAVANNAH PERIO & IMPLANTS, P.C.	<b>c</b> EIN-PN 46-2988855-001
<b>a</b>	Plan name	SERVING OLDER ADULTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERVING OLDER ADULTS OF SOUTHEAST WISCONSIN, INC.	<b>c</b> EIN-PN 83-0637217-001
<b>a</b>	Plan name	SEVELL EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MGD SEVELL SERVICES INC.	<b>c</b> EIN-PN 20-4063080-001
<b>a</b>	Plan name	SHOOT THE MOON 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHOOT THE MOON ROCKET TECHNOLOGIES, INC.	<b>c</b> EIN-PN 86-2317124-001
<b>a</b>	Plan name	SIGNATURE SIGNS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIGNATURE SIGNS	<b>c</b> EIN-PN 61-1285773-001
<b>a</b>	Plan name	SISTERS OF THE ORDER OF SAINT BENEDICT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SISTERS OF THE ORDER OF SAINT BENEDICT	<b>c</b> EIN-PN 41-0695523-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SOUTHERN DENTAL PARTNERSHIP RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor DREW AND ARMSTRONG DENTISTRY PARTNERSHIP	<b>c</b> EIN-PN 26-0752755-001
<b>a</b>	Plan name SPECIALTY CARE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPECIALTY CARE SERVICES, LLC	<b>c</b> EIN-PN 52-2219098-001
<b>a</b>	Plan name SPENCE MANAGEMENT GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPENCE MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 47-5430213-001
<b>a</b>	Plan name SPRAGUE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor W. B. SPRAGUE COMPANY, INC.	<b>c</b> EIN-PN 91-0420340-003
<b>a</b>	Plan name SPREADSHIRT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPREADSHIRT, INC.	<b>c</b> EIN-PN 33-1102607-001
<b>a</b>	Plan name STARFISH HOLDINGS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STARFISH HOLDINGS, INC.	<b>c</b> EIN-PN 47-1834100-001
<b>a</b>	Plan name STEVENS SALES COMPANY 401(K) BRITE PLAN	
<b>b</b>	Name of plan sponsor STEVENS SALES COMPANY	<b>c</b> EIN-PN 87-0256542-002
<b>a</b>	Plan name SURGERY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SURGERY PARTNERS, INC.	<b>c</b> EIN-PN 47-3620923-001
<b>a</b>	Plan name SWANSTROM TOOLS USA SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SWANSTROM TOOLS USA, INC.	<b>c</b> EIN-PN 39-1777772-001
<b>a</b>	Plan name TENABLE INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TENABLE INC.	<b>c</b> EIN-PN 03-0486428-001
<b>a</b>	Plan name THE LOCKHART COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE LOCKHART COMPANY	<b>c</b> EIN-PN 25-0624650-001
<b>a</b>	Plan name THE RESTATED NONCONTRIBUTORY RETIREMENT PLAN FOR COOPERATIVES	
<b>b</b>	Name of plan sponsor FIRST COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 42-0243900-020

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	THIBODEAUX HOLDINGS LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	THIBODEAUX HOLDINGS, LLC	<b>c</b> EIN-PN 83-0375217-001
<b>a</b> Plan name	TMI GROUP, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	TMI GROUP, INC.	<b>c</b> EIN-PN 20-2884820-001
<b>a</b> Plan name	TO INFINITUM AND BEYOND 401(K) PLAN	
<b>b</b> Name of plan sponsor	INFINITUM ELECTRIC INC.	<b>c</b> EIN-PN 46-1748221-001
<b>a</b> Plan name	TRAXON TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRAXON TECHNOLOGIES, LLC	<b>c</b> EIN-PN 26-3862315-002
<b>a</b> Plan name	TRENDSETTER ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TRENDSETTER ENGINEERING, INC.	<b>c</b> EIN-PN 76-0513436-002
<b>a</b> Plan name	TRUSTONE FINANCIAL NON-UNION 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRUSTONE FINANCIAL CREDIT UNION	<b>c</b> EIN-PN 41-0749255-003
<b>a</b> Plan name	TSMC NORTH AMERICA 401(K) PLAN	
<b>b</b> Name of plan sponsor	TSMC NORTH AMERICA INC	<b>c</b> EIN-PN 77-0172737-001
<b>a</b> Plan name	TURBOPOWER, LLC. 401 (K) PLAN	
<b>b</b> Name of plan sponsor	TURBOPOWER, LLC.	<b>c</b> EIN-PN 35-2435112-001
<b>a</b> Plan name	UBG 401(K) - AG PARTNERS	
<b>b</b> Name of plan sponsor	AG PARTNERS COOPERATIVE, INC.	<b>c</b> EIN-PN 48-0612412-002
<b>a</b> Plan name	UBG 401(K) - AG PLUS COOPERATIVE	
<b>b</b> Name of plan sponsor	AG PLUS COOPERATIVE	<b>c</b> EIN-PN 41-0251170-002
<b>a</b> Plan name	UBG 401(K) - AG VALLEY COO	
<b>b</b> Name of plan sponsor	AG VALLEY COOPERATIVE NON STOCK	<b>c</b> EIN-PN 47-0404632-030
<b>a</b> Plan name	UBG 401(K) - AGLAND	
<b>b</b> Name of plan sponsor	AGLAND CO-OP	<b>c</b> EIN-PN 46-0175335-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UBG 401(K) - AGTEGRA	
<b>b</b>	Name of plan sponsor	AGTEGRA COOPERATIVE	<b>c</b> EIN-PN 46-0191930-002
<b>a</b>	Plan name	UBG 401(K) - ALLIANCE AG & GRAIN	
<b>b</b>	Name of plan sponsor	ALLIANCE AG & GRAIN, LLC	<b>c</b> EIN-PN 47-5469106-002
<b>a</b>	Plan name	UBG 401(K) - AMERICAN PLAINS COO	
<b>b</b>	Name of plan sponsor	THE GREAT BEND COOPERATIVE ASSOCIATION DBA AMERICAN PLAINS CO-OP	<b>c</b> EIN-PN 48-0646838-002
<b>a</b>	Plan name	UBG 401(K) - ATC	
<b>b</b>	Name of plan sponsor	AGRI TRAILS COOP, INC.	<b>c</b> EIN-PN 47-5603846-005
<b>a</b>	Plan name	UBG 401(K) - BARTLETT CO-O	
<b>b</b>	Name of plan sponsor	BARTLETT CO-OP ASSN	<b>c</b> EIN-PN 48-0538481-002
<b>a</b>	Plan name	UBG 401(K) - CENTRAL PLAINS MILLING	
<b>b</b>	Name of plan sponsor	CENTRAL PLAINS MILLING LLC	<b>c</b> EIN-PN 20-8870374-030
<b>a</b>	Plan name	UBG 401(K) - COUNTRYSIDE FEED	
<b>b</b>	Name of plan sponsor	COUNTRYSIDE FEED LLC	<b>c</b> EIN-PN 74-2855854-001
<b>a</b>	Plan name	UBG 401(K) - CPI	
<b>b</b>	Name of plan sponsor	COOPERATIVE PRODUCERS, INC	<b>c</b> EIN-PN 47-0206858-002
<b>a</b>	Plan name	UBG 401(K) - EQUITY EXCHANGE	
<b>b</b>	Name of plan sponsor	PERRYTON EQUITY EXCHANGE	<b>c</b> EIN-PN 75-0491660-002
<b>a</b>	Plan name	UBG 401(K) - FARMERS COOPERATIVE	
<b>b</b>	Name of plan sponsor	FARMERS COOPERATIVE	<b>c</b> EIN-PN 47-0155629-002
<b>a</b>	Plan name	UBG 401(K) - FRONTIER COOPERATIVE	
<b>b</b>	Name of plan sponsor	FRONTIER COOPERATIVE	<b>c</b> EIN-PN 47-0156130-030
<b>a</b>	Plan name	UBG 401(K) - GARDEN CITY (SH PLAN)	
<b>b</b>	Name of plan sponsor	GARDEN CITY CO-OP, INC.	<b>c</b> EIN-PN 48-0231740-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UBG 401(K) - HI PLAINS CO-O	
<b>b</b>	Name of plan sponsor	HI-PLAINS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 48-0536234-002
<b>a</b>	Plan name	UBG 401(K) - HUMPHREYS COO	
<b>b</b>	Name of plan sponsor	FARMERS UNION COOPERATIVE GIN	<b>c</b> EIN-PN 73-0620822-002
<b>a</b>	Plan name	UBG 401(K) - IMPERIAL	
<b>b</b>	Name of plan sponsor	FRENCHMAN VALLEY FARMERS COOPERATIVE, INC.	<b>c</b> EIN-PN 47-0522190-002
<b>a</b>	Plan name	UBG 401(K) - KEY COO	
<b>b</b>	Name of plan sponsor	KEY COOPERATIVE	<b>c</b> EIN-PN 42-0242395-030
<b>a</b>	Plan name	UBG 401(K) - MIDLAND MARKETING	
<b>b</b>	Name of plan sponsor	MIDLAND MARKETING COOP INC	<b>c</b> EIN-PN 48-0214170-002
<b>a</b>	Plan name	UBG 401(K) - MIDWAY CO-O	
<b>b</b>	Name of plan sponsor	MIDWAY CO-OP ASSOCIATION INC.	<b>c</b> EIN-PN 48-0359855-001
<b>a</b>	Plan name	UBG 401(K) - MKC	
<b>b</b>	Name of plan sponsor	MID-KANSAS COOPERATIVE ASSOCIATION	<b>c</b> EIN-PN 48-0695087-003
<b>a</b>	Plan name	UBG 401(K) - MOTT EQUITY EXCHANGE	
<b>b</b>	Name of plan sponsor	MOTT EQUITY EXCHANGE	<b>c</b> EIN-PN 45-0169330-001
<b>a</b>	Plan name	UBG 401(K) - PLANTERS COO	
<b>b</b>	Name of plan sponsor	PLANTERS COOP ASSOCIATION	<b>c</b> EIN-PN 73-0404390-030
<b>a</b>	Plan name	UBG 401(K) - PRAIRIE CENTRAL	
<b>b</b>	Name of plan sponsor	PRAIRIE CENTRAL COOPERATIVE, INC.	<b>c</b> EIN-PN 37-0582170-002
<b>a</b>	Plan name	UBG 401(K) - SERVICE & SUPPLY CO-O	
<b>b</b>	Name of plan sponsor	SERVICE & SUPPLY COOPERATIVE	<b>c</b> EIN-PN 43-0832916-002
<b>a</b>	Plan name	UBG 401(K) - STRATTON	
<b>b</b>	Name of plan sponsor	STRATTON EQUITY COOPERATIVE COMPANY	<b>c</b> EIN-PN 84-0330380-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UBG 401(K) - SUBLETTE COOPERATIVE	
<b>b</b>	Name of plan sponsor	SUBLETTE COOPERATIVE INC	<b>c</b> EIN-PN 48-0181420-001
<b>a</b>	Plan name	UBG 401(K) - UBG	
<b>b</b>	Name of plan sponsor	UNITED BENEFITS GROUP	<b>c</b> EIN-PN 01-0689331-030
<b>a</b>	Plan name	UBG 401(K) - WESTERN COOPERATIVE	
<b>b</b>	Name of plan sponsor	WESTERN COOPERATIVE CO	<b>c</b> EIN-PN 47-0344432-002
<b>a</b>	Plan name	UBG 401(K) -TOP AG COOPERATIVE	
<b>b</b>	Name of plan sponsor	TOP AG COOPERATIVE, INC.	<b>c</b> EIN-PN 13-4290420-001
<b>a</b>	Plan name	UBG 401(K)- COUNTRY PARTNERS COO	
<b>b</b>	Name of plan sponsor	COUNTRY PARTNERS COOPERATIVE	<b>c</b> EIN-PN 47-0303317-002
<b>a</b>	Plan name	URBAN TREE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	URBAN TREE MANAGEMENT, INC.	<b>c</b> EIN-PN 27-2821617-003
<b>a</b>	Plan name	VAA, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VAA, LLC	<b>c</b> EIN-PN 20-5980566-001
<b>a</b>	Plan name	VENTYX BIOSCIENCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VENTYX BIOSCIENCES, INC.	<b>c</b> EIN-PN 83-2996852-001
<b>a</b>	Plan name	VERIFORCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERIFORCE, LLC	<b>c</b> EIN-PN 85-0478014-002
<b>a</b>	Plan name	VIALTO PARTNERS US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GALAXY US OPCO INC.	<b>c</b> EIN-PN 87-3913943-002
<b>a</b>	Plan name	VIBRA-WHIRL SPORTS, LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	VIBRA-WHIRL SPORTS, LTD	<b>c</b> EIN-PN 76-0785991-001
<b>a</b>	Plan name	W. W. ENROUGHTY & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W. W. ENROUGHTY & SON, INC.	<b>c</b> EIN-PN 54-1442419-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	WALLACE & SMITH CONTRACTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	WALLACE & SMITH CONTRACTORS, INC.	<b>c</b> EIN-PN 77-0071899-001

<b>a</b> Plan name	WELDLOGIC INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	WELDLOGIC INC	<b>c</b> EIN-PN 95-3496837-002

<b>a</b> Plan name	WOODLANDS INSURANCE SERVICES INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	WOODLANDS INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 76-0302232-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>10/03/2024</b>	
<b>A</b> Name of plan <b>BLACKROCK LIFEPATH INDEX 2025 FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>154</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GREAT GRAY TRUST COMPANY, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>26-3773730</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	1395	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	899174	329286513
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	265002158	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	265902727	329286513
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	0	101518
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	969765	329184995
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	969765	329286513
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	264932962	0

**Part II Income and Expense Statement**

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		27442789
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		27442789

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	10835	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	110514	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	75536	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	67440	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		264325
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		264325

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		27178464
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		119857994
(2) From this plan .....	<b>2l(2)</b>		411969420

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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