

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
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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) _____
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
1a	Name of plan NEXTEP 401(K) RETIREMENT SAVINGS PLAN
1b	Three-digit plan number (PN) ▶ 333
1c	Effective date of plan 01/01/1999
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) 899210-01 NEXTEP, INC. 1800 N INTERSTATE DRIVE NORMAN, OK 73072
2b	Employer Identification Number (EIN) 73-1543198
2c	Plan Sponsor's telephone number 888-811-5150
2d	Business code (see instructions) 541990

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	Filed with authorized/valid electronic signature.	10/15/2025	CORY DOWERS
	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			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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 21420
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.....	6a(1) 18274 6a(2) 16913 6b 1075 6c 3242 6d 21230 6e 0 6f 21230 6g(1) 7943 6g(2) 9824 6h 159
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:

2A 2E 2F 2G 2J 2K 2R 2S 2T 3D

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) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5) ☒ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☒ **A** (Insurance Information) – Number Attached 1
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 NEXTEP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 899210-01 NEXTEP, INC.	D Employer Identification Number (EIN) 73-1543198

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	899210	3903	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RYAN HILL
14241 DALLAS PARKWAY
SUITE 1200
DALLAS, TX 75254

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	17410632
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	28068990

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier**6b****c** Premiums due but unpaid at the end of the year**6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.**6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
 (3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year**7b**

17679571

c Additions: (1) Contributions deposited during the year**7c(1)**

1485478

(2) Dividends and credits.....

7c(2)

279

(3) Interest credited during the year.....

7c(3)

697613

(4) Transferred from separate account

7c(4)

4828249

(5) Other (specify below).....

7c(5)

320308

▶ **LOAN REPAYMENTS**

(6) Total additions

7c(6)

7331927

d Total of balance and additions (add lines **7b** and **7c(6)**)**7d**

25011498

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year

7e(1)

4901672

(2) Administration charge made by carrier.....

7e(2)

147449

(3) Transferred to separate account

7e(3)

2551745

(4) Other (specify below).....

7e(4)

0

(5) Total deductions

7e(5)

7600866

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**).....**7f**

17410632

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		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 NEXTEP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 899210-01 NEXTEP, INC.	D Employer Identification Number (EIN) 73-1543198

Part I

Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1

Information on Persons Receiving Only Eligible Indirect Compensation

- a

Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....

Yes

☒

No
- b

If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b)

Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPOWER ANNUITY INS. COMPANY

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	2243314	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

NEXTEP INC

1800 N INTERSTATE DR
NORMAN, OK 73072

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14	PLAN ADMINISTRATOR	506181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

MMLIS

1295 STATE ST
SPRINGFIELD, MA 01111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
55	BROKER/ADVISOR	0	Yes ☒ No ☐	Yes ☐ No ☒	225355	Yes ☐ No ☒

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

EMPOWER ADVISORY GROUP, LLC

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	64015	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MMLIS	55	225355
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMPOWER 1295 STATE ST SPRINGFIELD, MA 01111	OTHER COMMISSIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 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 NEXTEP 401(K) RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) ▶ 333
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 899210-01 NEXTEP, INC.		D Employer Identification Number (EIN) 73-1543198

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)		
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGGR RET FUND CL R6			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 81-4374798-300	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3353347	
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2045 FUND CL R6			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 81-4470950-308	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59393463	
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2055 FUND CL R6			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 81-4484368-309	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53267456	
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2035 FUND CL R6			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 81-4393238-302	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8028017	
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONSERV 2045 FD CL R6			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 81-4532033-313	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10049543	
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONSER 2055 FD CL R6			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 81-4543855-314	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7790904	
a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONSER 2025 FD CL R6			
b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST			
c EIN-PN 81-4509619-311	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2035 FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4457845-307	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81697059
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT MOD 2025 FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4447624-306	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: INDEX SELECTMOD RETIRE FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4430771-305	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51203934
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2045 FUND CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4403657-303	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5991899
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT CONS RET FUND CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4499160-310	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: INDEX SELECT CONSER 2035 FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4515825-312	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16241608
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2055 FD CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4418048-304	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7684723
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a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT AGG 2025 FUND CL R6

b Name of sponsor of entity listed in (a): AST WILMINGTON TRUST

c EIN-PN 81-4386547-301	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: INDEX SELECT AGG RETIRE FUND CL R6

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

c EIN-PN 81-4374798-300	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2475098
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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**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
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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 NEXTEP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 333
C Plan sponsor's name as shown on line 2a of Form 5500 899210-01 NEXTEP, INC.	D Employer Identification Number (EIN) 73-1543198

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	732938	710009
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1652686	703166
(2) Participant contributions.....	1b(2)	1423701	887439
(3) Other	1b(3)	0	122455
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)	5439049	6672273
(9) Value of interest in common/collective trusts	1c(9)	269936657	307177050
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(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)	187629240	203580317
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	17003835	44824078
(15) Other.....	1c(15)	968791	1717441

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	484786897	566394228
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	302039	285353
k Total liabilities (add all amounts in lines 1g through 1j)	1k	302039	285353
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	484484858	566108875

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)	18704389	
(B) Participants	2a(1)(B)	46758448	
(C) Others (including rollovers)	2a(1)(C)	9848772	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		75311609
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)	440553	
(F) Other	2b(1)(F)	655116	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1095669
(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)	6498306	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		6498306
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		55464374
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		138369958

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	61065263	
(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)		61065263
f Corrective distributions (see instructions)	2f		363459
g Certain deemed distributions of participant loans (see instructions)	2g		376463
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2429606	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	64015	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		2493621
j Total expenses. Add all expense amounts in column (b) and enter total	2j		64298806

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		74071152
l Transfers of assets:			
(1) To this plan	2l(1)		87205532
(2) From this plan	2l(2)		79652667

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: **UHY LLP**

(2) EIN: **20-0694403**

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?	☒		500000
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)
ADP RETIREMENT SERVICES	59-2452823	001
ADP TORAL SOURCE	59-3216484	001
ASCENSUS/VANGUARD	45-0404698	001
EMPOWER	84-0467907	001

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 _____.

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)
FIDELITY	04-2647786	001
INSPERITY	76-0178498	001

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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 NEXTEP 401(K) RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶ 333	
C Plan sponsor's name as shown on line 2a of Form 5500 899210-01 NEXTEP, INC.				D Employer Identification Number (EIN) 73-1543198	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1 0	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 20-3691708					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)				6a	
b Enter the amount contributed by the employer to the plan for this plan year				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No					
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No					
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule R (Form 5500) 2024 v. 240311	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:

Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%

High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:

☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☐ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 12 / 31 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number Q703120A.

SCHEDULE MEP (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	MULTIPLE-EMPLOYER RETIREMENT PLAN 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
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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 NEXTEP 401(K) RETIREMENT SAVINGS PLAN	B Three-digit Plan number (PN)..... ►	333
C Plan administrator's name as shown on line 3a of Form 5500/Form 5500-SF 899210-01 NEXTEP, INC.	D Administrator's EIN 73-1543198	

Part I	Type of Multiple-Employer Pension Plan. All multiple-employer pension plans must complete.
--------	--

1 Check the appropriate box to indicate type of multiple-employer pension plan. (Only defined contribution plans may check lines 1a, 1b, and 1c. Defined benefit plans and defined contribution plans not checking lines 1a, 1b, or 1c should check line 1d. See Instructions).

a ☐ association retirement plan (See 29 CFR 2510.3-55) (Complete Part II)

b ☒ professional employer organization plan (PEO Plan) (See 29 CFR 29 CFR 2510.3-55) (Complete Part II)

c ☐ pooled employer plan (PEP) (See 29 CFR 2510.3-44) (Complete Parts II and III)

d ☐ other multiple-employer pension plan (Describe) _____ (Complete Part II)

Part II	Participating Employer Information.
---------	-------------------------------------

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan. Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer NEXTEP, INC.	2b EIN 73-1543198	2c Percentage of Total Contributions for the Plan Year 2.28	2d Aggregate Account Balances Attributable to Participating Employer 14358789
2a Name of Participating Employer 237 GLOBAL	2b EIN 46-3767308	2c Percentage of Total Contributions for the Plan Year 0.09	2d Aggregate Account Balances Attributable to Participating Employer 88783

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e Does the plan include any individuals not participating through an employer or who are individual working owners?	2e	☐ Yes ☒ No
2f If you answer "Yes" in line 2e, enter a good faith estimate of the percentage of total contributions made by all such individuals that are not listed on line 2a during the plan year.	2f	
2g If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	2g	

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

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Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
3B STUDIO, INC.	76-0691453	0.23	2127124
2a Name of Participating Employer 3N1 MEDIA, LLC (DBA - AFFINITY	20-1470830	0.00	0
2a Name of Participating Employer 83 BAR, INC.	46-2202808	1.03	3617039
2a Name of Participating Employer A & W BEARINGS & SUPPLY CO., I	75-1491977	0.00	14214
2a Name of Participating Employer A GLIMMER OF HOPE FOUNDATION	31-1758218	0.17	1231004
2a Name of Participating Employer ABSOLUTE QUALITY MANUFACTURING	41-1941845	0.00	0
2a Name of Participating Employer ACCESSCARE DIALYSIS, LLC	20-3390017	0.00	12000
2a Name of Participating Employer ACCURATE LABORATORIES, INC.	20-3745905	0.00	247561
2a Name of Participating Employer ACE TRANSFER & STORAGE CO.	73-0683263	0.04	148421

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ADELANTE CAPITAL, LLC	46-1062867	0.08	1014172
ADMINISTEP, LLC	75-2777124	0.00	4126
ADVANCED FLOORING SOLUTIONS LL	84-1384684	0.11	987696
ADVANCED REFURBISHMENT TECHNOL	32-0156738	0.20	624209
AESTHETIC CENTER FOR PLASTIC S	76-0522509	0.57	0
AFFINAQUEST LLC	90-0898687	0.00	116030
ALTUM WEALTH MANAGEMENT, LLC	27-2941375	0.00	229738
AMANN GIRRBACH NORTH AMERICA, LP	30-0876876	0.29	2557114
AMERICA IN MOTION, INC.	74-3240589	0.03	22088

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AMERICAN ALLIANCE OF ORTHOPAEDIC EXECUTIVES, INC.	81-2059186	0.15	540932
AMERICAN FINANCIAL EDUCATION ALLIANCE	38-3844292	0.06	184658
AMERICAN GATEWAYS	74-2578266	0.22	706897
AMERICAN KEG COMPANY	84-4164502	0.00	149222
AMERICAN PEANUT TRAILER, LLC	82-5393384	0.01	332514
AMERICAN TRUCK & RAIL AUDITS, INC.	71-0786086	0.22	727506
AMRAD EVOLUTION IMAGING, LLC	87-2896634	0.00	2251
ANALYTICAL EDGE LABORATORIES, LLC	46-2337506	0.00	3907
ANDRE + ASSOCIATES, PC	75-2741521	0.37	1794576

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ANTHEM VENTURES, LLC	45-3743858	1.98	7592969
ANTLER SUPPLY SERVICES, LLC	45-5387113	0.00	16739
AQUILA COMMERCIAL, LLC	20-8047772	0.76	6145062
AQUILA MANAGEMENT SERVICES, LLC	74-2653724	0.13	1451231
ARCADIUM TECHNOLOGIES, LLC	03-0497015	0.04	281320
ARCAS RISK MANAGEMENT, INC	87-3097784	0.00	581605
ARCHETYPE SIGNMAKERS, INC.	41-1937341	0.03	0
ARENACX	85-2485818	0.03	120796
ARIA REAL ESTATE GROUP, LLC	47-3895588	0.04	161498

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Part II Participating Employer Information (Continued).

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ARLINGTON NEPHROLOGY	75-2889402	0.23	4178793
ARTISTS ROAD LLC	85-1447384	0.00	10297
ASLAN HOME LENDING CORPORATION	84-1959444	0.14	0
ASSURED TRACKING, INC.	75-3201318	0.00	0
ASTADIA, INC.	90-0572439	0.00	501115
ATECH, INC.	62-1569652	0.25	844690
ATLAS COFFEE CLUB, LLC	81-1439006	0.07	435415
ATWOOD COMPANIES INC	41-1561504	0.09	77919
ATX ENERGY PARTNERS	82-0941220	0.00	3876159

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
AUSTIN COURIER CO.	20-1985667	0.00	119
AUTOMATION IMPROVEMENTS, LLC	85-1505858	0.00	7350
AUTOMOTIVE RESTORATIONS, INC.	06-0961347	0.04	806614
AVENTON COMPANIES, LLC	83-2146656	1.48	3937037
AVEX, LLC	71-0925784	0.05	928007
AVIATION ACADEMY OF AMERICA	20-0365498	0.05	285249
B2 DESIGN CO.	46-1358848	0.06	343051
BARRON & NEWBURGER, P.C.	74-2400211	0.46	2557685
BASE PAIR BIOTECHNOLOGIES, INC.	45-4702942	0.00	40183

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BAY MOUNTAIN MANAGEMENT LLC	20-4138927	0.48	1648521
BEBCN, LLC	47-5332152	0.13	206213
BELFIORE CONDOMINIUM OWNERS ASSOC	46-4812173	0.14	758024
BILINGUAL PEDIATRIC THERAPIES,	27-4542289	0.25	866734
BLACKFIN SQUARE, INC.	46-3337279	0.05	165928
BLACKSWAN CYBERSECURITY, LLC	84-4986739	0.02	49300
BLADE PLATFORMS LLC	45-5214423	0.04	0
BLAIR LABELING, INC.	26-3709879	0.10	1156250
BLEFA KEGS, INC.	26-3822844	0.48	2250206

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BLISS ELECTRIC, INC.	73-1197246	0.19	2518872
2a Name of Participating Employer BLUE JEAN NETWORKS, LLC	26-2832530	0.00	84019
2a Name of Participating Employer BLUE PHOENIX VENTURES, INC.	20-2789634	0.08	442268
2a Name of Participating Employer BLUEVIEW INC.	16-1745009	0.00	34517
2a Name of Participating Employer BLUM CONSTRUCTION CO., INC. DBA EUROPEAN ROLLING SHUTTERS	77-0160674	0.30	3720005
2a Name of Participating Employer BMB MANAGEMENT LLC	81-4050828	0.01	18815
2a Name of Participating Employer BOAZ PARTNERS, LLC	47-3254476	0.13	1893180
2a Name of Participating Employer BOKER USA, INC.	84-1027977	0.07	275578
2a Name of Participating Employer BRAZEN ANIMATION, LLC	47-2208183	0.36	1246253

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BREACHQUEST, INC.	86-2696947	0.00	77436
BREAKTHROUGH HOUSTON	83-0924608	0.01	0
BRIGHAM RESOURCES MANAGEMENT,	46-2565501	0.00	4132659
BRK GLOBAL MARKETING, INC.	56-1804373	0.00	1352
BURGE INTERESTS, LP	76-0487852	0.04	25930
BURRER ENGINEERING, INC.	83-3060725	0.20	535809
C&C RESERVOIRS, INC.	76-0613825	0.36	2176321
CALDERA MANAGEMENT, LLC	47-2383794	0.25	1120134
CAMCARA, INC. (DBA- AST WATERJ	20-4750969	0.04	42867

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CANCER CARE SERVICES	75-1025511	0.11	552923
CAPITALIZE CONSULTING, LLC	22-3905135	0.02	234504
CAPITALIZE DATA ANALYTICS, LLC	46-1149020	1.95	7335570
CAPITOL LIFT TRUCK, INC.	73-1175075	0.17	1558865
CAPSTONE CONSTRUCTION SERVICES	26-2965194	0.13	695967
CAPSTONE UNDERWRITERS, LLC.	75-2392097	0.03	243677
CAROLINA SMALL BUSINESS DEVELO	58-1903219	0.49	1577188
CASA FLORA, INC.	75-1368843	0.12	1499995
CASORO GROUP, LLC	83-4637701	0.12	344644

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CATEYE AMERICA, INC.	45-2780122	0.00	52546
CAZ INVESTMENTS, LP	76-0649950	1.32	0
CENTER ANIMAL HOSPITAL, INC. D	74-2099489	0.30	2622061
CENTERSTONE MANAGEMENT II, LLC	26-4540454	0.11	818083
CGS PUBLISHING TECHNOLOGIES IN	41-1923734	0.46	6310448
CHANNELTIVITY, LLC	26-0310238	0.11	538294
CHEMILY MANAGEMENT COMPANY	84-1048876	0.16	2326715
CHICAGO AREA RES INST, DBA MER	47-1094651	0.06	75470
CHILDREN'S HEART FOUNDATION	36-4077528	0.04	80333

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CHISHOLM OIL AND GAS MANAGEMEN	81-4868687	0.42	0
CHREST FOUNDATION, INC	75-2840026	0.02	52431
CHRISTIAN BROTHERS, INC.	58-2452934	0.56	3086436
CHROME HERO, LLC	84-1728763	0.00	43709
CI INTERNATIONAL, INC.	84-1364821	0.86	5220961
CINCOM SYSTEMS, INC.	31-0743387	0.12	80657
CITY CARE, INC.	73-1497381	0.01	0
CLEAR LAUNCH, LLC	46-4208867	0.05	228398
CLEARPATH ACCOUNTANTS, LLC	27-3388427	0.07	715499

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLIENT 4 LIFE GROUP, INC.	82-2628616	0.08	469134
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLIINTEL CAPITAL GROUP, LLC	47-5268671	0.03	40487
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CLIINTEL CAPITAL MANAGEMENT GR	81-4568245	0.00	23293
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COALITION FOR THE HOMELESS	67-0257018	0.38	1149001
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COASTAL CAPITAL MARKETS, LLC	93-1453623	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COCO, LLC	45-0700114	0.01	29770
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLLINS AND ASSOCIATES, INC.	99-1221590	0.00	372881
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLORADO PAIN & REHAB, LLC	20-4109720	0.22	3781577
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COLORMARK, L.C.	75-2500573	0.32	3259358

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COMBINED RESOURCES, INC.	36-3468701	0.40	1242340
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPASS EAST FINANCIAL, LLC	45-3829406	0.10	510377
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPASS TECHNOLOGY GROUP, LLC	45-4826162	0.38	1161181
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPLETE BOOK & MEDIA SUPPLY,	74-2852244	0.16	1684040
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COMPUTERIZED BUSINESS SOLUTION	20-5299552	0.26	2832336
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONCEPTION TO REALITY INC.	58-2144707	0.21	2121377
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONSERV EQUIPMENT LEASING, LLC	47-3724752	0.19	1040721
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONTEMPORARY CABINETS, INC.	73-1394529	0.00	576567
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CONVERSANT SOLUTIONS	84-1489946	0.46	1945455

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CONVERSION INTERACTIVE AGENCY,	47-2488164	0.77	2712805
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COPPER MOBILE, INC.	27-3073203	0.06	316583
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORE TECHNOLOGIES, INC.	47-0833083	0.12	90727
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CORVAGLIA CLOSURES USA INC	81-4657041	0.33	993203
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COSMO TECHNOLOGIES, INC.	85-1909350	0.01	4931
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
COULTER, LLC	85-4110723	0.12	788069
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CPI PIPE & STEEL, INC.	73-1129740	0.42	1132377
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CREEKSIDE SURGERY CENTER	45-0950622	0.00	853
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
CROSSROADS SYSTEMS, INC.	59-3058828	0.00	1774710

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CROWN HAVEN, LLC	53-9133431	0.13	356593
CRR COMMUNICATIONS, INC.	20-8027501	0.17	1040428
CURTIS RESTAURANT SUPPLY	42-1560514	0.17	1025524
CUSTOM BACKYARD SPACES, LLC	87-1804411	0.02	11303
CUTTING EDGE ROBOTIC TECH	47-1696246	0.00	162237
CYCLONIC VALVE	73-1438863	0.48	4158096
DADS CLUB AQUATIC CENTER, INC.	76-0351808	0.00	81019
DALLAS HERMETIC CO. INC.	75-1220923	0.00	11078
DATA STORAGE, INC.	73-1606608	0.00	15709

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DAVID E. WILKENS, INC.	26-1231675	0.30	698227
DEAN'S NATURAL FOODS	46-5068012	0.00	99783
DELTA STUDWELD, INC.	76-0311641	0.95	8277100
DENT IMPACT	88-3036315	0.05	164172
DERMATOLOGY EMPLOYMENT, LLC	47-2519466	0.18	607959
DESIGN TREE ENGINEERING & LAND SURVEYING	20-5205210	0.18	3169333
DEVLYN OPTICAL, LLC	46-2646192	0.00	15087
DIGESTIVE HEALTH RESEARCH, LLC	82-2320867	0.01	65489
DIMENSIONS SAAS SOLUTIONS, LLC	82-4710041	0.01	268454

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
DIRECT REHABMED	59-3770431	0.01	0
2a Name of Participating Employer DIRECTNET - (DBA - 42U)	84-1293678	0.12	507485
2a Name of Participating Employer DOGS PLAYING FOR LIFE	46-5559418	0.06	51502
2a Name of Participating Employer DONSOL LLC	85-4207864	0.00	2156
2a Name of Participating Employer DORNAK ENTERPRISES, INC.		0.00	0
2a Name of Participating Employer DUNAN MICROSTAQ, INC.	45-3767508	0.14	256758
2a Name of Participating Employer DUNAN PRECISION, INC.	76-0821282	0.18	848171
2a Name of Participating Employer DUNTON COMMERCIAL, LLC	82-3731339	0.24	730622
2a Name of Participating Employer DURAG, INC	41-1815977	0.29	962127

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ECKARD GLOBAL, LLC	61-1672084	0.88	2075914
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDGE ENGINEERING AND SCIENCE,	27-3019973	1.24	6397452
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDMOND FINE ARTS	73-1250294	0.04	36990
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDUCATIONAL FIRST STEPS	75-2334053	0.05	328164
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDUTRAK, LLC	90-1041039	0.02	47716
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EDWARDS INGRAM, LLC	85-0843271	0.03	15667
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EF PROPERTIES, L.C.	75-2446314	0.00	635541
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
EIGHTEENTH AVE FAM ENRICH CENT	62-0562855	0.00	465
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ELDON JAMES CORPORATION	84-1062964	0.42	1285024

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ELDS, LLC	81-4978725	0.06	323445
2a Name of Participating Employer ELECTRO ACOUSTICS & VIDEO, INC.	75-2094417	0.15	2125704
2a Name of Participating Employer ELEVATE PARTNERSHIP, PLLC	90-0622595	0.12	718182
2a Name of Participating Employer ELKUS & SISSON, PC	02-0747893	0.30	4403233
2a Name of Participating Employer EMPLOYEES FEDERAL CREDIT UNION	73-0656684	0.04	223621
2a Name of Participating Employer ENCORE SEARCH PARTNERS, LLC	27-5493150	0.42	1132360
2a Name of Participating Employer ENERGYPRINT, INC.	26-4666944	0.00	41699
2a Name of Participating Employer ENGINEERED PACKAGING SYSTEMS, INC.	20-0779579	0.15	494335
2a Name of Participating Employer EQUIP OUTDOOR TECHNOLOGIES USA	26-3617654	0.04	196129

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ERT LIGHTING & SALES, INC.	74-2444291	0.50	2262078
ESTUDIO, LLC	27-1812727	0.14	271119
ETG SYSTEMS, INC.	90-0376492	0.14	158775
ETHOSIQ, LLC	27-0676515	0.02	44840
EVENT PROMOTION SUPPLY, INC.	84-1189111	0.08	783012
EXCEL ORTHOPEDICS OF TEXAS, LLC	46-2319824	0.10	0
EXCELERATION SERVICES, LLC	85-4287911	0.30	325514
EXHIBITOR SOURCE, INC.	62-1798516	0.09	1595781
FABRICATION AND MAINTENANCE SE	81-4063128	0.00	13028

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FAGADAU HAWK & SWANSON M.D.	75-2186603	0.02	13184
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FFAC OPERATING COMPANY LLC	92-2034235	0.06	40427
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FINNAN FINANCIAL, INC. (DBA - TLW.MEDIA)	87-0776874	0.00	2939
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRST LONE STAR PHARMACY GROUP	27-1882472	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRST PIONEER LLC	84-3762132	0.07	957878
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FIRSTNAME, LLC	86-2134747	0.06	85099
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLESKE HOLDING COMPANY, LLC	46-1598914	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FLEX RADIO SYSTEMS	74-2935974	0.00	50085
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FMOC, LTD.	74-2959116	0.02	35989

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FORMATION OPERATIONS, LLC	93-3516575	0.01	10129
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FOUNDATION FOR ESSENTIAL NEEDS	27-4342240	0.06	232226
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRAYER ENTERPRISES II, LLC	47-4861794	0.27	1533744
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FREESTONE MANAGEMENT	92-0891295	0.00	906
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRIENDSHIP BAPTIST CHURCH	41-1552097	0.13	923423
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRONTIER BANK OF TEXAS	20-8384720	1.06	4218461
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FRONTRANGE CAPITAL ADVISERS, LLC	27-4323186	0.64	3449171
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FSG OPERATING, LLC	85-3435851	0.84	2134430
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FULL NELSON PLUMBING INC.	57-1155800	0.02	127537

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
FURMAN AND KEIL ARCHITECTS, PL	20-0065644	0.04	0
FUSE MEDICAL, INC	59-1224913	0.03	67287
FX SHOULDER USA, INC.	82-3505600	0.42	960299
G MASON GROUP LLC	45-4287303	0.13	526125
GARCIA TIRE SERVICE, INC.	73-0943455	0.00	704074
GARDEN DESIGN, INC.	05-0533038	0.18	1207479
GARDNER.STUDIO, LLC	86-2625907	0.13	649191
GENETIC REFLECTIONS LLC DBA VIAGEN PETS & EQUINE	83-1327010	0.22	1111328
GENEVA HOME FASHION, LLC	46-5580032	0.01	0

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENOTOX LABORATORIES, LTD.	90-0863464	0.05	408086
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GENTLE HEALTHY SMILES, LLC	46-3979077	0.15	1000933
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLB EXPLORATION, INC.	73-1405292	0.07	131995
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GLOBAL MEDICAL MANAGEMENT, LLC	35-2234836	0.00	210397
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GMI OPCO, LLC	82-2214298	0.46	3490268
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAF ENGINEERING, LLC	84-1393271	0.10	976744
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAND PRAIRIE DIALYSIS CENTER	68-0499495	0.00	92067
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAPHAWARE, INC.	83-1535046	0.07	369423
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GRAVES INVESTMENT HOLDINGS, LL	47-5636458	0.02	189243

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
GREAT LAKES ENGINEERING	41-1980196	0.30	3669557
GREAT TRANGO HOLDINGS, INC.	84-1472733	0.10	436296
GREATER NORMAN SURGERY CENTER,	27-2990999	0.00	114878
GREEN'S NATURAL FOODS, INC.	81-4371274	0.00	977363
GRIFFIN HEATING & AIR CONDITIONING	56-0889813	0.14	123881
GROWER'S ORGANIC, LLC	02-0745679	0.00	141456
GUARDIAN HOUSE	74-2780384	0.04	40781
GUERRILLA SUIT LLC	20-3071274	0.00	35
H&B HOSPITALITY MANAGEMENT, LLC	82-1987039	0.00	76984

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HAND & WRIST OF CENTER OF HOUS	20-0531085	0.06	503482
HARGRAVE EYE CENTER PA	71-0888283	0.00	6282
HARMONIC BIONICS, INC.	81-4760749	0.17	438209
HARTWELL INDUSTRIES	74-1544711	0.06	1306643
HATCH OPERATION LLC	83-3185818	0.44	1557400
HAUMONT HOLDINGS, LLC DBA SHIELD BAR MARKETING	35-2344386	0.00	371
HAYES HUNTER PC	81-5163834	0.01	107407
HEADSPIN, INC.	47-4593101	0.05	30796
HEALTH MOVEMENT, INC.	85-1030353	0.00	3574

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HEINRICH MARKETING	84-0771005	0.99	6034328
HODGES ARCHITECTURE	75-2822880	0.00	0
HORIZON HYDRAULICS LLC	82-4120881	0.13	410689
HP MANUFACTURING	73-1486681	0.05	39030
HPC PROPERTY SERVICES	81-2664285	0.02	21545
HSMA, LLC DBA ECO FLAPS	81-0957572	0.04	331865
HUMBLE ORIGINS HOSPITALITY MANAGEMENT, LLC	47-4275367	0.08	84973
HURRICANE TOOL & SUPPLY, INC.	76-0006587	0.25	1047096
HYDE PARK LABEL COMPANY	75-1850951	0.00	12440

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
I.M.S. RELOCATION	75-2460303	0.07	215350
2a Name of Participating Employer ICONIXX SOFTWARE CORPORATION	2b EIN 27-2008763	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 270185
2a Name of Participating Employer IDM GROUP, LLC	2b EIN 90-0583740	2c Percentage of Total Contributions for the Plan Year 0.12	2d Aggregate Account Balances Attributable to Participating Employer 1194573
2a Name of Participating Employer IFE NDT, LLC	2b EIN 47-1556945	2c Percentage of Total Contributions for the Plan Year 0.02	2d Aggregate Account Balances Attributable to Participating Employer 382473
2a Name of Participating Employer ILLUMINA TECHNOLOGY SOLUTIONS,	2b EIN 87-2762727	2c Percentage of Total Contributions for the Plan Year 0.65	2d Aggregate Account Balances Attributable to Participating Employer 792768
2a Name of Participating Employer IN4MATIVE BUSINESS SOLUTIONS D	2b EIN 37-1801709	2c Percentage of Total Contributions for the Plan Year 0.17	2d Aggregate Account Balances Attributable to Participating Employer 685433
2a Name of Participating Employer INDEPENDENT CONSULTING SERVICE	2b EIN 06-1794483	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 237171
2a Name of Participating Employer INDUSTRY CONSULTING GROUP, INC	2b EIN 75-2252503	2c Percentage of Total Contributions for the Plan Year 0.00	2d Aggregate Account Balances Attributable to Participating Employer 51022
2a Name of Participating Employer INFANT CRISIS SERVICE, INC.	2b EIN 73-1378766	2c Percentage of Total Contributions for the Plan Year 0.21	2d Aggregate Account Balances Attributable to Participating Employer 1153402

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INNOVATIVE BUSINESS PRODUCTS	77-0644252	0.00	237130
INSCIO BUSINESS SOLUTIONS, LLC	20-8739422	0.22	1506114
INSIGHT ASSOCIATION MANAGEMENT	80-0858494	0.28	1048852
INSITE PROPERTY GROUP LLC	83-1895272	1.29	0
INTEGRAL GIS, INC.	91-1937117	0.23	0
INTEGRATED RENTAL SYSTEMS, INC.	83-2279972	0.25	603904
INTEGRITY TESTING LABS, INC.	84-2512439	0.00	7970
INTELEK TECHNOLOGIES, INC	73-1492037	0.04	246918
INTERCEDE HEALTH	76-0555897	0.22	2542996

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INTERFACE COMPUTER COMMUNICATI	36-3954813	0.07	476707
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INTERVENTIONAL SPINE & PAIN LLP	47-1278280	0.01	6144
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
INVENTURE COLLECTIVE, INC.	76-0620068	0.72	3133720
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J JARIE GALLERY, LLC	20-4108790	0.01	19983
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J&B FASTNERS, LP	76-0578567	0.00	344609
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
J.R.MERRITT CONTROLS, INC	06-1176263	0.75	7512219
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JAH REALTY, L.P.	86-1090919	0.24	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JANOURA REALTY & MANAGEMENT, INC.	65-0844987	0.16	2820412
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
JBL HOSE SERVICES, LLC	27-3047126	0.10	0

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JENKINS WEALTH, INC	46-1302083	0.33	4050594
JFO GROUP, LLC	20-3924773	0.40	2510054
JKS CONTRACTING CO., INC.	74-2767184	0.00	0
JOSE I. GUERRA, INC.	74-2049988	0.57	4432578
JOULE, INC	27-1125802	0.05	171774
JUERN TECHNOLOGY, LLC	80-0800836	0.05	220318
K&D CONSTRUCTION SERVICES, INC	27-0287408	0.70	2266493
KAREN BLACK CO., LLC	73-1526760	0.00	33280
KES SYSTEMS SOLUTIONS	20-3673612	0.37	1458575

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KEY NORTH CAPITAL, LLC	93-1405194	0.02	49093
KEYAVI DATA CORP.	85-1098740	0.26	553663
KIERI SOLUTIONS, LLC	47-3960233	0.13	130080
KNOWBILITY INC.	74-2902291	0.02	203354
KOR-LOK USA, LLC	20-0998465	0.02	72942
KSW ENVIRONMENTAL, LLC	30-0747509	0.02	470019
L5E, LLC	45-4036119	1.03	6746989
LAKESIDE AQUATIC CLUB	75-1835239	0.14	392813
LAND STEWARDSHIP PROJECT	41-1466054	0.19	373317

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LANDPLAN DEVELOPMENT	75-2785163	0.13	1519592
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LARSON SOFTWARE TECHNOLOGY	76-0090790	0.11	1347228
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LAWSON HOLDINGS LLC	73-0990385	0.11	553974
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEADERSHIP STRATEGIES, INC.	58-2019848	0.17	851748
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEE'S RV CITY, INC.	73-1049332	0.00	14295
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEWIS RINGELMAN, P.C.	85-1988456	0.28	1360108
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LEWISCO HOLDINGS, LLC	27-4792125	0.15	980646
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LINKAGE LOGISTICS, INC.	84-4002330	0.00	362
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LIQUIBASE, INC.	45-5572255	1.36	3935736

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LITEYE SYSTEMS INC.	75-2997400	1.20	2131949
LOADSMITH, LLC	83-4500812	0.22	736852
LOCUM INC.	27-0003341	0.15	869427
LONGHORN SOLAR	27-2755674	0.11	328601
LOS TRIGOS, INC. DBA THE RECEP	47-3571987	0.45	1827883
LOVEWORKS LEADERSHIP, INC.	27-4025891	0.00	8473
LUB-LINE, LLC	95-4811846	0.09	316150
LVRN RECORDS, LLC	81-3425384	0.01	4220
M&M MORTGAGE, LLC	20-5343305	0.12	1268414

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MAGNOLIA INSTRUCTIONAL CENTER	45-5008289	0.01	0
MAIDEN STONE, INC.	91-2181645	0.10	382805
MALMBERG DEVELOPMENT CORPORATION	37-1426591	0.60	4490714
MANAGEGO, LLC	27-1718553	0.10	308842
MAPR AGENCY, INC.	84-1224339	0.05	115432
MARGARET HUDSON PROGRAM, INC.	73-0793181	0.00	17153
MARK HART ARCHITECTURE, INC.	26-4072035	0.07	445417
MARKETSCOUT CORPORATION	75-2902480	0.00	467050
MARKETSCOUT WHOLESALE, LLC	27-2425102	0.00	51430

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MARTIN BIONICS, LLC	04-3803107	0.00	20828
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MASTERPIECE DESIGN GROUP LLC	20-1837863	0.10	352990
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MATT FAJKUS ARCHITECTURE, LLC	27-4674549	0.10	463493
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MATTHEW 25, INC.	58-1673641	0.00	38442
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MBZ PROPERTY MANAGEMENT, LLC	82-2626462	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEDIGY, LLC	73-1709542	0.03	23509
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEG HEALTHCARE, LLC	86-2541207	0.27	549515
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEGASYS HOSPITALITY SYSTEMS, I	73-1349986	0.00	3078
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MEMORIAL CITY SURGICAL ASSOCIA	74-1796735	0.00	591813

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MEMORIAL WOMEN'S SPECIALISTS	14-1854933	0.02	102121
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MERIT ADVISORS, LLC	73-1543198	0.00	3878
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MID CONTINENT WELL LOGGING SER	73-1351571	0.11	477088
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILBERN RAY AND COMPANY LLP	75-1793612	0.66	1005223
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILLENNITEK, LLC	27-2152866	0.15	786880
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MILLER EMS, LLC	20-4805133	0.00	3176
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MINI.KATANA, LLC	86-2781082	0.04	57815
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MIXED MEDIA CREATIONS	27-0373572	0.08	568576
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
MOBILE ACCORD, INC.	20-2939332	0.05	2231917

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MOBILE TECH.	74-2785042	0.00	30788
MUSIC CITY AUTOPLEX	45-5389301	0.12	1095974
MYGOV, LLC	14-1857392	0.14	786300
NATIONAL MOTOR CLUB HOLDINGS, INC.	88-0467464	0.02	1450647
NETGAIN SOLUTIONS, INC.	82-3529084	0.00	0
NETIQUETTE ENTERPRISE TECHNOLOGIES INC.	75-2636357	0.08	1422693
NETVU	75-2107124	0.12	860851
NEUGART USA CORP	23-2921709	0.01	85960
NEWEDGE SERVICES, LLC	47-3835979	0.25	870721

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NEWLIGHT HEALTHCARE, LLC	27-2596449	0.13	855747
NJEVITY, INC.	20-0407642	0.08	0
NORDY PHOTOGRAPHY LLC	87-4328621	0.01	9959
NORTHLAND LAWN & SPORT LLC	81-3243139	0.20	630927
NORTHWEST DIAGNOSTIC CLINIC	74-2935598	0.00	279691
OAKPOINT CHARITABLE FOUNDATION	81-0977403	0.05	522535
OCULOPLASTIC ASSOCIATES OF TEXAS, PLLC	26-3158509	0.17	122565
OFFICEWORKS, INC.	95-4840814	0.00	222799
OKLAHOMA CITY EAR, NOSE & THRO	73-1461178	0.00	64807

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OKLAHOMA CITY INNOVATION DISTR	73-0756329	0.00	0
OKLAHOMA INJURY SPECIALISTS, LLC - DBA - CONLEY INJURY CLINIC	86-2162508	0.00	565
OKLAHOMA POLICE SUPPLY, LLC	73-1613757	0.01	55110
OKLAHOMANS FOR RESPONSIBLE GOV	26-1823098	0.00	17678
OMNI FLOW COMPUTERS, INC.	76-0300492	0.52	6134060
OMNI WATER SOLUTIONS, INC.	26-4824471	0.00	97487
ONCE THERE, INC.	47-1397980	0.00	8755
ON-DEMAND SERVICES GROUP, INC.	41-1861261	1.05	2481588
ONE, LLC	20-8206474	0.07	472297

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ONESOURCE TELECOM	76-0802950	0.10	1893265
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ONSITE AV SERVICE PARTNER, INC	20-0677899	0.00	21042
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
ORIGIN EIGHT, INC.	45-2447544	0.07	614418
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
OTB MATERIALS CORP	88-2711728	0.03	17875
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
P2BINVESTOR, INC.	84-3181296	0.00	201110
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PAPERLYTE, LLC	47-2618815	0.12	121806
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARADIGM FIELD INDUSTRIAL SOLUTIONS, LLC	61-1915495	0.00	49081
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PARADIGM PROPERTY MANAGERS, LL	85-1794276	0.06	140368
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
PC PARTS PLUS, L.L.C.	46-2533398	0.52	1898423

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PCA OF COLUMBIA, INC.	62-1729316	0.73	7778302
PCA OF COLUMBIA, INC. MPP ASSETS	73-1543198	0.00	162550
PCH GROUP, LLC	27-1888252	0.24	1625174
PCS TELECOM, INC.	26-3423055	0.00	2944
PERINATAL QUALITY FOUNDATION	77-0653781	0.02	249497
PERSONETTE & ASSOCIATES, LLC	76-0646785	0.00	109745
PHARAOH ENERGY SERVICES, LLC	85-3827161	0.12	340911
PHAROS MARINE AUTOMATIC POWER OF LOUISIANA	88-2595756	0.18	1761084
PHOTODIGM, INC.	75-2882973	0.08	1237553

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PHYSIATRY REIMBURSEMENT SPECIALISTS, INC.	75-2393012	0.03	239899
PILLAR CLINICAL RESEARCH, LLC	26-2578756	0.11	186158
PINNACLE STORAGE MANAGERS, LLC	81-1747196	0.03	86735
POINT INNOVATION, INC.	75-2738415	0.01	769863
PREDICTIVE SCIENCE, INC.	46-2679973	0.00	26598
PREMIER PAIN ASSOCIATES	81-2788867	0.00	88216
PREMIER SOURCE	84-1622004	0.00	694085
PRESBYTERIAN HEALTH FOUNDATION	73-0709836	0.10	226390
PRESS MASTERS, INC.	81-5075870	0.09	454666

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PRESSMAN CANTRELL MCCULLOCH INC.	75-2915930	0.08	958893
PRESSMAN TOY CORP. - DBA GOLIATH	13-5585288	0.02	0
PRESTIGE GLOBAL MEETING SOURCE	20-3610699	0.00	0
PRESTIGE HEALTH SOLUTIONS LLC	83-4072151	0.02	14650
PRESTON ROAD PHARMACY, INC.	75-1310085	0.01	0
PROFESSIONAL DRIVER AGENCY, LL	47-1062444	0.08	382994
PROSYNTIX, LLC	82-1940626	0.10	82765
PROVIDENCE ENERGY LTD. - DBA PROVIDENCE ENERGY CORP.	75-2493397	1.93	11185838
PURPOSE TRANSPORTATION	45-3551202	0.01	4138

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Q MARKETING SERVICES, LLC	46-1138319	0.00	5285
QUIKQ, LLC	26-3101358	0.03	3499993
QUIRK & KIDS LOGISTICS, LLC - DBA- RODE SENSE	85-4322234	0.04	39717
RAGSDALE INDUSTRIES, INC.	84-1118611	0.20	1565604
REALVOLVE, INC.	46-4597641	0.00	0
REFTEK SYSTEMS, INC.	85-4385804	0.01	6388
RELAYHUB, LLC	05-0469543	0.26	2478556
RELIANCE AIRCRAFT INTERNATIONAL, LLC	84-3918252	0.20	0
REMICK MOORE ARCHITECT, LLC - DBA - REMICK ARCHITECTURE	47-2685214	0.06	44960

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RENOVATING KC LLC	85-3821827	0.00	1559
REOC PARTNERS LTD	45-0464104	0.00	93066
REPOWER, LLC	30-0327046	0.00	19670
RESONANCE CENTER FOR WOMEN	73-1023752	0.00	16522
RESOURCE SOLUTIONS OF GEORGIA,	86-1187419	0.10	438219
RESPONDENT, INC.	81-3057001	0.06	186755
RESTORE OKC, INC.	81-5470507	0.12	161080
RETINAL CARE INC.	82-3706347	0.24	484051
REYNOLDS & FRANKE, PC	74-2516372	0.02	12301

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RIVERSIDE RESOURCES PROPERTY M	20-3694042	0.12	571710
ROCKSTAR CAPITAL	27-4717694	0.02	12830
RONALD MCDONALD HOUSE CHARITIE	73-1103242	0.09	209413
RONALD WALKER ASSOCIATES II, I	75-1864723	0.10	2259411
ROSS TRANSPORTATION, INC.	73-0765073	0.13	2626113
ROTHSCHILD SAFARIS, LLC	36-4567763	0.05	119134
ROYAL TEXTILE PRODUCTS COMPANY INC	84-1052143	0.15	225960
RPNT ACUTE SERVICES, INC.	75-2714866	0.67	2400637
RRC MEDICAL REAL ESTATE, LLC	20-5120737	0.21	2170493

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RUCKUS GAMES INC.	88-3516982	0.44	756885
SAGAC PUBLIC AFFAIRS, LLC	90-0437860	0.33	1747765
SAGEINSIGHTS, LLC	38-3981376	0.00	54480
SAINTS MEDICAL GROUP	76-0825755	0.00	58028
SAUNDERS THERAPY CENTERS, INC.	41-1620171	0.15	2315639
SAVAGE MACHINING, INC.	55-0910221	0.06	462620
SAVANT FINANCIAL TECHNOLOGIES,	80-0552436	0.22	1093503
SDS IMPORTS, LLC	81-4979875	0.11	0
SEROVITA HOLDING CORPORATION	46-5367338	0.14	244741

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SERVICEFIRST RESTORATION INC.	45-4255503	0.10	167853
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SEVENPICO, INC	84-2282476	0.10	219184
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SIGMAFLOW, LLC	46-1633891	0.00	225197
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SILVER CREEK MANAGEMENT, LLC	38-3897354	0.18	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SKYYA, LLC	26-1988817	0.23	849514
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMALLER EARTH, INC	20-5460849	0.01	70043
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SMRTR, INC.	81-0559317	0.12	781162
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOCIUM INNOVATIONS	47-4938515	0.00	13808
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SOJOURN SOLUTIONS, LLC	47-1787071	0.19	946368

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SONG CHUAN PRECISION AMERICAS INC.	82-3609006	0.20	1631438
SOURCECHECK LTD.	20-1982867	0.00	67298
SOUTH COAST HYDRAULICS	76-0513282	0.08	598676
SOUTHWIND HILLS, LLC	46-4407580	0.00	1487
SPECIALIZED ASSOCIATION SERVICES, INC.	88-0315279	0.21	2602390
STAR OF TEXAS FINANCIAL SOLUTIONS,	20-2468719	0.00	1060
STATE WIDE ELECTRIC, INC.	73-1121590	0.01	576074
STATERA, INC.	84-1576560	0.00	3213155
STATESMAN BUSINESS ADVISORS, L	76-0470062	0.64	6887695

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
STEGO, INC.	58-2092756	0.19	566682
2a Name of Participating Employer STRONGBOX DATA SOLUTIONS, INC.	98-1293325	0.00	472427
2a Name of Participating Employer STUDIO ARCHITECTURE, P.C.	73-1614783	0.29	2203652
2a Name of Participating Employer SULLEXIS, LLC	26-2309639	0.33	639734
2a Name of Participating Employer SUNBELT FABRICS, INC.	75-2237764	0.00	0
2a Name of Participating Employer SUNSHINE MOBILE VET SERVICES, LLC	93-3087966	0.01	5998
2a Name of Participating Employer SURGIKAL ASSISTANTS INC.	87-2659737	0.06	568565
2a Name of Participating Employer SW ELECTRIC LLC	99-1415618	0.16	803708
2a Name of Participating Employer SWEETWATER MEDICAL ASSOCIATES,	76-0610335	0.17	2645150

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
SYNERLINK CORPORATION	74-2202082	0.72	2954697
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TDI TECHNOLOGIES, INC.	75-2510269	0.28	3629558
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TECH SHIELD 24/7	45-5118559	0.00	35961
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TECHWARE DISTRIBUTION, INC.	41-1805550	0.12	4025721
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEKVISION PVS, INC.	01-0684395	0.28	2226041
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TELIGENTIP	45-4507743	0.04	530173
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TENNESSEE INDUSTRIAL ELECTRONI	47-1553696	1.31	5980810
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXAS ASSOCIATION OF BUILDERS	74-1115871	0.33	4022820
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXAS CONGRESS OF PARENTS & TEACHERS	74-1054403	0.12	674887

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TEXAS FUNERAL DIRECTORS ASSOCIATION	74-1234019	0.02	15990
TEXAS HEALTHCARE LINEN, LLC	27-2620846	0.21	839529
TEXAS SECURE TITLE COMPANY, LLC	38-3915361	0.08	224310
TEXCEL, LLC	93-4520433	1.08	7621396
TGI ENTERPRISES, INC.	73-1438556	0.00	7578
THE ACCESS PARTNERSHIP, LP	94-3425634	0.17	433743
THE ALFORD GROUP, INC.	36-3053369	0.23	2618257
THE BENSON FIRM, PLLC	46-1953821	0.29	2104259
THE CJ CPA GROUP, PLLC	27-4461251	0.51	4806904

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE DALLAS FOUNDATION	75-2890371	0.10	3241788
THE ECONSORTIUM GROUP, INC	20-8164199	0.16	1235733
THE FOUNDATION OF OKLAHOMA CIT	73-1222182	0.11	448955
THE HOPE CENTER FOUNDATION	26-1590757	0.04	82707
THE JENSEN PROJECT	82-1004857	0.10	233074
THE MRAM COMPANY	74-2179254	0.07	422850
THE NOBLE LAW, PLLC	27-0456311	0.11	297592
THE PAPERLESS AGENT	46-3603071	0.10	255488
THE PROS COMPANY, LLC	90-0506947	0.00	67506

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE RAINMAKER COMPANIES	46-4355145	0.12	1576486
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THE SOONER THEATRE OF NORMAN, INC.	51-0196629	0.01	29053
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THEE TECHNOLOGY INC.	20-8043974	0.17	643803
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
THEIPGUYS NET, LLC	27-3822643	0.41	1178093
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TIGRIS SPONSORSHIP AND MARKETING, INC.	20-1068982	0.01	222388
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TITAN CLOUD SOFTWARE, LLC	26-2849155	0.00	0
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TITAN VENTURES, LLC - DBA - TITAN CONSULTING	75-2943376	0.27	2103461
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TMS DELIVERY, INC.	20-2005860	0.10	247069
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOP GUN TECHNOLOGY, INC.	36-4680539	0.30	1645341

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Part II Participating Employer Information (Continued).

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
TOTALCLAIM, LLC	87-3625301	0.01	38
TOTALSCOPE ESTIMATING SERVICES	86-1405372	0.04	276285
TRANSNETWORK, LLC	43-1995694	1.37	3078343
TRANSPERE, LLC	81-3766925	0.00	15545
TRAVERCENT, LLC	47-3167366	0.00	573332
TREAT'S SOLUTIONS, LLC	73-1037920	0.02	51474
TRESTLE COLLABORATIVE, INC.	87-0978939	0.16	416775
TREVE, LLC DBA INTEGRATED PROD	81-3906407	0.20	239344
TRIANGLE EXPERIENCE GROUP, INC.	66-0757911	0.03	279359

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TRIGATE MANAGEMENT, LLC	37-1784018	0.79	6051414
TRITON NETWORKS, LLC	20-4824953	0.02	35172
TRUCK DRIVERS USA	86-2667483	0.00	6334
TSI PRODUCTS, INC.	26-3299228	0.12	744579
TULSA GARDEN CENTER	73-6068213	0.02	78046
TULSA TRAILER, LLC	47-4564847	0.04	223868
TXN INTERMODAL INC.	45-1422096	0.16	509582
TXV MAVERICK MANAGEMENT, LLC	87-2654985	0.05	28473
U & I ENTERTAINMENT, LLC	20-5357890	0.68	10099834

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UBISENSE AMERICA LLC	83-2340413	0.35	1149855
UCRP OPERATIONS LLC	83-4312543	0.18	615413
UFLIP, LLC	84-3319298	0.01	28362
ULTIMATE BUILDER SERVICES, LLC	46-4354299	0.23	1253874
UNITED GROUP SERVICE CENTERS, INC.	75-2270295	0.00	0
UNITED STATES OF AMERICA RUGBY	16-1118870	0.20	561588
UNTANGLED, LLC	27-3609382	0.02	482990
UPTIME SYSTEMS, LLC	47-0949704	0.43	2448436
URBAN LEAGUE TWIN CITIES	41-0706915	0.04	387686

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US ENGINEERED WOOD, INC.	84-4390511	0.00	9259
USA DIGITAL COMMUNICATIONS, IN	73-1545784	0.20	1680852
VALSTONE AMERICA INC. DBA SHOP DATA	32-0695390	0.11	1453007
VALUD CONSULTING LLC	26-4055248	0.00	393037
VATOR ACCESSORIES, INC.	26-2528957	0.00	604
VENCO CONSTRUCTION INC.	74-2556800	0.00	45798
VENTURE MORTGAGE CORPORATION	41-1659053	0.16	1110108
VERIDATA INSIGHTS, LLC	84-1869838	0.22	621112
VERITAS QA, LLC.	20-1364354	0.18	573869

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VERSONA SYSTEMS	20-5581271	0.08	1621933
VERTEX ENERGY	94-3439569	0.34	0
VERTEX REFINING, ALABAMA LLC	38-4179507	0.69	0
VEX ENERGY, LP	93-3715957	0.02	127969
VIACHEM LTD.	20-4925835	0.00	143358
VICINITY MANUFACTURING INC	20-8030389	0.14	1035336
VIRIDI GROUP, SBC	87-1950729	0.37	1844701
VIRTUALARMOUR LLC	84-1594399	0.09	315494
VISIBLE HEALTH	26-3643591	0.00	35630

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VISIONS REALTY & INVESTMENTS INC.	94-3417989	0.11	430091
VITALITY VEIN CARE	85-0866730	0.09	183008
VIVAQUANT, INC.	82-4361596	0.06	77451
VIVID DATA GROUP	45-3659204	0.07	953966
VLG MARKETING	80-0869623	0.00	58897
VOLUNTEER HEALTHCARE CLINIC	74-6082464	0.01	3509
VTX MANAGEMENT, LLC	30-1293139	1.47	2440640
WARRIORS REST FOUNDATION	82-3963036	0.00	690
WATERFIELD ENERGY, LLC	27-3170485	1.19	7567178

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2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WATERFIELD ENTERPRISES, LLC	33-0843842	0.14	1347569
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WEBB AIR CONDITIONING COMPANY,	75-1010339	0.00	29593
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WHITE SURVEYING COMPANY	73-0980314	0.15	1731855
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WILD MOUNTAIN BEES LLC	81-0977403	0.02	29243
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WINDCREST GOLF CLUB, INC.	23-7408288	0.00	3573
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WISE ORTHODONTICS, PA	75-2909466	0.19	1636867
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WOUND MANAGEMENT OF OKLAHOMA	73-1448665	0.18	1383136
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XAVIER EDUCATIONAL ACADEMY	20-8643579	0.12	442485
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
YELLOW DUCK MARKETING	45-2634277	0.24	178687

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

Use this page for additional participating employer information.

2 All multiple-employer pension plans that are subject to section 210(a) of ERISA (see instructions for filing the Form 5500) must complete Part II, in addition to Part I, in accordance with the instructions, to report the information for each employer participating in the multiple-employer pension plan.

Defined contribution plans must complete lines 2a-2d. All other multiple-employer pension plans complete lines 2a-2c only. Complete as many entries as needed to list the required information for each participating employer that is not an individual person (see instructions).

2a Name of Participating Employer ZENERGY, INC.	2b EIN 73-1165071	2c Percentage of Total Contributions for the Plan Year 0.31	2d Aggregate Account Balances Attributable to Participating Employer 4427988
2a Name of Participating Employer ZIEKER EYE OPHTHALMOLOGY, P.C.	2b EIN 27-3631860	2c Percentage of Total Contributions for the Plan Year 0.22	2d Aggregate Account Balances Attributable to Participating Employer 1573496
2a Name of Participating Employer ZOOLOGY FOUNDATION AT CROOKED WILLOW FARMS	2b EIN 27-1125802	2c Percentage of Total Contributions for the Plan Year 0.03	2d Aggregate Account Balances Attributable to Participating Employer 88055
2a Name of Participating Employer ZUBIE, INC.	2b EIN 45-4797964	2c Percentage of Total Contributions for the Plan Year 0.22	2d Aggregate Account Balances Attributable to Participating Employer 2505440
2a Name of Participating Employer ZYSTON LLC	2b EIN 81-2558546	2c Percentage of Total Contributions for the Plan Year 0.73	2d Aggregate Account Balances Attributable to Participating Employer 1886984
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
2a Name of Participating Employer	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III	Pooled Employer Plan Information
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Line 3. All Pooled employer plans must answer all of the questions in Part III, in addition to completing all of Parts I and II.

3a Is the pooled plan provider (identified as the plan sponsor and administrator in Part II of the Form 5500) currently in compliance with the Form PR (Pooled Plan Provider Registration Statement) requirements? (See instructions and 29 CFR 2510.3-44)..... ☐ Yes ☐ No

3b If line 3a is "Yes", enter the ACK ID for the most recent Form PR that was required to be filed under the Form PR filing requirements. (Failure to enter a valid ACK ID will subject the Form 5500 filing to rejection as incomplete.)
ACK ID _____

NEXTEP 401(k) RETIREMENT SAVINGS PLAN

AUDITED FINANCIAL STATEMENTS
AND
SUPPLEMENTARY INFORMATION

As of December 31, 2024 and 2023
and for the year ended December 31, 2024

NEXTEP 401(k) RETIREMENT SAVINGS PLAN

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INDEPENDENT AUDITOR'S REPORT

To the Participants and Plan Administrator of
the Nextep 401(k) Retirement Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of the Nextep 401(k) Retirement Savings Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section –

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedule Required by ERISA

The supplemental schedule, Schedule of Assets (Held at End of Year) as of December 31, 2024, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including their form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

The logo for UHY LLP, featuring the letters "UHY" in a large, stylized, cursive font, followed by "LLP" in a smaller, sans-serif font.

Sterling Heights, Michigan
October 15, 2025

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS		
Cash	\$ 710,009	\$ 732,938
Investments at fair value	557,298,886	475,538,523
Receivables		
Employer contributions	703,166	1,652,686
Participant contributions	887,439	1,423,701
Other employer contributions	122,455	-
Notes receivable from participants	6,672,273	5,439,049
Total receivables	8,385,333	8,515,436
Total assets	566,394,228	484,786,897
LIABILITIES - Excess contributions payable	285,353	302,039
Net assets available for benefits	\$ 566,108,875	\$ 484,484,858

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2024

ADDITIONS:

Investment income:	
Net appreciation in the fair value of investments	\$ 55,464,374
Interest	655,116
Dividends	<u>6,498,306</u>
Total investment income	62,617,796
Interest income on notes receivable from participants	440,553
Contributions:	
Employer	18,704,389
Participants	46,758,448
Rollovers	<u>9,848,772</u>
Total contributions	<u>75,311,609</u>
Total additions	138,369,958

DEDUCTIONS:

Benefits paid to participants	61,065,263
Deemed distributions	376,463
Corrective distributions	363,459
Administrative expenses	<u>2,493,621</u>
Total deductions	<u>64,298,806</u>

NET INCREASE IN NET ASSETS 74,071,152

OTHER CHANGES IN NET ASSETS

Transfers of assets from other plans	87,205,532
Transfers of assets to other plans	<u>(79,652,667)</u>
Net other changes	7,552,865

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>484,484,858</u>
End of year	<u><u>\$ 566,108,875</u></u>

NEXTEP 401(k) RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN

The following description of the Nextep 401(k) Retirement Savings Plan (the “Plan”) provides only general information. Participants should refer to the plan document for a more complete description of the Plan’s provisions.

General

The Plan is a multiple employer defined contribution profit sharing plan and trust with a qualified cash or deferred 401(k) arrangement covering all eligible employees of Nextep Holdings, LLC and Affiliated Entities (the “Company”) and its adopting employers. All participating employers of this multiple employer plan have signed joiner agreements that enable them to accept or modify the elections of a master plan document to meet their needs. Each participating employer’s adopted plan agreement should be referred to by the participants for additional information regarding plan specifications. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Empower Trust Company, LLC and Empower Annuity Insurance Company of America are the Plan’s trustees. Empower Retirement Services provides recordkeeping services to the Plan. The plan administrator has overall responsibility for the operation and administration of the plan. Plan Management determines the appropriateness of the Plan’s investment offerings and monitors investment performance.

The Setting Every Community Up for Retirement Enhancement Act 2.0 of 2022 (the SECURE Act 2.0) was signed into law December 29, 2022. This law, among other things, includes several required and optional provisions that will impact employee benefit plans that go into effect at various times through 2027. The provisions that were required to be implemented during the year ended December 31, 2024 are; 1) pre-death RMDs are not required from Roth accounts, 2) surviving spouse can elect to be treated as deceased employee for purposes of RMD rules, 3) correction period for employee deferral failures is extended to 9 ½ months after the end of the Plan year in which the error was made. The optional provisions that could be implemented during the year ended December 31, 2024 are; 1) the ability to offer non-highly compensated employees an emergency savings account, 2) to increase the cash-out balance to \$7,000, 3) to allow distributions for domestic abuse victim, 4) to allow for emergency expense distribution of up to \$1,000 and 5) to allow auto portability of amounts in that were rolled into an IRA due to cash out rules to be rolled into a new employer’s plan.

The Plan has elected to adopt the following optional provisions of the Secure Act 2.0 during the 2024 plan year. The Plan will be amended for any provisions elected in accordance with applicable law and IRS guidance.

- The plan will allow participants to take domestic abuse related distribution.
- The plan will allow participants to take a disaster related distribution.
- The plan will allow participants to self-certify for hardship distributions.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Contributions

Each year, participants may contribute up to 100% of eligible compensation, as defined in the Plan, and designate those contributions as either pre-tax or Roth. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover).

Each adopting employer may elect to include an auto-enrollment provision whereby all newly eligible employees are automatically enrolled into the Plan unless they affirmatively elect not to participate. Automatically enrolled participants have their deferral rate set in accordance with their adopting employer's specific plan provisions.

Each adopting employers' matching contributions are discretionary and determined as a percentage of participant elected deferrals for that employer.

If elected, each adopting employer can make a safe harbor matching contribution.

Each adopting employers' discretionary profit-sharing contributions are determined annually by each employer. Profit sharing contributions are allocated to each participant based upon the ratio of the participant's compensation to the total compensation of the adopting employer.

Participants should refer to their adopting employers' specific plan provisions for the calculation and amount of employer contributions for the year ended December 31, 2024.

Contributions are subject to certain IRS limits. Participants direct the investment of their contributions, including their employer contribution, into various investment options offered by the Plan.

Participant Accounts

Each participant's account is credited with the participant's contributions and Company matching contributions, as well as allocations of the Company's profit-sharing contributions and Plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Vesting

Participants are vested immediately in their contributions plus earnings thereon. Participants are also immediately vested in all safe harbor matching contributions. Each participating employer provides vesting of participating employer discretionary contributions; refer to specific plan agreements for service criteria, vesting percentages, and the policies regarding vesting upon termination.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to \$50,000 or 50% of the participant's vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate, determined quarterly, is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

Payment of Vested Benefits

On termination of service due to death, disability or retirement, participants may elect to receive an amount equal to the value of the vested interest in their accounts in either a lump-sum amount or in installments, depending on the size of the participant's account balance at the time of termination. Participants with a vested account balance of less than \$1,000 must take a lump-sum distribution. The account of a participant with a vested account balance between \$1,000 and \$5,000 who does not request a distribution will be rolled into an individual retirement account in the participant's name. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account in a lump-sum distribution.

In-service distributions are allowed when a participant reaches age 59½. Rollover contributions may be withdrawn at any time. The Company may authorize certain withdrawals from a participant's account in the event of proven financial hardship. Hardship withdrawals are subject to specific statutory and regulatory requirements.

Forfeited Accounts

As of December 31, 2024 and 2023, forfeited nonvested accounts totaled \$710,009 and \$732,938, respectively. These accounts will be used to pay plan expenses or reduce employer contributions. During the year ended December 31, 2024, forfeitures in the amount of \$274,298 were used to reduce employer contributions.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers and the trustees.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

Contributions from Plan participants and the matching contributions from the employer are recorded in the year in which the employee contributions are withheld from compensation. No allowance for credit losses has been recorded as of December 31, 2024 and 2023.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred.

Excess Contributions Payable

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with the corresponding reduction to contributions. The Plan distributed the 2024 excess contributions to the applicable participants prior to March 15, 2025.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Payments of Benefits

Benefits are recorded when paid.

Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants and benefit payments to participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments. Personnel and facilities of the Company have been used by the Plan for its accounting and other activities at no charge to the Plan.

Subsequent Events

The plan sponsor has performed a review of events subsequent to the statements of net assets available for benefits date through October 15, 2025, the date the financial statements were available to be issued, and has determined that there are no material events that have occurred during this period except as disclosed in Note 10.

NOTE 3 – CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest, and dividends, and interest income on notes receivable from participants for the year ended December 31, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Trust Company and Empower Annuity Insurance Company of America, qualified institutions.

NOTE 4 – FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds registered with the Securities and Exchange Commission (SEC). These funds must publish their daily net asset value (NAV) and transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Self-directed brokerage accounts: Accounts primarily consist of mutual funds and common stocks that are valued on the basis of readily determinable market prices.

Common collective trusts: Valued at the NAV of units of the fund, which is based on the estimated market value of the underlying investments less its liabilities. The NAV is used as a practical expedient to estimate fair value.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

Guaranteed investment contract: Valued at fair value by the insurance company by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit worthiness of the issuer. Because the participants transact at contract value, fair value is determined annually for financial statement reporting purposes only.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023.

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 203,580,317	\$ -	\$ -	\$ 203,580,317
Guaranteed investment contract	-	44,824,078	-	44,824,078
Self-directed brokerage accounts	-	1,717,441	-	1,717,441
Total assets in the fair value hierarchy	203,580,317	46,541,519	-	250,121,836
Investments measured at net asset value ^(a)	-	-	-	307,177,050
Total assets at fair value	<u>\$ 203,580,317</u>	<u>\$ 46,541,519</u>	<u>\$ -</u>	<u>\$ 557,298,886</u>

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

	Assets at Fair Value as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 187,629,240	\$ -	\$ -	\$ 187,629,240
Guaranteed investment contract	-	17,003,835	-	17,003,835
Self-directed brokerage accounts	-	968,791	-	968,791
Total assets in the fair value hierarchy	187,629,240	17,972,626	-	205,601,866
Investments measured at net asset value ^(a)	-	-	-	269,936,657
Total assets at fair value	<u>\$ 187,629,240</u>	<u>\$ 17,972,626</u>	<u>\$ -</u>	<u>\$ 475,538,523</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The following table summarizes investments measured at fair value based on net asset value per share as of December 31, 2024 and 2023, respectively.

	Estimated fair value at		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2024	2023		
Stable value collective trust funds	<u>\$ 307,177,050</u>	<u>\$ 269,936,657</u>	Daily	12 months

NOTE 5 – PARTY IN INTEREST TRANSACTIONS

The Plan allows for transactions with certain parties who may perform services or have fiduciary responsibilities to the Plan, including the Company. During the year ended December 31, 2024, there were direct fees of \$2,493,621 and transactions involving the investment of plan assets in investment funds maintained by Empower Annuity Insurance Company of America, a party-in-interest as defined in Section 3(14) of ERISA. Indirect fees paid by the Plan for investment management services are included in the net appreciation of the fair value of investments.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2024 and 2023

NOTE 6 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer discretionary contributions.

NOTE 7 – TAX STATUS

On June 30, 2020, the Internal Revenue Service stated that the prototype adopted by the Plan, as then designed, qualified under IRC Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however, the plan administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to examination by the Internal Revenue Service for the statutory period.

NOTE 8 – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 9 – OPERATIONAL ERROR

It was noted during our testing of employer discretionary matching contributions that for one pay period discretionary match was remitted in excess of the employer's elected matching formula. Subsequent to the plan year-end, Management discussed the error with the adopting employer and determined that no correction was necessary with regards to the excess matching contributions.

NOTE 10 – SUBSEQUENT EVENTS

Effective January 1, 2025, the Plan implemented the required provisions of the SECURE Act 2.0 related to including auto-enrollment, automatic contribution rate increase, and increasing catch-up contributions limits for employees between ages 60 – 63.

SUPPLEMENTARY INFORMATION

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
EIN # 73-1543198, Plan # 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2024

(a) Party in Interest	(b) Identity of issuer, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
	Dimensional Fund Advisors	Real Estate Securities Fund	\$ 3,944,763
	Dreyfus	Government Cash Mgmt Institutional Class	2,626
	Hartford	Healthcare Fund	14,173
	Reliance Trust Company	Aggressive 2035 Fund	8,028,017
	Reliance Trust Company	Aggressive 2045 Fund	5,991,899
	Reliance Trust Company	Aggressive 2055 Fund	7,684,723
	Reliance Trust Company	Aggressive Retirement Fund	2,475,098
	Reliance Trust Company	Conservative 2035 Fund	16,241,608
	Reliance Trust Company	Conservative 2045 Fund	10,049,543
	Reliance Trust Company	Conservative 2055 Fund	7,790,904
	Reliance Trust Company	Conservative Retirement Fund	3,353,347
	Reliance Trust Company	Moderate 2035 Fund	81,697,058
	Reliance Trust Company	Moderate 2045 Fund	59,393,463
	Reliance Trust Company	Moderate 2055 Fund	53,267,456
	Reliance Trust Company	Moderate Retirement Fund	51,203,933
	JPMorgan	Large Cap Growth Fund	351,908
	JPMorgan	Investment Management Large Cap Growth Fund	24,375,473
	JPMorgan	Mid Cap Growth Fund	4,328,638
	BlackRock	Natural Resources Fund	2,944,541
*	Mass Mutual	SAGIC Diversified Bond I	16,755,088
*	Mass Mutual	Mid Cap Growth Fund	44,671
*	Mass Mutual	Inflation-Protected and Income Fund	5,188,102
*	Mass Mutual	US Government Money Market Fund	7,055,816
	PIMCO	Income Fund Institutional Class	6,633,021
	American Funds	EuroPacific Fund	93,219
	American Funds	New Perspective Fund	9,215,409
	American Funds	New World Fund	5,849,269
	American Funds	Washington Mutual Fund	13,379,863
	Vanguard	Total Bond Market Index Fund	11,464,194
	Vanguard	Explorer Fund	4,967,201
	Vanguard	500 Index Fund	82,775,246
	Vanguard	Mid Cap Index Fund	10,842,004
	Vanguard	Small Cap Value Index Fund	8,486,173
	Vanguard	Small Cap Index Fund	10,339,594
	Vanguard	Developed Markets Index Fund	9,833,766
	Allspring	Special Mid Cap Value Fund	3,268,126
	Charles Schwab	Schwab SDB	1,686,018
	Charles Schwab	Schwab SDB Roth	31,423
	Capital Group	EuroPacific Growth Fund	3,693,517
	Putnam	Global Health Care Fund	2,557,995
			557,298,886
*	Notes receivable from participants	Notes receivable from participants (interest rates range from 4.17% to 10.50%) due at various dates through June 2052	6,672,273
			<u>\$ 563,971,159</u>

See independent auditor's report.

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)
JBL Hose Services, LLC- HRD Retirement Savings Plan	27-3047126	001
Paychex	16-1124166	001
Principal	43-1929483	001
Slavic	01-0620969	001
Transamerica	36-6071399	001
Vanguard	23-1945930	001

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 _____.

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)
Voya	52-1317217	001

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 _____.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
EIN # 73-1543198, Plan # 333
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
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See independent auditor's report.