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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.	10/15/2026	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	21230
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	**6a(1)**	14391
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	13222
b	Retired or separated participants receiving benefits	**6b**	141
c	Other retired or separated participants entitled to future benefits	**6c**	4851
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	18214
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	18214
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	9824
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	14818
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	350
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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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)** [X] **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)** [X] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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.

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	5656	01/01/2025	12/31/2025

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
306526	0

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	
306526	0	0	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	19302891
5	Current value of plan's interest under this contract in separate accounts at year end	5	40909865

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	17410632
c	Additions: (1) Contributions deposited during the year	7c(1)	2227673		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	615127		
	(4) Transferred from separate account	7c(4)	9089706		
	(5) Other (specify below)	7c(5)	-1624397		
	▶ LOAN REPAYMENTS AND FORFEITURES				
	(6)Total additions			7c(6)	10308109
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	27718741
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3356394		
	(2) Administration charge made by carrier	7e(2)	70380		
	(3) Transferred to separate account	7e(3)	4989077		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	8415851
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	19302890

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.			**10b**	

Specify nature of costs.

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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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	2742440	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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?
99	OTHER	921583	Yes [ ] No [X]	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 [X] No [ ]	Yes [ ] No [X]	280313	Yes [ ] No [X]

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	126759	Yes [ ] No [X]	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
(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.	

(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

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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

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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: CAPITAL GROUP EUROPACIFIC GROWTH SA

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

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)
06-1050034-000	P	5396955

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): GREAT GRAY

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)
81-4470950-308	C	91292092

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): GREAT GRAY

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)
81-4484368-309	C	87190760

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

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

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)
81-4393238-302	C	10393573

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): GREAT GRAY

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)
81-4532033-313	C	10208383

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): GREAT GRAY

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)
81-4543855-314	C	9197004

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

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

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)
81-4457845-307	C	113077362

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT GROWTH 2055 FD CL R6

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

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) 14946216

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH/ JP MORGAN INVST

b Name of sponsor of entity listed in (a): EMPOWER ANNUITY INS. COMPANY

c EIN-PN 06-1050034-141	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35512911

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT GROWTH RETIREMENT FD C

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) 2060373

a Name of MTIA, CCT, PSA, or 103-12 IE: INDEX SELECT GROWTH 2045 FUND CL R6

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

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) 13478212

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): GREAT GRAY

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) 3972066

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): GREAT GRAY

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) 15958653

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR STABLE VALUE PORT

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

c EIN-PN 04-3022712-026	**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 RETIRE FUND CL R6

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

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) 68155955

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	710009	516024
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	703166	1496457
(2) Participant contributions	1b(2)	887439	1383814
(3) Other	1b(3)	122455	176306
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)	6672273	8388702
(9) Value of interest in common/collective trusts	1c(9)	307177050	439930649
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	203580317	281732672
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	44824078	59755608
(15) Other	1c(15)	1717441	2584040

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	566394228	795964272
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	285353	320364
1k Total liabilities (add all amounts in lines 1g through1j)	1k	285353	320364
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	566108875	795643908

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)	25740923	
(B) Participants	2a(1)(B)	58572889	
(C) Others (including rollovers)	2a(1)(C)	12155141	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		96468953
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)	570729	
(F) Other	2b(1)(F)	620049	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1190778
(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)	8560952	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		8560952
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		85848498
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		192069181
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	88713635	
(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)		88713635
f Corrective distributions (see instructions)	2f		222023
g Certain deemed distributions of participant loans (see instructions)	2g		273108
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2287038	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(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)	14242	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		2301280
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		91510046
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		100559135
l Transfers of assets:			
(1) To this plan	2l(1)		197031546
(2) From this plan	2l(2)		68055648

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) [X] 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) [X] 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.)	**4a**		X	
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.)	**4b**		X	
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.)	**4c**		X	
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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		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?	**4f**		X	
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?	**4g**		X	
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?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
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.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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)
426330/CALSIGI LLC 401(K) PLAN	27-3139387	002
83BAR, INC. 401(K) PROFIT SHARING PLAN	46-2202808	001
ADP TOTALSOURCE	59-2452823	001
BLUM CONSTRUCTION CO,' INC. DBA EUREPEAN ROLLING SHUTTERS 401(K) PLAN	77-0160674	002

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)
CAPITALZIE DATA ANALYTICS, LLC, AE OF SECURE YOUR RETIREMENT 401(K)/ THE STANDARD	93-0242990	001
COADVANTAGE CORPORATION RETIREMENT SAVINGS PLAN	27-3007025	333

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

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
NEXTEP, INC.	73-1543198	2.34	18896321
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
20/20 RETAIL MANAGEMENT, LLC	73-1543198	0.00	325

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**	2.00
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.

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
237 GLOBAL	46-3767308	0.25	270308
2NSYSTEMS, LLC	41-1967251	0.21	1480964
3B STUDIO, INC.	76-0691453	0.21	2140807
5TH GEAR TECHNOLOGY CONCEPTS, INC.	46-4401753	0.03	134798
83 BAR, INC.	46-2202808	0.02	0
A & W BEARINGS & SUPPLY CO., I	75-1491977	0.00	16108
A GLIMMER OF HOPE FOUNDATION	31-1758218	0.04	881747
A PERFECT PLUMBER, LLC	26-4474414	0.07	330898
ACCESSCARE DIALYSIS, LLC	20-3390017	0.00	12880

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Part II Participating Employer Information (Continued).

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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
ACCURATE LABORATORIES, INC.	20-3745905	0.00	293067
ACE TRANSFER & STORAGE CO.	73-0683263	0.03	179627
ADA TECHNOLOGIES, INC.	84-0984053	0.17	2027334
ADELANTE CAPITAL, LLC	46-1062867	0.06	1208594
ADMINISTEP, LLC	75-2777124	0.00	4322
ADVANCED FLOORING SOLUTIONS LL	84-1384684	0.07	1191775
ADVANCED GRAPHIC PRODUCTS, INC.	75-2149264	0.17	180668
ADVANCED REFURBISHMENT TECHNOL	32-0156738	0.15	565259
AFFINAQUEST LLC	90-0898687	0.00	94326

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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
AGENCY CREATIVE INC.	22-3938780	0.06	802905
AIR ANALYSIS OF ATLANTA, INC.	58-1789456	0.02	251736
AIR PURIFICATION COMPANY	84-0460387	0.90	10039733
AIRBRUSH IMAGES, INC	76-0415144	0.03	26584
ALIBRE, LLC	82-0975102	0.13	1316472
ALTIUM WEALTH MANAGEMENT, LLC	27-2941375	0.00	60754
ALWAYS GREAT SMILES.COM, P.C.	36-3056632	0.13	2004138
AMANN GIRRBACH NORTH AMERICA, LP	30-0876876	0.86	2637076
AMERICA IN MOTION, INC.	74-3240589	0.18	1860799

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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 EXECUTIVE	81-2059186	0.13	723007
AMERICAN FINANCIAL EDUCATION ALLIANCE	38-3844292	0.08	282530
AMERICAN GATEWAYS	74-2578266	0.16	906235
AMERICAN KEG COMPANY	84-4164502	0.00	159864
AMERICAN PEANUT TRAILER, LLC	82-5393384	0.01	77947
AMERICAN TRUCK & RAIL AUDITS, INC.	71-0786086	0.21	999906
AMERIDREAM MORTGAGE GROUP, LLC	20-5761143	0.01	323722
AMERIFAST SUPPLY OF NC, INC.	82-2861537	0.03	404941
AMRAD EVOLUTION IMAGING, LLC	87-2896634	0.00	2618

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ANALYTICAL EDGE LABORATORIES, LLC	46-2337506	0.00	4745
ANDRE + ASSOCIATES, PC	75-2741521	0.23	2024973
ANTHEM VENTURES, LLC	45-3743858	1.79	10520103
ANTLER SUPPLY SERVICES, LLC	45-5387113	0.00	19832
AQUILA COMMERCIAL, LLC	20-8047772	0.68	7432533
AQUILA MANAGEMENT SERVICES, LLC	74-2653724	0.11	979057
ARCADIUM TECHNOLOGIES, LLC	03-0497015	0.14	661933
ARCAS RISK MANAGEMENT, INC	87-3097784	0.00	123100
ARENACX	85-2485818	0.01	150227

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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
ARIA REAL ESTATE GROUP, LLC	47-3895588	0.03	209273
ARLINGTON NEPHROLOGY	75-2889402	0.20	4803550
ARROWCORE GROUP, LLC	45-4717928	0.05	697019
ARTEMIS WEALTH ADVISORS, LLC	26-3988961	0.01	2111649
ARTISTS ROAD LLC	85-1447384	0.00	0
ASCENTIS OPERATIONS, LLC	99-1705739	0.18	164245
ASSURED INTELLIGENCE, LLC	92-3197734	0.06	59984
ASSURED TRACKING, INC.	75-3201318	0.01	10885
ASTADIA, INC.	90-0572439	0.00	496141

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ATECH, INC.	62-1569652	0.22	1128896
ATLAS COFFEE CLUB, LLC	81-1439006	0.19	617212
ATWOOD COMPANIES INC	41-1561504	0.17	250893
ATX ENERGY PARTNERS	82-0941220	0.00	3539673
AUSTIN COURIER CO.	20-1985667	0.01	10293
AUTOMATION IMPROVEMENTS, LLC	85-1505858	0.00	8815
AUTOMOTIVE RESTORATIONS, INC.	06-0961347	0.13	1040664
AVENTON COMPANIES, LLC	83-2146656	1.12	4985573
AVEX, LLC	71-0925784	0.22	1642069

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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
AVIATION ACADEMY OF AMERICA	20-0365498	0.05	346236
AWE INSPIRED, INC.	88-1166897	0.10	85281
B2 DESIGN CO.	46-1358848	0.30	673732
BANCROFT DESIGN, INC.	93-2510697	0.11	1366369
BARRON & NEWBURGER, P.C.	74-2400211	0.50	3112922
BASE PAIR BIOTECHNOLOGIES, INC.	45-4702942	0.01	55938
BATTLE BEAVER, LLC	47-2417029	0.02	31764
BEAUTIQUE TOWN & COUNTRY, LLC	83-1189653	0.05	45413
BEBCN, LLC	47-5332152	0.21	475042

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BELFIORE CONDOMINIUM OWNERS ASSOC	46-4812173	0.10	551337
BIG DISTRACTION CO.	92-1843417	0.09	452302
BILINGUAL PEDIATRIC THERAPIES,	27-4542289	0.13	0
BLACKFIN SQUARE, INC.	46-3337279	0.03	232630
BLACKSWAN CYBERSECURITY, LLC	84-4986739	0.01	71116
BLAIR LABELING, INC.	26-3709879	0.16	1390331
BLEFA KEGS, INC.	26-3822844	0.00	0
BLISS ELECTRIC, INC.	73-1197246	0.16	3026269
BLUE JEAN NETWORKS, LLC	26-2832530	0.00	87176

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BLUE PHOENIX VENTURES, INC.	20-2789634	0.07	576655
BLUECREST FA, LLC	47-1307602	0.24	962998
BLUEVIEW INC.	16-1745009	0.00	38641
BLUEWATER LEARNING, INC.		0.02	14760
BLUM CONSTRUCTION CO., INC. DBA EUROPEAN ROLLING SHUTTERS	77-0160674	0.21	0
BMB MANAGEMENT LLC	81-4050828	0.01	28043
BMP RACKMOUNT SOLUTIONS, LLC	87-3338435	0.13	962471
BOAZ PARTNERS, LLC	47-3254476	0.32	2310364
BOESEN LAW, LLC	46-4235559	0.02	93421

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BOKER USA, INC.	84-1027977	0.04	230974
BOOMERANG PACKAGING SOLUTIONS INC.	92-2051035	0.00	315143
BOONYA SYSTEMS, LLC	45-4932708	0.08	73849
BOULDER CPA GROUP, PC	83-1352780	0.24	5473107
BP MARKETING GROUP, LLC	16-1619718	0.08	1374080
BRAZEN ANIMATION, LLC	47-2208183	0.20	1615770
BREACHQUEST, INC.	86-2696947	0.00	49604
BREYER CAPITAL MANAGEMENT, LP	47-2872234	0.12	102582
BRIGHAM RESOURCES MANAGEMENT,	46-2565501	0.00	4634334

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Part II Participating Employer Information (Continued).

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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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
BRISTOL DEVELOPMENT GROUP, LLC	63-1227899	0.28	3485346
BRK GLOBAL MARKETING, INC.	56-1804373	0.05	49570
BURGE INTERESTS, LP	76-0487852	0.13	2677542
BURRER ENGINEERING, INC.	83-3060725	0.09	538514
C&C RESERVOIRS, INC.	76-0613825	0.29	2729345
CAIRNSTACK SOFTWARE, LLC	46-3150744	0.01	288734
CALDERA MANAGEMENT, LLC	47-2383794	0.24	1455462
CAMCARA, INC. (DBA- AST WATERJ	20-4750969	0.03	62701
CANCER CARE SERVICES	75-1025511	0.07	620498

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Part II Participating Employer Information (Continued).

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CAPITAL COMMUNICATIONS & CONSULTING	20-3064794	0.01	557632
CAPITALIZE CONSULTING, LLC	22-3905135	0.00	0
CAPITALIZE DATA ANALYTICS, LLC	46-1149020	1.14	0
CAPITOL LIFT TRUCK, INC.	73-1175075	0.17	1952491
CAPSTONE CONSTRUCTION SERVICES	26-2965194	0.13	842938
CAPSTONE UNDERWRITERS, LLC.	75-2392097	0.02	183481
CARDINAL CONSTRUCTION OF THE CAROLINAS LLC	92-1164957	0.01	5203
CAROLINA SMALL BUSINESS DEVELO	58-1903219	0.41	2032263
CASA FLORA, INC.	75-1368843	0.14	1106199

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CASORO GROUP, LLC	83-4637701	0.10	458089
CATEYE AMERICA, INC.	45-2780122	0.00	60755
CENTER ANIMAL HOSPITAL, INC. D	74-2099489	0.26	3273238
CENTERSTONE MANAGEMENT II, LLC	26-4540454	0.08	965175
CENTRAL FLORIDA COPY CENTERS, INC. DBA XER	65-0972848	0.01	4641531
CGS PUBLISHING TECHNOLOGIES IN	41-1923734	0.29	6889167
CHANNELTIVITY, LLC	26-0310238	0.06	433902
CHASE & ASSOCIATES	94-3308039	0.21	2589560
CHEMILY MANAGEMENT COMPANY	84-1048876	0.14	2766755

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CHICAGO AREA RES INST, DBA MER	47-1094651	0.05	105805
CHILDREN'S HEART FOUNDATION	36-4077528	0.09	165255
CHREST FOUNDATION, INC	75-2840026	0.03	91047
CHRISTIAN BROTHERS, INC.	58-2452934	1.24	4376909
CHROME HERO, LLC	84-1728763	0.00	50625
CI INTERNATIONAL, INC.	84-1364821	0.54	5503770
CINCOM SYSTEMS, INC.	31-0743387	0.81	27330897
CLEAR LAUNCH, LLC	46-4208867	0.03	0
CLEARPATH ACCOUNTANTS, LLC	27-3388427	0.07	571037

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CLIENT 4 LIFE GROUP, INC.	82-2628616	0.07	598633
CLIINTEL CAPITAL GROUP, LLC	47-5268671	0.06	103439
CLIINTEL CAPITAL MANAGEMENT GR	81-4568245	0.00	25533
COALITION FOR THE HOMELESS	67-0257018	0.38	1596592
COCO EYE SURGERY CONSULTING, PLLC	47-4000800	0.01	7224
COCO, LLC	45-0700114	0.02	50127
COIFFURE D'ELEGANCE-DBA BEAUTIQUE TANGLEW	32-0573904	0.02	103442
COLLINS AND ASSOCIATES, INC.	99-1221590	0.02	407763
COLORADO PAIN & REHAB, LLC	20-4109720	0.21	4454863

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COLORMARK, L.C.	75-2500573	0.23	3616835
COMBINED RESOURCES, INC.	36-3468701	0.00	0
COMPASS EAST FINANCIAL, LLC	45-3829406	0.06	430947
COMPASS TECHNOLOGY GROUP, INC	45-4826162	0.36	1655391
COMPLETE BOOK & MEDIA SUPPLY,	74-2852244	0.17	1973826
COMPUTERIZED BUSINESS SOLUTION	20-5299552	0.21	3303326
CONCEPTION TO REALITY INC.	58-2144707	0.43	2859489
CONNECT FAB, LLC	46-4059579	0.01	12368
CONSERV EQUIPMENT LEASING, LLC	47-3724752	0.24	1153810

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CONTEMPORARY CABINETS, INC.	73-1394529	0.00	136441
CONVENCARE, LLC	82-2696179	0.00	0
CONVERSANT SOLUTIONS	84-1489946	0.34	2477354
CONVERSION INTERACTIVE AGENCY,	47-2488164	0.55	3529473
COPPER MOBILE, INC.	27-3073203	0.01	207100
COPTIC COMMUNICATIONS, INC. DBA WAVE TECHN	75-2309151	0.03	1705700
CORE TECHNOLOGIES, INC.	47-0833083	0.14	235290
CORVAGLIA CLOSURES USA INC	81-4657041	0.30	1235050
COSMO TECHNOLOGIES, INC.	85-1909350	0.06	61424

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COULTER, LLC	85-4110723	0.14	880528
CPI PIPE & STEEL, INC.	73-1129740	0.38	1241590
CREEKSIDE SURGERY CENTER	45-0950622	0.00	986
CROSSROADS SYSTEMS, INC.	59-3058828	0.00	1711438
CROWN HAVEN, LLC	53-9133431	0.09	441764
CRR COMMUNICATIONS, INC.	20-8027501	0.12	1270056
CURTIS RESTAURANT SUPPLY	42-1560514	0.00	514558
CUSTOM BACKYARD SPACES, LLC	87-1804411	0.04	39830
CUTTING EDGE ROBOTIC TECH	47-1696246	0.00	189872

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CYCLONIC VALVE	73-1438863	0.41	4737314
DADS CLUB AQUATIC CENTER, INC.	76-0351808	0.02	76180
DALLAS HERMETIC CO. INC.	75-1220923	0.00	12150
DATA STORAGE, INC.	73-1606608	0.00	17924
DEAN'S NATURAL FOODS	46-5068012	0.00	106683
DELTA JANITORIAL SYSTEMS, INC.	75-1899787	0.00	10939
DELTA STUDWELD, INC.	76-0311641	0.76	7170897
DERMATOLOGY EMPLOYMENT, LLC	47-2519466	0.27	846878
DESIGN TREE ENGINEERING & LAND SURVEYING	20-5205210	0.44	4058779

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DEVLYN OPTICAL, LLC	46-2646192	0.00	17124
DIGESTIVE HEALTH RESEARCH, LLC	82-2320867	0.02	81619
DIMENSIONS SAAS SOLUTIONS, LLC	82-4710041	0.01	307370
DIRECTNET - (DBA - 42U)	84-1293678	0.10	653638
DISTRIBUTOR SALES, INC.	41-1986736	0.05	694743
DMRE - DOSCH & MARSHALL REAL ESTATE, L.L.C	47-1624410	0.24	3562333
DO-ALL TRAPS, LLC	88-0472506	0.04	253870
DOGS PLAYING FOR LIFE	46-5559418	0.10	157577
DOGWOOD MANAGEMENT LLC	36-4947095	0.11	112973

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DONSOL LLC	85-4207864	0.00	2514
DUNAN MICROSTAQ, INC.	45-3767508	0.00	292857
DUNAN PRECISION, INC.	76-0821282	0.18	1022263
DUNTON COMMERCIAL, LLC	82-3731339	0.05	0
DURAG, INC	41-1815977	0.27	1094795
DYNAMIC AIR CONDITIONING COMPANY INC.	13-3054569	0.02	229108
ECKARD GLOBAL, LLC	61-1672084	1.17	3662821
EDGE ENGINEERING AND SCIENCE,	27-3019973	1.39	9670014
EDMOND FINE ARTS	73-1250294	0.03	73253

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EDUCATIONAL FIRST STEPS	75-2334053	0.15	406141
EDUTRAK, LLC	90-1041039	0.06	106886
EDWARDS INGRAM, LLC	85-0843271	0.05	57870
EF PROPERTIES, L.C.	75-2446314	0.00	700246
EIGHTEENTH AVE FAM ENRICH CENT	62-0562855	0.00	452
ELDON JAMES CORPORATION	84-1062964	0.52	1814569
ELDS, LLC	81-4978725	0.03	809796
ELECTRO ACOUSTICS & VIDEO, INC.	75-2094417	0.29	2695373
ELEVANT WEALTH, LLC - DBA ELEVANT WEALTH	81-1034159	0.06	486790

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ELEVATE PARTNERSHIP, PLLC	90-0622595	0.08	915508
ELEVATED ELECTRICAL CONTRACTORS, LLC	86-1463750	0.03	96144
ELKUS & SISSON, PC	02-0747893	0.08	0
EMPLOYEES FEDERAL CREDIT UNION	73-0656684	0.04	292585
ENCORE HEALTH GROUP, LLC	82-2677051	0.02	20350
ENCORE SEARCH PARTNERS, LLC	27-5493150	0.34	1560648
ENERGYPRINT, INC.	26-4666944	0.00	38235
ENGINEERED PACKAGING SYSTEMS, INC.	20-0779579	0.13	490779
EQUIP OUTDOOR TECHNOLOGIES USA	26-3617654	0.05	263391

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ERT LIGHTING & SALES, INC.	74-2444291	0.23	832334
ESTUDIO, LLC	27-1812727	0.15	462680
ETG SYSTEMS, INC.	90-0376492	0.20	445787
ETHOSIQ, LLC	27-0676515	0.00	39728
EVENT PROMOTION SUPPLY, INC.	84-1189111	0.05	760909
EVO-LITE, LLC	20-1976396	0.07	542812
EVOLVING TEXAS, LP	27-0872252	0.01	426117
EXCELERATION SERVICES, LLC	85-4287911	0.70	3804368
EXHIBITOR SOURCE, INC.	62-1798516	0.14	2182254

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FABRICATION AND MAINTENANCE SE	81-4063128	0.00	14502
FAGADAU HAWK & SWANSON M.D.	75-2186603	0.06	68592
FALCON LOGISTICS	73-1543198	0.00	337
FAZIO ARCHITECTS	74-2804158	0.03	28095
FFAC OPERATING COMPANY LLC	92-2034235	0.07	109570
FINNAN FINANCIAL, INC. (DBA - TLW.MEDIA)	87-0776874	0.00	3457
FIRST AFFIRMATIVE FINANCIAL NETWORK, LLC	84-1500288	0.07	1308675
FIRST PIONEER LLC	84-3762132	0.12	1115797
FIRSTNAME, LLC	86-2134747	0.00	64500

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FLEX RADIO SYSTEMS	74-2935974	0.00	57127
FLYWHEEL EXCHANGE, INC.	85-3600309	0.23	8663946
FMOC, LTD.	74-2959116	0.03	68724
FORMATION OPERATIONS, LLC	93-3516575	0.05	53847
FOUNDATION FOR ESSENTIAL NEEDS	27-4342240	0.05	314452
FRAYER ENTERPRISES II, LLC	47-4861794	0.22	1617859
FREESTONE MANAGEMENT	92-0891295	0.02	22459
FRIENDSHIP BAPTIST CHURCH	41-1552097	0.12	1145353
FRONTIER AUTO PARTS	52-2103941	0.00	24124

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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	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	0.98	5466251
FRONTRANGE CAPITAL ADVISERS, LLC	27-4323186	0.82	4199375
FSG OPERATING, LLC	85-3435851	1.00	3327429
FULL NELSON PLUMBING INC.	57-1155800	0.07	160580
FUSE MEDICAL, INC	59-1224913	0.03	75346
FX SHOULDER USA, INC.	82-3505600	0.34	1603665
GANESH VIDYALA LLC DBA KIDDIE ACADEMY OF H	82-1572481	0.01	372496
GARCIA TIRE SERVICE, INC.	73-0943455	0.00	479030
GARDEN DESIGN, INC.	05-0533038	0.14	1372348

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GARDNER.STUDIO, LLC	86-2625907	0.10	812677
GARY R. TYLOCK MD, PA - DBA TYLOCK GEORGE	75-2079730	0.04	37784
GBK PEABODY,PLLC	27-3023135	0.12	896199
GENETIC REFLECTIONS, LLC DBA VIAGEN PETS & EQUINE	83-1327010	0.22	1440739
GENLIFE INSTITUTE	73-1543198	0.00	77
GENOTOX LABORATORIES, LTD.	90-0863464	0.00	132765
GENTLE HEALTHY SMILES, LLC	46-3979077	0.13	1268489
GLB EXPLORATION, INC.	73-1405292	0.06	210189
GLOBAL IP NETWORKS, INC.	26-0180568	0.17	824167

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GLOBAL MEDICAL MANAGEMENT, LLC	35-2234836	0.02	265428
GMC CONSULTANTS LLC	20-5640919	0.01	8155
GMI OPCO, LLC	82-2214298	0.29	2985441
GOLF CONNECTIONS LLC, DBA DARLING PROMO	74-3012092	0.04	97748
GRAF ENGINEERING, LLC	84-1393271	0.09	1206642
GRAHAM SAVINGS AND LOAN SSB	75-0297792	0.13	2499347
GRAND PEAKS PROPERTY MANAGEMENT, INC.	56-2321456	0.11	11271902
GRAND PRAIRIE DIALYSIS CENTER	68-0499495	0.00	85176
GRAPHAWARE, INC.	83-1535046	0.02	299520

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GRAVES INVESTMENT HOLDINGS, LL	47-5636458	0.01	214009
GREAT LAKES ENGINEERING	41-1980196	0.24	4433232
GREAT TRANGO HOLDINGS, INC.	84-1472733	0.09	534042
GREATER NORMAN SURGERY CENTER,	27-2990999	0.00	99143
GREEN GRASS STUDIOS	16-1678459	0.00	0
GREENS NATURAL FOOD'S, INC.	81-4371274	0.02	802725
GREENWOOD ENERGY SOLUTIONS, LLC. DBA SMART	27-1476978	0.02	20031
GRIFFIN HEATING & AIR CONDITIONING	56-0889813	0.00	131338
GROWER'S ORGANIC, LLC	02-0745679	0.00	167483

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GUARDIAN HOUSE	74-2780384	0.08	119889
GUERILLA SUIT LLC	20-3071274	0.00	39
H&B HOSPITALITY MANAGEMENT, LLC	82-1987039	0.06	130931
HAND & WRIST OF CENTER OF HOUS	20-0531085	0.05	599357
HAOTIAN & ASSOCIATES, INC.	82-5363510	0.03	30798
HAPAX, INC.	84-1719168	0.29	1548455
HARGRAVE EYE CENTER PA	71-0888283	0.00	6999
HARMONIC BIONICS, INC.	81-4760749	0.00	399213
HARTWELL INDUSTRIES	74-1544711	0.06	1503384

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HATCH OPERATION LLC	83-3185818	0.33	2128731
HAUMONT HOLDINGS, LLC DBA SHIELD BAR MARKE	35-2344386	0.01	6487
HAYES HUNTER PC	81-5163834	0.01	0
HB CHILDS HOLDING, INC.	46-4262594	0.01	10057
HEADSPIN, INC.	47-4593101	0.66	5042160
HEALTH MOVEMENT, INC.	85-1030353	0.00	4123
HEINEN & MASON, INC.	41-0851087	0.00	94812
HEINRICH MARKETING	84-0771005	0.67	6469110
HG CAPITAL MANAGEMENT, LLC	27-4355469	0.11	4214806

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HORIZON HYDRAULICS LLC	82-4120881	0.10	542190
HP MANUFACTURING	73-1486681	0.05	88886
HPC PROPERTY SERVICES	81-2664285	0.00	10805
HRM SERVICES, LLC	27-0886727	0.03	527744
HSMA, LLC DBA ECO FLAPS	81-0957572	0.07	425416
HUMBLE ORIGINS HOSPITALITY MANAGEMENT, LLC	47-4275367	0.06	32209
HURRICANE TOOL & SUPPLY, INC.	76-0006587	0.17	1309475
HYDE PARK LABEL COMPANY	75-1850951	0.00	14706
I.M.S. RELOCATION	75-2460303	0.03	256253

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ICONIXX SOFTWARE CORPORATION	27-2008763	0.02	327194
IDM GROUP, LLC	90-0583740	0.06	1346008
IFE NDT, LLC	47-1556945	0.04	478157
ILLUMINA TECHNOLOGY SOLUTIONS,	87-2762727	0.58	1175740
IN4MATIVE BUSINESS SOLUTIONS D	37-1801709	0.00	0
INDEPENDENT CONSULTING SERVICE	06-1794483	0.00	273594
INDUSTRY CONSULTING GROUP, INC	75-2252503	0.00	49055
INFANT CRISIS SERVICE, INC.	73-1378766	0.17	1397297
INK MONSTR, LLC	86-2205744	0.00	13141

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INNOVATIVE BUSINESS PRODUCTS	77-0644252	0.00	58940
INSCIO BUSINESS SOLUTIONS, LLC	20-8739422	0.20	1677336
INSIGHT ASSOCIATION MANAGEMENT	80-0858494	0.24	1105641
INTEGRATED DOCUMENTATION	74-2049988	0.00	85
INTEGRATED RENTAL SYSTEMS, INC.	83-2279972	0.45	1267633
INTEGRITY TESTING LABS, INC.	84-2512439	0.00	9151
INTELEK TECHNOLOGIES, INC	73-1492037	0.04	324746
INTERCEDE HEALTH	76-0555897	0.15	2977501
INTERFACE COMPUTER COMMUNICATI	36-3954813	0.10	566870

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INTERNATIONAL FOUNDATION FOR CDKL5 RESEARC	27-0950477	0.01	11074
INTERVENTIONAL SPINE & PAIN LLP	47-1278280	0.01	18523
INVENTURE COLLECTIVE, INC.	76-0620068	0.59	4031169
IT'S TIME TEXAS DBA HEALTHIER TEXAS	43-2051509	0.00	617
J JARIE GALLERY, LLC	20-4108790	0.01	31451
J&B FASTNERS, LP	76-0578567	0.00	308393
J.R.MERRITT CONTROLS, INC	06-1176263	0.73	8926531
JANOURA REALTY & MANAGEMENT, INC.	65-0844987	0.17	3350927
JENKINS WEALTH, INC	46-1302083	0.06	78528

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JFO GROUP, LLC	20-3924773	0.27	2255079
JILCO, INC.	41-1660478	0.08	68560
JOBE SERVICES, INC.	76-0486240	0.06	52291
JOHN L. BONNER EYE CLINIC, LTD.	41-0991065	0.14	4207541
JOSE I. GUERRA, INC.	74-2049988	0.45	4256430
JOULE STORAGE MANAGEMENT LLC	99-2862104	0.01	63335
JOULE, INC	27-1125802	0.11	222650
JPI ELECTRIC, LLC	46-1607297	0.01	329160
JUERN TECHNOLOGY, LLC	80-0800836	0.14	467657

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K&D CONSTRUCTION SERVICES, INC	27-0287408	0.59	2732463
KALTERRA CAPITAL PARTNERS	81-1496514	0.28	2125427
KANSAS CITY AUTISM TRAINING CENTER, INC.	43-1923793	0.06	341244
KAREN BLACK CO., LLC	73-1526760	0.00	39521
KATOPODY LLC	46-4870752	0.21	2662053
KES SYSTEMS SOLUTIONS	20-3673612	0.01	0
KEY NORTH CAPITAL, LLC	93-1405194	0.02	78991
KEYAVI DATA CORP.	85-1098740	0.12	796985
KIERI SOLUTIONS, LLC	47-3960233	0.25	441730

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KLEIN SOLOMON MILLS, PLLC	46-0741537	0.02	854013
KNOWBILITY, INC.	74-2902291	0.04	222295
KOR-LOK USA, LLC	20-0998465	0.01	32770
KSB, INC.	43-1907288	0.05	630419
KSW ENVIRONMENTAL, LLC	30-0747509	0.01	552689
L5E, LLC	45-4036119	1.24	7721760
LAKESIDE AQUATIC CLUB	75-1835239	0.21	648039
LAKEVIEW MEDICAL GROUP, INC.	43-1943557	0.07	1333631
LAND STEWARDSHIP PROJECT	41-1466054	0.17	710914

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LANDPLAN DEVELOPMENT	75-2785163	0.10	1594216
LARSON SOFTWARE TECHNOLOGY	76-0090790	0.09	1429805
LAWSON HOLDINGS LLC	73-0990385	0.06	629501
LEADERSHIP STRATEGIES, INC.	58-2019848	0.10	1040974
LEE'S RV CITY, INC.	73-1049332	0.00	16249
LEGACY LEGAL COUNCIL, PLLC DBA ELEVANT LAW	33-3471657	0.00	1097
LEWIS RINGELMAN, P.C.	85-1988456	0.21	1261811
LEWISCO HOLDINGS, LLC	27-4792125	0.42	1624956
LINKAGE LOGISTICS, INC.	84-4002330	0.00	440

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LIQUIBASE, INC.	45-5572255	1.01	5210988
LITEYE SYSTEMS INC.	75-2997400	0.00	0
LNDERLAB, INC.	83-4270420	0.36	1179001
LNS OPERATIONS, LLC	45-2048838	0.05	2345565
LOADSMITH, LLC	83-4500812	0.01	372569
LOCUM INC.	27-0003341	0.11	797035
LONGHORN III INVESTMENTS LLC	26-2991685	0.17	4309600
LONGHORN SOLAR	27-2755674	0.08	422190
LOS TRIGOS, INC. DBA THE RECEP	47-3571987	0.40	2065330

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Part II Participating Employer Information (Continued).

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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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
LOVEWORKS LEADERSHIP, INC.	27-4025891	0.00	12502
LUB-LINE, LLC	95-4811846	0.11	439393
LUMENUS SCIENTIFIC, LLC	92-0996639	0.02	9622
LVRN RECORDS, LLC	81-3425384	0.10	96824
M&M MORTGAGE, LLC	20-5343305	0.08	1396696
MAIDEN STONE, INC.	91-2181645	0.05	251528
MALMBERG DEVELOPMENT CORPORATION	37-1426591	0.48	5356034
MANAGEGO, LLC	27-1718553	0.13	476894
MANNING BROADCASTING, INC.	23-2016109	0.06	799719

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Part II Participating Employer Information (Continued).

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MAPR AGENCY, INC.	84-1224339	0.00	108731
MARGARET HUDSON PROGRAM, INC.	73-0793181	0.00	19464
MARK HART ARCHITECTURE, INC.	26-4072035	0.00	0
MARKETPLACE REALTY LLC	20-3698235	0.02	43751
MARKETSCOUT CORPORATION	75-2902480	0.00	517615
MARKETSCOUT WHOLESALE, LLC	27-2425102	0.00	58575
MARTIN BIONICS, LLC	04-3803107	0.00	23670
MARY A MILLER & ASSOCIATES	58-2622826	0.01	120881
MASTERPIECE DESIGN GROUP LLC	20-1837863	0.00	0

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Part II Participating Employer Information (Continued).

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MATT FAJKUS ARCHITECTURE, LLC	27-4674549	0.06	494739
MATTHEW 25, INC.	58-1673641	0.00	43495
MEDIGY, LLC	73-1709542	0.09	96008
MEG HEALTHCARE, LLC	86-2541207	0.21	667100
MEGASYS HOSPITALITY SYSTEMS, I	73-1349986	0.00	3341
MEMORIAL CITY SURGICAL ASSOCIA	74-1796735	0.01	300055
MEMORIAL WOMEN'S SPECIALISTS	14-1854933	0.00	111803
MENTOR TECHNOLOGIES	73-1543198	0.00	188
MERIDIAN CONSTRUCTORS, LLC	76-0633580	0.07	2100992

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MERIT ADVISORS, LLC	73-1543198	0.00	4619
METHOD GROUP ARCHITECTURE, PLLC	82-4395600	0.00	741
MID CONTINENT WELL LOGGING SER	73-1351571	0.09	608098
MIDWEST VENDING SERVICES, INC.	47-2459493	0.18	1373609
MILBERN RAY AND COMPANY LLP	75-1793612	0.65	1786956
MILLENNITEK, LLC	27-2152866	0.14	1021280
MILLER EMS, LLC	20-4805133	0.09	81204
MIND-EYE INSTITUTE	83-1415779	0.17	440991
MINI.KATANA, LLC	86-2781082	0.03	0

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MIVENT HOLDINGS, INC.	84-3889409	0.01	165551
MIXED MEDIA CREATIONS	27-0373572	0.06	711920
MOBILE ACCORD, INC.	20-2939332	0.16	2500549
MOBILE TECH.	74-2785042	0.00	34511
MOON MOTORSPORTS	41-0968116	0.15	3259603
MORRIS-BERG ARCHITECTS, INC	56-1057678	0.06	2808254
MUSIC CITY AUTOPLEX	45-5389301	0.09	712276
MY PLUMBER, LLC	45-2566433	0.05	220568
MYGOV, LLC	14-1857392	0.01	86501

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NATIONAL MOTOR CLUB HOLDINGS, INC.	88-0467464	0.01	1298633
NET WITNESS SECURITY LLC	33-4020387	0.55	503413
NETIQUETTE ENTERPRISE TECHNOLOGIES INC.	75-2636357	0.06	0
NETVU	75-2107124	0.11	1063428
NEUGART USA CORP	23-2921709	0.05	124950
NEWEDGE SERVICES, LLC	47-3835979	0.23	1216572
NEWLIGHT HEALTHCARE, LLC	27-2596449	0.00	0
NEWMEASURES, LLC	46-4841068	0.19	834298
NIEMANN DISTRIBUTION, LLC. DBA INTERSTATE	47-3716475	0.08	732072

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NORDY PHOTOGRAPHY	87-4328621	0.00	0
NORTH-EAST FASTENERS CORPORATION	06-0791531	0.16	3731973
NORTHLAND LAWN & SPORT LLC	81-3243139	0.22	906610
NORTHWEST DIAGNOSTIC CLINIC	74-2935598	0.00	150548
OAKPOINT CHARITABLE FOUNDATION	81-0977403	0.04	621599
OASIS VENTURE HOLDINGS, LLC	33-2835233	0.37	5339622
OCULOPLASTIC ASSOCIATES OF TEXAS, PLLC	26-3158509	0.16	298968
OFFICEWORKS, INC.	95-4840814	0.00	258413
OKLAHOMA CITY EAR, NOSE & THRO	73-1461178	0.00	70694

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OKLAHOMA INJURY SPECIALISTS, LLC DBA CONLEY INJURY CLINIC	86-2162508	0.00	0
OKLAHOMA POLICE SUPPLY, LLC	73-1613757	0.01	64417
OKLAHOMANS FOR RESPONSIBLE GOV	26-1823098	0.00	20063
OMNI FLOW COMPUTERS, INC.	76-0300492	0.51	6969434
OMNI WATER SOLUTIONS, INC.	26-4824471	0.00	116128
ONCE THERE, INC.	47-1397980	0.00	10110
ON-DEMAND SERVICES GROUP, INC.	41-1861261	0.67	3148650
ONE, LLC	20-8206474	0.11	645568
ONESOURCE TELECOM	76-0802950	0.07	2244459

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ONSITE AV SERVICE PARTNER, INC	20-0677899	0.00	23050
ORBIT INNOVATIONS LLC	86-1209533	0.14	593168
ORIGIN EIGHT, INC.	45-2447544	0.01	609207
ORSBORN ENGINEERING GROUP, P.A.	26-1373600	0.30	2005700
OTB MATERIALS CORP	88-2711728	0.05	41189
P2BINVESTOR, INC.	84-3181296	0.00	240601
PACKAGING CONCEPTS ASSOCIATES HOLDING, INC	81-0767192	0.01	804443
PAPERLYTE, LLC	47-2618815	0.18	336574
PARADIGM FIELD INDUSTRIAL SOLUTIONS, LLC	61-1915495	0.00	52140

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PARADIGM PROPERTY MANAGERS, LL	85-1794276	0.05	204235
PARATUM SOLUTIONS, LLC	92-1213355	0.00	2165
PC PARTS PLUS, L.L.C.	46-2533398	0.45	2500750
PCA OF COLUMBIA, INC.	62-1729316	0.42	0
PCA OF COLUMBIA, INC. MPP ASSETS	73-1543198	0.00	0
PCH GROUP, LLC	27-1888252	0.20	1843094
PCS TELECOM, INC.	26-3423055	0.00	3486
PERINATAL QUALITY FOUNDATION	77-0653781	0.00	649
PERSONETTE & ASSOCIATES, LLC	76-0646785	0.00	121311

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PHARAOH ENERGY SERVICES, LLC	85-3827161	0.30	465656
PHAROS MARINE AUTOMATIC POWER OF LOUSIANA	88-2595756	0.15	1859587
PHOTODIGM, INC.	75-2882973	0.04	1377488
PHYSIATRY REIMBURSEMENT SPECIALISTS, INC.	75-2393012	0.06	322589
PIERCE SALES CO INC DBA RESTAURANT EQUIPME	34-1200546	0.01	10104
PILLAR CLINICAL RESEARCH, LLC	26-2578756	0.45	595440
PINNACLE STORAGE MANAGERS, LLC	81-1747196	0.12	180288
PITTENGER ACCOUNTING GROUP, LLC	90-0523574	0.04	669398
PLAINS COMMERCIAL MANAGEMENT, LLC	86-3596125	0.02	18272

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PLAINS COMMERCIAL REAL ESTATE, LLC	83-3656157	0.00	7684
POINT INNOVATION, INC.	75-2738415	0.01	628946
PREDICTIVE SCIENCE, INC.	46-2679973	0.00	17139
PREMIER PAIN ASSOCIATES	81-2788867	0.00	100297
PREMIER SOURCE	84-1622004	0.00	796404
PRESBYTERIAN HEALTH FOUNDATION	73-0709836	0.08	330129
PRESS MASTERS, INC.	81-5075870	0.02	0
PRESSMAN CANTRELL MCCULLOCH INC.	75-2915930	0.11	1216885
PRESTIGE HEALTH SOLUTIONS LLC	83-4072151	0.07	78227

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PROFESSIONAL DRIVER AGENCY, LL	47-1062444	0.03	460971
PROFICIO SURGICAL ASSISTANTS	47-1208933	0.46	1528544
PROGRESSIVE PARTNERING, INC.	62-1699425	0.05	2202739
PROSISE MANAGEMENT SERVICES, LLC	88-2922740	0.05	1182651
PROSYNTIX, LLC	82-1940626	0.22	306028
PROVIDENCE ENERGY LTD. - DBA PROVIDENCE EN	75-2493397	2.04	13191315
PROVITA SUPPLEMENTS, INC.	47-2195432	0.00	1267
PURPOSE TRANSPORTATION	45-3551202	0.03	28221
Q MARKETING SERVICES, LLC	46-1138319	0.00	6079

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QUALITY BIORESOURCES, INC.	74-2632656	0.27	2549594
QUALITY HOME CARE SERVICES, LLC	56-2480615	0.01	6610
QUIKQ, LLC	26-3101358	0.00	2999742
QUIRK & KIDS LOGISTICS, LLC - DBA- RODE SE	85-4322234	0.12	160818
RADIO & TV EXPERTS, LLC	20-1634528	0.08	92727
RAGSDALE INDUSTRIES, INC.	84-1118611	0.18	1667355
RAVEN ASSOCIATION	88-3580986	0.06	28796
RCM BUSINESS SERVICES, LLC	85-2020644	0.01	590542
REFTEK SYSTEMS, INC.	85-4385804	0.02	27337

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REGAL HARDWOODS INC.	26-0209259	0.01	770113
RELAYHUB, LLC	05-0469543	0.45	3028981
REMICK MOORE ARCHITECT, LLC - DBA - REMICK	47-2685214	0.10	234092
RENOVATING KC LLC	85-3821827	0.02	161414
REOC PARTNERS, LTD.	45-0464104	0.03	80376
REPOWER, LLC	30-0327046	0.00	22349
RESONANCE CENTER FOR WOMEN	73-1023752	0.00	19019
RESOURCE SOLUTIONS OF GEORGIA,	86-1187419	0.08	568197
RESPONDENT, INC.	81-3057001	0.02	84147

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RESTORE OKC, INC.	81-5470507	0.12	340276
RETINAL CARE INC.	82-3706347	0.02	0
REYNOLDS & FRANKE, PC	74-2516372	0.16	742060
RIO ASE, LLC	81-1205515	0.03	1375532
RIVERSIDE RESOURCES PROPERTY M	20-3694042	0.25	931478
ROCKSTAR CAPITAL	27-4717694	0.15	139550
RONALD MCDONALD HOUSE CHARITIE	73-1103242	0.08	306535
RONALD WALKER ASSOCIATES II, I	75-1864723	0.07	2655287
ROSS TRANSPORTATION, INC.	73-0765073	0.09	2906114

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Part II Participating Employer Information (Continued).

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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
ROTHSCHILD SAFARIS, LLC	36-4567763	0.03	207398
ROYAL TEXTILE PRODUCTS COMPANY INC	84-1052143	0.23	469263
RPNT ACUTE SERVICES, INC.	75-2714866	0.59	3041753
RRC MEDICAL REAL ESTATE, LLC	20-5120737	0.37	2406017
RUCKUS GAMES INC.	88-3516982	0.50	1342430
SAGAC PUBLIC AFFAIRS, LLC	90-0437860	0.20	2131353
SAGEINSIGHTS, LLC	38-3981376	0.02	59988
SAINTS MEDICAL GROUP	76-0825755	0.00	66103
SAUNDERS THERAPY CENTERS, INC.	41-1620171	0.15	2599986

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SAVAGE MACHINING, INC.	55-0910221	0.08	577653
SAVANT FINANCIAL TECHNOLOGIES,	80-0552436	0.17	1409893
SCIENTIFIC RESOURCES SOUTHWEST, INC.	76-0504166	0.01	54346
SEROVITA HOLDING CORPORATION	46-5367338	0.13	406671
SERVICEFIRST RESTORATION INC.	45-4255503	0.11	281085
SEVENPICO, INC	84-2282476	0.07	323349
SEWELL HARDWARE COMPANY, INC.	59-0443080	0.28	1489814
SIGMAFLOW, LLC	46-1633891	0.00	257651
SIMIS, INC.	20-8444209	0.10	88094

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SISU ENERGY & ENVIRONMENTAL, LLC	47-5024707	0.31	279648
SKYYA, LLC	26-1988817	0.17	0
SMALL MIRACLES, LLC	27-0198274	0.11	408350
SMALLER EARTH, INC	20-5460849	0.01	89087
SMRTR, INC.	33-2942479	0.11	873603
SOCIUM INNOVATIONS	47-4938515	0.00	15495
SOJOURN SOLUTIONS, LLC	47-1787071	0.16	1221780
SOLVING AUTISM, LLC	46-3620656	0.09	519807
SONG CHUAN PRECISION	82-3609006	0.47	2289385

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SOURCECHECK LTD.	20-1982867	0.00	76677
SOUTH COAST HYDRAULICS	76-0513282	0.03	688557
SOUTHWEST WAREHOUSE SERVICES, LLC	45-3931299	0.06	54005
SOUTHWIND HILLS, LLC	46-4407580	0.00	0
SPECIALIZED ASSOCIATION SERVICES, INC.	88-0315279	0.19	2732092
STAR MANAGEMENT SERVICES LLC.	30-1474856	0.19	749246
STAR OF TEXAS FINANCIAL SOLUTIONS,	20-2468719	0.00	1168
STATE WIDE ELECTRIC, INC.	73-1121590	0.05	641617
STATERA, INC.	84-1576560	0.00	3301385

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STATESMAN BUSINESS ADVISORS, L	76-0470062	0.58	8256829
STEGO, INC.	58-2092756	0.17	738790
STEMFINITY, LLC	45-1957697	0.03	553627
STROMASYS, INC.	26-1866003	0.00	589
STRONGBOX DATA SOLUTIONS, INC.	98-1293325	0.00	556380
STUDIO ARCHITECTURE, P.C.	73-1614783	0.18	1733496
STUDIONOW, INC.	46-1426836	0.03	843707
SULLEXIS, LLC	26-2309639	0.20	911186
SUMMIT AIR & ELECTRIC, LLC	20-3558177	0.09	679916

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SUNSHINE MOBILE VET SERVICES,LLC	93-3087966	0.02	29624
SURGIKAL ASSISTANTS INC.	87-2659737	0.20	676720
SW ELECTRIC LLC	99-1415618	0.55	1794578
SWEETWATER MEDICAL ASSOCIATES,	76-0610335	0.14	2158392
SYNERLINK CORPORATION	74-2202082	0.88	4051037
TAX LIEN LOAN OPCO, LLC	87-2897449	0.04	625428
T-BIRD ELECTRIC	39-3631784	0.00	970
TDI TECHNOLOGIES, INC.	75-2510269	0.22	3978411
TECH SHIELD 24/7	45-5118559	0.00	42228

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TECHWARE DISTRIBUTION, INC.	41-1805550	0.12	4853888
TEKVIZION PVS, INC.	01-0684395	0.18	2375209
TELIGENTIP	45-4507743	0.04	649886
TENDERLING, LLC	46-4647565	0.02	15788
TENNESSEE INDUSTRIAL ELECTRONI	47-1553696	0.00	0
TERCERO LOGISTICS, LLC	27-2362380	0.01	9981
TEXAS AFFILIATION OF AFFORDABLE HOUSING	74-2870073	0.02	13371
TEXAS ASSOCIATION OF BUILDERS	74-1115871	0.09	0
TEXAS CONGRESS OF PARENTS & TEACHERS	74-1054403	0.11	864653

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TEXAS FUNERAL DIRECTORS ASSOCIATION	74-1234019	0.03	48251
TEXAS HEALTHCARE LINEN, LLC	27-2620846	0.32	1195725
TEXAS SECURE TITLE COMPANY, LLC	38-3915361	0.07	0
TEXCEL, LLC	93-4520433	0.00	0
TGI ENTERPRISES, INC.	73-1438556	0.00	8570
THE ACCESS PARTNERSHIP, LP	94-3425634	0.19	699731
THE ALFORD GROUP, INC.	36-3053369	0.22	2901683
THE BENSON FIRM, PLLC	46-1953821	0.25	2226909
THE BIRCHES ACADEMY OF ACADEMICS & ART	47-4702281	0.00	0

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THE CJ CPA GROUP, PLLC	27-4461251	0.61	5854930
THE DALLAS FOUNDATION	75-2890371	0.51	3468514
THE ECONSORTIUM GROUP, INC	20-8164199	0.26	1348797
THE FOUNDATION OF OKLAHOMA CIT	73-1222182	0.09	416174
THE HOPE CENTER FOUNDATION	26-1590757	0.02	114305
THE JENSEN PROJECT	82-1004857	0.12	379722
THE LEADER'S INSTITUTE, LLC	20-8352369	0.05	280320
THE MICHAEL GROUP	73-1235239	0.00	1527
THE MRAM COMPANY	74-2179254	0.06	422463

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THE NOBLE LAW, PLLC	27-0456311	0.00	0
THE PAPERLESS AGENT	46-3603071	0.06	299224
THE PROS COMPANY, LLC	90-0506947	0.00	79192
THE RAINMAKER COMPANIES	46-4355145	0.24	2044466
THE RBA GROUP, INC.	56-2175151	0.05	2108690
THE SOONER THEATRE OF NORMAN, INC.	51-0196629	0.01	43134
THE TEK	03-0501086	0.01	8712
THEETECHNOLOGY INC.	20-8043974	0.19	904594
THEIPGUYS NET, LLC	27-3822643	0.35	1620795

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TIGRIS SPONSORSHIP AND MARKETING, INC.	20-1068982	0.04	332160
TITAN VENTURES, LLC - DBA - TITAN CONSULTI	75-2943376	0.28	2661291
TLD DESIGN CONSULTING INC	93-4357756	0.28	502177
TMS DELIVERY, INC.	20-2005860	0.07	243899
TOBACCO ROAD TEE'S, LLC	46-3009712	0.00	1256
TOP GUN TECHNOLOGY, INC.	36-4680539	0.15	0
TOTALCLAIM, LLC	87-3625301	0.00	39
TOTALSCOPE ESTIMATING SERVICES	86-1405372	0.04	366172
TRANSNETWORK, LLC	43-1995694	1.37	4319097

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TRANSPERE, LLC	81-3766925	0.00	18336
TRAVERCENT, LLC	47-3167366	0.00	675496
TREAT'S SOLUTIONS, LLC	73-1037920	0.01	69035
TRESTLE COLLABORATIVE, INC.	87-0978939	0.14	600907
TREVE, LLC DBA INTEGRATED PROD	81-3906407	0.39	640881
TRI STAR COMMUNICATIONS, LLC	46-4341453	0.00	0
TRIANGLE EXPERIENCE GROUP, INC.	66-0757911	0.31	601312
TRIGATE MANAGEMENT, LLC	37-1784018	0.51	7289989
TRI-SQUARE CONSTRUCTION, INC.	56-1441931	0.15	335538

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TRITON NETWORKS, LLC	20-4824953	0.01	53358
TRUCK DRIVERS USA	86-2667483	0.00	8573
TSI PRODUCTS, INC.	26-3299228	0.10	908606
TULSA GARDEN CENTER	73-6068213	0.01	29101
TULSA TRAILER, LLC	47-4564847	0.03	283248
TXLAW, PC	93-3609619	0.09	195728
TXN INTERMODAL INC.	45-1422096	0.14	704829
TXV MAVERICK MANAGEMENT, LLC	87-2654985	0.03	29078
U & I ENTERTAINMENT, LLC	20-5357890	1.23	11120130

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UBISENSE AMERICA LLC	83-2340413	0.14	0
UCRP OPERATIONS LLC	99-2342349	0.15	822459
UFLIP, LLC	84-3319298	0.01	44500
ULTIMATE BUILDER SERVICES, LLC	46-4354299	0.25	1675802
UNIFIED PAYMENTS GROUP, LLC	81-5088098	0.01	198864
UNITED STATES OF AMERICA RUGBY	16-1118870	0.21	690617
UNIVERSITY CITY PARTNERS	74-3096209	0.06	125309
UNTANGLED, LLC	27-3609382	0.13	669573
UPTIME SYSTEMS, LLC	47-0949704	0.40	3268269

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URBAN LEAGUE TWIN CITIES	41-0706915	0.04	414340
US ENGINEERED WOOD, INC.	84-4390511	0.00	10807
USA DIGITAL COMMUNICATIONS, IN	73-1545784	0.16	1786711
VALSTONE AMERICA INC. DBA SHOP DATA	32-0695390	0.02	1064531
VALUD CONSULTING LLC	26-4055248	0.00	446244
VARGOS APARTMENTS LP	73-1543198	0.00	372
VATOR ACCESSORIES, INC.	26-2528957	0.00	733
VENCO CONSTRUCTION INC.	74-2556800	0.00	50593
VENTACITY SYSTEMS, INC.	81-0906696	0.00	298578

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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
VENTURE MORTGAGE CORPORATION	41-1659053	0.10	1278912
VERIDATA INSIGHTS, LLC	84-1869838	0.00	0
VERITAS QA, LLC.	20-1364354	0.10	681199
VERSONA SYSTEMS	20-5581271	0.07	1901236
VERUS WEALTH ADVISORS	81-4334412	0.00	1069
VEX ENERGY, LP	93-3715957	0.00	150080
VIACHEM LTD.	20-4925835	0.00	172165
VICINITY MANUFACTURING INC	20-8030389	0.21	1351737
VIDA DIAGNOSTICS, INC.	20-3348862	0.19	2243746

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VIRIDI GROUP, SBC	87-1950729	0.42	2552784
VIRTUALARMOUR LLC	84-1594399	0.06	185383
VISIBLE HEALTH	26-3643591	0.00	40698
VISIONS REALTY & INVESTMENTS INC.	94-3417989	0.08	475560
VITALITY VEIN CARE	85-0866730	0.10	314830
VITALWAY DIGITAL	33-2438790	0.00	693
VIVID DATA GROUP	45-3659204	0.16	1137033
VIVIQUANT, INC.	82-4361596	0.19	252843
VIZSENSE INC.	37-1789014	0.08	485815

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
VLG MARKETING	80-0869623	0.00	59903
VOLUNTEER HEALTHCARE CLINIC	74-6082464	0.04	42432
VTX MANAGEMENT, LLC	30-1293139	1.32	4420046
W.M. HEITGRAS COMPANY	73-0773169	0.01	5854
WALKERS FOOD PRODUCTS COMPANY, INC.	43-1251425	0.03	1569117
WALL-TIES & FORMS, INC.	43-1092211	0.11	2139425
WARRIORS REST FOUNDATION	82-3963036	0.00	2677
WATERFIELD ENERGY, LLC	27-3170485	1.07	7904702
WATERFIELD ENTERPRISES, LLC	33-0843842	0.12	1667920

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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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
WE HAUL ASSOCIATES, LLC	88-1438270	0.00	402
WEBB AIR CONDITIONING COMPANY,	75-1010339	0.00	7586
WESTECH SUPPLY COMPANY	20-0637311	0.08	1884349
WHITE SURVEYING COMPANY	73-0980314	0.11	1797530
WILD MOUNTAIN BEES LLC	81-0977403	0.01	23350
WINDCREST GOLF CLUB, INC.	23-7408288	0.00	3923
WISE ORTHODONTICS, PA	75-2909466	0.16	1935961
WOS, INC.	73-1543198	0.00	1179
WOUND MANAGEMENT OF OKLAHOMA	73-1448665	0.17	1723395

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	2b EIN	2c Percentage of Total Contributions for the Plan Year	2d Aggregate Account Balances Attributable to Participating Employer
XAVIER EDUCATIONAL ACADEMY	20-8643579	0.05	465272
XYPRO TECHNOLOGY CORPORATION	95-3215236	0.10	8478137
YELLOW DUCK MARKETING	45-2634277	0.21	411051
YORAN IMAGING USA	35-2871994	0.02	17877
ZENERGY, INC.	73-1165071	0.29	3096657
ZIEKER EYE OPHTHALMOLOGY, P.C.	27-3631860	0.20	1985762
ZOOLOGY FOUNDATION AT CROOKED WILLOW FARMS	27-1125802	0.02	122778
ZUBIE, INC.	45-4797964	0.47	3308963
ZYSTON LLC	81-2558546	0.43	0

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

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, 2025 and 2024
and for the year ended December 31, 2025

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, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2025, 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, 2025 and 2024, and for the year ended December 31, 2025, 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, 2025, 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 its 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).

UHY LLP

Sterling Heights, Michigan
October 15, 2026

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

	December 31, 2025	December 31, 2024
ASSETS		
Cash	**$ 516,024**	$ 710,009
Investments at fair value	**784,002,969**	557,298,886
Receivables		
Employer contributions	**1,496,457**	703,166
Participant contributions	**1,383,814**	887,439
Other employer contributions	**176,306**	122,455
Notes receivable from participants	**8,388,702**	6,672,273
Total receivables	**11,445,279**	8,385,333
Total assets	**795,964,272**	566,394,228
LIABILITIES - Excess contributions payable	**320,364**	285,353
Net assets available for benefits	**$ 795,643,908**	$ 566,108,875

See notes to financial statements.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2025

ADDITIONS:	
Investment income:	
Net appreciation in the fair value of investments	**$ 85,848,498**
Interest	**620,049**
Dividends	**8,560,952**
Total investment income	**95,029,499**
Interest income on notes receivable from participants	**570,729**
Contributions:	
Employer	**25,740,923**
Participants	**58,572,889**
Rollovers	**12,155,141**
Total contributions	**96,468,953**
Total additions	**192,069,181**
DEDUCTIONS:	
Benefits paid to participants	**88,713,635**
Deemed distributions	**273,108**
Corrective distributions	**222,023**
Administrative expenses	**2,301,280**
Total deductions	**91,510,046**
NET INCREASE IN NET ASSETS	**100,559,135**
OTHER CHANGES IN NET ASSETS	
Transfers of assets from other plans	**197,031,546**
Transfers of assets to other plans	**(68,055,648)**
Net other changes	**128,975,898**
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	**566,108,875**
End of year	**$ 795,643,908**

See notes to financial statements.

NEXTEP 401(k) RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
December 31, 2025 and 2024

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 is the Plan's trustee. 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, 2025 are; 1) long-term part-time employees with two consecutive 12-month periods of at least 500 hours of service must be eligible to participate in the Plan, and 2) for all adopting employers without a pre-enactment plan entering the Plan on or after January 1, 2025, automatic enrollment is required a minimum of 3%, increasing by 1% each year until it reaches at least 10%. The optional provisions that could be implemented during the year ended December 31, 2025 are; 1) an increase of catch-up contributions to the greater of $10,000 or 50% more than the regular catch-up contribution for individuals age 60 – 63, and 2) allow employers to treat student loan payments as elective deferrals for purpose of receiving matching contributions.

The Plan has elected to adopt the catch-up contribution limit increase provision of the SECURE Act 2.0 during the 2025 plan year. The Plan will be amended for any provisions elected in accordance with applicable law and Internal Revenue Service (IRS) guidance.

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. In addition, employers subject to the automatic enrollment provision of the Secure Act 2.0 have a contribution accelerator feature which automatically increases participant deferral rates by 1% annually, with a ceiling of 10%, unless a participant opts out. Automatically enrolled participants have their deferral rate set in accordance with their adopting employer's specific plan provisions.

Effective January 1, 2025, the Plan adopted the "super catch-up" provision under the SECURE 2.0 Act of 2022, which allows Plan participants aged 60 to 63 to make larger catch-up contributions to the Plan, equal to the greater of $10,000 or 150% of the standard catch-up limit ($11,250 for 2025). Participants become eligible to contribute at this higher rate on January 1st of the year they turn 60. Eligibility ends the year they turn 64.

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, 2025.

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.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

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.

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 the lesser of $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.

NOTE 1 – DESCRIPTION OF THE PLAN (Continued)

Forfeited Accounts

As of December 31, 2025 and 2024, forfeited nonvested accounts totaled $516,024 and $710,009, respectively. These accounts will be used to pay plan expenses or reduce employer contributions. During the year ended December 31, 2025, forfeitures in the amount of $675,200 were used to reduce employer contributions.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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.

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.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

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 2025 excess contributions to the applicable participants prior to March 15, 2026, or June 30, 2026 for employers subject to eligible automatic contribution arrangements.

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, 2026, 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 9.

NOTE 3 – CERTIFIED INVESTMENTS

Certain information in the accompanying financial statements and ERISA-required supplemental schedule related to investments and notes receivable from participants held at December 31, 2025 and 2024, 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, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by Empower Trust Company.

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:

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, 2025 and 2024.

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.

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, 2025 and 2024.

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 281,732,672	$ -	$ -	$ 281,732,672
Guaranteed investment contracts	-	59,755,608	-	59,755,608
Self-directed brokerage accounts	-	2,584,040	-	2,584,040
Total assets in the fair value hierarchy	281,732,672	62,339,648	-	344,072,320
Investments measured at net asset value [(a)]	-	-	-	439,930,649
Total assets at fair value	$ 281,732,672	$ 62,339,648	$ -	$ 784,002,969

	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 contracts	-	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	$ 203,580,317	$ 46,541,519	$ -	$ 557,298,886

NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)

(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, 2025 and 2024, respectively.

	Estimated fair value at December 31,		Redemption Frequency (if currently eligible)	Redemption Notice Period
	2025	2024		
Stable value collective trust funds	$ 439,930,649	$ 307,177,050	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, 2025, there were direct fees of $2,301,280 and transactions involving the investment of plan assets in investment funds maintained by Empower Trust Company, 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.

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

The Company has adopted a pre-approved plan document that has received an opinion letter from the IRS dated June 30, 2020, stating that the form of the pre-approved plan document was in compliance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been restated since adopting the pre-approved plan document, the plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and, therefore, believes that the plan is qualified, and the related trust is tax-exempt.

The Plan is subject to examination by the IRS 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 – SUBSEQUENT EVENTS

Effective January 1, 2026, the Plan implemented the required provision of the SECURE Act 2.0 related to the re-characterization of catch-up contributions as Roth for participants with FICA wages over the required limit.

Effective January 1, 2026, the Plan was amended to change the name of the Plan to the Enrich Benefits Retirement Savings Plan.

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, 2025

(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	$ 4,294,292
	Dreyfus	Government Cash Mgmt Administrative Shares	5,021,393
	Dreyfus	Government Cash Mgmt Institutional Class	10,519,955
	Hartford	Healthcare Fund	16,351
	Reliance Trust Company	Growth 2035 Fund	10,393,573
	Reliance Trust Company	Growth 2045 Fund	13,478,212
	Reliance Trust Company	Growth 2055 Fund	14,946,216
	Reliance Trust Company	Growth Retirement Fund	2,060,373
	Reliance Trust Company	Conservative 2035 Fund	15,958,653
	Reliance Trust Company	Conservative 2045 Fund	10,208,383
	Reliance Trust Company	Conservative 2055 Fund	9,197,004
	Reliance Trust Company	Conservative Retirement Fund	3,972,066
	Reliance Trust Company	Moderate 2035 Fund	113,077,362
	Reliance Trust Company	Moderate 2045 Fund	91,292,092
	Reliance Trust Company	Moderate 2055 Fund	87,190,760
	Reliance Trust Company	Moderate Retirement Fund	68,155,955
	JPMorgan	Large Cap Growth Fund	359,143
	JPMorgan	Investment Management Large Cap Growth Fund	35,512,911
	JPMorgan	Mid Cap Growth Fund	5,927,869
	BlackRock	Natural Resources Fund	3,060,327
*	Mass Mutual	SAGIC Diversified Bond I	18,845,743
*	Mass Mutual	Mid Cap Growth Fund	33,135
*	Mass Mutual	Inflation-Protected and Income Fund	7,194,236
	PIMCO	Income Fund Institutional Class	12,589,540
	American Funds	EuroPacific Fund	15,759
	American Funds	New Perspective Fund	13,193,412
	American Funds	New World Fund	10,905,576
	American Funds	Washington Mutual Fund	17,524,877
	Vanguard	Total Bond Market Index Fund	17,401,568
	Vanguard	Explorer Fund	5,248,870
	Vanguard	500 Index Fund	106,853,141
	Vanguard	Mid Cap Index Fund	15,549,397
	Vanguard	Small Cap Value Index Fund	8,557,702
	Vanguard	Small Cap Index Fund	14,066,352
	Vanguard	Developed Markets Index Fund	17,764,637
	Allspring	Special Mid Cap Value Fund	3,103,868
	Charles Schwab	Schwab SDB	2,533,193
	Charles Schwab	Schwab SDB Roth	50,847
	Capital Group	EuroPacific Growth Fund	5,396,955
	Putnam	Global Health Care Fund	2,531,271
			784,002,969
*	Notes receivable from participants	Notes receivable from participants (interest rates range from 4.17% to 10.50%) due at various dates through September 2052	8,388,702
			$ 792,391,671

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)
Combined Resources, Inc 401(k)	84-0467907	
Plan Press Masters,	13-4994650	
Tennessee Industrial	25-1817924	
Elkus & Sisson, PC 401(k) and Profit Sharing	02-0747893	
NewLight Healthcare,	76-0461926	
Skyya, LLC	76-0461926	

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)
Texas Association of	76-0178498	
Bilingual Pediatric	01-0233346	
Mini.Katana, LLC	46-2283648	
Netiquette Enterprise Technologies	46-2283648	
Green Grass	46-2283648	
Retinal Care	01-0233346	

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)
The Noble Law,	84-0467907	
Nordy Photography	87-4328621	
Oklahoma Injury Specialists, LLC - DBA - Conley Injury	86-2162508	
Liteye Systems	43-1929483	
Top Gun Technology,	84-0467907	
Hayes Hunter	01-0620969	

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)
Clear Launch,	01-0620969	
Texcel, LLC	59-2452823	
In4mative Business	58-2535467	
Secure Title Company,	59-2452823	
Zyston LLC	48-1304650	
Ubisense America	47-3868366	

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)
Veridata Insights,	84-0467907	

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 OF ASSETS (HELD AT END OF YEAR)

Enrich Benefits, LLC
01-JAN-25 to 31-DEC-25

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1DAPXX			5,021,392.77	5,021,392.75
1DFREX			4,234,233.81	4,294,291.88
1DGCXX			10,519,504.26	10,519,954.66
1HGHTX			14,436.95	16,351.16
1IA35R6			8,602,890.54	10,393,572.69
1IA45R6			10,960,425.61	13,478,211.75
1IA55R6			12,071,611.73	14,946,216.40
1IARFR6			1,871,527.98	2,060,372.99
1IC35R6			12,306,332.19	15,958,652.79
1IC45R6			7,401,921.43	10,208,382.77
1IC55R6			6,401,839.68	9,197,003.75
1ICRFR6			3,521,669.17	3,972,066.41
1IM35R6			92,573,314.58	113,077,361.92
1IM45R6			71,663,658.64	91,292,091.55
1IM55R6			67,969,234.00	87,190,760.09
1IMRFR6			62,553,660.48	68,155,955.23
1JLGMX			259,848.73	359,143.52
1JMGMX			6,137,167.91	5,927,868.88
1MAGRX			2,847,976.95	3,060,326.98
1MEFZX			37,734.95	33,134.84
1MIPZX			7,255,261.24	7,194,235.62
1PHSYX			2,470,906.14	2,531,271.19
1PIMIX			12,252,697.44	12,589,539.84
1RERGX			13,414.73	15,758.95
1RNPGX			11,572,897.11	13,193,411.82
1RNWGX			9,610,733.29	10,905,575.81
1RWMGX			15,985,443.61	17,524,877.10
1S6036R			4,551,304.70	5,396,954.56
1S6114R			31,007,792.10	35,512,910.92
1VBTLX			17,063,335.38	17,401,568.30
1VEXRX			4,958,184.76	5,248,870.50
1VFIAX			81,195,265.70	106,853,141.53
1VIMAX			13,385,095.87	15,549,396.58
1VSIAX			7,255,329.15	8,557,702.43
1VSMAX			12,032,470.54	14,066,352.14
1VTMGX			14,398,469.54	17,764,637.04
1WFPRX			3,245,772.26	3,103,868.27
1SDBSCH			2,533,193.29	2,533,193.29
1SDBSCR			50,846.92	50,846.92
1SGDTQ0		3.590	17,591,749.95	18,845,742.65
TOTALS			**655,400,546.08**	**784,002,968.47**
PARTICIPANT LOANS	VARIOUS	4.17-10.5	8,369,435.82	8,388,701.73
FORFEITURES			477,106.01	516,024.44