

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 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>1a Name of plan <u>FLEXPATH INDEX AGGRESSIVE 2025 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>213</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>47-2275031</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 10/03/2024

A Name of plan <u>FLEXPATH INDEX AGGRESSIVE 2025 FUND</u>	B Three-digit plan number (PN)	<u>▶</u> <u>213</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GREAT GRAY TRUST COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>47-2275031</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIFEPATH INDEX 2030 FUND F</u>		
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>71-0986424-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>LIFEPATH INDEX 2025 FUND F</u>		
b Name of sponsor of entity listed in (a):	<u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>20-5114920-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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c EIN-PN

d Entity code

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d Entity code

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

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

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACBM LLC 401(K) PLAN	
b	Name of plan sponsor	ACBM LLC	c EIN-PN 83-1560826-001
a	Plan name	ACCESS & INTEGRATED PRACTICE HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	ACCESS & INTEGRATED PRACTICE HOLDINGS LLC	c EIN-PN 45-4105320-001
a	Plan name	ACTION TRUCK CENTER INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	ACTION TRUCK CENTER INC	c EIN-PN 63-0706409-001
a	Plan name	ACTIVE MOTIF 401(K) PLAN	
b	Name of plan sponsor	ACTIVE MOTIF, INC.	c EIN-PN 33-0858864-001
a	Plan name	ACVB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ATLANTA CONVENTION AND VISITORS BUREAU, INC.	c EIN-PN 58-0145680-001
a	Plan name	ADAMS BEVERAGES, INC. 401(K) PLAN	
b	Name of plan sponsor	ADAMS BEVERAGES, INC.	c EIN-PN 63-0733351-001
a	Plan name	ADARE PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	ADARE PHARMACEUTICALS, INC.	c EIN-PN 31-0988732-003
a	Plan name	ADSTRA, INC.EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ADSTRA, INC	c EIN-PN 22-2223741-003
a	Plan name	AKRS EQUIPMENT SOLUTIONS INC. 401K PLAN	
b	Name of plan sponsor	AKRS EQUIPMENT SOLUTIONS INC.	c EIN-PN 27-0619457-001
a	Plan name	ALLADIUM GROUP GLOBAL 401(K) PLAN	
b	Name of plan sponsor	PALLADIUM GROUP GLOBAL LLC	c EIN-PN 27-1357362-001
a	Plan name	ALLIANCE SOLUTIONS GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ALLIANCE SOLUTIONS GROUP LLC	c EIN-PN 20-2735436-003
a	Plan name	ALLIED MINERAL PRODUCTS EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	ALLIED MINERAL PRODUCTS, INC.	c EIN-PN 31-0643264-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ALLIED MINERAL PRODUCTS EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor ALLIED MINERAL PRODUCTS HOLDING INC	c EIN-PN 84-3394646-001
a	Plan name ALLOY PRECISION TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLOY PRECISION TECHNOLOGIES	c EIN-PN 34-0813477-002
a	Plan name ALTSOURCE 401(K) PLAN	
b	Name of plan sponsor ALTSOURCE, INC.	c EIN-PN 20-2230526-001
a	Plan name AMERICAN CONSOLIDATED INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICAN CONSOLIDATED INDUSTRIES, INC.	c EIN-PN 34-1600691-001
a	Plan name AMIVERO 401(K) PLAN	
b	Name of plan sponsor AMIVERO, LLC	c EIN-PN 83-1678875-001
a	Plan name AML RIGHTSOURCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AML RIGHTSOURCE, LLC	c EIN-PN 20-1996855-001
a	Plan name AMOBEE INC. 401(K) PLAN	
b	Name of plan sponsor AMOBEE INC.	c EIN-PN 20-2801822-002
a	Plan name AMS GROUP 401(K) PLAN	
b	Name of plan sponsor AMS GROUP INC	c EIN-PN 45-2981735-001
a	Plan name ANCORA - MEP	
b	Name of plan sponsor ANCORA HOLDINGS GROUP, LLC	c EIN-PN 87-2417854-001
a	Plan name ANDERSON & HOWARD ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor ANDERSON & HOWARD ELECTRIC, INC.	c EIN-PN 95-2497870-002
a	Plan name ANESTHESIA SERVICES OF BIRMINGHAM, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ANESTHESIA SERVICES OF BIRMINGHAM, P.C.	c EIN-PN 63-0588726-001
a	Plan name ANSEN CORPORATION 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE ELECTRONICS CORPORATION	c EIN-PN 26-1076626-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	APEL BUSINESS SOLUTIONS INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	APEL BUSINESS SOLUTIONS INC.	c EIN-PN 81-4612974-002
a	Plan name	ARAGRA 401(K) PLAN	
b	Name of plan sponsor	ARAGRA TECHNOLOGIES CORPORATION	c EIN-PN 46-2793780-001
a	Plan name	ARCTURUS HEALTHCARE PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCTURUS HEALTHCARE PLC	c EIN-PN 46-2854201-003
a	Plan name	ARK ENERGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	PARK ENERGY SERVICES, LLC	c EIN-PN 46-4526296-333
a	Plan name	ARPELLINI EXPRESS LINES, INC. AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor	ARPELLINI EXPRESS LINES, INC.	c EIN-PN 23-1615254-001
a	Plan name	ARS NEUROSURGICAL ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	PARS NEUROSURGICAL ASSOCIATES, INC.	c EIN-PN 20-0408843-001
a	Plan name	ASPEN INSURANCE U.S. SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor	ASPEN INSURANCE U.S. SERVICES INC.	c EIN-PN 32-0085193-001
a	Plan name	ASSOCIATION OF FUNDRAISING PRO 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ASSOCIATION OF FUNDRAISING PRO	c EIN-PN 13-2590764-002
a	Plan name	ATLAS TECHNICAL CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor	ATLAS TECHNICAL CONSULTANTS, LLC	c EIN-PN 82-2810953-001
a	Plan name	AUTO BUYLINE SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTO BUYLINE SYSTEMS, INC.	c EIN-PN 33-0992568-002
a	Plan name	AUTOMEPE OPEN MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor	AMI BENEFIT PLAN ADMINISTRATORS, IN	c EIN-PN 34-1781113-002
a	Plan name	AVAILITY, L.L.C. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AVAILITY, L.L.C.	c EIN-PN 59-3715944-001

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 BERNSTEIN MANAGEMENT CORPORATION EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor BERNSTEIN MANAGEMENT CORPORATION	c EIN-PN 52-1851812-001
a	Plan name BERRYMAN TRANSFER & STORAGE CO 401(K) PLAN	
b	Name of plan sponsor BERRYMAN TRANSFER & STORAGE CO	c EIN-PN 84-3250814-001
a	Plan name BIBLIOTHECA, LLC 401(K) PLAN	
b	Name of plan sponsor BIBLIOTHECA, LLC	c EIN-PN 38-3837521-001
a	Plan name BINGHAM COMPANIES PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor BINGHAM EQUIPMENT COMPANY	c EIN-PN 86-0139051-001
a	Plan name BLUE STAR GAS ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GARBERVILLE GAS CORPORATION	c EIN-PN 94-1113690-001
a	Plan name BRUNING STATE BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BRUNING STATE BANK	c EIN-PN 47-0114250-002
a	Plan name BT U.S. RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor BT AMERICAS HOLDINGS, INC.	c EIN-PN 20-2458368-002
a	Plan name BUSCH'S INC. 401(K) PLAN	
b	Name of plan sponsor BUSCHS, INC.	c EIN-PN 38-2075818-002
a	Plan name BUTLER BALANCING COMPANY, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTLER BALANCING COMPANY, INC.	c EIN-PN 23-2657938-001
a	Plan name C4 WELDING, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor C4 WELDING, INC.	c EIN-PN 46-2006270-001
a	Plan name CALEDONIA IMPLEMENT COMPANY, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor CALEDONIA IMPLEMENT COMPANY, INC.	c EIN-PN 41-0630941-001
a	Plan name CALIBER NEWREZ FAMILY OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor CALIBER HOME LOANS, INC.	c EIN-PN 13-6131491-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CARRIX, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CARRIX, INC.	c EIN-PN 91-1653735-002
a	Plan name	CATANESE CLASSIC SEAFOODS, INC., 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CATANESE CLASSIC SEAFOODS, INC.	c EIN-PN 20-0970134-001
a	Plan name	CENTER FOR DENTAL HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTER FOR DENTAL HEALTH, INC.	c EIN-PN 34-1407266-001
a	Plan name	CENTRIC HEALTH 401(K) PLAN	
b	Name of plan sponsor	CENTRIC HEALTH	c EIN-PN 95-3511288-002
a	Plan name	CHERRY BEKAERT, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHERRY BEKAERT, LLP	c EIN-PN 56-0574444-002
a	Plan name	CHICAGO FLUID SYSTEM TECH 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CHICAGO FLUID SYSTEM TECH	c EIN-PN 36-4393921-001
a	Plan name	CHIMERA INVESTORS LLC 401(K) PLAN	
b	Name of plan sponsor	CHIMERA INVESTORS LLC	c EIN-PN 45-5617158-001
a	Plan name	CITY OF HURST	
b	Name of plan sponsor	CITY OF HURST	c EIN-PN 75-6004020-001
a	Plan name	CLEAN AIR PRODUCTS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CLEAN AIR PRODUCTS	c EIN-PN 41-1376389-002
a	Plan name	CLICK BOARDING, LLC 401(K) PLAN	
b	Name of plan sponsor	CLICK BOARDING, LLC	c EIN-PN 46-1355000-001
a	Plan name	CMA CGM (AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor	CMA CGM (AMERICA) LLC	c EIN-PN 22-3522528-001
a	Plan name	CMF OPERATING COMPANY LLC 401K PLAN	
b	Name of plan sponsor	CMF OPERATING COMPANY LLC	c EIN-PN 27-0753380-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COLORADO AGRI PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor COLORADO AGRI PRODUCTS, LLC	c EIN-PN 20-1662760-001
a	Plan name COMMONWEALTH COMMERCIAL PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMONWEALTH COMMERCIAL PARTNERS, LLC	c EIN-PN 54-1807301-001
a	Plan name COMPREHENSIVE ENGINEERING 401(K) RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor COMPREHENSIVE ENGINEERING PC	c EIN-PN 38-3110758-001
a	Plan name CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor CONNECTICUT HEATING & COOLING CONTRACTORS ASSOCIATION, INC.	c EIN-PN 23-7323973-001
a	Plan name CONSOLIDATED ENGINEERING LABORATORIES UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CONSOLIDATED ENGINEERING LABORATORIES	c EIN-PN 94-2988193-002
a	Plan name CONTINENTAL EXCHANGE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CONTINENTAL EXCHANGE SOLUTIONS, INC.	c EIN-PN 22-2829900-001
a	Plan name CORELL CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor CORELL CONTRACTOR, INC.	c EIN-PN 42-1294898-001
a	Plan name COSETTE PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor COSETTE PHARMACEUTICALS, INC.	c EIN-PN 83-2305806-001
a	Plan name COSTAFF 401(K) PLAN	
b	Name of plan sponsor COSTAFF SERVICES, LLC	c EIN-PN 38-3546978-002
a	Plan name COUNTERPOINT CONSULTING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COUNTERPOINT CONSULTING, INC.	c EIN-PN 20-5226903-001
a	Plan name COVENANT CARE 401(K) PLAN	
b	Name of plan sponsor COVENANT CARE CALIFORNIA, LLC	c EIN-PN 33-0631540-001
a	Plan name CPG BEYOND, INC. 401(K) PLAN	
b	Name of plan sponsor CPG BEYOND, INC.	c EIN-PN 90-0855545-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CRESCENT CAPITAL GROUP LP 401(K) PLAN	
b	Name of plan sponsor CRESCENT CAPITAL GROUP LP	c EIN-PN 27-2698206-001
a	Plan name CUNINGHAM GROUP ARCHITECTURE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CUNINGHAM GROUP ARCHITECTURE, INC.	c EIN-PN 41-1456525-001
a	Plan name CWS SAVINGS PLAN (401(K))	
b	Name of plan sponsor CWS CAPITAL PARTNERS LLC	c EIN-PN 33-0787121-003
a	Plan name DAKOTA SOFTWARE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAKOTA SOFTWARE CORPORATION	c EIN-PN 16-1444228-001
a	Plan name DECISIVEEDGE, LLC	
b	Name of plan sponsor DECISIVEEDGE, LLC	c EIN-PN 27-3169253-001
a	Plan name DIAMOND METALS DISTRIBUTION, LLC	
b	Name of plan sponsor DIAMOND METALS DISTRIBUTION, LLC	c EIN-PN 82-3633397-001
a	Plan name DISTRICT PHOTO, INC. 401(K) PLAN	
b	Name of plan sponsor DISTRICT PHOTO, INC.	c EIN-PN 52-1191617-001
a	Plan name DIVENTURES HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DIVENTURES HOLDINGS LLC	c EIN-PN 27-4512503-001
a	Plan name DOMINIUM 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DOMINIUM MANAGEMENT SERVICES, LLC	c EIN-PN 26-2778954-001
a	Plan name DYNAMIC SERVICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor DYNAMIC SERVICE SOLUTIONS, LLC	c EIN-PN 80-0625178-001
a	Plan name E.S. WAGNER COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor E.S. WAGNER COMPANY	c EIN-PN 34-0907180-002
a	Plan name EACE RIVER CITRUS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PEACE RIVER CITRUS PRODUCTS, INC.	c EIN-PN 65-0262599-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ECL, INC AND EXELCO LEASING, INC 401(K) EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor PECL, INC.	c EIN-PN 43-1150991-001
a	Plan name EDIATRIC SPECIALISTS OF VIRGINIA 401(K) PLAN	
b	Name of plan sponsor PEDIATRIC SPECIALISTS OF VIRGINIA, LLC	c EIN-PN 46-1851763-001
a	Plan name ELECTRICAL CONNECTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTRICAL CONNECTION INC.	c EIN-PN 20-0318636-001
a	Plan name ELITE CASINO RESORTS 401(K) PLAN	
b	Name of plan sponsor ELITE CASINO RESORTS, LLC	c EIN-PN 47-3722526-001
a	Plan name ELLA WINDOWS & DOORS MOUNTAIN WEST 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FREEBIRD DESERT MOUNTAIN COMPANY LLC	c EIN-PN 46-4337981-001
a	Plan name EMERGING MARKET SEPARATE ACCOUNT	
b	Name of plan sponsor EMERGING MARKET SEPARATE ACCOUNT	c EIN-PN 46-3943208-001
a	Plan name EMPOWER LIFETIME 2015 TRUST	
b	Name of plan sponsor EMPOWER TRUST COMPANY, LLC	c EIN-PN 84-1455663-011
a	Plan name ENEVATE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor ENEVATE CORPORATION	c EIN-PN 26-2361179-002
a	Plan name ENN ELCOM, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PENN ELCOM, INC	c EIN-PN 33-0568334-001
a	Plan name ENNS WOODS BANCORP, INC. 401(K) PLAN	
b	Name of plan sponsor PENNS WOODS BANCORP, INC.	c EIN-PN 23-2226454-001
a	Plan name ENNVEE TECHNOGROUP, INC. 401(K) PLAN	
b	Name of plan sponsor ENNVEE TECHNOGROUP, INC.	c EIN-PN 30-0050677-001
a	Plan name ENSEMBLE RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor ENSEMBLE HEALTH PARTNERS HOLDINGS, LLC	c EIN-PN 84-2528019-021

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 ENTAGON FEDERAL CREDIT UNION THRIFT SAVINGS PLAN	
b	Name of plan sponsor PENTAGON FEDERAL CREDIT UNION	c EIN-PN 53-0197038-002
a	Plan name ENTAGON FEDERAL CREDIT UNION/FORT BUCHANAN 1165(E) RETIREMENT PLAN	
b	Name of plan sponsor PENTAGON FEDERAL CREDIT UNION	c EIN-PN 66-0206119-001
a	Plan name ENVIROTECH SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ENVIROTECH SERVICES, INC.	c EIN-PN 84-1102950-001
a	Plan name EPAM SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor EPAM SYSTEMS, INC	c EIN-PN 22-3536104-001
a	Plan name FARWELL PROJECT ADVISORS, LLC 401(K) P/S PLAN	
b	Name of plan sponsor FARWELL PROJECT ADVISORS, LLC	c EIN-PN 46-2604294-001
a	Plan name FELLING TRAILERS, INC. 401(K) PLAN	
b	Name of plan sponsor FELLING TRAILERS, INC.	c EIN-PN 41-1329390-001
a	Plan name FINTRUST 401(K) POOLED EMPLOYER PLAN	
b	Name of plan sponsor EWPORT GROUP, INC.	c EIN-PN 27-2037969-020
a	Plan name FINWISE BANK 401(K) PLAN	
b	Name of plan sponsor FINWISE BANK	c EIN-PN 87-0632133-001
a	Plan name FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC. RETIREMENT SAVINGS AND PROFIT	
b	Name of plan sponsor FLEETWOOD-FIBRE PACKAGING & GRAPHICS, INC.	c EIN-PN 95-2233174-002
a	Plan name FORE AERO HOLDINGS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor FORE AERO HOLDINGS, LLC	c EIN-PN 81-5122671-001
a	Plan name FOREM FACILITY MANAGEMENT 401K PLAN	
b	Name of plan sponsor AMERICOLD LOGISTICS, LLC	c EIN-PN 22-3631006-001
a	Plan name FORT MYER CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor FORT MYER CONSTRUCTION CORPORATION	c EIN-PN 54-0956585-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FRANK LIQUOR COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	FRANK LIQUOR COMPANY, INC.	c EIN-PN 39-0961308-001
a	Plan name	FRANK N. MAGID ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANK N. MAGID ASSOCIATES, INC.	c EIN-PN 42-0894975-001
a	Plan name	G&W LABORATORIES INC. RETIREMENT PLAN	
b	Name of plan sponsor	G & W LABORATORIES, INC.	c EIN-PN 22-1530141-001
a	Plan name	GATEWAY TERMINALS 401(K) PLAN	
b	Name of plan sponsor	GATEWAY TERMINALS LLC	c EIN-PN 58-2179291-001
a	Plan name	GLICK JCC 401(K) PLAN	
b	Name of plan sponsor	JEWISH COMMUNITY CENTER ASSOCIATION OF INDIANAPOLIS, INC.	c EIN-PN 23-7099138-001
a	Plan name	GOLDEN ALUMINUM, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GOLDEN ALUMINUM, INC.	c EIN-PN 76-0589072-001
a	Plan name	GPD GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GLAUS, PYLE, SCHOMER, BURNS & DEHAVEN, INC.	c EIN-PN 34-1134715-003
a	Plan name	GRADIENT GROUP 401(K) PLAN	
b	Name of plan sponsor	GRADIENT GROUP LLC	c EIN-PN 46-2464693-001
a	Plan name	GRAY REED & MCGRAW LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	GRAY REED & MCGRAW LLP	c EIN-PN 81-4045088-001
a	Plan name	GREATER DAYTON SURGERY CENTER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GREATER DAYTON SURGERY CENTER	c EIN-PN 20-2913367-001
a	Plan name	GRITTER-FRANCONA 401(K) PLAN	
b	Name of plan sponsor	GRITTER-FRANCONA, INC.	c EIN-PN 46-1814879-001
a	Plan name	HANSEN THORP PELLINEN OLSON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANSEN THORP PELLINEN OLSON, INC.	c EIN-PN 41-1387509-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HASTINGS WATER WORKS, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor HASTINGS WATER WORKS, INC.	c EIN-PN 34-1712822-001
a	Plan name HAUSBECK PICKLE COMPANY 401(K) PLAN	
b	Name of plan sponsor HAUSBECK PICKLE COMPANY	c EIN-PN 38-1707913-001
a	Plan name HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS INC	c EIN-PN 93-1209030-001
a	Plan name HEARTLAND SECURITY INSURANCE GROUP 401(K) PLAN AND TRUST	
b	Name of plan sponsor HEARTLAND SECURITY INSURANCE GROUP, INC.	c EIN-PN 75-2960792-002
a	Plan name HERDT CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HERDT CONSULTING, INC.	c EIN-PN 04-3694474-001
a	Plan name HOMESTEADERS LIFE CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HOMESTEADERS LIFE CO.	c EIN-PN 42-0316600-002
a	Plan name HOOSIER HEARTLAND STATE BANCORP EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	
b	Name of plan sponsor HOOSIER HEARTLAND STATE BANCORP	c EIN-PN 26-3820781-002
a	Plan name HORROCKS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor HORROCKS ENGINEERS, INC.	c EIN-PN 87-0296502-001
a	Plan name HPC SPECIALTY PHARMACY 401(K) PLAN	
b	Name of plan sponsor HPC LLC	c EIN-PN 74-3073521-001
a	Plan name HPC, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HPC, LLC	c EIN-PN 42-1449124-001
a	Plan name HP-UOV 401K RETIREMENT PLAN	
b	Name of plan sponsor THE HEALTH PLAN OF WEST VIRGINIA, INC.	c EIN-PN 55-0585592-002
a	Plan name HUTCHINSON CLINIC, P.A. EMPLOYEES' 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HUTCHINSON CLINIC, P.A.	c EIN-PN 48-0734011-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ILS INTERNATIONAL LAUNCH SERVI 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ILS INTERNATIONAL LAUNCH SERVI	c EIN-PN 77-0346405-001
a	Plan name	IMCORP 401(K) PLAN	
b	Name of plan sponsor	IMCORP	c EIN-PN 06-1432101-001
a	Plan name	IMPROVE HEALTH 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN PEER REVIEW ORGANIZATION	c EIN-PN 38-2536610-001
a	Plan name	IN MOTION DESIGN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IN MOTION DESIGN INC.	c EIN-PN 83-0468639-001
a	Plan name	INNOPLEX, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INNOPLEX, LLC	c EIN-PN 27-5033368-001
a	Plan name	INSTITUTE FOR IN VITRO SCIENCES 401K PS PLAN	
b	Name of plan sponsor	INSTITUTE FOR IN VITRO SCIENCES INC	c EIN-PN 52-2029668-001
a	Plan name	INTELLISENSE SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTELLISENSE SYSTEMS, INC.	c EIN-PN 82-3054429-001
a	Plan name	IP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PROTECTIVE INDUSTRIAL PRODUCTS, INC.	c EIN-PN 14-1659264-001
a	Plan name	IPC 401(K) PLAN	
b	Name of plan sponsor	IPC SYSTEMS, INC.	c EIN-PN 30-0383566-001
a	Plan name	J-BERD MECHANICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	J-BERD MECHANICAL CONTRACTORS, INC.	c EIN-PN 41-1716695-001
a	Plan name	JET LINX AVIATION, LLC 401(K) PLAN	
b	Name of plan sponsor	JET LINX AVIATION, LLC	c EIN-PN 26-3984455-001
a	Plan name	KA PO'E HANA LLC 401(K) PLAN	
b	Name of plan sponsor	KA POE HANA LLC	c EIN-PN 31-1674666-001

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	KBA, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KBA, INC.	c EIN-PN 91-1581416-001
a	Plan name	KIRBY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIRBY ELECTRIC, INC.	c EIN-PN 25-1057177-001
a	Plan name	KISCO SENIOR LIVING, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KISCO SENIOR LIVING, LLC	c EIN-PN 13-3924314-001
a	Plan name	KLAROS ADVISORS 401(K) PLAN	
b	Name of plan sponsor	KLAROS ADVISORS, LLC	c EIN-PN 84-2428473-001
a	Plan name	KNIGHTED VENTURES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KNIGHTED VENTURES, LLC	c EIN-PN 45-4477245-001
a	Plan name	KOLTER HOSPITALITY 401(K) PLAN	
b	Name of plan sponsor	OLIVE AVENUE STAFFING, LLC	c EIN-PN 47-5614074-001
a	Plan name	KREISCHER MILLER CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	KREISCHER MILLER	c EIN-PN 23-1980475-001
a	Plan name	KSL ASSOCIATE GROUP 401(K) PLAN	
b	Name of plan sponsor	KSL ASSOCIATE GROUP, INC.	c EIN-PN 33-0894084-001
a	Plan name	LA MAESTRA FAMILY CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	LA MAESTRA FAMILY CLINIC, INC.	c EIN-PN 33-0473171-001
a	Plan name	LAKE AREA PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THANE EVANS CRUMP, D.D.S., P.C.	c EIN-PN 20-8636752-001
a	Plan name	LAKELAND INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	LAKELAND INDUSTRIES, INC.	c EIN-PN 13-3115216-001
a	Plan name	LASERSHIP 401(K) PLAN	
b	Name of plan sponsor	LASERSHIP, INC.	c EIN-PN 54-2015092-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LATITUDE 36 FOODS LLC 401(K) PLAN	
b	Name of plan sponsor	LATITUDE 36 FOODS LLC	c EIN-PN 35-2594469-001
a	Plan name	LAWRY'S RESTAURANT, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	LAWRYS RESTAURANT, INC.	c EIN-PN 95-0925915-001
a	Plan name	LAZY DOG 401(K) PLAN	
b	Name of plan sponsor	LAZY DOG RESTAURANTS, LLC	c EIN-PN 46-1351268-001
a	Plan name	LEADING PLAN SOLUTIONS POOLED EMPLOYER PLAN #1	
b	Name of plan sponsor	LEADING PLAN SOLUTIONS, INC.	c EIN-PN 86-2271858-001
a	Plan name	LEASE MANAGEMENT, INC 401(K) PLAN	
b	Name of plan sponsor	LEASE MANAGEMENT, INC.	c EIN-PN 38-1613283-001
a	Plan name	LEMIEUX AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	LEMIEUX & ASSOCIATES, LLC	c EIN-PN 41-2150398-001
a	Plan name	LIBRARY ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	LIBRARY ASSOCIATES LLC	c EIN-PN 81-0799369-001
a	Plan name	LIQUIDITY SERVICES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LIQUIDITY SERVICES, INC.	c EIN-PN 52-2209244-001
a	Plan name	LK METROLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	LK METROLOGY, INC.	c EIN-PN 82-4364373-001
a	Plan name	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS 401(K) PLAN	
b	Name of plan sponsor	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS	c EIN-PN 41-1424025-002
a	Plan name	LOGICMARK 401(K) PLAN	
b	Name of plan sponsor	LOGICMARK, INC.	c EIN-PN 46-0678374-001
a	Plan name	LORI L. REITMAN, MD, LLC 401(K) PSP	
b	Name of plan sponsor	LORI L. REITMAN, MD, LLC	c EIN-PN 47-2145816-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LOS ANGELES POLICE FEDERAL CREDIT UNION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor LOS ANGELES POLICE FEDERAL CREDIT UNION	c EIN-PN 95-1683316-002
a	Plan name MACRO SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor MSOL, INC. DBA MACRO SOLUTIONS, INC.	c EIN-PN 36-4480652-001
a	Plan name MALLARD CREEK POLYMERS, LLC EES SAVINGS PLAN	
b	Name of plan sponsor MALLARD CREEK POLYMERS, LLC	c EIN-PN 76-0455769-001
a	Plan name MATTRESS FIRM, INC. 401(K) PLAN	
b	Name of plan sponsor MATTRESS FIRM, INC.	c EIN-PN 76-0596008-001
a	Plan name MAXLINEAR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAXLINEAR, INC.	c EIN-PN 14-1896129-001
a	Plan name MCCOY GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCCOY GROUP, INC.	c EIN-PN 39-1428371-001
a	Plan name MCGEE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCGEE COMPANY	c EIN-PN 84-0457707-001
a	Plan name MCGOWAN & COMPANY, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MCGOWAN & COMPANY, INC.	c EIN-PN 34-0841381-001
a	Plan name MCI, INC. 401(K) PLAN	
b	Name of plan sponsor MCI, INC.	c EIN-PN 41-1277029-001
a	Plan name MCPC HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCPC HOLDINGS, INC.	c EIN-PN 32-0012228-001
a	Plan name ME, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION MANUFACTURING & ENGINEERING, INC.	c EIN-PN 23-2228711-001
a	Plan name MHG 401(K) PLAN	
b	Name of plan sponsor PM HOSPITALITY STRATEGIES, INC.	c EIN-PN 54-1811207-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MICROSTRATEGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MICROSTRATEGY	c EIN-PN 51-0323571-001
a	Plan name	MIDWEST CONTRACT OPERATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWEST CONTRACT OPERATIONS, INC.	c EIN-PN 39-1601232-001
a	Plan name	MINNESOTA TRUCK HEADQUARTERS 401(K) PLAN	
b	Name of plan sponsor	ST. CLOUD AUTO SALES.COM LLC	c EIN-PN 26-3548274-001
a	Plan name	MOHAWK GLOBAL LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	MOHAWK GLOBAL LOGISTICS	c EIN-PN 16-1444116-001
a	Plan name	MONTANTE COMPANIES 401(K) PLAN	
b	Name of plan sponsor	MONTANTE COMPANIES LLC	c EIN-PN 82-3445159-001
a	Plan name	MONUMENT REALTY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MONUMENT REALTY LLC	c EIN-PN 52-2123640-001
a	Plan name	MOTOR CITY WASH WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOTOR CITY WASH WORKS, INC.	c EIN-PN 74-3103694-001
a	Plan name	MR. APPLIANCE NOCO 401(K) PLAN	
b	Name of plan sponsor	OCO APPLIANCE SERVICE, INC.	c EIN-PN 45-2656369-001
a	Plan name	MUNDET INC. 401(K) PLAN	
b	Name of plan sponsor	MUNDET INC.	c EIN-PN 54-1397696-009
a	Plan name	MUNSCH HARDT KOPF & HARR, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MUNSCH HARDT KOPF & HARR, P.C.	c EIN-PN 75-2096964-001
a	Plan name	NANOTRONICS IMAGING, INC. 401(K) PLAN	
b	Name of plan sponsor	ANOTRONICS IMAGING, INC.	c EIN-PN 80-0966847-001
a	Plan name	NATIONAL CONSUMER COOPERATIVE BANK RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	ATIONAL CONSUMER COOPERATIVE BANK	c EIN-PN 52-1157795-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NATIONAL FRATERNAL ORDER OF POLICE 401(K) PLAN	
b	Name of plan sponsor	ATIONAL FRATERNAL ORDER OF POLICE	c EIN-PN 23-1283161-001
a	Plan name	NEXCERIS LLC 401(K) PLAN	
b	Name of plan sponsor	EXCERIS LLC	c EIN-PN 31-1441978-001
a	Plan name	NIKON METROLOGY, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	IKON METROLOGY, INC.	c EIN-PN 38-3436164-001
a	Plan name	NJI MEDIA 401(K)	
b	Name of plan sponsor	JI MEDIA, LLC	c EIN-PN 27-1521289-001
a	Plan name	NORTHEAST ENTREPRENEUR FUND, INC. 401K	
b	Name of plan sponsor	ORTHEAST ENTREPRENEUR FUND, INC.	c EIN-PN 36-3566632-002
a	Plan name	NORTHERN MICHIGAN 401(K) PLAN	
b	Name of plan sponsor	ORTHERN MICHIGAN REHABILITATION SERVICES, INC.	c EIN-PN 38-2736802-001
a	Plan name	NORTHGATE TECHNOLOGIES, INC. & MONAGHAN MEDICAL CORP. EMPLOYEE'S RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	MONAGHAN MEDICAL CORP.	c EIN-PN 14-1552699-001
a	Plan name	NORTHWEST DENTAL GROUP OF ROCHESTER 401(K) PLAN	
b	Name of plan sponsor	ORTHWEST DENTAL GROUP OF ROCHESTER, P.A.	c EIN-PN 41-0967165-002
a	Plan name	NORWOOD MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	ORWOOD MANAGEMENT, INC.	c EIN-PN 76-0180698-001
a	Plan name	ORTFOLIO MEDIA, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	PORTFOLIO MEDIA, INC.	c EIN-PN 84-1660943-001
a	Plan name	OTOMAC FAMILY DINING GROUP 401(K) PLAN	
b	Name of plan sponsor	POTOMAC FAMILY DINING GROUP OPERATING COMPANY LLC	c EIN-PN 27-3546071-001
a	Plan name	RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RADIOLOGY ASSOCIATES OF ALBUQUERQUE , P.A.	c EIN-PN 85-0214117-005

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	RED VENTURES, LLC 401(K) PLAN	
b Name of plan sponsor	RED VENTURES LLC	c EIN-PN 56-2177622-001
a Plan name	REFRIGERATION SUPPLIES DISTRIBUTOR DEFINED CONTRIBUTION RETIREMENT PLAN & TRUST	
b Name of plan sponsor	RSD - TOTAL CONTROL	c EIN-PN 95-1262130-001
a Plan name	REMIER LENDING ALLIANCE LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	PREMIER LENDING ALLIANCE LLC	c EIN-PN 26-4261029-002
a Plan name	REPROGRAPHIC PRODUCTS GROUP, INC. 401(K) PLAN	
b Name of plan sponsor	REPROGRAPHIC PRODUCTS GROUP, INC.	c EIN-PN 52-1716844-001
a Plan name	REPUBLIC ELECTRONICS CORPORATION 401(K) PLAN	
b Name of plan sponsor	REPUBLIC ELECTRONICS CORPORATION	c EIN-PN 54-0833654-001
a Plan name	ROHDE DALES 401(K) PLAN	
b Name of plan sponsor	ROHDE DALES LLP	c EIN-PN 39-0919057-002
a Plan name	ROSPERITY BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PROSPERITY BANCSHARES, INC.	c EIN-PN 74-2331986-001
a Plan name	SADLER MACHINE COMPANY 401(K) PLAN	
b Name of plan sponsor	SADLER MACHINE COMPANY, INC.	c EIN-PN 42-0791405-001
a Plan name	SADLER POWER TRAIN, INC. RETIREMENT AND 401(K) PLAN	
b Name of plan sponsor	SADLER POWER TRAIN, INC.	c EIN-PN 42-1034714-001
a Plan name	SAFEGUARD CYBER 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	SAFEGUARD CYBER	c EIN-PN 20-1151357-001
a Plan name	SANCTUARY SOFTWARE STUDIO, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	SANCTUARY SOFTWARE STUDIO, INC.	c EIN-PN 34-1759656-001
a Plan name	SAVION LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	SAVION, LLC	c EIN-PN 83-3272239-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SECTEK SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SECTEK, INC.	c EIN-PN 34-1726791-002
a	Plan name	SECURE ENERGY SOLUTIONS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SECURE ENERGY SOLUTIONS LLC	c EIN-PN 11-3776111-001
a	Plan name	SG360 SAVINGS PLAN	
b	Name of plan sponsor	SG360	c EIN-PN 36-2324752-002
a	Plan name	SHARE ADVANTAGE CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SHARE ADVANTAGE CREDIT UNION	c EIN-PN 41-0226110-001
a	Plan name	SHELDON MEDICAL SUPPLY 401(K) PLAN	
b	Name of plan sponsor	TDS PHARMACY, INC.	c EIN-PN 38-3056691-001
a	Plan name	SHERWOOD MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	SHERWOOD MECHANICAL, INC.	c EIN-PN 68-0565225-001
a	Plan name	SHIMANO NORTH AMERICA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHIMANO NORTH AMERICA HOLDING, INC.	c EIN-PN 33-0203740-002
a	Plan name	SIMPLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIMPLUS	c EIN-PN 47-2080218-001
a	Plan name	SKOOG & CO. 401(K) PLAN	
b	Name of plan sponsor	CENTRAV, INC.	c EIN-PN 41-1616649-001
a	Plan name	SNAP INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SNAP INC.	c EIN-PN 45-5452795-001
a	Plan name	SSCP MANAGEMENT GROUP 401(K) PLAN	
b	Name of plan sponsor	SSCP MANAGEMENT, INC.	c EIN-PN 27-4937438-001
a	Plan name	STAMATS COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	STAMATS COMMUNICATIONS, INC.	c EIN-PN 42-0641030-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name STEP UP FOR STUDENTS 401(K) PLAN	
b	Name of plan sponsor STEP UP FOR STUDENTS	c EIN-PN 59-3649371-001
a	Plan name STEPWOY ENTERPRISES 401 K PLAN	
b	Name of plan sponsor STEPWOY ENTERPRISES LLC	c EIN-PN 34-1316596-001
a	Plan name STILLWATER MINING COMPANY 401K PLAN	
b	Name of plan sponsor STILLWATER MINING COMPANY	c EIN-PN 81-0480654-001
a	Plan name STILLWATER MINING COMPANY BARGAINING UNIT 401K PLAN	
b	Name of plan sponsor STILLWATER MINING COMPANY	c EIN-PN 81-0480654-002
a	Plan name SULLIVAN MOVING & STORAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SULLIVAN MOVING & STORAGE, INC.	c EIN-PN 27-5140787-001
a	Plan name SUPERIOR AMERICAN CRANE 401(K) PLAN	
b	Name of plan sponsor TC/AMERICAN CRANE COMPANY	c EIN-PN 81-3315284-001
a	Plan name SUPERIOR CONSTRUCTION CO., INC. EMPLOYEES' 401(K) SAVINGS PLAN	
b	Name of plan sponsor SUPERIOR CONSTRUCTION COMPANY	c EIN-PN 35-1035114-001
a	Plan name SYUFY ENTERPRISES RETIREMENT PLAN	
b	Name of plan sponsor SYUFY ENTERPRISES, L.P.	c EIN-PN 94-2167713-001
a	Plan name TATE ENGINEERING SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TATE ENGINEERING SYSTEMS, INC.	c EIN-PN 52-1642992-002
a	Plan name TC THERAPEUTICS INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PTC THERAPEUTICS, INC.	c EIN-PN 04-3416587-002
a	Plan name TECHNICOTE, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor TECHNICOTE, INC.	c EIN-PN 34-1313085-001
a	Plan name TECHTRON SYSTEMS INC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor TECHTRON SYSTEMS, INC.	c EIN-PN 34-1102459-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name TEC-MASTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEC-MASTERS, INC.	c EIN-PN 63-0971481-001
a	Plan name TGR GEOTECHNICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TGR GEOTECHNICAL, INC.	c EIN-PN 33-0992320-001
a	Plan name THE LOS ANGELES COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor LOS ANGELES COUNTRY CLUB	c EIN-PN 95-0948160-002
a	Plan name THE SUN LIGHT & POWER 401(K) PLAN	
b	Name of plan sponsor SUN LIGHT & POWER	c EIN-PN 94-2357077-001
a	Plan name THE VIRGINIA TIRE & AUTO 401(K) PLAN	
b	Name of plan sponsor VTA, LLC	c EIN-PN 54-1082209-002
a	Plan name THE WOMBLE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE WOMBLE COMPANY	c EIN-PN 73-0955282-001
a	Plan name TILT HOLDINGS INC. 401(K) PLAN	
b	Name of plan sponsor TILT HOLDINGS INC.	c EIN-PN 83-2097293-001
a	Plan name TIPPERARY SALES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TIPPERARY SALES, INC.	c EIN-PN 58-1933151-001
a	Plan name TOLUNA USA, INC. 401K PLAN	
b	Name of plan sponsor TOLUNA USA, INC	c EIN-PN 20-5461944-001
a	Plan name TOOLE DESIGN GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TOOLE DESIGN GROUP LLC	c EIN-PN 05-0545429-001
a	Plan name TORY BURCH, LLC 401(K) PLAN	
b	Name of plan sponsor TORY BURCH, LLC	c EIN-PN 56-2384277-001
a	Plan name TOTAL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOTAL SOLUTIONS, INC.	c EIN-PN 38-3254202-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TREASURE ISLAND MARINA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TREASURE ISLAND MARINA	c EIN-PN 59-1668022-001
a	Plan name TREND HR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THR OUTSOURCING, LLC	c EIN-PN 81-3185457-001
a	Plan name TRL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor TRL SYSTEMS, INC.	c EIN-PN 95-3609841-001
a	Plan name TV ONE BROADCAST SALES CORPORATION 401K PLAN	
b	Name of plan sponsor TV ONE BROADCAST SALES CORPORATION	c EIN-PN 61-1203776-001
a	Plan name U.S. ZINC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U.S. ZINC CORPORATION	c EIN-PN 76-0264925-001
a	Plan name ULLIMAN SCHUTTE CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ULLIMAN SCHUTTE CONSTRUCTION, LLC	c EIN-PN 31-1582279-001
a	Plan name UNION HOME MORTGAGE CORPORATION 401(K) PLAN	
b	Name of plan sponsor UNION HOME MORTGAGE CORPORATION	c EIN-PN 34-1084436-001
a	Plan name UNIVERSAL MENTAL HEALTH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL MENTAL HEALTH SERVICES, INC.	c EIN-PN 14-1877453-001
a	Plan name VAULT COMMUNICATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VAULT COMMUNICATIONS, INC.	c EIN-PN 23-2571161-001
a	Plan name VIDEON CENTRAL INC 401K AND PSP	
b	Name of plan sponsor ZACHARY BOYD	c EIN-PN 23-2936071-002
a	Plan name WALLICK & VOLK, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WALLICK & VOLK, INC.	c EIN-PN 83-0171636-001
a	Plan name WARE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor THE WARE GROUP LLC	c EIN-PN 26-3509000-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	WCM INDUSTRIES, INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	WCM INDUSTRIES, INC.	c EIN-PN 84-1008970-001
a	Plan name	WEIDMULLER, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WEIDMULLER, INC.	c EIN-PN 74-3082931-002
a	Plan name	WESTERN COMPOSITES LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WESTERN COMPOSITES LLC	c EIN-PN 87-1613689-001
a	Plan name	WHEELER FINANCIAL, INC 401(K) PLAN	
b	Name of plan sponsor	WHEELER ASSOCIATES	c EIN-PN 41-0806066-001
a	Plan name	WHEELS UP PARTNERS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WHEELS UP PARTNERS LLC	c EIN-PN 45-4068474-001
a	Plan name	WTS PARADIGM DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	WTS PARADIGM, LLC	c EIN-PN 20-1623787-001
a	Plan name	WV EYE CONSULTANTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WV EYE CONSULTANTS, LLC	c EIN-PN 27-3671993-001
a	Plan name	YSK CORPORATION RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	YSK CORPORATION	c EIN-PN 31-1249386-001
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 10/03/2024	
A Name of plan FLEXPATH INDEX AGGRESSIVE 2025 FUND	B Three-digit plan number (PN) ▶ 213
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 47-2275031

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4586086	133082891
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	133174405	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	137760491	133082891
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	46480
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4630973	133036411
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4630973	133082891
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	133129518	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.

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		14291473
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		14291473

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	5133	
(5) Investment advisory and investment management fees	2i(5)	90109	
(6) Bank or trust company trustee/custodial fees	2i(6)	20953	
(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)		116195
j Total expenses. Add all expense amounts in column (b) and enter total	2j		116195

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14175278
l Transfers of assets:			
(1) To this plan	2l(1)		34383958
(2) From this plan	2l(2)		181688754

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.