

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months), C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description), E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: FLEXPATH INDEX CONSERVATIVE 2025 FUND; 1b Three-digit plan number (PN): 215; 1c Effective date of plan; 2a Plan sponsor's name (employer, if for a single-employer plan): GREAT GRAY TRUST COMPANY, LLC; 2b Employer Identification Number (EIN): 47-2458234; 2c Plan Sponsor's telephone number: 866-427-6885; 2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 08/15/2025, MATT FALCIANI; Signature of DFE, Date, Enter name of individual signing as DFE

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 CONSERVATIVE 2025 FUND</u>	B Three-digit plan number (PN)	<u>215</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>47-2458234</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 CONS 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>47-2148233-001</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)

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d Entity code

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d Entity code

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c EIN-PN

d Entity code

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

c EIN-PN

d Entity code

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

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

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)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	401(K) PLAN FOR SALARIED AND CLERICAL EMPLOYEES OF WATTEREDGE, LLC	
b Name of plan sponsor	WATTEREDGE, LLC	c EIN-PN 35-2446090-001
a Plan name	ACBM LLC 401(K) PLAN	
b Name of plan sponsor	ACBM LLC	c EIN-PN 83-1560826-001
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	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	ALLIED MINERAL PRODUCTS EMPLOYEE STOCK OWNERSHIP PLAN	
b Name of plan sponsor	ALLIED MINERAL PRODUCTS, INC.	c EIN-PN 31-0643264-001
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	AML RIGHTSOURCE, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	AML RIGHTSOURCE, LLC	c EIN-PN 20-1996855-001

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	AMOBEE INC. 401(K) PLAN	
b	Name of plan sponsor	AMOBEE INC.	c EIN-PN 20-2801822-002
a	Plan name	ANCORA - ME	
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
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	ARTEMIS CONSULTING, LLC CASH BALANCE PLAN	
b	Name of plan sponsor	ARTEMIS CONSULTING, LLC	c EIN-PN 20-4041454-002
a	Plan name	ASCENT RESOURCES MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ASCENT RESOURCES	c EIN-PN 61-1855879-001
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	ASSURANCEAMERICA CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ASSURANCEAMERICA CORPORATION	c EIN-PN 87-0281240-001

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 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 AUTOMEPP 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
a	Plan name BIBLIOTHECA, LLC 401(K) PLAN	
b	Name of plan sponsor BIBLIOTHECA, LLC	c EIN-PN 38-3837521-001
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 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 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
a	Plan name CARRIX, INC. RETIREMENT PLAN	
b	Name of plan sponsor CARRIX, INC.	c EIN-PN 91-1653735-002
a	Plan name CARRUBBA INCORPORATED DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor CARRUBBA INCORPORATED	c EIN-PN 06-1021215-001

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 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 CGRS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CGRS, INC.	c EIN-PN 84-1061813-001
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 CHERRY CREEK INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor CHERRY CREEK INSURANCE AGENCY, INC. DBA CCIG	c EIN-PN 84-1040215-001
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 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 CONSTRUCTION RESOURCES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSTRUCTION RESOURCES, LLC	c EIN-PN 06-1174353-001
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 COVENANT CARE 401(K) PLAN	
b	Name of plan sponsor COVENANT CARE CALIFORNIA, LLC	c EIN-PN 33-0631540-001
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

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 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 DANIEL GALE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DANIEL GALE AGENCY, INC.	c EIN-PN 11-3024856-001
a	Plan name DECISIVEEDGE, LLC	
b	Name of plan sponsor DECISIVEEDGE, LLC	c EIN-PN 27-3169253-001
a	Plan name DEV TECHNOLOGY GROUP - 401(K) P/S PLAN	
b	Name of plan sponsor DEV TECHNOLOGY GROUP, INC	c EIN-PN 52-2110007-001
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 DIVENTURES LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DIVENTURES LLC	c EIN-PN 26-4123966-001
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 EDOPS 401(K) P/S PLAN	
b	Name of plan sponsor EDOPS	c EIN-PN 27-1263534-001
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

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	ENEVATE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	ENEVATE CORPORATION	c EIN-PN 26-2361179-002
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
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	EXCEL SALON PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EXCEL SALON PRODUCTS, INC.	c EIN-PN 38-2043740-002
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	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	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
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

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 GATEWAY TERMINALS 401(K) PLAN	
b	Name of plan sponsor GATEWAY TERMINALS LLC	c EIN-PN 58-2179291-001
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 GOLDEN RETIREMENT PLAN	
b	Name of plan sponsor TRG FIDUCIARY SERVICES, LLC	c EIN-PN 82-3095168-010
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 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 GRITTER-FRANCONA 401(K) PLAN	
b	Name of plan sponsor GRITTER-FRANCONA, INC.	c EIN-PN 46-1814879-001
a	Plan name GULF WINDS CREDIT UNION DEFINED BENEFIT PLAN AND TRUST	
b	Name of plan sponsor GULF WINDS CREDIT UNION	c EIN-PN 59-6143861-001
a	Plan name H & H SALES, INC. 401(K) PLAN	
b	Name of plan sponsor H & H SALES, INC.	c EIN-PN 42-1309803-001
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
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

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	HENRY M. PROST, M.D., PLLC 401K PLAN	
b	Name of plan sponsor	HENRY M. PROST, M.D., PLLC	c EIN-PN 94-3417502-001
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	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
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	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	INTELLISENSE SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTELLISENSE SYSTEMS, INC.	c EIN-PN 82-3054429-001
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.D. FIELDS & COMPANY, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	J.D. FIELDS & COMPANY, INC.	c EIN-PN 76-0130004-001
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

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	JFC ADVISOR NETWORK, INC. 401(K) PLAN	
b	Name of plan sponsor	JFC ADVISOR NETWORK, INC.	c EIN-PN 46-5584049-001
a	Plan name	JONESVILLE PAPER TUBE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JONESVILLE PAPER TUBE CORPORATION	c EIN-PN 38-1493573-001
a	Plan name	KIERNAN TREBACH PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KIERNAN TREBACH LLP	c EIN-PN 52-2328075-001
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	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	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	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
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

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	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	LIBRARY ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	LIBRARY ASSOCIATES LLC	c EIN-PN 81-0799369-001
a	Plan name	LIGHTHOUSE CENTRAL FLORIDA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LIGHTHOUSE CENTRAL FLORIDA, INC.	c EIN-PN 59-2418228-001
a	Plan name	LLI HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	LLI HOLDINGS, INC.	c EIN-PN 83-3829690-001
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	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	MCGOWAN & COMPANY, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	MCGOWAN & COMPANY, INC.	c EIN-PN 34-0841381-001

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	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	MEDICAL RESOURCE GROUP 401(K) PLAN	
b Name of plan sponsor	MEDICAL RESOURCE GROUP	c EIN-PN 34-1874916-001
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	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
a Plan name	NBS GOVERNMENT FINANCE GROUP 401(K) PLAN	
b Name of plan sponsor	BS GOVERNMENT FINANCE GROUP	c EIN-PN 33-0712512-001

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	NEW MEXICO ORTHOPAEDIC ASSOCIATES, P.C. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	EW MEXICO ORTHOPAEDIC ASSOCIATES, P.C.	c EIN-PN 85-0291612-001
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	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	PALLADIUM GROUP GLOBAL 401(K) PLAN	
b	Name of plan sponsor	PALLADIUM GROUP GLOBAL LLC	c EIN-PN 27-1357362-001
a	Plan name	PARK ENERGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	PARK ENERGY SERVICES, LLC	c EIN-PN 46-4526296-333
a	Plan name	PEACE 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
a	Plan name	PECL, 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	PEDIATRIC & ADOLESCENT MEDICINE 401(K) PLAN AND TRUST	
b	Name of plan sponsor	P&A MEDICINE, P.C.	c EIN-PN 04-3402361-001
a	Plan name	PEDIATRIC 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	PENN ELCOM, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PENN ELCOM, INC	c EIN-PN 33-0568334-001
a	Plan name	PENTAGON FEDERAL CREDIT UNION THRIFT SAVINGS PLAN	
b	Name of plan sponsor	PENTAGON FEDERAL CREDIT UNION	c EIN-PN 53-0197038-002
a	Plan name	PIP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PROTECTIVE INDUSTRIAL PRODUCTS, INC.	c EIN-PN 14-1659264-001

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 PMHG 401(K) PLAN	
b	Name of plan sponsor PM HOSPITALITY STRATEGIES, INC.	c EIN-PN 54-1811207-001
a	Plan name PORTFOLIO MEDIA, INC. 401(K) P/S PLAN	
b	Name of plan sponsor PORTFOLIO MEDIA, INC.	c EIN-PN 84-1660943-001
a	Plan name PROSPERITY BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROSPERITY BANCSHARES, INC.	c EIN-PN 74-2331986-001
a	Plan name PTC THERAPEUTICS INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PTC THERAPEUTICS, INC.	c EIN-PN 04-3416587-002
a	Plan name R. A. GRAHAM CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor R. A. GRAHAM CO., INC.	c EIN-PN 04-2666615-001
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
a	Plan name RANDALLS FARM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RANDALLS FARM, INC.	c EIN-PN 04-2563075-001
a	Plan name RCP CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RCP CONSTRUCTION, INC.	c EIN-PN 45-1453241-001
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 RENMATIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RENMATIX, INC.	c EIN-PN 26-1641190-001
a	Plan name RHD TIRE, INC. RETIREMENT PLAN	
b	Name of plan sponsor RHD TIRE, INC.	c EIN-PN 38-2067684-001

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	ROSE CASUAL DINING 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	H. T. ROSE ENTERPRISES, INC.	c EIN-PN 23-2360799-001
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	SAVION LLC 401(K) RETIREMENT PLAN	
b Name of plan sponsor	SAVION, LLC	c EIN-PN 83-3272239-001
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	SHELDON MEDICAL SUPPLY 401(K) PLAN	
b Name of plan sponsor	TDS PHARMACY, INC.	c EIN-PN 38-3056691-001
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	SORBOTHANE, INC. PROFIT SHARING 401(K) PLAN	
b Name of plan sponsor	SORBOTHANE, INC.	c EIN-PN 34-1363941-001
a Plan name	SSCP MANAGEMENT GROUP 401(K) PLAN	
b Name of plan sponsor	SSCP MANAGEMENT, INC.	c EIN-PN 27-4937438-001

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 STAMATS COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor STAMATS COMMUNICATIONS, INC.	c EIN-PN 42-0641030-002
a	Plan name STANLEY STEEMER GREAT LAKES IN 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STANLEY STEEMER GREAT LAKES IN	c EIN-PN 61-1472187-001
a	Plan name STATE BANK & TRUST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STATE BANK & TRUST	c EIN-PN 63-0229440-001
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 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 SUMMERWINDS 401(K) PLAN	
b	Name of plan sponsor SUMMERWINDS GARDEN CENTERS, INC.	c EIN-PN 82-0500954-001
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 TECHNICOTE, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor TECHNICOTE, INC.	c EIN-PN 34-1313085-001

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 TEC-MASTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEC-MASTERS, INC.	c EIN-PN 63-0971481-001
a	Plan name TEXAS IRON & METAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEXAS IRON & METAL COMPANY	c EIN-PN 76-0299268-001
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 HUMANE SOCIETY OF THE UNITED STATES 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE HUMANE SOCIETY OF THE UNITED STATES	c EIN-PN 53-0225390-002
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 VIRGINIA TIRE & AUTO 401(K) PLAN	
b	Name of plan sponsor VTA, LLC	c EIN-PN 54-1082209-002
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 TORQ CORPORATION, 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TORQ CORPORATION	c EIN-PN 34-1538157-001
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 TRL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor TRL SYSTEMS, INC.	c EIN-PN 95-3609841-001

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 TRUEPILL 401(K) PLAN	
b	Name of plan sponsor TRUEPILL, INC	c EIN-PN 84-3676147-001
a	Plan name TWO RIVERS ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor TWO RIVERS ENTERPRISES, INC.	c EIN-PN 41-1994904-001
a	Plan name 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 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 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
a	Plan name WAYNE PERRY, INC. AND FUELING & SERVICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor WAYNE PERRY, INC.	c EIN-PN 95-2880827-002
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 WHEELS UP PARTNERS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WHEELS UP PARTNERS LLC	c EIN-PN 45-4068474-001

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	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	ZULLINGER-DAVIS-TRINH EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	ZULLINGER-DAVIS-TRINH, P.C.	c EIN-PN 25-1530888-001

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

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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 CONSERVATIVE 2025 FUND	B Three-digit plan number (PN) ▶ 215
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 47-2458234

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	0	5
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	82003	114393853
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)	90990428	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	91072431	114393858
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	41379
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	116178	114352479
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	116178	114393858
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	90956253	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)		8794546
(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		8794546

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)	4070	
(5) Investment advisory and investment management fees	2i(5)	85031	
(6) Bank or trust company trustee/custodial fees	2i(6)	16611	
(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)		105712
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		105712

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8688834
l Transfers of assets:			
(1) To this plan.....	2l(1)		46654268
(2) From this plan	2l(2)		146299355

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 _____.