

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 INDEXPLUS AGGRESSIVE 2065 FUND</u>	1b Three-digit plan number (PN) ▶ <u>762</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>38-7271381</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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>FLEXPATH INDEXPLUS AGGRESSIVE 2065 FUND</u>	B Three-digit plan number (PN) ▶ <u>762</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>38-7271381</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>AB US LARGE CAP GROWTH CIT CLASS W</u>		
b Name of sponsor of entity listed in (a): <u>ALLIANCEBERNSTEIN LP</u>		
c EIN-PN <u>04-6948485-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>405261</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY U.S. PREMIER LCG</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6406015-027</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>405261</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BR MSCI ACWI EX-US IMI INDEX FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4955447-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2189983</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CAPITAL GROUP EUROPACIFIC GROWTH (U</u>		
b Name of sponsor of entity listed in (a): <u>CAPITAL BANK AND TRUST COMPANY</u>		
c EIN-PN <u>95-6597294-661</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>188738</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COHEN & STEERS COLLECTIVE INVESTMEN</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>46-3411346-064</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9134</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DUFF & PHELPS U.S. REIT CIT CLASS 1</u>		
b Name of sponsor of entity listed in (a): <u>SEI TRUST COMPANY</u>		
c EIN-PN <u>81-3547755-098</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9134</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FTSE NAREIT ALL EQUITY REITS INDEX</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>99-3288435-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>63588</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB U.S. VALUE FUND		
b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A.		
c EIN-PN 87-1901428-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 405261
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM CREDIT BOND INDEX FUND F		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 87-1467186-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 90989
a Name of MTIA, CCT, PSA, or 103-12 IE: MFS INTERNATIONAL GROWTH CIT		
b Name of sponsor of entity listed in (a): MFS HERITAGE TRUST COMPANY		
c EIN-PN 57-1187281-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 346019
a Name of MTIA, CCT, PSA, or 103-12 IE: NEUBERGER BERMAN SMALL CAP GROWTH T		
b Name of sponsor of entity listed in (a): NEUBERGER BERMAN TRUST CO. N.A.		
c EIN-PN 20-4797982-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60282
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO RAE INTERNATIONAL CIT		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 38-4139838-617	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 346020
a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO RAE US SMALL CIT		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 88-2858456-798	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 60282
a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL US REAL ESTATE SECURITIES		
b Name of sponsor of entity listed in (a): GREAT GRAY TRUST COMPANY, LLC		
c EIN-PN 99-3723837-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9134
a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM LARGE CAP VALUE TRUST		
b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY, LLC		
c EIN-PN 82-3639536-275	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 405261
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND F		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3357216-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3761887
a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 INDEX FUND F		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 94-3318704-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 279788

a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST INTEGRATED SVC FUND

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

c EIN-PN 87-6249702-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: COMMODITY INDEX DAILY FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 27-4616854-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: DEVELOPED REAL ESTATE INDEX FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 27-2659367-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE SECURITIES FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY

c EIN-PN 27-5279909-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. TIPS FUND F

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 36-4495972-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA TRUST INTEGRATED SVC FUND

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

c EIN-PN 87-6249702-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: CIF II INTL QUALITY GROWTH SERIES 2

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN 04-6913417-167	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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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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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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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 4WALL ENTERTAINMENT 401(K) PLAN	
b	Name of plan sponsor ACADIA MANAGEMENT, INC.	c EIN-PN 20-2539295-001
a	Plan name A J. DWOSKIN & ASSOCIATES, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor A J. DWOSKIN & ASSOCIATES, INC.	c EIN-PN 54-1013098-001
a	Plan name ABC IMAGING OF WASHINGTON, INC. 401(K) PLAN	
b	Name of plan sponsor ABC IMAGING OF WASHINGTON, INC.	c EIN-PN 52-1758526-001
a	Plan name ACTUALIZE CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor ACTUALIZE CONSULTING, LLC	c EIN-PN 86-1079277-001
a	Plan name AIR TEMPERATURE SPECIALISTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AIR TEMPERATURE SPECIALISTS	c EIN-PN 33-0957411-001
a	Plan name ALLEGIANCE ELECTRIC INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLEGIANCE ELECTRIC INC	c EIN-PN 87-4380011-001
a	Plan name AM PIERCE & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor AM PIERCE & ASSOCIATES, INC.	c EIN-PN 26-1231257-001
a	Plan name AMEREDEV 401(K) PLAN	
b	Name of plan sponsor AMEREDEV OPERATING, LLC	c EIN-PN 82-0617153-001
a	Plan name AMERICAN HOTEL & LODGING ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor AMERICAN HOTEL & LODGING ASSOCIA	c EIN-PN 13-0432130-001
a	Plan name AMES CONSTRUCTION INC. RETIREMENT PLAN	
b	Name of plan sponsor AMES CONSTRUCTION INC	c EIN-PN 41-0871375-010
a	Plan name AMYX, INC. 401(K) PLAN	
b	Name of plan sponsor AMYX, INC.	c EIN-PN 54-1979772-001
a	Plan name APIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APIC	c EIN-PN 23-7256856-001

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 ARCTURUS HEALTHCARE PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCTURUS HEALTHCARE PLC	c EIN-PN 46-2854201-003
a	Plan name ARGEE CONSTRUCTION, INC. DBA CRAFTSMAN CONSTRUCTION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARGEE CONSTRUCTION, INC. DBA CRAFTS MAN CONSTRUCTION	c EIN-PN 47-1242149-001
a	Plan name ASSEMBLY HEALTH PLAN 401(K)	
b	Name of plan sponsor PREFERRED PODIATRY MANAGEMENT LLC	c EIN-PN 45-2538551-001
a	Plan name ATTAIN CONSULTING GROUP LLC	
b	Name of plan sponsor ATTAIN CONSULTING GROUP LLC	c EIN-PN 85-0709432-001
a	Plan name AUTOMEF 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 B & B THEATRES OPERATING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor B & B THEATRES OPERATING COMPANY, INC.	c EIN-PN 43-1870501-001
a	Plan name BACHEM AMERICAS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BACHEM AMERICAS ,INC.	c EIN-PN 95-2705001-006
a	Plan name BALTIMORE WATERPROOFING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BALTIMORE WATERPROOFING	c EIN-PN 20-3065991-001
a	Plan name BCI 401(K) PLAN	
b	Name of plan sponsor BAMMAN CONSULTING	c EIN-PN 20-2180288-001
a	Plan name BOROUGH OF STATE COLLEGE	
b	Name of plan sponsor STATE COLLEGE BOROUGH	c EIN-PN 24-6000660-457
a	Plan name BWW LAW GROUP, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BWW LAW GROUP, LLC	c EIN-PN 52-1965052-001
a	Plan name C. JOHNSON CONSTRUCTION, INC. RETIREMENT PLAN	
b	Name of plan sponsor C. JOHNSON CONSTRUCTION, INC.	c EIN-PN 20-3821337-001

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	CALDWELL CASSADY & CURRY 401(K) PLAN	
b	Name of plan sponsor	CALDWELL CASSADY & CURRY	c EIN-PN 46-1738227-001
a	Plan name	CAMELBACK RESORT 401(K) PLAN	
b	Name of plan sponsor	CMBK RESORT OPERATIONS, LLC	c EIN-PN 83-4414506-001
a	Plan name	CAPITOL CONCIERGE 401K PLAN	
b	Name of plan sponsor	CAPITOL CONCIERGE, INC	c EIN-PN 52-1677387-001
a	Plan name	CENTRAL VALLEY ENGINEERING & ASPHALT, INC. RSP	
b	Name of plan sponsor	CENTRAL VALLEY ENGINEERING & ASPHAL INC.	c EIN-PN 68-0446147-003
a	Plan name	CHCA 401(K) PLAN	
b	Name of plan sponsor	CANCER HEALTHCARE ASSOCIATES PL	c EIN-PN 05-0629338-001
a	Plan name	CHESTER COUNTY FUEL INC. 401K	
b	Name of plan sponsor	CHESTER COUNTY FUEL INC	c EIN-PN 82-2368166-001
a	Plan name	CITY NATIONAL BANK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CITY NATIONAL BANK OF FLORIDA	c EIN-PN 59-1297458-005
a	Plan name	COLONNA MASONRY CONCRETE & ASPHALT PAVING LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COLONNA MASONRY CONCRETE AND ASPHAL	c EIN-PN 01-0687268-001
a	Plan name	CONQUEST SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CONQUEST SOLUTIONS LLC	c EIN-PN 26-4033869-001
a	Plan name	COOPERATIVE OF AMERICAN PHYSICIANS, INC. - MUTUAL PROTECTION TRUST RETIREMENT PLAN	
b	Name of plan sponsor	COOPERATIVE OF AMERICAN PHYSICIANS, INC.	c EIN-PN 95-2988063-001
a	Plan name	CORPORATE ONE FEDERAL CREDIT UNION 401 K PLAN AND TRUST	
b	Name of plan sponsor	CORPORATE ONE FEDERAL CREDIT UNION	c EIN-PN 31-1102257-003
a	Plan name	CORPORATE RESULTS, INC. 401(K) PLAN	
b	Name of plan sponsor	CORPORATE RESULTS, INC.	c EIN-PN 54-1851136-001

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	DECISIVEDGE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DECISIVEDGE, LLC	c EIN-PN 26-1440851-001
a	Plan name	DIRECT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	DIRECT SERVICES, INC.	c EIN-PN 54-1017844-001
a	Plan name	DIRECTORCORP INC. 401K PSP AND TRUST	
b	Name of plan sponsor	DIRECTORCORP INC	c EIN-PN 62-1376617-001
a	Plan name	E&S RING MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	E&S RING MANAGEMENT CORPORATION	c EIN-PN 95-3977687-001
a	Plan name	EKTELLO LLC 410K PROFIT SHARING PLAN	
b	Name of plan sponsor	EKTELLO LLC	c EIN-PN 45-1813052-001
a	Plan name	EL CLASIFICADO 401(K) PLAN	
b	Name of plan sponsor	EL CLASIFICADO	c EIN-PN 95-4145094-001
a	Plan name	EXP U.S. SERVICES, INC. SAVING AND RETIREMENT PLAN	
b	Name of plan sponsor	EXP U.S. SERVICES, INC.	c EIN-PN 46-0523964-002
a	Plan name	FARO 401(K) PLAN	
b	Name of plan sponsor	FARO TECHNOLOGIES, INC.	c EIN-PN 59-3157093-001
a	Plan name	FLUID MANAGEMENT SOLUTIONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FLUID MANAGEMENT SOLUTIONS, INC.	c EIN-PN 85-1100349-001
a	Plan name	FLYNN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FLYNN RESTAURANT GROUP 401(K) RETIREMENT PLAN	c EIN-PN 45-1734458-001
a	Plan name	FRANKENMUTH BAVARIAN INN INC EMPLOYEES	
b	Name of plan sponsor	FRANEKNMUTH BAVARIAN INN INC	c EIN-PN 38-2339125-002
a	Plan name	FST LOGISTICS INC 401 K RETIREMENT PLAN	
b	Name of plan sponsor	FST LOGISTICS INC	c EIN-PN 31-1584793-001

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	G.C. HANFORD MFG. COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	G.C. HANFORD MANUFACTURING COMPANY	c EIN-PN 15-0332110-001
a	Plan name	GARY KUBIAK & SON ELECTRIC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GARY KUBIAK & SON ELECTRIC, INC.	c EIN-PN 22-3009633-001
a	Plan name	GAYLOR ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GAYLOR ELECTRIC, INC.	c EIN-PN 20-3727689-001
a	Plan name	GLOBAL HEAVY CORP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GLOBAL HEAVY CORP	c EIN-PN 47-2898733-001
a	Plan name	GLOBAL LABS, INC. 401(K) PLAN	
b	Name of plan sponsor	GLOBAL LABS, INC.	c EIN-PN 94-3203817-001
a	Plan name	GLOBAL LANGUAGE CENTER 401(K) PLAN	
b	Name of plan sponsor	GLOBAL LANGUAGE CENTER	c EIN-PN 52-2310922-001
a	Plan name	GOLDBELT 401K PLAN	
b	Name of plan sponsor	GOLDBELT INC	c EIN-PN 92-0045465-004
a	Plan name	GOROVE SLADE ASSOCIATES INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GOROVE SLADE ASSOCIATES INC	c EIN-PN 52-1160286-005
a	Plan name	GRAYBACK FORESTRY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GRAYBACK FORESTRY, INC.	c EIN-PN 93-0730231-002
a	Plan name	GREATER CLEVELAND PARTNERSHIP 401(K) PLAN	
b	Name of plan sponsor	GREATER CLEVELAND PARTNERSHIP	c EIN-PN 34-0149250-002
a	Plan name	GREEN GENERATION SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	GREEN GENERATION SOLUTIONS, LLC	c EIN-PN 45-2158079-001
a	Plan name	HACP 457B PLAN	
b	Name of plan sponsor	HOUSING AUTHORITY OF THE CITY OF PITTSBU	c EIN-PN 25-6001768-457

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	HARDY WINDOW COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HARDY WINDOW COMPANY	c EIN-PN 47-0949927-001
a	Plan name	HARRIS, GREENE LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	HARRIS, GREENE LLP	c EIN-PN 33-0109175-001
a	Plan name	HAWKINS ELECTRIC SERVICE, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HAWKINS ELECTRIC SERVICE, INC.	c EIN-PN 52-0631489-001
a	Plan name	HERITAGE PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HERITAGE PLASTICS, INC.	c EIN-PN 64-0661427-001
a	Plan name	HMC GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HMC GROUP	c EIN-PN 95-2109939-001
a	Plan name	HORIZON MEDIA, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HORIZON MEDIA HOLDINGS, LLC	c EIN-PN 13-3494927-002
a	Plan name	HYDRA-TECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITTCO, INC.	c EIN-PN 20-3444478-001
a	Plan name	IDEAL INNOVATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	IDEAL INNOVATIONS INCORPORATED	c EIN-PN 38-3391089-001
a	Plan name	INDIGO IT 401(K) PLAN	
b	Name of plan sponsor	INDIGO IT, LLC	c EIN-PN 54-2042767-001
a	Plan name	INFORMATION MANAGEMENT GROUP, INC. 401(K) SALARY SAVINGS PLAN	
b	Name of plan sponsor	INFORMATION MANAGEMENT GROUP, IN	c EIN-PN 54-1817080-001
a	Plan name	IRVINE TECHNOLOGY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	IRVINE TECHNOLOGY CORPORATION	c EIN-PN 33-0889599-001
a	Plan name	JOHN MADONNA CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JOHN MADONNA CONSTRUCTION COMPANY, INC.	c EIN-PN 73-1695944-002

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	JUMPSTART INC RETIREMENT PLAN	
b	Name of plan sponsor	JUMPSTART INC	c EIN-PN 34-1398522-001
a	Plan name	KELLY GROSSMAN ARCHITECTS PROFIT SHARING PLAN	
b	Name of plan sponsor	KELLY GROSSMAN ARCHITECTS, LLC	c EIN-PN 26-2744684-001
a	Plan name	KERN HEALTH SYSTEMS RETIREMENT PLAN 457B	
b	Name of plan sponsor	KERN HEALTH SYSTEMS	c EIN-PN 77-0392231-457
a	Plan name	KSL RESORTS 401(K) PLAN	
b	Name of plan sponsor	KSL/MS MANAGEMENT, LLC	c EIN-PN 57-1210922-001
a	Plan name	L & L CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	L & L CONSTRUCTION, INC.	c EIN-PN 23-2070629-001
a	Plan name	LAN-CO COMPANIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LAN-CO COMPANIES, INC.	c EIN-PN 16-1580369-001
a	Plan name	LEGEND PICTURES, LLC 401(K) RETIREMENT SAVINGS	
b	Name of plan sponsor	LEGEND PICTURES, LLC	c EIN-PN 20-1394866-001
a	Plan name	LEONARD A. KRAUS CO.INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LEONARD A. KRAUS CO. INC.	c EIN-PN 52-0906384-001
a	Plan name	LIVE WIRE STRATEGIC COMMUNICATIONS LLC	
b	Name of plan sponsor	LIVE WIRE STRATEGIC COMMUNICATIONS LLC	c EIN-PN 54-1952034-001
a	Plan name	LOCKS LAW FIRM 401(K) PLAN	
b	Name of plan sponsor	LOCKS LAW FIRM	c EIN-PN 52-1322614-001
a	Plan name	MAC PAPERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAC PAPERS, LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 59-1059698-001
a	Plan name	METAGENICS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METAGENICS LLC	c EIN-PN 95-3841881-002

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 MOBIS PARTS AMERICA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOBIS PARTS AMERICA, LLC	c EIN-PN 20-0262739-001
a	Plan name MOBIS PARTS MIAMI, LLC 401(K) PLAN	
b	Name of plan sponsor MOBIS PARTS MIAMI, LLC	c EIN-PN 46-2788067-001
a	Plan name MODESTO EXECUTIVE ELECTRIC, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MODESTO EXECUTIVE ELECTRIC, INC.	c EIN-PN 77-0323790-001
a	Plan name MOHAWK VALLEY MATERIALS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MOHAWK VALLEY MATERIALS, INC.	c EIN-PN 20-8311089-001
a	Plan name MOMENTUS CAPITAL RETIREMENT PLAN	
b	Name of plan sponsor CAPITAL IMPACT PARTNERS	c EIN-PN 52-1290127-001
a	Plan name MUTUAL OF OMAHA MORTGAGE 401(K) PLAN	
b	Name of plan sponsor MUTUAL OF OMAHA MORTGAGE, INC.	c EIN-PN 46-1728831-002
a	Plan name NATIONWIDE SEPARATE ACCOUNT	
b	Name of plan sponsor NATIONWIDE TRUST COMPANY	c EIN-PN 31-1592130-001
a	Plan name NEUROCRINE BIOSCIENCES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor NEUROCRINE BIOSCIENCES	c EIN-PN 33-0525145-001
a	Plan name NEXTMED REVIEWS 401(K) PLAN	
b	Name of plan sponsor NEXTMED REVIEWS, LLC	c EIN-PN 83-4356146-001
a	Plan name NFP CORP 401K PLAN	
b	Name of plan sponsor NFP CORP	c EIN-PN 13-4029115-001
a	Plan name NIKA TECHNOLOGIES, INC. DBA NIKA ARCHITECTS AND ENGINEERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NIKA TECHNOLOGIES, INC.	c EIN-PN 52-2089785-001
a	Plan name NMR 401(K) PLAN	
b	Name of plan sponsor NMR CONSULTING, INC.	c EIN-PN 52-2047564-001

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 NORTHERN REFRIGERATED TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN REFRIGERATED TRANSPORTATION, INC.	c EIN-PN 95-3137599-002
a	Plan name NTS AMEGA WEST 401K PLAN	
b	Name of plan sponsor NTS AMEGA WEST USA INC	c EIN-PN 85-2888357-001
a	Plan name OHIO SHARED INFORMATION SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor OHIO SHARED INFORMATION SERVICES	c EIN-PN 31-1762094-001
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 OPAL ENERGY GROUP LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OPAL ENERGY GROUP LLC	c EIN-PN 86-2262653-003
a	Plan name OUTCOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OUTCOMES ONE, INC	c EIN-PN 59-1710804-001
a	Plan name PARTNERSHIP FOR PUBLIC SERVICE 401(K) PLAN	
b	Name of plan sponsor PARTNERSHIP FOR PUBLIC SERVICE	c EIN-PN 06-1540513-001
a	Plan name PATTERSON 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor ALP SUPPLY, INC.	c EIN-PN 20-0869587-002
a	Plan name PENZANCE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor PENZANCE MANAGEMENT, LLC	c EIN-PN 42-1603451-002
a	Plan name PERMOBIL, INC. 401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor PERMOBIL, INC	c EIN-PN 04-3189589-001
a	Plan name PHLOW CORP. 401(K) PLAN	
b	Name of plan sponsor PHLOW CORP.	c EIN-PN 84-4910906-001
a	Plan name PRIME FOOT & ANKLE SPECIALISTS 401(K) PLAN	
b	Name of plan sponsor HARSH PATEL, DPM, P.A.	c EIN-PN 81-4966314-001

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 PRODUCER-WRITERS GUILD OF AMERICA PENSION PLAN 401(K) PLAN	
b	Name of plan sponsor PRODUCER-WRITERS GUILD OF AMERICA PENSION AND	c EIN-PN 95-2216351-003
a	Plan name RATTIGAN CONSTRUCTION, INCORPORATED RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RATTIGAN CONSTRUCTION, INCORPORATED	c EIN-PN 95-4877929-001
a	Plan name RCH CONSTRUCTION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RCH CONSTRUCTION	c EIN-PN 81-5460430-002
a	Plan name ROCHE BROS. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor ROCHE BROS. MIDCO, LLC	c EIN-PN 04-2264124-001
a	Plan name SEF ENERGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SEF ENERGY, LLC	c EIN-PN 81-3424201-001
a	Plan name SOLV ENERGY 401(K) PLAN	
b	Name of plan sponsor SOLV ENERGY, LLC	c EIN-PN 47-4673720-001
a	Plan name STANLEY MARTIN 401(K) PLAN	
b	Name of plan sponsor STANLEY MARTIN HOMES, LLC	c EIN-PN 20-8046523-001
a	Plan name SUNSET VALLEY CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUNSET VALLEY CONSTRUCTION, LLC DBA SUNSET VALLEY CONSTRUCTION	c EIN-PN 82-4721846-001
a	Plan name SUNSTONE HOTEL INVESTORS, INC. 401K PROFIT SHARING	
b	Name of plan sponsor SUNSTONE HOTEL INVESTORS, INC.	c EIN-PN 20-1296886-001
a	Plan name SYSTEMS MANAGEMENT & BALANCING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SYSTEMS MANAGEMENT & BALANCING, INC.	c EIN-PN 86-3237083-001
a	Plan name TEXSUN ELECTRICAL CONTRACTORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TEXSUN ELECTRICAL CONTRACTORS, INC.	c EIN-PN 75-1879972-001
a	Plan name THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor TEMP POWER SYSTEMS	c EIN-PN 33-0360706-001

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	THE DONALDSON GROUP 401(K) PLAN
b	Name of plan sponsor	THE DONALDSON GROUP, LLC
c	EIN-PN	52-2135284-001
a	Plan name	THE EDUCE GROUP RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	THE EDUCE GROUP
c	EIN-PN	43-2021803-001
a	Plan name	THE IMAGE GROUP, INC. 401(K) PLAN
b	Name of plan sponsor	THE IMAGE GROUP, INC.
c	EIN-PN	34-1629768-001
a	Plan name	THE KNOT WORLDWIDE 401K PLAN
b	Name of plan sponsor	THE KNOT WORLDWIDE
c	EIN-PN	74-3207805-001
a	Plan name	THE KNOX COMPANY RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	KNOX ASSOCIATES, INC.
c	EIN-PN	95-3617858-003
a	Plan name	THE ORLO FUND 401(K) PLAN
b	Name of plan sponsor	ORLO MANAGEMENT
c	EIN-PN	26-4562632-001
a	Plan name	THE OXFORD INDUSTRIES, INC. RETIREMENT SAVINGS PLA
b	Name of plan sponsor	OXFORD INDUSTRIES, INC.
c	EIN-PN	58-0831862-004
a	Plan name	THE RIGHTER COMPANY, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	THE RIGHTER COMPANY
c	EIN-PN	31-0889208-003
a	Plan name	TOMHAVE DENTAL ASSOCIATES 401(K) PSP
b	Name of plan sponsor	TOMHAVE DENTAL ASSOCIATES
c	EIN-PN	41-1541679-001
a	Plan name	TP MECHANICAL CONTRACTORS, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	TP MECHANICAL CONTRACTORS, INC.
c	EIN-PN	20-0251494-001
a	Plan name	TRAVEL PORTLAND 401(K) PLAN
b	Name of plan sponsor	TRAVEL PORTLAND
c	EIN-PN	93-0723862-002
a	Plan name	URBAN GRAFFITI ENTERPRISES, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	URBAN GRAFFITI ENTERPRISES, INC.
c	EIN-PN	95-4805540-001

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 VALLEY VIEW CASINO 401(K) PLAN & TRUST SAN PASQUAL CASINO DEV GROUP	
b	Name of plan sponsor SAN PASQUAL CASINO DEV GROUP DBA VALLEY VIEW CASINO & HOTEL	c EIN-PN 33-0926655-001
a	Plan name VALPREDO FARMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COUNTRY SWEET PRODUCE, INC.	c EIN-PN 26-2049019-001
a	Plan name VANDEN BOS ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor VANDEN BOS ELECTRIC, INC.	c EIN-PN 68-0251448-002
a	Plan name VERUNA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VERUNA, INC.	c EIN-PN 83-4401239-001
a	Plan name VESTRA RESOURCES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor VESTRA RESOURCES, INC.	c EIN-PN 68-0150306-001
a	Plan name VISUAL EDGE TECHNOLOGY, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor VISUAL EDGE TECHNOLOGY, INC.	c EIN-PN 94-2991858-001
a	Plan name W.L. GARY COMPANY INC 401K	
b	Name of plan sponsor WL GARY COMPANY INC	c EIN-PN 53-0071990-001
a	Plan name WALTON CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WALTON CONSTRUCTION, INC	c EIN-PN 82-3421806-001
a	Plan name WEBER ELECTRIC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WEBER ELECTRIC, INC.	c EIN-PN 74-2714235-001
a	Plan name WESTWIND LANDSCAPE CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WESTWIND LANDSCAPE CONSTRUCTION, INC.	c EIN-PN 85-0392769-001
a	Plan name WICKED TECHNOLOGIES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WICKED TECHNOLOGIES LLC	c EIN-PN 27-1917293-002
a	Plan name WNBC 401(K) PLAN	
b	Name of plan sponsor WASHINGTON NATIONALS BASEBALL CLUB, LLC	c EIN-PN 20-5145890-002

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	YAEGER ARCHITECTURE, INC. 401 K & PROFIT SHARING PLAN	
b Name of plan sponsor	YAEGER ARCHITECTURE, INC.	c EIN-PN 43-1011722-001

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

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

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

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

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

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

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

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

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

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

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

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

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 FLEXPATH INDEXPLUS AGGRESSIVE 2065 FUND		B Three-digit plan number (PN) ▶	762
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC		D Employer Identification Number (EIN) 38-7271381	

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.

Assets		(a) Beginning of Year	(b) End of Year
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)	75244	469265
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)	2322922	9036022
(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)	23721	62913
(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	2421887	9568200
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	6451
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	76493	469263
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	76493	475714
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	2345394	9092486

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)	2422	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2422
(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)		
(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)	651977
(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)	-2474
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	651925

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)	272
(5) Investment advisory and investment management fees	2i(5)	14401
(6) Bank or trust company trustee/custodial fees	2i(6)	2502
(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)	17175
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	17175

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	634750
l Transfers of assets:		
(1) To this plan.....	2l(1)	9568546
(2) From this plan	2l(2)	3456204

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 _____.