

<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 style="text-align: center;">▶ 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: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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 12/31/2024

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>BLACKROCK LIFEPATH INDEX 2065 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>598</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>38-4126295</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	Filed with authorized/valid electronic signature.	09/02/2025	MATT FALCIANI
	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 12/31/2024

A Name of plan <u>BLACKROCK LIFEPATH INDEX 2065 FUND</u>	B Three-digit plan number (PN)	<u>598</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>38-4126295</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 2065 FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>84-1770109-001</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>49690429</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)

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	4EG TEAM SAVINGS PLAN	
b Name of plan sponsor	4EG TEAM LLC	c EIN-PN 81-3929033-001
a Plan name	A.W. FARRELL & SON, INC.	
b Name of plan sponsor	A.W. FARRELL & SON INC.	c EIN-PN 16-0954042-001
a Plan name	ABIOMED RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ABIOMED INC	c EIN-PN 04-2743260-001
a Plan name	ACERO 401(K) PLAN	
b Name of plan sponsor	ACERO SCHOOLS	c EIN-PN 36-4235934-001
a Plan name	ACME FINISHING COMPANY 401(K) PLAN	
b Name of plan sponsor	ACME FINISHING COMPANY, LLC	c EIN-PN 47-3695493-001
a Plan name	ADAPTHEALTH 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	ADAPTHEALTH, LLC	c EIN-PN 45-5553972-001
a Plan name	ADDUS HEALTHCARE, INC. 401(K) PLAN	
b Name of plan sponsor	ADDUS HEALTHCARE, INC.	c EIN-PN 42-1014070-002
a Plan name	AFFIRM, INC. 401(K) PLAN	
b Name of plan sponsor	AFFIRM, INC.	c EIN-PN 45-5413534-002
a Plan name	AGILEX FRAGRANCE DIVISION 401(K) PLAN	
b Name of plan sponsor	AROMATIC TECHNOLOGIES, D/B/A AGILEX	c EIN-PN 36-4289343-001
a Plan name	AISC 401(K) PLAN	
b Name of plan sponsor	AISC HOLDINGS, INC.	c EIN-PN 13-0432350-002
a Plan name	AMES CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	AMES CONSTRUCTION, INC.	c EIN-PN 41-0871375-010
a Plan name	ANDOVER BANK EMPLOYEES STOCK PURCHASE PLAN	
b Name of plan sponsor	ANDOVER BANK	c EIN-PN 34-1436056-002

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	APOLLO TOOL INC. 401K PROFIT SHARING	
b	Name of plan sponsor	APOLLO TOOL INC	c EIN-PN 39-1282086-001
a	Plan name	ARCTOS, LLC 401(K) PLAN	
b	Name of plan sponsor	ARCTOS, LLC	c EIN-PN 47-5602018-001
a	Plan name	AUSTIN POWDER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUSTIN POWDER 401(K) PROFIT SHARING PLAN	c EIN-PN 34-0077750-012
a	Plan name	BAHR VERMEER & HAECKER ARCHITECTS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BAHR VERMEER & HAECKER ARCHITECTS, LTD.	c EIN-PN 47-0558032-001
a	Plan name	BASIS GLOBAL TECHNOLOGIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BASIS GLOBAL TECHNOLOGIES, INC.	c EIN-PN 36-4476242-001
a	Plan name	BBD OPCO LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BBD OPCO LLC	c EIN-PN 81-1094306-002
a	Plan name	BELLEVUE ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	BELLEVUE ANIMAL HOSPITAL, P.C.	c EIN-PN 20-0133920-001
a	Plan name	BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK	
b	Name of plan sponsor	BIOMEDICAL RESEARCH ALLIANCE OF NEW YORK	c EIN-PN 13-3999590-002
a	Plan name	BISON EQUITIES, LLC	
b	Name of plan sponsor	TESS MCINTYRE	c EIN-PN 82-1229756-012
a	Plan name	BROADMOOR MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BROADMOOR MANAGEMENT COMPANY	c EIN-PN 47-0635721-001
a	Plan name	CAPE COD EXPRESS 401(K) PLAN	
b	Name of plan sponsor	CAPE COD EXPRESS, LLC	c EIN-PN 04-2263917-001
a	Plan name	CAPITAL CITY BANK GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPITAL CITY BANK GROUP, INC.	c EIN-PN 59-2273542-003

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	CCI SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	CCI SYSTEMS, INC.	c EIN-PN 38-2356585-003
a	Plan name	CENTER FOR LEARNING AND AUTISM SUPPORT	
b	Name of plan sponsor	CENTER FOR LEARNING AND AUTISM SUPPORT	c EIN-PN 13-4236357-001
a	Plan name	CITY OF WINTER PARK 401A MONEY PURCHASE	
b	Name of plan sponsor	CITY OF WINTER PARK	c EIN-PN 59-6000454-402
a	Plan name	CLYDE & CO US LLP 401(K) PLAN	
b	Name of plan sponsor	CLYDE & CO US LLP	c EIN-PN 20-5083001-001
a	Plan name	COLONY BRANDS, INC. PENSION PLAN	
b	Name of plan sponsor	COLONY BRANDS, INC.	c EIN-PN 39-0869862-001
a	Plan name	COMMERCIAL CONCRETE CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL CONCRETE CONSTRUCTORS, INC.	c EIN-PN 20-2340062-003
a	Plan name	COMPLETE MUSIC, INC	
b	Name of plan sponsor	BEN HUNDT	c EIN-PN 47-0634803-012
a	Plan name	CONSTRUCTION BENEFITS GROUP RETIREMENT PLAN	
b	Name of plan sponsor	CONSTRUCTION BENEFITS GROUP	c EIN-PN 81-5209597-001
a	Plan name	CONTROLLED COMFORT 401(K) PLAN	
b	Name of plan sponsor	CONTROLLED COMFORT, LLC	c EIN-PN 47-0836352-003
a	Plan name	CRARY, HUFF, RINGGENBERG, HARTNETT & STORM PC 401K PLAN	
b	Name of plan sponsor	CRARY HUFF RINGGENBERG HARTNETT & STORM PC	c EIN-PN 42-0998242-001
a	Plan name	CRESA LLC 401K PLAN	
b	Name of plan sponsor	CRESA, LLC	c EIN-PN 81-4198347-001
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

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	DBA CRDN OF CENTRAL AND WESTERN IOWA	
b	Name of plan sponsor	TERESE JUNG	c EIN-PN 26-1301401-012
a	Plan name	UNITED VENDING 401(K) UNION PLAN	
b	Name of plan sponsor	HEROES, INC.	c EIN-PN 47-0839491-001
a	Plan name	VAN KIRK BROTHERS CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	VAN KIRK SAND & GRAVEL, INC.	c EIN-PN 47-0605602-001
a	Plan name	DCC/KCC 401K PLAN	
b	Name of plan sponsor	DIALYSIS CARE CENTER MANAGEMENT LLC	c EIN-PN 82-2837479-001
a	Plan name	DILMAR CALLEJAS DMD 401K PLAN	
b	Name of plan sponsor	DILMAR CALLEJAS DMD LLC DBA DR CAL	c EIN-PN 45-4077113-001
a	Plan name	DOWNEY DRILLING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DOWNEY DRILLING, INC.	c EIN-PN 20-2843282-001
a	Plan name	DR. ROBERT A. VAUGHT LLC EMPLOYEES'	
b	Name of plan sponsor	DR ROBERT A VAUGHT LLC	c EIN-PN 27-4083444-001
a	Plan name	DRFIRST.COM, INC 401(K) PLAN	
b	Name of plan sponsor	DRFIRST.COM, INC.	c EIN-PN 52-2212902-001
a	Plan name	DSI HOLDINGS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	DSI HOLDINGS CORPORATION DBA SER	c EIN-PN 36-3711293-001
a	Plan name	EAST BANK CLUB RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	EAST BANK CLUB VENTURE	c EIN-PN 36-3049268-001
a	Plan name	EASTERN SHORE ENT & ALLERGY ASSOCIATES, P.A. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EASTERN SHORE ENT & ALLERGY ASSOCIATES, P.A.	c EIN-PN 52-0970316-002
a	Plan name	ELEVATION LABS 401(K) PLAN	
b	Name of plan sponsor	NCL ACQUISITION CORPORATION DBA ELEVATION LABS	c EIN-PN 46-4952901-001

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	LUTZ FINANCIAL POOLED EMPLOYER PLAN	
b Name of plan sponsor	NEWPORT GROUP, INC.	c EIN-PN 27-2037969-012
a Plan name	ELLIE MENTAL HEALTH	
b Name of plan sponsor	FOOTHILLS HEALTH, LLC	c EIN-PN 88-3611908-001
a Plan name	EQ UNITED 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	DAYS LLC DBA EQ UNITED	c EIN-PN 35-1062560-002
a Plan name	EQUIPSOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	EQUIPSOLUTIONS, LLC	c EIN-PN 20-3668362-001
a Plan name	FBC MORTGAGE LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	FBC MORTGAGE LLC	c EIN-PN 20-3702275-001
a Plan name	FFW CORPORATION 401K RETIREMENT PLAN	
b Name of plan sponsor	FFW CORPORATION	c EIN-PN 35-1875502-002
a Plan name	FNDN FOR THE ACCRED OF CELLULAR THERAPY	
b Name of plan sponsor	LINDA MILLER	c EIN-PN 84-1363353-012
a Plan name	FTG 401K	
b Name of plan sponsor	FLEX TECHNOLOGY GROUP	c EIN-PN 20-3268390-001
a Plan name	FULGHUM INDUSTRIES INC 401K SAVINGS PLAN	
b Name of plan sponsor	FULGHUM INDUSTRIES INC	c EIN-PN 58-0684167-001
a Plan name	FUTREND TECHNOLOGY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	FUTREND TECHNOLOGY INC	c EIN-PN 54-2022388-001
a Plan name	GALERIE MANAGEMENT, LLC 401(K) PLAN	
b Name of plan sponsor	GALERIE LIVING, LLC	c EIN-PN 47-2328474-001
a Plan name	GERFLOR USA INC 401(K) PLAN	
b Name of plan sponsor	GERFLOR USA INC	c EIN-PN 36-3313608-001

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 GOLD CROSS SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GOLD CROSS SERVICES INC.	c EIN-PN 87-0277106-001
a	Plan name GORDON ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor GORDON ELECTRIC, INC.	c EIN-PN 27-4667515-001
a	Plan name GREEN COVER SEED, LLC RETIREMENT PLAN	
b	Name of plan sponsor GREEN COVER SEED, LLC	c EIN-PN 46-1701244-001
a	Plan name HACKMAN CAPITAL PARTNERS 401(K) PLAN	
b	Name of plan sponsor HACKMAN CAPITAL PARTNERS, LLC	c EIN-PN 95-4665268-002
a	Plan name HARVEST BIBLE CHAPEL 403(B)(9) PLAN	
b	Name of plan sponsor HARVEST BIBLE CHAPEL DO NOT USE	c EIN-PN 36-3590027-002
a	Plan name HAUPTMAN, O'BRIEN, WOLF & LATHROP, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAUPTMAN, OBRIEN, WOLF & LATHROP, P.C.	c EIN-PN 47-0624363-001
a	Plan name HEARTLAND OMS, LLC	
b	Name of plan sponsor KENNETH CAREY	c EIN-PN 83-2759355-012
a	Plan name HOME CHEF 401(K) PLAN	
b	Name of plan sponsor RELISH LABS LLC DBA HOME CHEF	c EIN-PN 46-3043362-001
a	Plan name HURON CONSULTING GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HURON CONSULTING GROUP INC.	c EIN-PN 01-0666114-001
a	Plan name INNOVATIVE EMPLOYEE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE EMPLOYEE SOLUTIONS, INC.	c EIN-PN 84-0841199-001
a	Plan name INNOVATIVE HEALTH, LLC 401K	
b	Name of plan sponsor INNOVATIVE HEALTH, LLC	c EIN-PN 47-2158920-001
a	Plan name INTEGRATED BEHAVIORAL HEALTH SERVICES, LLC	
b	Name of plan sponsor NICK FLEWELLING	c EIN-PN 81-5307885-012

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	INVESTCLOUD, INC 401(K) PLAN	
b	Name of plan sponsor	INVESTCLOUD, INC.	c EIN-PN 32-0412640-001
a	Plan name	J.J. NICHTING 401(K) PLAN	
b	Name of plan sponsor	J.J. NICHTING COMPANY, INC.	c EIN-PN 42-0869043-002
a	Plan name	JMAR, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JMAR, INC.	c EIN-PN 47-4438355-001
a	Plan name	KISKI VALLEY ANIMAL CLINIC, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	KISKI VALLEY ANIMAL CLINIC, INC.	c EIN-PN 25-1359380-001
a	Plan name	LABORIE MEDICAL TECHNOLOGIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	LABORIE MEDICAL TECHNOLOGIES CORPORATION	c EIN-PN 13-3198206-001
a	Plan name	LANIER DENTAL PARTNERS 401K PLAN	
b	Name of plan sponsor	LANIER DENTAL PARTNERS	c EIN-PN 46-5699841-001
a	Plan name	LEAD BUILDERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LEAD BUILDERS, INC.	c EIN-PN 65-1206055-003
a	Plan name	LEVEL 10, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVEL 10, LLC	c EIN-PN 30-0002269-001
a	Plan name	LHC GROUP 401(K) PLAN	
b	Name of plan sponsor	LHC GROUP, INC	c EIN-PN 71-0918189-001
a	Plan name	LIFE UNLIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor	LIFE UNLIMITED, INC.	c EIN-PN 43-1237483-001
a	Plan name	LUTZ & COMPANY, P.C. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LUTZ & COMPANY, P.C.	c EIN-PN 47-0625816-001
a	Plan name	LYCOS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LYCOS, INC.	c EIN-PN 20-8418840-001

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	MARCUS INVESTMENTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MARCUS INVESTMENTS, LLC	c EIN-PN 20-4632365-001
a	Plan name	MARIAN HIGH SCHOOL 401(K) PLAN	
b	Name of plan sponsor	MARIAN HIGH SCHOOL	c EIN-PN 47-0526910-002
a	Plan name	MARIN COUNTY TRANSIT DISTRICT GOVERNMENTAL 401(A) PLAN	
b	Name of plan sponsor	MARIN COUNTY TRANSIT DISTRICT 401A	c EIN-PN 38-3835348-002
a	Plan name	MED-LAB SUPPLY CO., INC. RETIREMENT PLAN	
b	Name of plan sponsor	MED-LAB SUPPLY CO., INC.	c EIN-PN 59-1022024-001
a	Plan name	METL-FAB, INC. RETIREMENT PLAN	
b	Name of plan sponsor	METL-FAB, INC	c EIN-PN 56-2510934-001
a	Plan name	METRO STORAGE LLC 401K PLAN	
b	Name of plan sponsor	METRO STORAGE LLC	c EIN-PN 36-4370276-001
a	Plan name	MEYERS-CARLISLE-LEAPLEY CONSTRUCTION CO., INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEYERS-CARLISLE-LEAPLEY CONSTRUCTION CO., INC.	c EIN-PN 47-0804913-001
a	Plan name	MICHAEL J. HOOVER, DDS, P. C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL J. HOOVER, DDS, PC	c EIN-PN 27-4642263-001
a	Plan name	MIDLAND SCIENTIFIC, INC. 401(K) PLAN	
b	Name of plan sponsor	MIDLAND SCIENTIFIC, INC.	c EIN-PN 47-0564686-001
a	Plan name	MIRACORP 401(K) PLAN	
b	Name of plan sponsor	MIRACORP INC.	c EIN-PN 54-1944750-001
a	Plan name	EMPIRE FENCING & NETTING 401(K) PLAN	
b	Name of plan sponsor	MJWK ENTERPRISES INC.	c EIN-PN 26-4804369-001
a	Plan name	MUELLER, INC. 401(K) PLAN	
b	Name of plan sponsor	MUELLER, INC.	c EIN-PN 75-1964049-001

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	MUTARE, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MUTARE, INC.	c EIN-PN 36-3092124-001
a Plan name	MX CONSTRUCTION, INC. 401(K) PLAN	
b Name of plan sponsor	MX CONSTRUCTION, INC.	c EIN-PN 47-2900554-001
a Plan name	MYPATH TO RETIRE 401K PEP	
b Name of plan sponsor	THE FINWAY GROUP	c EIN-PN 42-1468222-015
a Plan name	NEBRASKA IOWA INDUSTRIAL FASTENERS CORP 401(K) PLAN	
b Name of plan sponsor	NEBRASKA IOWA INDUSTRIAL FASTENERS CORP	c EIN-PN 47-0658718-001
a Plan name	NEBRASKA MICRO-ENDODONTICS, LLC CASH BALANCE PLAN	
b Name of plan sponsor	NEBRASKA MICRO-ENDODONTICS, LLC	c EIN-PN 46-5675770-001
a Plan name	NEUROSCIENCE SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NEUROSCIENCE SPECIALISTS, P.C.	c EIN-PN 73-1517778-001
a Plan name	NORTHERN CONTOURS, INC. 401(K) PLAN	
b Name of plan sponsor	NORTHERN CONTOURS, INC.	c EIN-PN 41-1735466-001
a Plan name	NOVA-TECH, INC.	
b Name of plan sponsor	ANDREA GLAUSE	c EIN-PN 47-0712323-012
a Plan name	NOVEN PHARMACEUTICALS, INC. 401(K) PLAN	
b Name of plan sponsor	NOVEN PHARMACEUTICALS, INC.	c EIN-PN 59-2767632-001
a Plan name	NPARALLEL EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	NPARALLEL, LLC	c EIN-PN 41-2079480-001
a Plan name	NVS VET PARTNERS, LLC, 401(K) PLAN	
b Name of plan sponsor	NVS VET PARTNERS, LLC	c EIN-PN 85-4262160-012
a Plan name	OLAMETER CORPORATION 401(K) PLAN	
b Name of plan sponsor	OLAMETER CORPORATION	c EIN-PN 38-2611717-001

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	ONEGOAL RETIREMENT TRUST	
b	Name of plan sponsor	ONEGOAL	c EIN-PN 56-2369898-001
a	Plan name	ORTHOMIDWEST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ORTHOMIDWEST, PLLC	c EIN-PN 36-2691111-002
a	Plan name	PACIFIC AG RENTALS, LLC 401(K) PLAN	
b	Name of plan sponsor	PACIFIC AG RENTALS, LLC	c EIN-PN 77-0559618-001
a	Plan name	PALLETON 401(K) PLAN	
b	Name of plan sponsor	PALLETON, INC.	c EIN-PN 47-0637429-001
a	Plan name	PAPILLION PEDIATRIC DENTISTRY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PAPILLION PEDIATRIC DENTISTRY P.C.	c EIN-PN 20-1773392-012
a	Plan name	PARALLEL TECHNOLOGIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PARALLEL TECHNOLOGIES, LLC	c EIN-PN 41-1452724-001
a	Plan name	POWELL DENTISTRY GROUP LLC 401K	
b	Name of plan sponsor	POWELL DENTISTRY GROUP LLC	c EIN-PN 58-2600367-001
a	Plan name	PREMISE ONE LLC 401(K) PLAN	
b	Name of plan sponsor	PREMISE ONE LLC	c EIN-PN 46-1547806-001
a	Plan name	PROFESSIONAL AMBULANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL AMBULANCE & OXYGEN SERVICE, INC.	c EIN-PN 04-2482001-001
a	Plan name	PRUITTHEALTH INC. EMPLOYEES 401K	
b	Name of plan sponsor	PRUITTHEALTH INC	c EIN-PN 58-1295697-003
a	Plan name	PSI 401(K) PLAN	
b	Name of plan sponsor	POWER SOLUTIONS INTERNATIONAL, INC.	c EIN-PN 33-0963637-002
a	Plan name	PWD-SEATTLE, LLC 401(K) PLAN	
b	Name of plan sponsor	PWD-SEATTLE, LLC	c EIN-PN 27-2945234-001

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	REAL RADIOLOGY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	REAL RADIOLOGY, LLC	c EIN-PN 45-5174185-001
a	Plan name	REMARKABLE CAREGIVERS LLC WELFARE BENEFITS PLAN	
b	Name of plan sponsor	REMARKABLE CAREGIVERS LLC	c EIN-PN 92-0661794-502
a	Plan name	REMINGTON COLLEGE 401(K) PLAN AND TRUST	
b	Name of plan sponsor	REMINGTON COLLEGE	c EIN-PN 27-3339369-001
a	Plan name	RETIREMENT PATH POOLED EMPLOYER PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC	c EIN-PN 85-3213245-304
a	Plan name	REV DEVELOPMENT, LLC	
b	Name of plan sponsor	LINDSEY KLUG	c EIN-PN 81-0826407-012
a	Plan name	ROCHESTER ARMORED CAR CO., INC. 401(K) PLAN	
b	Name of plan sponsor	ROCHESTER ARMORED CAR CO., INC.	c EIN-PN 47-0447153-001
a	Plan name	SALLUS RETIREMENT SELECT POOLED	
b	Name of plan sponsor	SALLUS RETIREMENT LLC	c EIN-PN 85-0609152-001
a	Plan name	SEKO WORLDWIDE EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SEKO WORLDWIDE, LLC	c EIN-PN 20-0422695-001
a	Plan name	SIGNATURE DENTISTRY 401K PLAN	
b	Name of plan sponsor	AMBER P LAWSON DMD PC	c EIN-PN 20-8967307-001
a	Plan name	SILVEREDGE GOVERNMENT SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	VAREN TECHNOLOGIES, INC.	c EIN-PN 20-2866339-001
a	Plan name	SISTERS OF THE ORDER OF SAINT BENEDICT 401(K) PLAN	
b	Name of plan sponsor	SISTERS OF THE ORDER OF SAINT BENEDICT, INC.	c EIN-PN 41-0695523-002
a	Plan name	SKYWORD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SKYWORD, INC.	c EIN-PN 20-1689728-001

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	SN CONTRACTING LLC	
b	Name of plan sponsor	JAKE SCHNEIDER	c EIN-PN 81-2739870-012
a	Plan name	SOUTHERN NEW ENGLAND HEALTH CARE FOR WOMEN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHERN NEW ENGLAND HEALTH CARE FOR WOMEN, LLC	c EIN-PN 45-2603721-001
a	Plan name	SPECIALIZED ENGINEERING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALIZED ENGINEERING SOLUTIONS, INC.	c EIN-PN 20-2584876-001
a	Plan name	SPOTLIGHT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SPOTLIGHT LLC	c EIN-PN 45-3060308-001
a	Plan name	SPREADSHIRT, INC. 401(K) PLAN	
b	Name of plan sponsor	SPREADSHIRT, INC.	c EIN-PN 33-1102607-001
a	Plan name	SS DESIGNS 401(K) PLAN	
b	Name of plan sponsor	SS DESIGNS	c EIN-PN 59-1843046-001
a	Plan name	STARFISH HOLDINGS 401K RETIREMENT PLAN	
b	Name of plan sponsor	STARFISH HOLDINGS, INC.	c EIN-PN 47-1834100-001
a	Plan name	SUBURBAN DRYWALL INC 401K & PROFIT	
b	Name of plan sponsor	SUBURBAN DRYWALL INC	c EIN-PN 39-1467548-001
a	Plan name	SULLIVAN SUPPLY, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	SULLIVAN SUPPLY, INC.	c EIN-PN 42-1383939-001
a	Plan name	SURGERY PARTNERS 401K PLAN	
b	Name of plan sponsor	SP MANAGEMENT SERVICES	c EIN-PN 62-1736048-001
a	Plan name	SWANSTROM TOOLS USA SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SWANSTROM TOOLS USA, INC.	c EIN-PN 39-1777772-001
a	Plan name	TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEALL CAPITAL PARTNERS LLC	c EIN-PN 83-0591973-001

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	TELECON DESIGN (USA) INC. 401(K) PLAN
b	Name of plan sponsor	TELECON DESIGN (USA) INC.
c	EIN-PN	37-1794849-001
a	Plan name	TELOS ACTUARIAL, LLC
b	Name of plan sponsor	BRENTON PYLE
c	EIN-PN	86-1211873-012
a	Plan name	THE PILCHER HAMILTON CORPORATION RETIREMENT PLAN & TRUST
b	Name of plan sponsor	THE PILCHER HAMILTON CORPORATION
c	EIN-PN	36-1628160-001
a	Plan name	TIFT REGIONAL DENTAL GROUP PC 401 K PS PLAN
b	Name of plan sponsor	TIFT REGIONAL DENTAL GROUP PC
c	EIN-PN	58-1240109-002
a	Plan name	TMI GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	TMI GROUP, INC.
c	EIN-PN	20-2884820-001
a	Plan name	TRUSTONE FINANCIAL CREDIT UNION 401(K) PLAN
b	Name of plan sponsor	TRUSTONE FINANCIAL
c	EIN-PN	41-0749255-003
a	Plan name	TURBOPOWER, LLC 401 (K) PLAN
b	Name of plan sponsor	TURBOPOWER, LLC
c	EIN-PN	35-2435112-001
a	Plan name	UBG 401(K) - AG PARTNERS
b	Name of plan sponsor	AG PARTNERS COOPERATIVE INC
c	EIN-PN	48-0612412-002
a	Plan name	UBG 401(K) - AG PLUS COOPERATIVE
b	Name of plan sponsor	AG PLUS COOPERATIVE
c	EIN-PN	41-0251170-002
a	Plan name	UBG 401(K) - AG VALLEY COOP
b	Name of plan sponsor	AG VALLEY COOPERATIVE NON STOCK
c	EIN-PN	47-0404632-030
a	Plan name	UBG 401(K) - AGLAND
b	Name of plan sponsor	AGLAND CO-OP
c	EIN-PN	46-0175335-002
a	Plan name	UBG 401(K) - AGSTATE
b	Name of plan sponsor	AGSTATE
c	EIN-PN	42-0243900-030

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	UBG 401(K) - AGSTATE SH MATCH	
b	Name of plan sponsor	AGSTATE	c EIN-PN 42-0243900-040
a	Plan name	UBG 401(K) - AGTEGRA	
b	Name of plan sponsor	AGTEGRA COOPERATIVE	c EIN-PN 46-0191930-002
a	Plan name	UBG 401(K) - ALLIANCE AG & GRAIN	
b	Name of plan sponsor	ALLIANCE AG & GRAIN LLC	c EIN-PN 47-5469106-002
a	Plan name	UBG 401(K) - AMERICAN PLAINS COOP	
b	Name of plan sponsor	THE GREAT BEND COOPERATIVE ASSOCIATION DBA AMERICAN PLAINS CO-OP	c EIN-PN 48-0646838-002
a	Plan name	UBG 401(K) - ATC	
b	Name of plan sponsor	AGRI TRAILS COOP, INC.	c EIN-PN 47-5603846-005
a	Plan name	UBG 401(K) - BARTLETT CO-OP	
b	Name of plan sponsor	BARTLETT CO-OP ASSN	c EIN-PN 48-0538481-002
a	Plan name	UBG 401(K) - COOPERATIVE GRAIN & SUPPLY	
b	Name of plan sponsor	COOPERATIVE GRAIN & SUPPLY	c EIN-PN 48-0723746-002
a	Plan name	UBG 401(K) - COUNTRYSIDE FEED	
b	Name of plan sponsor	COUNTRYSIDE FEED LLC	c EIN-PN 74-2855854-001
a	Plan name	UBG 401(K) - CPI	
b	Name of plan sponsor	COOPERATIVE PRODUCERS, INC	c EIN-PN 47-0206858-002
a	Plan name	UBG 401(K) - DAKOTALAND FEEDS	
b	Name of plan sponsor	DAKOTALAND FEEDS LLC	c EIN-PN 46-0457628-002
a	Plan name	UBG 401(K) - FARMERS COOPERATIVE	
b	Name of plan sponsor	FARMERS COOPERATIVE	c EIN-PN 47-0155629-002
a	Plan name	UBG 401(K) - FCA	
b	Name of plan sponsor	FARMERS COOPERATIVE ASSN	c EIN-PN 48-0548704-002

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	UBG 401(K) - FCA/VISION AG	
b	Name of plan sponsor	FARMERS COOP ASSN AND VISION AG, LLC	c EIN-PN 42-0248005-002
a	Plan name	UBG 401(K) - FRONTIER AG	
b	Name of plan sponsor	FRONTIER AG, INC.	c EIN-PN 20-8325734-002
a	Plan name	UBG 401(K) - FRONTIER COOPERATIVE	
b	Name of plan sponsor	FRONTIER COOPERATIVE COMPANY	c EIN-PN 47-0156130-030
a	Plan name	UBG 401(K) - GARDEN CITY	
b	Name of plan sponsor	GARDEN CITY CO-OP INC	c EIN-PN 48-0231740-002
a	Plan name	UBG 401(K) - IMPERIAL	
b	Name of plan sponsor	FRENCHMAN VALLEY FARMERS COOPERATIVE	c EIN-PN 47-0522190-002
a	Plan name	UBG 401(K) - KEY COOP	
b	Name of plan sponsor	KEY COOPERATIVE	c EIN-PN 42-0242395-030
a	Plan name	UBG 401(K) - MIDLAND MARKETING	
b	Name of plan sponsor	MIDLAND MARKETING COOP INC	c EIN-PN 48-0214170-002
a	Plan name	UBG 401(K) - MIDWAY CO-OP	
b	Name of plan sponsor	MIDWAY CO-OP ASSOCIATION INC.	c EIN-PN 48-0359855-001
a	Plan name	UBG 401(K) - MKC	
b	Name of plan sponsor	MID-KANSAS COOPERATIVE ASSOCIATION	c EIN-PN 48-0695087-003
a	Plan name	UBG 401(K) - NRRA	
b	Name of plan sponsor	NEBRASKA RURAL RADIO ASSOCIATION	c EIN-PN 47-0364672-002
a	Plan name	UBG 401(K) - PRAIRIE CENTRAL	
b	Name of plan sponsor	PRAIRIE CENTRAL COOPERATIVE, INC.	c EIN-PN 37-0582170-002
a	Plan name	UBG 401(K) - SERVICE & SUPPLY CO-OP	
b	Name of plan sponsor	SERVICE & SUPPLY CO-OP	c EIN-PN 43-0832916-002

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	UBG 401(K) - STRATTON	
b	Name of plan sponsor	STRATTON EQUITY COOPERATIVE COMPANY	c EIN-PN 84-0330380-002
a	Plan name	UBG 401(K) - UBG	
b	Name of plan sponsor	UNITED BENEFITS GROUP	c EIN-PN 01-0689331-030
a	Plan name	UBG 401(K) - WESTERN COOPERATIVE	
b	Name of plan sponsor	WESTERN COOPERATIVE CO	c EIN-PN 47-0344432-002
a	Plan name	UBG 401(K)- COUNTRY PARTNERS COOP	
b	Name of plan sponsor	COUNTRY PARTNERS COOPERATIVE	c EIN-PN 47-0303317-002
a	Plan name	UBG 401(K) -TOP AG COOPERATIVE	
b	Name of plan sponsor	TOP AG COOPERATIVE INC	c EIN-PN 13-4290420-002
a	Plan name	UPTIVE 401(K) PLAN	
b	Name of plan sponsor	GOPROTO LLC	c EIN-PN 81-3504268-001
a	Plan name	VAA, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	VAA, LLC	c EIN-PN 20-5980566-001
a	Plan name	VERIFORCE 401(K) PLAN	
b	Name of plan sponsor	VERIFORCE, LLC	c EIN-PN 85-0478014-002
a	Plan name	WALKERS, INC. 401 (K) PLAN	
b	Name of plan sponsor	WALKERS, INC.	c EIN-PN 47-0361768-001
a	Plan name	PELLA PRODUCTS OF OMAHA AND LINCOLN RETIREMENT PLAN	
b	Name of plan sponsor	WDD, INC.	c EIN-PN 91-1770606-001
a	Plan name	WELBE HEALTH, LLC 401(K) P/S PLAN	
b	Name of plan sponsor	WELBEHEALTH, LLC	c EIN-PN 47-4992647-001
a	Plan name	WESTMORELAND DENTAL 401K PLAN	
b	Name of plan sponsor	WES PARK FAMILY DENTISTRY	c EIN-PN 93-2280510-001

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	WYRICK ROBBINS YATES & PONTON LLP 401K	
b Name of plan sponsor	WYRICK ROBBINS YATES PONTON LLP	c EIN-PN 56-1400994-001

a Plan name	ZEL TECHNOLOGIES, LLC PROFIT SHARING & 401(K) PLAN	
b Name of plan sponsor	ZEL TECHNOLOGIES, LLC	c EIN-PN 54-1788344-001

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

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 12/31/2024	
A Name of plan BLACKROCK LIFEPATH INDEX 2065 FUND	B Three-digit plan number (PN) ▶ 598
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-4126295

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	1342	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	74406	77783
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)	20223043	49690429
(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	20298791	49768212
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	9613
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	77926	77775
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	77926	87388
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20220865	49680824

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)	4538014
(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	4538014

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)	1649
(5) Investment advisory and investment management fees	2i(5)	16803
(6) Bank or trust company trustee/custodial fees	2i(6)	10230
(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)	28682
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	28682

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	4509332
l Transfers of assets:		
(1) To this plan.....	2l(1)	32570135
(2) From this plan	2l(2)	7619508

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 _____.