

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>RETIREPILOT MODERATE 2055 FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>GREAT GRAY TRUST COMPANY, LLC</u></p> <p><u>6725 VIA AUSTI PARKWAY, SUITE 260</u> <u>LAS VEGAS, NV 89119</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>38-7304109</u></p> <p>2c Plan Sponsor's telephone number <u>866-427-6885</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/13/2025</u>	<u>BRIAN MULLER</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 01/01/2024 and ending 12/31/2024

A Name of plan <u>RETIREPILOT MODERATE 2055 FUND</u>	B Three-digit plan number (PN) ▶	<u>001</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>38-7304109</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>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>112826152</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COMMODITY INDEX DAILY FUND F</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-4616854-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DEVELOPED REAL ESTATE 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>27-2659367-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <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>3924675</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG TERM CREDIT BOND 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>87-1467186-001</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>4947069</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 1000 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>94-3357216-001</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>193826161</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL 2000 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>94-3318704-001</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>14280540</u>

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	401(K) PLAN FOR ROBERT W. CHAPMAN & CO.	
b	Name of plan sponsor	ROBERT W. CHAPMAN & CO.	c EIN-PN 56-0694287-002
a	Plan name	ACVB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ATLANTA CONVENTION & VISITORS BUREAU, INC.	c EIN-PN 58-0145680-001
a	Plan name	ADVANCED PAYROLL SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED PAYROLL SOLUTIONS, INC.	c EIN-PN 56-2593567-001
a	Plan name	AHNTECH, INC. 401(K) PLAN	
b	Name of plan sponsor	AHNTECH, INC.	c EIN-PN 33-0102321-001
a	Plan name	ALABAMA MOTOR EXPRESS 401(K) PLAN	
b	Name of plan sponsor	ALABAMA MOTOR EXPRESS	c EIN-PN 63-0983126-001
a	Plan name	ALL IN ONE ACCOUNTING 401(K) PLAN	
b	Name of plan sponsor	ALL IN ONE ACCOUNTING	c EIN-PN 86-1112616-001
a	Plan name	ALLIED FINISHING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	ALLIED FINISHING, INC.	c EIN-PN 38-2169890-001
a	Plan name	AMVC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMVC EMPLOYEE SERVICES, LLC	c EIN-PN 91-2104777-001
a	Plan name	APPVION, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	APPVION, LLC	c EIN-PN 87-3735970-001
a	Plan name	ARC HOME 401(K) PLAN	
b	Name of plan sponsor	ARC HOME, LLC	c EIN-PN 14-1841762-001
a	Plan name	ARDURRA RETIREMENT PLAN	
b	Name of plan sponsor	ARDURRA GROUP, INC.	c EIN-PN 59-1782900-002
a	Plan name	ARETUM 401(K) PLAN	
b	Name of plan sponsor	ARETUM, LLC	c EIN-PN 92-3172305-001

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	ARTFARM USA, INC. DBA MANUELA 401(K) PLAN
b	Name of plan sponsor	ARTFARM USA, INC. DBA MANUELA
c	EIN-PN	47-5556757-001
a	Plan name	ATREDIS PARTNERS, LLC 401(K) PLAN
b	Name of plan sponsor	ATREDIS PARTNERS, LLC
c	EIN-PN	46-3743352-001
a	Plan name	BADGER SCALE, INC. 401(K) PLAN
b	Name of plan sponsor	BADGER SCALE, INC.
c	EIN-PN	20-1549327-001
a	Plan name	BARTELS 401(K) PLAN
b	Name of plan sponsor	BARTELS TRUCK LINE, INC.
c	EIN-PN	41-1709206-001
a	Plan name	BIBLIOTHECA, LLC 401(K) PLAN
b	Name of plan sponsor	BIBLIOTHECA, LLC
c	EIN-PN	38-3837521-001
a	Plan name	BIOMED REALTY 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	BIOMED REALTY, L.P.
c	EIN-PN	20-1320636-001
a	Plan name	BMD 401(K) PLAN
b	Name of plan sponsor	BMD 401(K) PLAN
c	EIN-PN	95-3926637-004
a	Plan name	BOSTON WINDOW & DOOR, LLC 401(K) PLAN
b	Name of plan sponsor	BOSTON WINDOW & DOOR, LLC
c	EIN-PN	83-2294937-001
a	Plan name	BOUQUET MULLIGAN DEMAIIO EYE PROFESSIONALS, PC SAFE HARBOR 401(K) PROFIT SHARING PLAN AND TR
b	Name of plan sponsor	BOUQUET MULLIGAN DEMAIIO EYE PROFESSIONALS, P.C.
c	EIN-PN	25-1786893-002
a	Plan name	BRIGGS, INC. EMPLOYEES 401(K) PLAN
b	Name of plan sponsor	BRIGGS, INC. OF OMAHA
c	EIN-PN	47-0111955-001
a	Plan name	BROWN'S SHOE FIT CO., GENERAL OFFICE, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	BROWNS SHOE FIT CO., GENERAL OFFICE, INC.
c	EIN-PN	42-0859977-001
a	Plan name	BRYANT AIR CONDITIONING AND HEATING CO., INC. PROFIT SHARING PLAN
b	Name of plan sponsor	BRYANT AIR CONDITIONING & HEATING CO., INC.
c	EIN-PN	47-0440526-001

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 C. H. MCGUINNESS CO., INC. RETIREMENT PLAN	
b	Name of plan sponsor C. H. MCGUINNESS CO., INC.	c EIN-PN 42-0937057-001
a	Plan name CARLSON WEST POVONDRA ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARLSON WEST POVONDRA ARCHITECTS, INC.	c EIN-PN 47-0708410-001
a	Plan name CELESTIAL INNOVATIVE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor CELESTIAL INNOVATIVE SOLUTIONS, LLC	c EIN-PN 86-1476487-001
a	Plan name CENTER FOR UROLOGIC CARE OF BERKS COUNTY, P.C 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTER FOR UROLOGIC CARE OF BERKS CO PC	c EIN-PN 23-1727298-002
a	Plan name CENTERTON NURSERY, INC. 401(K) PLAN	
b	Name of plan sponsor CENTERTON NURSERY, INC.	c EIN-PN 22-2241920-001
a	Plan name CENTRAL NEBRASKA PUBLIC POWER AND IRRIGATION DISTRICT EMPLOYEE'S DEFINED CONTRIBUTION	
b	Name of plan sponsor CENTRAL NEBRASKA PUBLIC POWER AND IRRIGATION	c EIN-PN 47-6000076-002
a	Plan name CENTRAL STATES INDUSTRIAL SUPPLY, INC. SAVINGS PLAN	
b	Name of plan sponsor CENTRAL STATES INDUSTRIAL SUPPLY, INC.	c EIN-PN 47-0537194-001
a	Plan name CHERRY BEKAERT ADVISORY LLC 401(K) PLAN (AFTER 1/1/2024)	
b	Name of plan sponsor CHERRY BEKAERT ADVISORY LLC (AFTER 1/1/2024)	c EIN-PN 56-0574444-001
a	Plan name CHICAGO TRUCK DRIVERS HELPERS & WAREHOUSE WKS UNION IND & AFFIL. H&W FUND SAVINGS PLAN	
b	Name of plan sponsor CHICAGO TRUCK DRIVERS UNION-INDEPENDENT	c EIN-PN 36-2371000-004
a	Plan name CITY GAS/MASTER GAS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor CITY GAS COMPANY	c EIN-PN 39-0211120-002
a	Plan name CITY OF BELLEVUE, NEBRASKA DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CITY OF BELLEVUE, NEBRASKA	c EIN-PN 47-6006009-001
a	Plan name CITY OF BELLEVUE, NEBRASKA RETIREMENT INCOME PLAN	
b	Name of plan sponsor CITY OF BELLEVUE, NEBRASKA	c EIN-PN 47-6006099-001

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 CITY OF BLAIR, NEBRASKA CIVILIAN EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor CITY OF BLAIR, NEBRASKA	c EIN-PN 47-6006116-002
a	Plan name CITY OF BLAIR, NEBRASKA DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor CITY OF BLAIR, NEBRASKA (457)	c EIN-PN 47-6006106-003
a	Plan name CITY OF BLAIR, NEBRASKA POLICE RETIREMENT PLAN & TRUST	
b	Name of plan sponsor CITY OF BLAIR, NEBRASKA (POLICE)	c EIN-PN 47-6006116-003
a	Plan name CITY OF HOLDREGE POLICE OFFICERS RETIREMENT PLAN	
b	Name of plan sponsor CITY OF HOLDREGE, NE POLICE RETIREMENT PLAN	c EIN-PN 47-6006232-002
a	Plan name CLASSIC TRANSPORTATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CLASSIC TRANSPORTATION SERVICES, INC.	c EIN-PN 38-2800519-003
a	Plan name COBALT LABS INC	
b	Name of plan sponsor COBALT LABS INC	c EIN-PN 37-1747923-001
a	Plan name COCHRAN & MANN, INC. 401(K) PLAN	
b	Name of plan sponsor COCHRAN & MANN, INC.	c EIN-PN 52-1708829-001
a	Plan name COKER TIRE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COKER TIRE COMPANY	c EIN-PN 62-0643841-001
a	Plan name COLLINS ROAD TIRE INC. CASH DEFERRED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLLINS ROAD TIRE INC.	c EIN-PN 42-1239159-001
a	Plan name COMPLEAT REHAB SERVICES 401(K) PLAN	
b	Name of plan sponsor KARE PARTNERS BILLING & OPERATIONS, INC.	c EIN-PN 56-1677267-001
a	Plan name COMPLEAT RESTORATIONS 401(K) PLAN	
b	Name of plan sponsor COMPLEAT RESTORATIONS & CONSTRUCTION CO., INC.	c EIN-PN 23-2279098-001
a	Plan name CONTINUUM PARTNERS 401(K) PLAN	
b	Name of plan sponsor CONTINUUM PARTNERS, LLC	c EIN-PN 84-1397810-002

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 CORANCO GREAT PLAINS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CORANCO GREAT PLAINS, INC.	c EIN-PN 91-1763207-001
a	Plan name CORNHUSKER INTERNATIONAL TRUCKS, INC. 401(K) PLAN	
b	Name of plan sponsor CORNHUSKER INTERNATIONAL TRUCKS, INC.	c EIN-PN 47-0604747-001
a	Plan name CORSAIR MEMORY 401(K) PLAN	
b	Name of plan sponsor CORSAIR MEMORY, INC.	c EIN-PN 77-0362371-001
a	Plan name D & M INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor D & M INDUSTRIES, INC.	c EIN-PN 45-0414000-001
a	Plan name DANDELION PAYMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor RIA MONEY TRANSFER	c EIN-PN 22-2829900-001
a	Plan name DCMAC, L.L.C.	
b	Name of plan sponsor DCMAC, L.L.C.	c EIN-PN 26-4270939-001
a	Plan name DEAN G. PAPPAS LAW FIRM, PLLC 401(K) PLAN	
b	Name of plan sponsor DEAN G. PAPPAS LAW FIRM, PLLC	c EIN-PN 82-1616791-001
a	Plan name DEBAUCHE TRUCK & DIESEL, INC. 401(K) PLAN	
b	Name of plan sponsor DEBAUCHE TRUCK & DIESEL, INC.	c EIN-PN 39-1143384-002
a	Plan name DECORATIVE FILMS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DECORATIVE FILMS LLC	c EIN-PN 04-3615414-001
a	Plan name DISCOVERY INSTITUTE FOR ADDICTIVE DISORDERS INC 401(K) PLAN	
b	Name of plan sponsor DISCOVERY INSTITUTE FOR ADDICTIVE DISORDERS INC	c EIN-PN 22-2511830-003
a	Plan name DOUGLAS DYNAMICS, L.L.C. 401(K) PLAN	
b	Name of plan sponsor DOUGLAS DYNAMICS, L.L.C.	c EIN-PN 42-1623692-006
a	Plan name ELK AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELK AIR CONDITIONING INC	c EIN-PN 25-1756090-001

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	ENTERPRISE PROPERTIES, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	ENTERPRISE PROPERTIES, INC
c	EIN-PN	47-0151785-002
a	Plan name	EVERGREEN HEALTH GROUP, LLC 401(K)
b	Name of plan sponsor	EVERGREEN HEALTH GROUP, LLC
c	EIN-PN	84-2795435-001
a	Plan name	EXECUSPACE CONSTRUCTION CORPORATION 401(K) PLAN
b	Name of plan sponsor	EXECUSPACE CONSTRUCTION CORPORATION
c	EIN-PN	04-3079513-001
a	Plan name	FAGER-MCGEE COMMERCIAL CONSTRUCTION, INC. 401(K) PLAN
b	Name of plan sponsor	FAGER-MCGEE COMMERCIAL CONSTRUCTION, INC.
c	EIN-PN	37-1200792-001
a	Plan name	FAMILY SAVINGS CREDIT UNION RETIREMENT PLAN
b	Name of plan sponsor	FAMILY SAVINGS CREDIT UNION
c	EIN-PN	63-0355713-001
a	Plan name	FBG SERVICE 401(K) RETIREMENT PLAN
b	Name of plan sponsor	FBG SERVICE CORPORATION
c	EIN-PN	47-0460916-003
a	Plan name	FINWISE BANK 401(K) PLAN
b	Name of plan sponsor	FINWISE BANK
c	EIN-PN	87-0632133-001
a	Plan name	FIVE BELOW 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	FIVE BELOW, INC.
c	EIN-PN	75-3000378-001
a	Plan name	FRONTIER WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	FRONTIER WATERPROOFING, INC.
c	EIN-PN	75-1673808-001
a	Plan name	FUSION MEDICAL STAFFING LLC 401(K) PLAN
b	Name of plan sponsor	FUSION MEDICAL STAFFING LLC
c	EIN-PN	27-1600705-001
a	Plan name	GALLAGHER EVELIUS & JONE LLP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GALLAGHER EVELIUS & JONE LLP
c	EIN-PN	52-0883759-001
a	Plan name	GAMLET INC. 401K SAVINGS PLAN
b	Name of plan sponsor	GAMLET INC.
c	EIN-PN	23-1657301-001

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 GAP INTELLIGENCE, LLC 401(K) PLAN	
b	Name of plan sponsor GAP INTELLIGENCE, LLC	c EIN-PN 04-3737082-002
a	Plan name GATE 1, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor GATE 1, LTD.	c EIN-PN 51-0346014-001
a	Plan name GIFFORD BROWN/DEE ELECTRONICS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GIFFORD AND BROWN, INC./DEE ELECTRONICS, INC.	c EIN-PN 42-0272480-001
a	Plan name GODSHALL'S QUALITY MEATS, INC. 401(K) PLAN	
b	Name of plan sponsor GODSHALLS QUALITY MEATS, INC.	c EIN-PN 23-2267598-001
a	Plan name GOOD NEWS JAIL & PRISON MINISTRY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor GOOD NEWS JAIL & PRISON MINISTRY	c EIN-PN 54-0703077-001
a	Plan name GREAT PLAINS STATE BANK PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor GREAT PLAINS STATE BANK	c EIN-PN 47-0267880-001
a	Plan name GYM AND FITNESS, INC 401K PLAN	
b	Name of plan sponsor GYM AND FITNESS, INC 401K PLAN	c EIN-PN 92-2897123-001
a	Plan name HARDROCK CONCRETE PLACEMENT CO., INC. 401(K)	
b	Name of plan sponsor HARDROCK CONCRETE PLACEMENT CO., INC.	c EIN-PN 86-0717610-002
a	Plan name HARTMAN CONCRETE, INC. 401(K)	
b	Name of plan sponsor HARTMAN CONCRETE INC.	c EIN-PN 23-2835864-001
a	Plan name HJM ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HJM ARCHITECTS, INC.	c EIN-PN 14-1931617-001
a	Plan name HOME INTERIORS, INC. 401(K) PLAN	
b	Name of plan sponsor HOME INTERIORS, INC.	c EIN-PN 39-1295820-001
a	Plan name HRC-BE-CC 401(K) PLAN	
b	Name of plan sponsor HIREL CONNECTORS, INC.	c EIN-PN 95-2492124-001

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	HUFF ELECTRIC CO., INC. RETIREMENT PLAN	
b	Name of plan sponsor	HUFF ELECTRIC CO., INC.	c EIN-PN 35-1057232-001
a	Plan name	HUSQVARNA PLAN	
b	Name of plan sponsor	HUSQVARNA	c EIN-PN 20-3600732-001
a	Plan name	ICM GEORGIA 401(K) PLAN	
b	Name of plan sponsor	ICM GEORGIA, INC.	c EIN-PN 58-2210543-001
a	Plan name	IDA GROVE BANCSHARES, INC. ESOP WITH 401(K) PROVISIONS AND TRUST AGREEMENT	
b	Name of plan sponsor	IDA GROVE BANCSHARES INC	c EIN-PN 42-1166401-003
a	Plan name	IJAG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IOWA JOBS FOR AMERICAS GRADUATES, INC.	c EIN-PN 42-1492988-001
a	Plan name	IMAGEFIRST OF IOWA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ASI	c EIN-PN 42-1241530-001
a	Plan name	INNOVIA CONSULTING 401(K) P/S PLAN	
b	Name of plan sponsor	INNOVIA CONSULTING, INC.	c EIN-PN 39-1842696-001
a	Plan name	INSPIRATO LLC 401(K) PLAN	
b	Name of plan sponsor	INSPIRATO LLC	c EIN-PN 80-0552353-001
a	Plan name	INSTITUTE OF INTERNAL AUDITORS 401(K) PLAN	
b	Name of plan sponsor	INSTITUTE OF INTERNAL AUDITORS	c EIN-PN 13-5532538-001
a	Plan name	INTEGRATED COMPUTER SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED COMPUTER SOLUTIONS, INC.	c EIN-PN 47-0784352-001
a	Plan name	INTELLIGENT WAVES, LLC 401(K) PLAN	
b	Name of plan sponsor	INTELLIGENT WAVES, LLC	c EIN-PN 20-5613444-002
a	Plan name	INTERNATIONAL WIRE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERNATIONAL WIRE GROUP, INC.	c EIN-PN 43-1705942-002

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	IOWA PRIMARY CARE ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	IOWA PRIMARY CARE ASSOCIATION	c EIN-PN 42-1311646-001
a	Plan name	JJT LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	JJT LOGISTICS, LLC	c EIN-PN 26-2244184-001
a	Plan name	KIERNAN TREBACH PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KIERNAN TREBACH LLP	c EIN-PN 52-2328075-001
a	Plan name	KREG TOOL COMPANY 401(K) PLAN	
b	Name of plan sponsor	KREG ENTERPRISES, INC., DBA KREG TOOL COMPANY	c EIN-PN 42-1367720-002
a	Plan name	LEAPPOINT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEAPPOINT LLC 401(K) PROFIT SHARING PLAN	c EIN-PN 20-5702607-001
a	Plan name	LINIK CORP 401(K)	
b	Name of plan sponsor	LINIK CORP	c EIN-PN 20-5035607-001
a	Plan name	M. PENNER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MORRIS B. PENNER, INC.	c EIN-PN 74-1801178-001
a	Plan name	MAINSTAY LIFE SERVICES 401(K) PLAN	
b	Name of plan sponsor	MAINSTAY LIFE SERVICES	c EIN-PN 25-1215557-001
a	Plan name	MCANINCH CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	MCANINCH CORPORATION	c EIN-PN 42-0929827-001
a	Plan name	METRONOME LLC 401(K) PLAN	
b	Name of plan sponsor	METRONOME LLC	c EIN-PN 27-3776227-001
a	Plan name	MICROPORE, INC. 401(K) PLAN	
b	Name of plan sponsor	MICROPORE, INC.	c EIN-PN 51-0384588-001
a	Plan name	MIDAN MARKETING, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	MIDAN MARKETING, LLC	c EIN-PN 20-1811312-001

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	MIDWEST CONTRACTING DEFINED CONTRIBUTION/401(K) PLAN AND TRUST
b	Name of plan sponsor	MIDWEST CONTRACTING, LLC
c	EIN-PN	41-1867753-001
a	Plan name	MIHM BROS., INC. 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	MIHM BROS., INC.
c	EIN-PN	54-2087120-001
a	Plan name	MINDFIRE COMMUNICATIONS 401(K) PLAN
b	Name of plan sponsor	MINDFIRE COMMUNICATIONS
c	EIN-PN	26-0401697-001
a	Plan name	MONTEITH CONSTRUCTION CORP. 401(K) PLAN
b	Name of plan sponsor	MONTEITH CONSTRUCTION CORP.
c	EIN-PN	98-0190888-001
a	Plan name	MOSSY COMPANIES SALARY DEFERRAL 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MOSSY COMPANIES SALARY DEFERRAL
c	EIN-PN	95-3767471-001
a	Plan name	MOUNT AUBURN CEMETERY 401(K) PLAN
b	Name of plan sponsor	PROPRIETORS OF THE CEMETERY OF MOUNT AUBURN
c	EIN-PN	04-1641320-003
a	Plan name	MS ELECTRONICS 401(K) PLAN
b	Name of plan sponsor	MS ELECTRONICS, LLC
c	EIN-PN	22-3860340-001
a	Plan name	NASATKA BARRIER, INCORPORATED 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	NASATKA BARRIER, INCORPORATED
c	EIN-PN	52-1428080-002
a	Plan name	NEBRASKA ASSOCIATION OF SCHOOL BOARDS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NEBRASKA ASSOCIATION OF SCHOOL BOARDS
c	EIN-PN	47-0408744-002
a	Plan name	NEKOOSA RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	NEKOOSA RETIREMENT SAVINGS PLAN
c	EIN-PN	54-2172450-001
a	Plan name	NEPHROLOGY ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NEPHROLOGY ASSOCIATES, P.C.
c	EIN-PN	58-1651447-001
a	Plan name	NEU TOOL & SUPPLY CORP 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	NEU TOOL & SUPPLY CORP
c	EIN-PN	39-1101277-001

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 NODAK INSURANCE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NODAK INSURANCE COMPANY	c EIN-PN 45-0216631-004
a	Plan name OAK HILLS LIVING CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HIGHLAND MANOR INC	c EIN-PN 41-1733854-001
a	Plan name OCEAN SOLUTIONS, LLC MEP 401(K) PLAN	
b	Name of plan sponsor OCEAN SOLUTIONS LLC	c EIN-PN 32-0442016-002
a	Plan name OKSENHOLT CAPITAL MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor OKSENHOLT CAPITAL MANAGEMENT LLC	c EIN-PN 99-4465435-001
a	Plan name OMS360 401(K) PLAN	
b	Name of plan sponsor SCP OMS HOLDINGS, LLC	c EIN-PN 87-4028330-001
a	Plan name PAPPAGEORGE HAYMES LTD. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PAPPAGEORGE HAYMES LTD	c EIN-PN 36-3184990-001
a	Plan name PATHOLOGY MEDICAL SERVICES, P.C. 401(K) PLAN	
b	Name of plan sponsor PATHOLOGY MEDICAL SERVICES, P.C.	c EIN-PN 47-0549869-003
a	Plan name PCI GAMING AUTHORITY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PCI GAMING AUTHORITY 401(K) RETIREMENT PLAN	c EIN-PN 13-4221398-002
a	Plan name PHARMGATE RETIREMENT PLAN	
b	Name of plan sponsor PHARMGATE LLC	c EIN-PN 26-2154393-001
a	Plan name PLANET AID 401(K) PLAN	
b	Name of plan sponsor PLANET AID, INC.	c EIN-PN 04-3348171-001
a	Plan name PLUS SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor PLUS SERVICES LLC	c EIN-PN 02-0774792-001
a	Plan name POTATO KING, INC. 401(K) PLAN	
b	Name of plan sponsor THE POTATO KING, INC.	c EIN-PN 39-1166637-001

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	PRATCHER KRAYER, LLC 401(K) PLAN	
b	Name of plan sponsor	PRATCHER KRAYER, LLC	c EIN-PN 82-2544410-001
a	Plan name	PREMIER CONTRACT CARPET, INC. 401(K) PLAN	
b	Name of plan sponsor	PREMIER CONTRACT CARPET, INC.	c EIN-PN 58-2474064-006
a	Plan name	PREMIER CREDIT UNION SAVINGS PLAN	
b	Name of plan sponsor	PREMIER CREDIT UNION	c EIN-PN 42-0127275-001
a	Plan name	PRINT IMAGE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRINT IMAGE SOLUTIONS, INC.	c EIN-PN 45-4860671-001
a	Plan name	PROCEDE SOFTWARE 401(K) PLAN	
b	Name of plan sponsor	PROCEDE SOFTWARE LP	c EIN-PN 54-2073787-001
a	Plan name	PROFESSIONAL RESEARCH CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL RESEARCH CONSULTANTS, INC.	c EIN-PN 47-0628654-001
a	Plan name	PROLYTX TECH LLC 401(K) PLAN	
b	Name of plan sponsor	PROLYTX TECH LLC	c EIN-PN 86-2468758-001
a	Plan name	PURITAN MANUFACTURING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PURITAN MANUFACTURING, INC	c EIN-PN 47-0468642-002
a	Plan name	QHP CAPITAL, L.P. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	QHP CAPITAL, L.P.	c EIN-PN 85-3194400-001
a	Plan name	RATHER OUTDOORS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	RATHER OUTDOORS CORPORATION	c EIN-PN 81-4086651-001
a	Plan name	REDEVELOPMENT AUTHORITY OF THE COUNTY OF BUTLER 457(B) PLAN	
b	Name of plan sponsor	REDEVELOPMENT AUTHORITY OF THE COUNTY OF BUTLER	c EIN-PN 23-2929442-001
a	Plan name	REDEVELOPMENT AUTHORITY OF THE COUNTY OF BUTLER MONEY PURCHASE PLAN	
b	Name of plan sponsor	REDEVELOPMENT AUTHORITY OF THE COUNTY OF BUTLER	c EIN-PN 23-2929442-002

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 REXCO EQUIPMENT, INC. SAVINGS PLAN	
b	Name of plan sponsor REXCO EQUIPMENT, INC.	c EIN-PN 42-0890503-001
a	Plan name RIGHTDIRECTION 401(K)	
b	Name of plan sponsor RIGHTDIRECTION TECHNOLOGY SOLUTIONS LLC	c EIN-PN 26-1153735-001
a	Plan name RINKER DESIGN 401(K) PLAN	
b	Name of plan sponsor RINKER DESIGN ASSOCIATES P C	c EIN-PN 54-1191817-002
a	Plan name RISEMARK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RISEMARK HOLDINGS, LLC	c EIN-PN 81-3131289-001
a	Plan name RIVERSIDE MEDICAL CLINIC, INC. 401(K) PROFIT-SHARING PLAN	
b	Name of plan sponsor RIVERSIDE MEDICAL CLINIC, INC.	c EIN-PN 33-0587303-005
a	Plan name ROADS SAFE TRAFFIC SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ROADS SAFE TRAFFIC SYSTEMS, INC	c EIN-PN 26-1084418-001
a	Plan name S2I2, INC. 401(K) PLAN	
b	Name of plan sponsor S2I2, INC.	c EIN-PN 81-2768193-001
a	Plan name SANTANNA ENERGY SERVICES EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor SANTANNA ENERGY SERVICES 401(K)	c EIN-PN 74-2500445-002
a	Plan name SARES-REGIS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SARES-REGIS OPERATING CO, LP	c EIN-PN 33-0550001-001
a	Plan name SCOTT CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor SCOTT CONTRACTING LLC	c EIN-PN 45-0500431-001
a	Plan name SDG MGMT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor SDG MGMT COMPANY, LLC	c EIN-PN 46-2157154-001
a	Plan name SECURITY BANK KSOP & TRUST	
b	Name of plan sponsor FIRST LAUREL SECURITY CO.	c EIN-PN 47-0560288-003

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	SHARP BUSINESS MANAGEMENT INC. 401(K) PLAN	
b	Name of plan sponsor	SHARP BUSINESS MANAGEMENT INC.	c EIN-PN 83-1490683-001
a	Plan name	SILVER DINER DEVELOPMENT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SILVER DINER DEVELOPMENT, LLC	c EIN-PN 54-1439417-001
a	Plan name	SMILE SOLUTIONS OF DELAWARE, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMILE SOLUTIONS OF DELAWARE, P.A.	c EIN-PN 51-0233332-001
a	Plan name	SOUNDVIEW, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SOUNDVIEW, INC.	c EIN-PN 23-2998791-001
a	Plan name	SOUTHERN HEMATOLOGY & ONCOLOGY/ P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHERN HEMATOLOGY & ONCOLOGY, P.C.	c EIN-PN 63-1055248-002
a	Plan name	SPECIALTY ORTHOPEDIC GROUP OF MS, LLC 401(K) PLAN	
b	Name of plan sponsor	SPECIALTY ORTHOPEDIC GROUP OF MS, LLC	c EIN-PN 47-4372269-001
a	Plan name	SPWG LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPWG LLC	c EIN-PN 47-3004945-001
a	Plan name	STARR INSURANCE, INC. 401(K) PLAN	
b	Name of plan sponsor	STARR INSURANCE, INC.	c EIN-PN 25-1644338-001
a	Plan name	STOCKBRIDGE EMPLOYEE SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	STOCKBRIDGE CAPITAL GROUP, LLC	c EIN-PN 42-1558275-001
a	Plan name	SUSAN B. ANTHONY LIST 401(K) PLAN	
b	Name of plan sponsor	SUSAN B. ANTHONY LIST	c EIN-PN 54-1850126-001
a	Plan name	TECOMET 401(K) PLAN	
b	Name of plan sponsor	TECOMET	c EIN-PN 04-3004131-001
a	Plan name	THE CALIFORNIA COMMERCE CLUB, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COMMERCE CASINO	c EIN-PN 95-3757220-001

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 CHRISTIAN BARTON PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CHRISTIAN BARTON PROFIT SHARING PLAN	c EIN-PN 54-0515971-002
a	Plan name	THE GRAHAM GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE GRAHAM GROUP, INC.	c EIN-PN 42-0867219-001
a	Plan name	THE MANOR GROUP 401(K) PLAN	
b	Name of plan sponsor	MANOR MANAGEMENT CORPORATION	c EIN-PN 23-2431853-001
a	Plan name	TILLER CONSTRUCTORS PARTNERSHIP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TILLER CONSTRUCTORS PARTNERSHIP, INC.	c EIN-PN 33-0374629-001
a	Plan name	TIOGA BRADFORD HOUSING & REDEVELOPMENT AUTHORITY RETIREMENT PLAN	
b	Name of plan sponsor	TIOGA BRADFORD HOUSING & REDEVELOPMENT	c EIN-PN 02-3168588-001
a	Plan name	TIPPERARY SALES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TIPPERARY SALES, INC.	c EIN-PN 58-1933151-001
a	Plan name	TOP FLIGHT AEROSTRUCTURES, INC. 401(K) PLAN	
b	Name of plan sponsor	TOP FLIGHT AEROSTRUCTURES, INC.	c EIN-PN 20-2619248-001
a	Plan name	TORIN PRODUCTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	TORIN PRODUCTS, INC.	c EIN-PN 47-0597485-001
a	Plan name	TPC USA LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TPC USA LLC	c EIN-PN 92-3953018-001
a	Plan name	TRUGROCER FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	TRUGROCER FEDERAL CREDIT UNION	c EIN-PN 82-0264981-001
a	Plan name	VALLEY MANAGEMENT, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	VALLEY MANAGEMENT, INC.	c EIN-PN 39-1259167-001
a	Plan name	VERA AUTOMOTIVE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	VERA AUTOMOTIVE, INC.	c EIN-PN 45-1739578-003

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	VERSTANDIG BROADCASTING RETIREMENT PLAN	c	EIN-PN	53-0238357-001
b	Name of plan sponsor	M BELMONT VERSTANDIG INC.	c	EIN-PN	53-0238357-001
a	Plan name	WALTERS GARDENS INC 401(K) PROFIT SHARING PLAN	c	EIN-PN	38-1903867-002
b	Name of plan sponsor	WALTERS GARDENS, INC.	c	EIN-PN	38-1903867-002
a	Plan name	WELLBE SENIOR MEDICAL 401(K) PLAN	c	EIN-PN	83-3843209-001
b	Name of plan sponsor	WELLBE SENIOR MEDICAL, LLC	c	EIN-PN	83-3843209-001
a	Plan name	WESTERN LAN SERV. 401(K) RETIREMENT SAVINGS PLAN	c	EIN-PN	38-2949876-001
b	Name of plan sponsor	WESTERN LAN SERV	c	EIN-PN	38-2949876-001
a	Plan name	WILLIAMSON CADILLAC EMPLOYEES' RETIREMENT PLAN AND TRUST	c	EIN-PN	59-1195335-003
b	Name of plan sponsor	WILLIAMSON CADILLAC COMPANY	c	EIN-PN	59-1195335-003
a	Plan name	WOODWORTH, INC. 401(K) PLAN	c	EIN-PN	38-2905648-001
b	Name of plan sponsor	WOODWORTH, INC.	c	EIN-PN	38-2905648-001
a	Plan name	ZANDER 401(K)	c	EIN-PN	65-1163214-001
b	Name of plan sponsor	ZANDER SOLUTIONS, LLC	c	EIN-PN	65-1163214-001
a	Plan name	ZIA CONSULTING, INC. 401(K) PLAN	c	EIN-PN	56-2356083-001
b	Name of plan sponsor	ZIA CONSULTING, INC.	c	EIN-PN	56-2356083-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RETIREPILOT MODERATE 2055 FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT GRAY TRUST COMPANY, LLC	D Employer Identification Number (EIN) 38-7304109

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)	4251754	15106727
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)	91590085	329804597
(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	95841839	344911324
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	123673
i Acquisition indebtedness	1i		
j Other liabilities	1j	4275944	15106728
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4275944	15230401
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	91565895	329680923

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)		25441230
(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		25441230

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)	10162	
(5) Investment advisory and investment management fees	2i(5)	230528	
(6) Bank or trust company trustee/custodial fees	2i(6)	82959	
(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)		323649
j Total expenses. Add all expense amounts in column (b) and enter total	2j		323649

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		25117581
l Transfers of assets:			
(1) To this plan	2l(1)		233123273
(2) From this plan	2l(2)		20125826

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 _____.