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

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| Part II | Basic Plan Information—enter all requested information |
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| 1a Name of plan <u>BLACKROCK LIFEPATH INDEX RETIREMENT FUND</u> | 1b Three-digit plan number (PN) ▶ <u>157</u> 1c Effective date of plan |
| 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> <u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u> | 2b Employer Identification Number (EIN) <u>26-3773846</u> 2c Plan Sponsor's telephone number <u>866-427-6885</u> 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.

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| 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 |

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| 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:

| | |
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| 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)

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| 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 _____

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| 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

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| A Name of plan <u>BLACKROCK LIFEPATH INDEX RETIREMENT FUND</u> | B Three-digit plan number (PN) | <u>157</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>26-3773846</u> | |

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| 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 RETIREMENT FUND F</u> | |
| b Name of sponsor of entity listed in (a): | <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> | |
| 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) |
| <u>71-0986421-001</u> | <u>C</u> | <u>589285418</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) |
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| 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 | 21ST CENTURY BANK PROFIT SHARING PLAN | |
| b | Name of plan sponsor | 21ST CENTURY BANK | c EIN-PN 41-0250430-001 |
| 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 | AM MANAGEMENT, INC 401 K PLAN | |
| b | Name of plan sponsor | AM MANAGEMENT INC | c EIN-PN 42-1368820-002 |

| 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 AMERICAN FIRE SYSTEMS, INC. 401(K) SAFE HARBOR PLAN | |
| b | Name of plan sponsor AMERICAN FIRE SYSTEMS INC | c EIN-PN 01-0768031-001 |
| 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 AMY S. LODEN DMD., PC 401(K) PLAN | |
| b | Name of plan sponsor AMY S. LODEN DMD., PC | c EIN-PN 26-1963123-001 |
| a | Plan name ANDOVER BANK EMPLOYEES STOCK PURCHASE PLAN | |
| b | Name of plan sponsor ANDOVER BANK | c EIN-PN 34-1436056-002 |
| 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 APPLEJACK WINE & SPIRITS LLC 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor APPLEJACK WINE & SPIRITS LLC | c EIN-PN 47-1314946-001 |
| a | Plan name ARCTOS, LLC 401(K) PLAN | |
| b | Name of plan sponsor ARCTOS, LLC | c EIN-PN 47-5602018-001 |
| a | Plan name ARMSTRONG FAMILY DENTISTRY, PC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ARMSTRONG FAMILY DENTISTRY, PC | c EIN-PN 58-1475400-001 |
| a | Plan name ASCEND BUSINESS SERVICES, LLC 401(K) PLAN | |
| b | Name of plan sponsor ASCEND BUSINESS SERVICES, LLC | c EIN-PN 81-3017595-001 |
| a | Plan name ATLANTA COLON & RECTAL SURGERY, P.A. PROFIT SHARING PLAN | |
| b | Name of plan sponsor ATLANTA COLON & RECTAL SURGERY, P.A | c EIN-PN 58-1090204-001 |
| a | Plan name AUBREY SILVEY ENTERPRISES, INC. 401(K) PLAN | |
| b | Name of plan sponsor AUBREY SILVEY ENTERPRISES, INC. | c EIN-PN 58-1098798-003 |
| a | Plan name AUCTIC, LLC | |
| b | Name of plan sponsor JOE PETSICK | c EIN-PN 85-2473535-012 |

| 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 | 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 | BATES, CARTER & CO., LLP 401(K) PLAN | |
| b | Name of plan sponsor | BATES, CARTER & CO., LLP | c EIN-PN 20-8004844-001 |
| a | Plan name | BATTLE MOTORS | |
| b | Name of plan sponsor | BATTLE MOTORS | c EIN-PN 86-1232286-001 |
| 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 | BI-LINK METAL SPECIALTIES RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | BI-LINK METAL SPECIALTIES | c EIN-PN 36-4266891-002 |
| 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 | 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 |
| a | Plan name | CCI SYSTEMS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CCI SYSTEMS, INC. | c EIN-PN 38-2356585-003 |

| 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 | 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 | CENTRAL ARIZONA IRRIGATION & DRAINAGE DISTRICT 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CENTRAL ARIZONA IRRIGATION AND DRAINAGE DISTRICT | c EIN-PN 86-0497999-001 |
| a | Plan name | CHOICE ONE DENTAL OF BUFORD 401(K) PLAN | |
| b | Name of plan sponsor | CHOICE ONE DENTAL OF BUFORD | c EIN-PN 20-5817264-001 |
| a | Plan name | CINCY CLIPS, INC. 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | CINCY CLIPS, INC. | c EIN-PN 30-0075215-001 |
| a | Plan name | CIRRUS DESIGN CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | CIRRUS DESIGN CORPORATION | c EIN-PN 39-1578274-001 |
| 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 | CLEVEREX SYSTEMS, INC. 401K PLAN | |
| b | Name of plan sponsor | CLEVEREX SYSTEMS, INC. | c EIN-PN 52-2020313-001 |
| 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 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name CONSTRUCTION RESOURCES HOLDINGS | |
| b | Name of plan sponsor CONSTRUCTION RESOURCES HOLDINGS LLC | c EIN-PN 81-0773852-001 |
| 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 COPPER ELECTRIC, INC. 401(K) PLAN | |
| b | Name of plan sponsor COPPER ELECTRIC, INC | c EIN-PN 58-1789406-001 |
| 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 |
| 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 DCC/KCC 401K PLAN | |
| b | Name of plan sponsor DIALYSIS CARE CENTER MANAGEMENT LLC | c EIN-PN 82-2837479-001 |
| a | Plan name DELEK US 401(K) PLAN | |
| b | Name of plan sponsor DELEK US HOLDINGS, INC. | c EIN-PN 52-2319066-001 |
| a | Plan name DENTISTS FOR CHILDREN LLC 401K PLAN | |
| b | Name of plan sponsor DENTISTS FOR CHILDREN LLC | c EIN-PN 41-2090219-001 |
| a | Plan name DIAMOND GROUND PRODUCTS INC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor DIAMOND GROUND PRODUCTS INC | c EIN-PN 95-4539684-002 |
| a | Plan name DOUGLAS C. KALLIS, DMD, PC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DOUGLAS C. KALLIS, DMD, PC | c EIN-PN 58-2425195-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name DR MICHELLE G CHANG DMD PLLC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor DR MICHELLE G CHANG DMD PLLC | c EIN-PN 86-3222119-001 |
| 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 DRETLOH AIRCRAFT SUPPLY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DRETLOH AIRCRAFT SUPPLY, INC. | c EIN-PN 95-2943856-003 |
| 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 |
| a | Plan name ELLIE MENTAL HEALTH | |
| b | Name of plan sponsor FOOTHILLS HEALTH, LLC | c EIN-PN 88-3611908-001 |
| a | Plan name ELLIOTT/DRINKWARD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ELLIOTT/DRINKWARD CONSTRUCTION, INC. | c EIN-PN 33-0375898-001 |
| 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 EPLAN SERVICES GROUP TRUST | |
| b | Name of plan sponsor EPLAN SERVICES GROUP TRUST | c EIN-PN 77-6214267-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a Plan name | EPLING ELECTRIC, LLC 401(K) PLAN | |
| b Name of plan sponsor | EPLING ELECTRIC, LLC | c EIN-PN 87-1956139-001 |
| 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 | FLORIDA PREPARATORY ACADEMY EMPLOYEE SAVINGS & RETIREMENT PL | |
| b Name of plan sponsor | FLORIDA PREPARATORY ACADEMY - ME | c EIN-PN 59-1825723-001 |
| 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. 401(K) 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) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name GLOBE STORAGE & MOVING COMPANY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor GLOBE STORAGE & MOVING COMPANY | c EIN-PN 13-3249475-002 |
| 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 GRAND ISLAND DERMATOLOGY, PC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GRAND ISLAND DERMATOLOGY, PC | c EIN-PN 81-0606852-001 |
| a | Plan name GRAND RAPIDS CONTROLS CO. LLC EMPLOYEE 401(K) PLAN | |
| b | Name of plan sponsor GRAND RAPIDS CONTROLS CO LLC | c EIN-PN 20-0951372-001 |
| a | Plan name GRANDVIEW DENTAL, PC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GRANDVIEW DENTAL, PC | c EIN-PN 03-0395064-002 |
| 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 GREGORIO, CHAFIN, JOHNSON, POOLSON & TABOR, LLC 401(K) PLAN | |
| b | Name of plan sponsor GREGORIO, CHAFIN, JOHNSON, POOLSON & TABOR, L.L.C. | c EIN-PN 46-4834128-001 |
| 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 HATHAWAY CONSTRUCTION SERVICES, INC. | |
| b | Name of plan sponsor HATHAWAY CONSTRUCTION SERVICES, INC. | c EIN-PN 27-0590233-001 |
| 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 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name HEALTH CARE INFORMATION SYSTEMS, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HEALTH CARE INFORMATION SYSTEMS, INC. | c EIN-PN 47-0652440-002 |
| 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 HOUSTON DENTAL PROFESSIONALS P.C. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HOUSTON DENTAL PROFESSIONALS, PC | c EIN-PN 58-1485277-003 |
| a | Plan name HUCK BOUMA PC 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor HUCK BOUMA P.C. | c EIN-PN 36-3409697-001 |
| 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 INDUSTRIAL ELECTRONIC ENGINEERS 401(K) PLAN | |
| b | Name of plan sponsor INDUSTRIAL ELECTRONIC ENGINEERS, INC. | c EIN-PN 95-1996496-001 |
| 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 INNOVEERING, LLC INCENTIVE SAVINGS PLAN | |
| b | Name of plan sponsor INNOVEERING, LLC | c EIN-PN 45-5028385-001 |
| a | Plan name INTEGRATED BEHAVIORAL HEALTH SERVICES, LLC | |
| b | Name of plan sponsor NICK FLEWELLING | c EIN-PN 81-5307885-012 |
| a | Plan name INVESTCLOUD, INC 401(K) PLAN | |
| b | Name of plan sponsor INVESTCLOUD, INC. | c EIN-PN 32-0412640-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name IVAN CARLSON & ASSOCIATES 401(K) SALARY REDUCTION PLAN & TRUST | |
| b | Name of plan sponsor IVAN CARLSON & ASSOCIATES, INC. | c EIN-PN 36-2807739-001 |
| 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 JAMES A. NESPER RETIREMENT PLAN | |
| b | Name of plan sponsor DR. JAMES NESPER | c EIN-PN 25-1521784-001 |
| a | Plan name JMAR, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor JMAR, INC. | c EIN-PN 47-4438355-001 |
| a | Plan name JTM/CHEMMASTERS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor JTM PRODUCTS INC | c EIN-PN 34-1686149-001 |
| a | Plan name KARWAY INC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor KARWAY INC | c EIN-PN 86-0501775-001 |
| 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 LANDIS & LANDIS CONSTRUCTION RETIREMENT PLAN | |
| b | Name of plan sponsor LANDIS & LANDIS CONSTRUCTION, LLC. | c EIN-PN 52-2337537-001 |
| 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 LAYMAN ELECTRIC, INC. 401(K) PLAN | |
| b | Name of plan sponsor LAYMAN ELECTRIC, INC. | c EIN-PN 77-0050614-001 |
| a | Plan name LEAD BUILDERS, INC. CASH BALANCE PENSION PLAN | |
| b | Name of plan sponsor LEAD BUILDERS, INC. | c EIN-PN 65-1206055-002 |
| 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 |

| 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 | 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 | LINHART CONSTRUCTION, INC. 401(K) PLAN | |
| b | Name of plan sponsor | LINHART CONSTRUCTION, INC. | c EIN-PN 47-0725120-001 |
| 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 | LUTZ FINANCIAL POOLED EMPLOYER PLAN | |
| b | Name of plan sponsor | NEWPORT GROUP, INC. | c EIN-PN 27-2037969-012 |
| a | Plan name | LYCOS, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | LYCOS, INC. | c EIN-PN 20-8418840-001 |
| a | Plan name | MARATHON INDUSTRIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MARATHON INDUSTRIES, INC. | c EIN-PN 95-4442255-001 |
| 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 457 GOVERNMENTAL | |
| b | Name of plan sponsor | MARIN COUNTY TRANSIT DISTRICT 457 | c EIN-PN 38-3835348-001 |
| 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 | MARY JO HANIGAN MD PC 401(K) PS PLAN | |
| b | Name of plan sponsor | MARY JO HANIGAN, M.D., P.C. | c EIN-PN 27-0726579-001 |
| a | Plan name | MASELLA FAMILY DENTAL 401(K) PLAN | |
| b | Name of plan sponsor | MASELLA FAMILY DENTAL, PC | c EIN-PN 27-3325344-001 |

| 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 | MCKINNIS, INC RETIREMENT PLAN | |
| b | Name of plan sponsor | MCKINNIS, INC | c EIN-PN 47-0752353-001 |
| 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 | MEI 401(K) / PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MCLAUGHLIN ERECTORS, INC | c EIN-PN 76-0171358-001 |
| a | Plan name | METRO RECYCLING RETIREMENT PLAN | |
| b | Name of plan sponsor | METRO RECYCLING, INC. | c EIN-PN 35-2047195-001 |
| 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 TISCH 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | MICHAEL J TISCH | c EIN-PN 82-5302658-001 |
| 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 | MUELLER, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MUELLER, INC. | c EIN-PN 75-1964049-001 |
| a | Plan name | MUTARE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MUTARE, INC. | c EIN-PN 36-3092124-001 |

| 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 MX CONSTRUCTION, INC. 401(K) PLAN | |
| b | Name of plan sponsor MX CONSTRUCTION, INC. | c EIN-PN 47-2900554-001 |
| 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 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 NORTHERN PLAINS RAILROAD, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor NORTHERN PLAINS RAILROAD, INC. | c EIN-PN 45-0445434-001 |
| 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 NT CONCEPTS 401(K) PLAN | |
| b | Name of plan sponsor NEXT TIER CONCEPTS, INC. | c EIN-PN 54-1909584-001 |
| 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 |
| a | Plan name OMAHA PAPER COMPANY, INC. 401K PROFIT SHARING PLAN | |
| b | Name of plan sponsor OMAHA PAPER COMPANY, INC. | c EIN-PN 47-0464944-002 |

| 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 | ONEAMERICA SEPARATE ACCOUNT | |
| b | Name of plan sponsor | AMERICAN UNITED LIFE INSURANCE COMPANY | c EIN-PN 35-0145825-100 |
| a | Plan name | ONEGOAL RETIREMENT TRUST | |
| b | Name of plan sponsor | ONEGOAL | c EIN-PN 56-2369898-001 |
| a | Plan name | OPTIM ORTHOPEDICS, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | OPTIM ORTHOPEDICS, LLC | c EIN-PN 47-2413464-001 |
| a | Plan name | OPTINOSE 401(K) PLAN | |
| b | Name of plan sponsor | OPTINOSE US, INC. | c EIN-PN 27-2905255-001 |
| a | Plan name | ORDIZ-MELBY ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ORDIZ-MELBY ARCHITECTS, INC. | c EIN-PN 83-3962337-001 |
| 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 | PARALLEL TECHNOLOGIES 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | PARALLEL TECHNOLOGIES, LLC | c EIN-PN 41-1452724-001 |
| a | Plan name | PATENTED RETIREMENT PLAN | |
| b | Name of plan sponsor | PATENTED ACQUISITION CORP | c EIN-PN 20-4558719-001 |
| 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 | PHD, INC. NON-UNION 401(K) PLAN | |
| b | Name of plan sponsor | PHD, INC. | c EIN-PN 35-1000183-001 |

| 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 | POR LA MAR NURSERY 401(K) EMPLOYEES SAVINGS PLAN | |
| b | Name of plan sponsor | W.J. GRIFFIN, INC. DBA POR LA MAR NURSERY | c EIN-PN 95-2261285-001 |
| a | Plan name | POWELL DENTISTRY GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST | |
| 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 | PROVENCE REAL ESTATE, LLC 401(K) | |
| b | Name of plan sponsor | PROVENCE REAL ESTATE, LLC | c EIN-PN 27-0593631-001 |
| 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 |
| a | Plan name | RAINES FELDMAN LITRELL LLP 401K | |
| b | Name of plan sponsor | RAINES FELDMAN LITRELL LLP | c EIN-PN 20-4515337-001 |
| a | Plan name | RAPID RESPONSE MONITORING SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | RAPID RESPONSE MONITORING SERVICES, INC. | c EIN-PN 16-1432416-001 |
| 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 | REKA KOERNER DDS 401(K) PLAN | |
| b | Name of plan sponsor | REKA KOERNER DDS | c EIN-PN 27-3688657-001 |

| 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 | 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 | 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 | SAEXPLORATION 401(K) PLAN | |
| b | Name of plan sponsor | SAEXPLORATION INC. | c EIN-PN 45-2959022-001 |
| a | Plan name | SALLUS RETIREMENT SELECT POOLED | |
| b | Name of plan sponsor | SALLUS RETIREMENT LLC | c EIN-PN 85-0609152-001 |
| a | Plan name | SAVANNAH PERIO & IMPLANTS P.C. 401K | |
| b | Name of plan sponsor | SAVANNAH PERIO IMPLANTS PC | c EIN-PN 46-2988855-001 |
| a | Plan name | SEASONS HOSPICE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SEASONS HEALTHCARE MANAGEMENT, INC. | c EIN-PN 20-0414191-001 |
| 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 | SERVING OLDER ADULTS 401(K) PLAN | |
| b | Name of plan sponsor | SERVING OLDER ADULTS OF SOUTHEAST WISCONSIN, INC. | c EIN-PN 83-0637217-001 |
| a | Plan name | SESSLER, INC. 401(K) RETIREMENT SAVINGS PLAN AND TRUST | |
| b | Name of plan sponsor | SESSLER, INC. | c EIN-PN 91-0840123-001 |
| a | Plan name | SIGNATURE DENTISTRY 401K PLAN | |
| b | Name of plan sponsor | AMBER P LAWSON DMD PC | c EIN-PN 20-8967307-001 |

| 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 | 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 |
| a | Plan name | SLOWIACZEK ALBERS, PC, LLO | |
| b | Name of plan sponsor | DENNIS WHELAN/BETSY DICKEY | c EIN-PN 46-3900785-012 |
| a | Plan name | SN CONTRACTING LLC | |
| b | Name of plan sponsor | JAKE SCHNEIDER | c EIN-PN 81-2739870-012 |
| a | Plan name | SOUTHERN DENTAL PARTNERSHIP RETIREMENT PLAN & TRUST | |
| b | Name of plan sponsor | DREW AND ARMSTRONG DENTISTRY PARTNERSHIP | c EIN-PN 26-0752755-001 |
| 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 | SPECIALTY CARE SERVICES, LLC 401(K) PS PL | |
| b | Name of plan sponsor | SPECIALTY CARE SERVICES, LLC | c EIN-PN 52-2219098-001 |
| a | Plan name | SPENCE MANAGEMENT GROUP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SPENCE MANAGEMENT GROUP, LLC | c EIN-PN 47-5430213-001 |
| a | Plan name | SPRAGUE RETIREMENT PLAN | |
| b | Name of plan sponsor | SPRAGUE PEST SOLUTIONS | c EIN-PN 91-0420340-003 |
| a | Plan name | SPREADSHIRT, INC. 401(K) PLAN | |
| b | Name of plan sponsor | SPREADSHIRT, INC. | c EIN-PN 33-1102607-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| 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 STEVENS SALES COMPANY 401(K) BRITE PLAN | |
| b | Name of plan sponsor STEVENS SALES COMPANY | c EIN-PN 87-0256542-002 |
| 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 SUN WORLD INTERNATIONAL, LLC 401K RETIREMENT PLAN | |
| b | Name of plan sponsor SUN WORLD INTERNATIONAL, LLC. | c EIN-PN 20-2259614-002 |
| 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 SYNBIOTIC HEALTH 401(K) PLAN | |
| b | Name of plan sponsor SYNBIOTIC HEALTH | c EIN-PN 84-4119468-012 |
| 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 |
| a | Plan name TENABLE INC. 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor TENABLE INC. | c EIN-PN 03-0486428-001 |
| 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 THIBODEAUX HOLDINGS, LLC | |
| b | Name of plan sponsor THIBODEAUX HOLDINGS, LLC | c EIN-PN 83-0375217-001 |

| 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 TIFT REGIONAL DENTAL GROUP, P.C. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor TIFT REGIONAL DENTAL GROUP, P.C. | 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 TRENDSETTER ENGINEERING, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor TRENDSETTER ENGINEERING, INC. | c EIN-PN 76-0513436-002 |
| a | Plan name TRI-COUNTY PRODUCE CO., LTD 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor TRI-COUNTY PRODUCE CO., LTD | c EIN-PN 95-3867301-002 |
| 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 TSMC NORTH AMERICA 401(K) PLAN | |
| b | Name of plan sponsor TSMC NORTH AMERICA INC | c EIN-PN 77-0172737-001 |
| 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) - CENTRAL PLAINS MILLING | |
| b | Name of plan sponsor | CENTRAL PLAINS MILLING LLC | c EIN-PN 20-8870374-030 |
| a | Plan name | UBG 401(K) - CLARKSON GRAIN | |
| b | Name of plan sponsor | CLARKSON GRAIN COMPANY, INC. | c EIN-PN 37-1062319-002 |
| 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) - CPC STERLING | |
| b | Name of plan sponsor | CENTRAL PRAIRIE COOP | c EIN-PN 48-0214460-002 |
| 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) - EQUITY EXCHANGE | |
| b | Name of plan sponsor | PERRYTON EQUITY EXCHANGE | c EIN-PN 75-0491660-002 |

| 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) - FARMERS COOPERATIVE | |
| b | Name of plan sponsor | FARMERS COOPERATIVE | c EIN-PN 47-0155629-002 |
| 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) - FLAGLER | |
| b | Name of plan sponsor | FLAGLER COOPERATIVE ASSOCIATION | c EIN-PN 84-0203780-002 |
| 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) - GARDEN PLAIN | |
| b | Name of plan sponsor | KANZA COOPERATIVE ASSOCIATION | c EIN-PN 48-0214440-002 |
| a | Plan name | UBG 401(K) - HI PLAINS CO-OP | |
| b | Name of plan sponsor | HI-PLAINS COOPERATIVE ASSOCIATION | c EIN-PN 48-0536234-002 |
| a | Plan name | UBG 401(K) - HUMPHREYS COOP | |
| b | Name of plan sponsor | FARMERS UNION COOPERATIVE GIN | c EIN-PN 73-0620822-002 |
| 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 |

| 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 | 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) - NRRRA |
| b | Name of plan sponsor | NEBRASKA RURAL RADIO ASSOCIATION c EIN-PN 47-0364672-002 |
| a | Plan name | UBG 401(K) - PLANTERS COOP |
| b | Name of plan sponsor | PLANTERS COOPERATIVE ASSOCIATION c EIN-PN 73-0404390-030 |
| 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 |
| 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) - SUBLETTE COOPERATIVE |
| b | Name of plan sponsor | SUBLETTE COOPERATIVE INC c EIN-PN 48-0181420-001 |
| 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 |

| 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 | UNITED VENDING 401(K) UNION PLAN | |
| b | Name of plan sponsor | HEROES, INC. | c EIN-PN 47-0839491-001 |
| 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 | 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 | VENTYX BIOSCIENCES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | VENTYX BIOSCIENCES, INC. | c EIN-PN 83-2996852-001 |
| a | Plan name | VERIFORCE 401(K) PLAN | |
| b | Name of plan sponsor | VERIFORCE, LLC | c EIN-PN 85-0478014-002 |
| a | Plan name | VIALTO PARTNERS US RETIREMENT PLAN | |
| b | Name of plan sponsor | GALAXY US OPCO INC. | c EIN-PN 87-3913943-002 |
| a | Plan name | VTC ENGINEERING GROUP 401K PLAN | |
| b | Name of plan sponsor | VTC ENGINEERING GROUP | c EIN-PN 88-3484800-001 |
| a | Plan name | W. W. ENROUGHTY & SON, INC. 401(K) PLAN | |
| b | Name of plan sponsor | W.W. ENROUGHTY & SON, INC. | c EIN-PN 54-1442419-001 |
| a | Plan name | WALKERS, INC. 401 (K) PLAN | |
| b | Name of plan sponsor | WALKERS, INC. | c EIN-PN 47-0361768-001 |
| 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 | WELDLOGIC INC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | WELDLOGIC INC | c EIN-PN 95-3496837-002 |

| | | |
|--|--|--|
| 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 |
|--|--|--|

| | |
|--|--|
| 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 RETIREMENT FUND | B Three-digit plan number (PN) ▶ 157 |
| C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC | D Employer Identification Number (EIN) 26-3773846 |

| | |
|---------------|--------------------------------------|
| Part I | Asset and Liability Statement |
|---------------|--------------------------------------|

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 | 3757 | 0 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 117120 | 736221 |
| 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) | 185901982 | 589285418 |
| (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 | 186022859 | 590021639 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | 0 | 184014 |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 171082 | 736141 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 171082 | 920155 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 185851777 | 589101484 |

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) | | 8952231 |
| (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 | | 8952231 |

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) | 14892 | |
| (5) Investment advisory and investment management fees | 2i(5) | 257610 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 104781 | |
| (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) | | 377283 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 377283 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 8574948 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 491965911 |
| (2) From this plan | 2l(2) | | 97291152 |

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 _____.