

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

2024

This Form is Open to Public Inspection

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
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>FLEXPATH INDEX AGGRESSIVE 2065 FUND</u>	1b Three-digit plan number (PN) ▶ <u>759</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>38-7271378</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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</u>	<u>MATT FALCIANI</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FLEXPATH INDEX AGGRESSIVE 2065 FUND</u>	B Three-digit plan number (PN)	<u>759</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>38-7271378</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	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>84-1770109-001</u>	<u>C</u>		<u>24953393</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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d Entity code

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

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

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	A.H. DAVENPORT LLC 401K PLAN	
b	Name of plan sponsor	AH DAVENPORT LLC	c EIN-PN 92-1164904-001
a	Plan name	ADAMS BEVERAGES, INC. 401(K) PLAN	
b	Name of plan sponsor	ADAMS BEVERAGES, INC.	c EIN-PN 63-0733351-001
a	Plan name	ADARE PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	ADARE PHARMACEUTICALS, INC.	c EIN-PN 31-0988732-003
a	Plan name	ADVANCED ENVIRONMENTAL MONITORING 401(K) PLAN	
b	Name of plan sponsor	AEM COMMERCIAL, INC.	c EIN-PN 87-3869330-001
a	Plan name	ADVANCED PAIN CARE 401K PROFIT SHARING	
b	Name of plan sponsor	ADVANCED PAIN CARE	c EIN-PN 33-1043094-001
a	Plan name	ADVANTAGE EMBLEM, INC. 401(K)	
b	Name of plan sponsor	ADVANTAGE EMBLEM, INC.	c EIN-PN 41-1788856-001
a	Plan name	AERO-ONE AVIATION, LLC 401(K) PLAN	
b	Name of plan sponsor	AERO-ONE AVIATION, LLC	c EIN-PN 27-1813885-001
a	Plan name	AGE SOLUTIONS 401K PLAN	
b	Name of plan sponsor	AGE SOLUTIONS LLC	c EIN-PN 86-2292784-001
a	Plan name	ALLIED MINERAL PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	ALLIED MINERAL PRODUCTS HOLDING, INC.	c EIN-PN 84-3394646-004
a	Plan name	AMERICAN CONSOLIDATED INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN CONSOLIDATED INDUSTRIES, INC.	c EIN-PN 34-1600691-001
a	Plan name	AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	AMERICOLD LOGISTICS EMPLOYEE SAVINGS AND INVEST	c EIN-PN 22-3631006-014
a	Plan name	AMIVERO 401K PLAN	
b	Name of plan sponsor	AMIVERO LLC	c EIN-PN 83-1678875-001

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	AMS GROUP 401K PLAN
b	Name of plan sponsor	AMS GROUP INC
c	EIN-PN	45-2981735-001
a	Plan name	ARCFLO RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ARCFLO, LLC
c	EIN-PN	85-2373047-002
a	Plan name	ARLINGTON MANAGEMENT EMPLOYEES LLC 401K
b	Name of plan sponsor	ARLINGTON MANAGEMENT EMPLOYEES LLC
c	EIN-PN	52-2140596-001
a	Plan name	ARMOR EXPRESS 401(K) PLAN
b	Name of plan sponsor	CENTRAL LAKE ARMOR EXPRESS INC
c	EIN-PN	20-2901741-001
a	Plan name	ARNEL DEVELOPMENT COMPANY SAVINGS INCENTIVE PLAN
b	Name of plan sponsor	ARNEL DEVELOPMENT COMPANY
c	EIN-PN	95-2553658-001
a	Plan name	ARRAY TECH, INC. 401(K) PLAN
b	Name of plan sponsor	ARRAY TECH, INC.
c	EIN-PN	85-0402479-001
a	Plan name	ARTEMIS SURGICAL 401K PLAN
b	Name of plan sponsor	LIGHTBODY MEDICAL TECHNOLOGIES INC
c	EIN-PN	93-4024145-001
a	Plan name	ASCENT RESOURCES MANAGEMENT SERVICES, LLC 401(K) PLAN
b	Name of plan sponsor	ASCENT RESOURCES MANAGEMENT SERVICES, LLC
c	EIN-PN	61-1855879-001
a	Plan name	ASPEN INSURANCE U.S. SERVICES INC. 401(K) PLAN
b	Name of plan sponsor	ASPEN INSURANCE U.S. SERVICES INC.
c	EIN-PN	32-0085193-001
a	Plan name	ASSURANCEAMERICA CORPORATION 401(K) RETIREMENT PLAN
b	Name of plan sponsor	ASSURANCEAMERICA CORPORATION
c	EIN-PN	87-0281240-001
a	Plan name	ASTRIX TECHNOLOGY, LLC 401(K) PLAN
b	Name of plan sponsor	ASTRIX TECHNOLOGY, LLC
c	EIN-PN	22-3390159-001
a	Plan name	ATLAS TECHNICAL CONSULTANTS 401K PLAN
b	Name of plan sponsor	ATLAS TECHNICAL CONSULTANTS LLC
c	EIN-PN	82-2810953-001

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	AUTOMEPE OPEN MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor	AMI BENEFIT PLAN ADMINISTRATORS, IN	c EIN-PN 34-1781113-002
a	Plan name	BARRINGTON CHEMICAL CORPORATION 401K	
b	Name of plan sponsor	BARRINGTON CHEMICAL CORPORATION	c EIN-PN 13-3607795-001
a	Plan name	BEAUTY BY IMAGINATION 401(K) PLAN	
b	Name of plan sponsor	J & D BRUSH ASSOCIATES, LLC	c EIN-PN 82-0640629-001
a	Plan name	BEGGARS PIZZA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MANDY ENTERPRISES INC	c EIN-PN 37-1440863-001
a	Plan name	BENJAMIN OFFICE SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BENJAMIN OFFICE SUPPLY, INC.	c EIN-PN 52-1213158-001
a	Plan name	BERNSTEIN MANAGEMENT CORPORATION	
b	Name of plan sponsor	BERNSTEIN MANAGEMENT CORPORATION	c EIN-PN 52-1851812-001
a	Plan name	BERRYMAN TRANSFER & STORAGE CO 401(K) PLAN	
b	Name of plan sponsor	BERRYMAN TRANSFER & STORAGE CO	c EIN-PN 84-3250814-001
a	Plan name	BLUE HORIZONS POOLED EMPLOYER PLAN	
b	Name of plan sponsor	TRGF, INC.	c EIN-PN 82-3095168-001
a	Plan name	BOB BELL AUTOMOTIVE GROUP 401(K) PLAN AND TRUST	
b	Name of plan sponsor	BOB BELL AUTOMOTIVE GROUP	c EIN-PN 52-1707084-001
a	Plan name	BOOTS RETAIL USA, INC. 401(K) PLAN	
b	Name of plan sponsor	BOOTS RETAIL USA, INC.	c EIN-PN 02-0613669-002
a	Plan name	BREMBO NORTH AMERICA, INC. EMPLOYEES' 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BREMBO NORTH AMERICA, INC.	c EIN-PN 95-4190804-001
a	Plan name	BT U.S. RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor	BT AMERICAS	c EIN-PN 20-2458368-002

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 BUSCH'S INC. 401(K) PLAN	
b	Name of plan sponsor BUSCHS, INC.	c EIN-PN 38-2075818-002
a	Plan name BUTLER BALANCING CO INC 401K	
b	Name of plan sponsor BUTLER BALANCING CO INC 401K	c EIN-PN 23-2657938-001
a	Plan name CARDIOVASCULAR INSTITUTE OF THE SOUTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDIOVASCULAR INSTITUTE OF THE SOUTH	c EIN-PN 72-0993441-001
a	Plan name CARLTON CONSTRUCTION INC. 401K PLAN	
b	Name of plan sponsor CARLONT CONSTRUCTION INC	c EIN-PN 20-2354820-001
a	Plan name CARRIX, INC. RETIREMENT PLAN	
b	Name of plan sponsor CARRIX, INC.	c EIN-PN 91-1653735-002
a	Plan name CARRUBBA INCORPORATED DEFINED	
b	Name of plan sponsor CARRUBBA INC	c EIN-PN 06-1021215-001
a	Plan name CHARLESTON VISION SOURCE 401K	
b	Name of plan sponsor CHARLESTON VISION SOURCE	c EIN-PN 82-2909154-001
a	Plan name CHEM SERVICE, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor CHEM SERVICE, INC.	c EIN-PN 23-1644855-001
a	Plan name CHERRY CREEK INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor CHERRY CREEK INSURANCE AGENCY, INC.	c EIN-PN 84-1040215-001
a	Plan name CHINA UNICOM AMERICAS OPERATIONS, LTD 401(K) PROFIT SH	
b	Name of plan sponsor CHINA UNICOM AMERICAS OPERATIONS	c EIN-PN 72-1562925-001
a	Plan name CHOATE CONSTRUCTION COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor CHOATE CONSTRUCTION COMPANY	c EIN-PN 58-1851823-001
a	Plan name CHURNZERO 401(K) PLAN	
b	Name of plan sponsor CHURNZERO, INC	c EIN-PN 47-4149122-001

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 CLEAR ALL VISUALS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CLEAR ALL VISUALS LLC	c EIN-PN 81-2037311-001
a	Plan name CMA OF NORTHERN VA 401(K) PLAN	
b	Name of plan sponsor CHILDRENS MEDICAL ASSOCIATION OF NORTHERN VA, P.C.	c EIN-PN 54-1460167-002
a	Plan name CMF OPERATING COMPANY LLC 401K PLAN	
b	Name of plan sponsor CMF OPERATING COMPANY LLC	c EIN-PN 27-0753380-001
a	Plan name CMS COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor CORPORATE MOVING SYSTEMS INC	c EIN-PN 91-1375836-001
a	Plan name COMMONWEALTH COMMERCIAL PARTNERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMONWEALTH COMMERCIAL PARTNERS, LLC	c EIN-PN 54-1807301-001
a	Plan name COSETTE PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor COSETTE PHARMACEUTICALS, INC.	c EIN-PN 83-2305806-001
a	Plan name COSTAFF 401K PLAN	
b	Name of plan sponsor COSTAFF SERVICES LLC	c EIN-PN 38-3546978-002
a	Plan name COUNTERPOINT CONSULTING INC. 401K	
b	Name of plan sponsor COUNTERPOINT CONSULTING INC	c EIN-PN 20-5226903-001
a	Plan name COVENANT CARE 401(K) PLAN	
b	Name of plan sponsor COVENANT CARE CALIFORNIA, LLC	c EIN-PN 33-0631540-001
a	Plan name CPG BEYOND, INC. 401(K) PLAN	
b	Name of plan sponsor CPG BEYOND, INC.	c EIN-PN 90-0855545-001
a	Plan name CRESCENT CAPITAL GROUP LP 401(K) PLAN	
b	Name of plan sponsor CRESCENT CAPITAL GROUP LP	c EIN-PN 27-2698206-001
a	Plan name CWS SAVINGS PLAN (401(K))	
b	Name of plan sponsor CWS CAPITAL PARTNERS LLC	c EIN-PN 33-0787121-003

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 DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DECISIVEDGE, LLC	c EIN-PN 26-1440851-001
a	Plan name DEV TECHNOLOGY GROUP - 401K P/S PLAN	
b	Name of plan sponsor DEV TECHNOLOGY GROUP INC	c EIN-PN 52-2110007-001
a	Plan name DISTRICT PHOTO, INC. 401(K) PLAN	
b	Name of plan sponsor DISTRICT PHOTO, INC.	c EIN-PN 52-1191617-001
a	Plan name DRT STRATEGIES INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DRT STRATEGIES INC	c EIN-PN 20-0526356-001
a	Plan name DYNAMIC SERVICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor DYNAMIC SERVICE SOLUTIONS, LLC	c EIN-PN 80-0625178-001
a	Plan name E.S. WAGNER COMPANY PSP AND TRUST	
b	Name of plan sponsor ES WAGNER COMPANY	c EIN-PN 34-0907180-002
a	Plan name EAGLEBANK 401(K) PLAN	
b	Name of plan sponsor EAGLEBANK	c EIN-PN 52-2099123-001
a	Plan name EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA DEFINED CONTRIBUTION & 401(K) PLAN	
b	Name of plan sponsor EASTERSEALS OF SOUTHEASTERN PENNSYLVANIA	c EIN-PN 23-1352293-003
a	Plan name EDOPS 401K P/S PLAN	
b	Name of plan sponsor EDUCATION BUSINESS SOLUTIONS INC	c EIN-PN 27-1263534-001
a	Plan name ELECTRIC MOTOR SALES & SERVICE, INC., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRIC MOTOR SALES & SERVICE, INC.	c EIN-PN 64-0508039-001
a	Plan name ELITE CASINO RESORTS 401(K) PLAN	
b	Name of plan sponsor ELITE CASINO RESORTS 401(K) PLAN	c EIN-PN 47-3722526-001
a	Plan name ENEVATE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor ENEVATE CORPORATION	c EIN-PN 26-2361179-002

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 ENSEMBLE RETIREMENT SAVINGS PLAN 401(K)	
b	Name of plan sponsor ENSEMBLE HEALTH PARTNERS HOLDINGS, LLC	c EIN-PN 84-2528019-021
a	Plan name EXCEL SALON PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EXCEL SALON PRODUCTS, INC.	c EIN-PN 38-2043740-002
a	Plan name FEDERATED WIRELESS, INC. 401(K) PLAN	
b	Name of plan sponsor FEDERATED WIRELESS, INC.	c EIN-PN 46-5077072-001
a	Plan name FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC. RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor FLEETWOOD - FIBRE PACKAGING & GRAPHICS, INC.	c EIN-PN 82-1709584-002
a	Plan name FLEXPATH SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FLEXPATH SERVICES INC.	c EIN-PN 93-3133157-001
a	Plan name FORESIGHT DIAGNOSTICS INC. 401(K) PLAN	
b	Name of plan sponsor FORESIGHT DIAGNOSTICS INC.	c EIN-PN 85-1014458-001
a	Plan name FORT MYER CONSTRUCTION CORPORATION 401(K) PLAN	
b	Name of plan sponsor FORT MYER CONSTRUCTION CORPORATION 401(K) PLAN	c EIN-PN 54-0956585-002
a	Plan name FRANK LIQUOR COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor FRANK LIQUOR COMPANY, INC.	c EIN-PN 39-0961308-001
a	Plan name FRANKFURT-SHORT-BRUZA ASSOCIATES P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRANKFURT-SHORT-BRUZA ASSOCIATES	c EIN-PN 73-1188758-001
a	Plan name GATEWAY TERMINALS 401(K) PLAN	
b	Name of plan sponsor GATEWAY TERMINALS LLC	c EIN-PN 58-2179291-001
a	Plan name GAVEN INDUSTRIES INC.	
b	Name of plan sponsor DAVID HACKWORTH	c EIN-PN 25-1648515-007
a	Plan name GEOFORCE INC. 401K PLAN	
b	Name of plan sponsor GEOFORCE INC	c EIN-PN 20-8211736-001

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	GERBER CIANO KELLY BRADY LLP 401(K) PLAN	
b	Name of plan sponsor	GERBER CIANO KELLY BRADY LLP	c EIN-PN 82-3488440-001
a	Plan name	GOOD GUYS REMODELING LLC 401(K) PLAN	
b	Name of plan sponsor	GOOD GUYS REMODELING LLC	c EIN-PN 45-2281101-001
a	Plan name	GPD GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GLAUS, PYLE, SCHOMER, BURNS & DEHAVEN, INC.	c EIN-PN 34-1134715-003
a	Plan name	GREAT LAKES AQUARIUM 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES AQUARIUM	c EIN-PN 41-1659809-001
a	Plan name	GREENBELT HOMES INC. 401K PROFIT SHARING	
b	Name of plan sponsor	GREENBELT HOMES INC	c EIN-PN 52-0625535-001
a	Plan name	GROUP PLAN SYSTEMS PEP WITH JULY	
b	Name of plan sponsor	GROUP PLAN SYSTEMS LLC	c EIN-PN 88-3548471-001
a	Plan name	GUAYAKI 401(K) PLAN	
b	Name of plan sponsor	GUAYAKI	c EIN-PN 77-0560794-001
a	Plan name	HANCOCK WHITNEY CORPORATION 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	HANCOCK WHITNEY CORPORATION	c EIN-PN 64-0693170-003
a	Plan name	HEALTHPEAK PROPERTIES, INC.401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HEALTHPEAK PROPERTIES, INC.	c EIN-PN 33-0091377-001
a	Plan name	HEALTHSMART MANAGEMENT SERVICES ORGANIZATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	HEALTHSMART MGMT SERVICES ORGANIZATIONS INC	c EIN-PN 93-1209030-001
a	Plan name	HENDERSON BROTHERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HENDERSON BROTHERS, INC.	c EIN-PN 25-0543730-001
a	Plan name	HERITAGE ENGINEERING LLC 401K PLAN	
b	Name of plan sponsor	HERITAGE ENGINEERING LLC	c EIN-PN 33-1165890-001

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	HORNING MANAGEMENT COMPANY, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	HORNING MANAGEMENT COMPANY, LLC	c EIN-PN 27-1413972-002
a	Plan name	HTLF RETIREMENT PLAN	
b	Name of plan sponsor	DUBUQUE BANK AND TRUST COMPANY	c EIN-PN 42-1405748-002
a	Plan name	I.D. ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	I.D. ASSOCIATES, INC.	c EIN-PN 63-1227182-001
a	Plan name	IBA USA 401K PLAN	
b	Name of plan sponsor	IBA USA, INC.	c EIN-PN 90-1072480-001
a	Plan name	IGH SERVICES INC. 401K PLAN	
b	Name of plan sponsor	IGH SERVICES INC	c EIN-PN 93-4463527-001
a	Plan name	IMP 401(K) PLAN	
b	Name of plan sponsor	INTERNAL MEDICINE PARTNERS, LLC	c EIN-PN 81-4987524-001
a	Plan name	INJECTECH, LLC 401(K) PLAN	
b	Name of plan sponsor	INJECTECH, LLC	c EIN-PN 84-1520989-002
a	Plan name	INNOVATIONS FOR POVERTY ACTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATIONS FOR POVERTY ACTION	c EIN-PN 06-1660068-001
a	Plan name	INTACT TECHNOLOGY 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTACT TECHNOLOGY INC	c EIN-PN 52-1979206-002
a	Plan name	INTEGRICHAIN, INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRICHAIN, INC.	c EIN-PN 54-2187446-001
a	Plan name	IPC 401(K) PLAN	
b	Name of plan sponsor	IPC SYSTEMS, INC.	c EIN-PN 30-0383566-001
a	Plan name	IT COALITION 401(K) PLAN - US EMPLOYEES	
b	Name of plan sponsor	INFORMATION TECHNOLOGY COALITION, INC.	c EIN-PN 20-5581516-003

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 J-BERD MECHANICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor J-BERD MECHANICAL CONTRACTORS, INC.	c EIN-PN 41-1716695-001
a	Plan name J. W. MORTON & ASSOCIATES INC.	
b	Name of plan sponsor LINDA HOCHSTEDLER	c EIN-PN 42-1334164-035
a	Plan name KBA, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor KBA, INC. 401(K) AND PROFIT SHARING PLAN	c EIN-PN 91-1581416-001
a	Plan name KK EMPLOYEES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor KKHC, INC.	c EIN-PN 20-5236515-001
a	Plan name KNIGHTED VENTURES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KNIGHTED VENTURES, LLC	c EIN-PN 45-4477245-001
a	Plan name KOTTLER METAL PRODUCTS LLC	
b	Name of plan sponsor WEBB HARRINGTON	c EIN-PN 99-2134690-007
a	Plan name KREISCHER MILLER CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor KREISCHER MILLER	c EIN-PN 23-1980475-001
a	Plan name KRYSTAL BIOTECH, INC. 401(K) PLAN	
b	Name of plan sponsor KRYSTAL BIOTECH, INC.	c EIN-PN 82-1080209-002
a	Plan name LAKELAND INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor LAKELAND INDUSTRIES, INC.	c EIN-PN 13-3115216-001
a	Plan name LANCASTER COLONY CORPORATION MASTER PENSION TRUST	
b	Name of plan sponsor CHARLES SCHWAB TRUST BANK TRUSTEE OF LANCASTER COLONY CORPORATION	c EIN-PN 82-3967259-001
a	Plan name LASERSHIP 401(K) PLAN	
b	Name of plan sponsor LASERSHIP, INC.	c EIN-PN 54-2015092-001
a	Plan name LAZY DOG 401(K) PLAN	
b	Name of plan sponsor LAZY DOG RESTAURANTS, LLC	c EIN-PN 46-1351268-001

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	LIDL US, LLC 401(K) PLAN	
b	Name of plan sponsor	LIDL US, LLC	c EIN-PN 68-0683460-001
a	Plan name	LIVE OAK-GOTTESMAN LLC 401K PROFIT	
b	Name of plan sponsor	MICHAEL JOYCE	c EIN-PN 71-1024810-001
a	Plan name	LLI HOLDINGS INC 401K PLAN	
b	Name of plan sponsor	LLI HOLDINGS INC	c EIN-PN 83-3829690-001
a	Plan name	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS 401(K) PLAN	
b	Name of plan sponsor	LOGIC PD, INC. DBA BEACON EMBEDDEDWORKS	c EIN-PN 41-1424025-002
a	Plan name	LOTAME SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	LOTAME SOLUTIONS, INC.	c EIN-PN 26-1918422-001
a	Plan name	MACI ASSOCIATES' SAVINGS PLAN	
b	Name of plan sponsor	MICHIGAN AUTOMOTIVE COMPRESSOR	c EIN-PN 38-2853246-001
a	Plan name	MACRO SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	MSOL, INC. DBA MACRO SOLUTIONS, INC.	c EIN-PN 36-4480652-001
a	Plan name	MAGNOLIA PLUMBING EMPLOYEE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	JOSEPH J. MAGNOLIA, INC.	c EIN-PN 53-0235163-003
a	Plan name	MARTIN BAUER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTIN BAUER, INC.	c EIN-PN 33-0892779-001
a	Plan name	MASON DIXON DISTILLERY 401(K) PLAN	
b	Name of plan sponsor	CENTRAL PENN DISTILLING, INC.	c EIN-PN 46-3098380-001
a	Plan name	MATTRESS FIRM, INC. 401(K) PLAN	
b	Name of plan sponsor	MATTRESS FIRM, INC.	c EIN-PN 76-0596008-001
a	Plan name	MAXLINEAR, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAXLINEAR, INC.	c EIN-PN 14-1896129-001

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	MCCOY GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCOY GROUP, INC.	c EIN-PN 39-1428371-001
a	Plan name	MCGOWAN & COMPANY INC EMPLOYEES 401K PL	
b	Name of plan sponsor	MCGOWAN COMPANY INC	c EIN-PN 34-0841381-001
a	Plan name	MCPC HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCPC HOLDINGS, INC.	c EIN-PN 32-0012228-001
a	Plan name	MENIN HOTELS LLC 401K PLAN	
b	Name of plan sponsor	SPENCER GOLDENBERG	c EIN-PN 27-4407460-001
a	Plan name	MESABA ANIMAL HOSPITAL 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	MESABA ANIMAL HOSPITAL	c EIN-PN 27-1383461-001
a	Plan name	METROSTAR SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METROSTAR SYSTEMS, LLC	c EIN-PN 54-1954547-001
a	Plan name	MICROSTRATEGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MICROSTRATEGY	c EIN-PN 51-0323571-001
a	Plan name	MIDDLEBURG 401K PLAN	
b	Name of plan sponsor	MIDDLEBURG MANAGEMENT LLC	c EIN-PN 46-0927391-001
a	Plan name	MIDWEST CARDIOVASCULAR INSTITUTE 401(K)PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWEST CARDIOVASCULAR INSTITUTE, S.C.	c EIN-PN 86-1664195-001
a	Plan name	MOHAWK GLOBAL LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	MOHAWK GLOBAL LOGISTICS	c EIN-PN 16-1444116-001
a	Plan name	MORGAN PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	MORGAN PROPERTIES PAYROLL SVCS	c EIN-PN 23-2852119-001
a	Plan name	MUNSCH HARDT KOPF & HARR, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MUNSCH HARDT KOPF & HARR, P.C.	c EIN-PN 75-2096964-001

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	NANOTRONICS IMAGING, INC. 401(K) PLAN	
b	Name of plan sponsor	NANOTRONICS IMAGING, INC.	c EIN-PN 80-0966847-001
a	Plan name	NATIONAL EXPERIENCED WORKFORCE, SOLUTIONS INC. 401K PLAN	
b	Name of plan sponsor	NATIONAL EXPERIENCED WORKFORCE S	c EIN-PN 52-2003078-001
a	Plan name	NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor	NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a	Plan name	NBS GOVERNMENT FINANCE GROUP 401(K) PLAN	
b	Name of plan sponsor	NBS GOVERNMENT FINANCE GROUP	c EIN-PN 33-0712512-001
a	Plan name	NEXCERIS LLC 401(K) PLAN	
b	Name of plan sponsor	NEXCERIS LLC	c EIN-PN 31-1441978-001
a	Plan name	NEXION HEALTH, INC. 401K PLAN AND TRUST	
b	Name of plan sponsor	NEXION HEALTH, INC.	c EIN-PN 52-2238971-001
a	Plan name	NORTHEAST ENTREPRENEUR FUND, INC. 401K	
b	Name of plan sponsor	NORTHEAST ENTREPRENEUR FUND, INC.	c EIN-PN 36-3566632-002
a	Plan name	NORTHLANE CAPITAL PARTNERS LLC 401K PLAN	
b	Name of plan sponsor	NORTHLANE CAPITAL PARTNERS LLC	c EIN-PN 81-4337239-001
a	Plan name	OKANOGAN BEHAVIORAL HEALTHCARE RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor	OKANOGAN BEHAVIORAL HEALTHCARE	c EIN-PN 41-2040765-001
a	Plan name	ON AIR SALES	
b	Name of plan sponsor	ON AIR SALES & MARKETING LLC	c EIN-PN 23-3032588-002
a	Plan name	ONE COMMUNITY HEALTH 401(K) PLAN	
b	Name of plan sponsor	CARES DBA ONE COMMUNITY HEALTH	c EIN-PN 68-0162903-001
a	Plan name	ORS IMPACT 401(K) PLAN	
b	Name of plan sponsor	ORS IMPACT	c EIN-PN 91-1588023-001

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 P. J. FITZPATRICK, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor P. J. FITZPATRICK, LLC	c EIN-PN 27-0172384-001
a	Plan name PAISLEYHR 401K PLAN	
b	Name of plan sponsor FINGERCHECK PEO LLC DBA PAISLEYHR	c EIN-PN 92-1788164-001
a	Plan name PAVE AMERICA 401K PLAN	
b	Name of plan sponsor PAVE AMERICA INTERCO LLC	c EIN-PN 87-1034990-001
a	Plan name PEDDLER'S VILLAGE RETIREMENT PLAN	
b	Name of plan sponsor PEDDLERS VILLAGE ADMINISTRATION	c EIN-PN 82-3380339-001
a	Plan name PEDIATRIC SPECIALISTS OF VIRGINIA 401(K) PLAN	
b	Name of plan sponsor PEDIATRIC SPECIALISTS OF VIRGINIA, LLC	c EIN-PN 46-1851763-001
a	Plan name PENTAGON FEDERAL CREDIT UNION FORT BUCHANAN RETIREMENT PLAN	
b	Name of plan sponsor PENTAGON FEDERAL CREDIT UNION	c EIN-PN 66-0206119-001
a	Plan name PENTAGON FEDERAL CREDIT UNION THRIFT SAVINGS PLAN	
b	Name of plan sponsor PENTAGON FEDERAL CREDIT UNION	c EIN-PN 53-0197038-002
a	Plan name PIP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PROTECTIVE INDUSTRIAL PRODUCTS, INC.	c EIN-PN 14-1659264-001
a	Plan name PODICARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor PODICARE SERVICES, INC.	c EIN-PN 65-1040350-001
a	Plan name POTOMAC FAMILY DINING GROUP 401(K) PLAN	
b	Name of plan sponsor POTOMAC FAMILY DINING GROUP OPERATING COMPANY LLC	c EIN-PN 27-3546071-001
a	Plan name PROCOMM TELECOMMUNICATIONS, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor PROCOMM TELECOMMUNICATIONS, INC.	c EIN-PN 58-1927156-001
a	Plan name PROSPERITY BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROSPERITY BANCSHARES, INC.	c EIN-PN 74-2331986-001

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	PSB INSIGHTS, LLC	
b	Name of plan sponsor	PSB INSIGHTS, LLC	c EIN-PN 52-2346069-003
a	Plan name	QUORUM ANALYTICS 401(K) PLAN	
b	Name of plan sponsor	QUORUM ANALYTICS LLC	c EIN-PN 88-2382483-001
a	Plan name	RAFT 401(K) PLAN	
b	Name of plan sponsor	RAFT LLC	c EIN-PN 46-2689810-001
a	Plan name	RAPPAPORT MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	RAPPAPORT MANAGEMENT COMPANY	c EIN-PN 52-1353340-001
a	Plan name	RCP LEGAL SERVICES LLC 401K PLAN	
b	Name of plan sponsor	LIBRARY ASSOCIATES LLC	c EIN-PN 81-0799369-001
a	Plan name	RED VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	RED VENTURES LLC	c EIN-PN 56-2177622-001
a	Plan name	REDSHRED LLC 401(K) PLAN	
b	Name of plan sponsor	REDSHRED LLC	c EIN-PN 46-5653492-001
a	Plan name	REFRIGERATION SUPPLIES DISTRIBUTOR DEFINED CONTRIBUTION RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	RSD - TOTAL CONTROL	c EIN-PN 95-1262130-001
a	Plan name	RENMATIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RENMATIX, INC.	c EIN-PN 26-1641190-001
a	Plan name	RETIRE RIGHT 401K PLAN	
b	Name of plan sponsor	LEADING PLAN SOLUTIONS LLC	c EIN-PN 86-2271858-002
a	Plan name	RETIREMENT PLAN ADVISORY GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RETIREMENT PLAN ADVISORY GROUP	c EIN-PN 26-0341714-001
a	Plan name	RICHARD P. SLAUGHTER HOLDINGS RETIREMENT	
b	Name of plan sponsor	RICHARD P SLAUGHTER HOLDINGS LLC	c EIN-PN 87-4354020-001

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	SADLER POWER TRAIN, INC. RETIREMENT AND 401(K) PLAN
b	Name of plan sponsor	SADLER POWER TRAIN, INC.
c	EIN-PN	42-1034714-001
a	Plan name	SAG CORPORATION 401K PLAN
b	Name of plan sponsor	SAG CORPORATION
c	EIN-PN	54-1369905-001
a	Plan name	SHARE ADVANTAGE CREDIT UNION 401(K) PLAN AND TRUST
b	Name of plan sponsor	SHARE ADVANTAGE CREDIT UNION
c	EIN-PN	41-0226110-001
a	Plan name	SHEETAK INC RETIREMENT PLAN
b	Name of plan sponsor	SHEETAK INC.
c	EIN-PN	26-1553040-001
a	Plan name	SHERWOOD MECHANICAL, INC. 401(K) PLAN
b	Name of plan sponsor	SHERWOOD MECHANICAL, INC.
c	EIN-PN	68-0565225-001
a	Plan name	SHIJI US 401(K) PLAN
b	Name of plan sponsor	SHIJI US, INC.
c	EIN-PN	36-4852590-001
a	Plan name	SHULMAN, ROGERS, GANDAL, PORDY & ECKER, P.A. RETIREMENT PLAN
b	Name of plan sponsor	SHULMAN ROGERS GANDAL PORDY & ECKER P A
c	EIN-PN	52-1008944-001
a	Plan name	SIDEL, INC. RETIREMENT AND SAVINGS PLAN
b	Name of plan sponsor	SIDEL, INC.
c	EIN-PN	58-1583947-001
a	Plan name	SIGNATURE FEDERAL CREDIT UNION 401(K) PLAN
b	Name of plan sponsor	SIGNATURE FEDERAL CREDIT UNION
c	EIN-PN	23-7064112-002
a	Plan name	SKOOG & CO. 401(K) PLAN
b	Name of plan sponsor	SKOOG & COMPANY
c	EIN-PN	41-1616649-001
a	Plan name	SPOK HOLDINGS, INC. SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	SPOK HOLDINGS, INC.
c	EIN-PN	16-1694797-001
a	Plan name	SPRAY PRODUCTS CORPORATION 401K PLAN
b	Name of plan sponsor	SPRAY PRODUCTS CORPORATION
c	EIN-PN	04-3590028-002

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 SPRUCE POWER 401K PLAN	
b	Name of plan sponsor SPRUCE POWER	c EIN-PN 36-4878506-002
a	Plan name SSCP MANAGEMENT GROUP 401(K) PLAN	
b	Name of plan sponsor SSCP MANAGEMENT, INC.	c EIN-PN 27-4937438-001
a	Plan name ST JOHNS SHIP BUILDING INC 401(K) PROFIT SHARING PLAN & TRU	
b	Name of plan sponsor ST. JOHNS SHIP BUILDING INC.	c EIN-PN 20-4871294-001
a	Plan name STANLEY PEARLMAN ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor STANLEY PEARLMAN ENTERPRISES, INC.	c EIN-PN 52-1747521-001
a	Plan name STATE BANK & TRUST 401K PROFIT SHARING PLAN	
b	Name of plan sponsor STATE BANK & TRUST OF WINFIELD, AL	c EIN-PN 63-0229440-001
a	Plan name STEEL PIER 401K PLAN	
b	Name of plan sponsor ATLANTIC PIER AMUSEMENTS INC	c EIN-PN 22-3228386-001
a	Plan name STILLWATER MINING COMPANY 401(K) PLAN	
b	Name of plan sponsor STILLWATER MINING COMPANY	c EIN-PN 81-0480654-001
a	Plan name STILLWATER MINING COMPANY BARGAINING UNIT 401(K) PLAN	
b	Name of plan sponsor STILLWATER MINING COMPANY	c EIN-PN 81-0480654-002
a	Plan name STORY COMPANIES LLC 401K PLAN	
b	Name of plan sponsor STORY COMPANIES LLC	c EIN-PN 87-1389402-001
a	Plan name SUMMERWINDS 401K PLAN	
b	Name of plan sponsor SUMMERWINDS GARDEN CENTERS INC	c EIN-PN 82-0500954-001
a	Plan name SUPERIOR CONSTRUCTION CO. INC. EMPLOYEES	
b	Name of plan sponsor SUPERIOR CONSTRUCTION COMPANY	c EIN-PN 35-1035114-001
a	Plan name SUPERIOR GROUNDCOVER, INC 401K SALARY REDUCTION PLAN & TRUST	
b	Name of plan sponsor SUPERIOR GROUNDCOVER, INC	c EIN-PN 38-3520984-001

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	SWINERTON 401(K) & SAVINGS PLAN	
b	Name of plan sponsor	SWINERTON INCORPORATED	c EIN-PN 93-1132374-001
a	Plan name	SYNDAX PHARMACEUTICALS, INC 401(K) PLAN	
b	Name of plan sponsor	SYNDAX PHARMACEUTICALS, INC.	c EIN-PN 32-0162505-001
a	Plan name	TECHNOSYLVA INC 401K PLAN	
b	Name of plan sponsor	TECHNOSYLVA INC	c EIN-PN 90-1011166-001
a	Plan name	THE COMMIT	
b	Name of plan sponsor	THE COMMIT PARTNERSHIP	c EIN-PN 80-0790222-001
a	Plan name	THE HUMANE SOCIETY OF THE UNITED STATES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE HUMANE SOCIETY OF THE UNITED STATES	c EIN-PN 53-0225390-002
a	Plan name	THE LOOMIS CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	THE LOOMIS CORPORATION	c EIN-PN 75-2050557-001
a	Plan name	THE LOS ANGELES COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	LOS ANGELES COUNTRY CLUB	c EIN-PN 95-0948160-002
a	Plan name	THE MOORE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WORLDWIDE PRINTING & DISTRIBUTION, INC.	c EIN-PN 73-1500541-001
a	Plan name	THOMPSON ENVIRONMENTAL SURVEYS	
b	Name of plan sponsor	THOMPSON ENVIRONMENTAL SURVERY AND PERM	c EIN-PN 83-0716297-001
a	Plan name	TILT HOLDINGS INC. 401(K) PLAN	
b	Name of plan sponsor	TILT HOLDINGS INC.	c EIN-PN 83-2097293-001
a	Plan name	TOLUNA USA, INC. 401K PLAN	
b	Name of plan sponsor	TOLUNA USA, INC	c EIN-PN 20-5461944-001
a	Plan name	TORRANCE CASTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TORRANCE CASTING, INC.	c EIN-PN 39-0903148-003

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	TORY BURCH, LLC 401(K) PLAN	
b	Name of plan sponsor	TORY BURCH, LLC	c EIN-PN 56-2384277-001
a	Plan name	TOSHIBA 401(K) PLAN	
b	Name of plan sponsor	TOSHIBA	c EIN-PN 45-5236414-001
a	Plan name	TRAVERSE STEEL, LLC 401(K) PLAN	
b	Name of plan sponsor	TRAVERSE STEEL, LLC	c EIN-PN 81-2218815-001
a	Plan name	TREASURE ISLAND MARINA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TREASURE ISLAND MARINA	c EIN-PN 59-1668022-001
a	Plan name	TREND HR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE OUTSOURCING LLC	c EIN-PN 81-3185457-001
a	Plan name	TRI-TECH FORENSICS 401(K) PLAN	
b	Name of plan sponsor	TRI-TECH FORENSICS, INC.	c EIN-PN 26-3669072-001
a	Plan name	TRIPLE CROWN CONSULTING LLC 401K PLAN	
b	Name of plan sponsor	TRIPLE CROWN CONSULTING LLC	c EIN-PN 20-1368158-001
a	Plan name	TRL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	TRL SYSTEMS, INC.	c EIN-PN 95-3609841-001
a	Plan name	TROPICALE FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor	TROPICALE FOODS, INC.	c EIN-PN 77-0521367-001
a	Plan name	UNION HOME MORTGAGE CORPORATION 401K PL	
b	Name of plan sponsor	UNION HOME MORTGAGE CORPORATION	c EIN-PN 34-1084436-001
a	Plan name	UNITED TALENT AGENCY LLC 401(K) PLAN	
b	Name of plan sponsor	UNITED TALENT AGENCY LLC	c EIN-PN 95-4312582-001
a	Plan name	VANTAGE DATA CENTERS 401K PLAN	
b	Name of plan sponsor	VANTAGE DATA CENTERS MANAGEMENT COMPANY	c EIN-PN 27-2332975-001

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 VIRGIN GALACTIC, LLC 401(K) PLAN	
b	Name of plan sponsor VIRGIN GALACTIC, LLC	c EIN-PN 84-2252157-001
a	Plan name VMD SYSTEMS INTEGRATORS INC 401K	
b	Name of plan sponsor VMD CORP	c EIN-PN 04-3671521-001
a	Plan name VOCON 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VOCON DESIGN, INC.	c EIN-PN 34-1541396-001
a	Plan name WARE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor WARE GROUP, LLC DBA JOHNSTONE SUPPLY	c EIN-PN 26-3590999-001
a	Plan name WATERMARK SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WATERMARK SOLUTIONS, LLC	c EIN-PN 33-1070746-001
a	Plan name WHEELER FINANCIAL, INC 401(K) PLAN	
b	Name of plan sponsor WHEELER ASSOCIATES	c EIN-PN 41-0806066-001
a	Plan name WHEELS UP PARTNERS LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WHEELS UP PARTNERS LLC	c EIN-PN 45-4068474-001
a	Plan name WIGGLESWORTH, LAYTON, MOYERS & CHANCE, P.C 401(K) PLAN	
b	Name of plan sponsor WIGGLESWORTH, LAYTON, MOYERS & CHANCE, P.C	c EIN-PN 52-1468067-001
a	Plan name WILLIAMOWSKY, TAFF & LEVINE, D.D.S., P.A. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WILLIAMOWSKY TAFF AND LEVINE DDS	c EIN-PN 52-1060138-002
a	Plan name WIND RIVER ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor WIND RIVER ENVIRONMENTAL, LLC	c EIN-PN 04-3487677-001
a	Plan name WINDSOR SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor WINDSOR SOLUTIONS, INC.	c EIN-PN 93-1245518-001
a	Plan name WOMENCARE, INC. 401(K) PLAN	
b	Name of plan sponsor WOMENCARE, INC.	c EIN-PN 55-0691297-001

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 FLEXPATH INDEX AGGRESSIVE 2065 FUND	B Three-digit plan number (PN) ▶ 759
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7271378

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	34612	380147
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)	10552538	24953393
(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	10587150	25333540
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	6897
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	36983	380147
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	36983	387044
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10550167	24946496

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)	2457091
(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	2457091

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)	900
(5) Investment advisory and investment management fees	2i(5)	16345
(6) Bank or trust company trustee/custodial fees	2i(6)	3674
(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)	20919
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	20919

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	2436172
l Transfers of assets:		
(1) To this plan.....	2l(1)	16323239
(2) From this plan	2l(2)	4363082

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 _____.