

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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 YOURPATH PASSIVE RETIREMENT INCOME MODERATE, 1b Three-digit plan number (PN) 203, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211, 2b Employer Identification Number (EIN) 83-6725700, 2c Plan Sponsor's telephone number 913-319-0380, 2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211	3b Administrator's EIN 43-1971558 3c Administrator's telephone number 913-319-0380
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	
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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)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
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)
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)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

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

a Pension Schedules

- (1) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code 0

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

A Name of plan <u>YOURPATH PASSIVE RETIREMENT INCOME MODERATE</u>	B Three-digit plan number (PN)	<u>203</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>83-6725700</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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)
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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 ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-DE FOODS LLC	
b	Name of plan sponsor ASRA/ DE FOODS LLC	c EIN-PN 01-0165117-333
a	Plan name ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-KAPPY'S RETIREMENT AND 401K SAVINGS PLAN	
b	Name of plan sponsor ASRA/KAPPYS RETIREMENT	c EIN-PN 01-0165117-333
a	Plan name NOVA PSYCHIATRIC SERVICES 401(K) PLAN	
b	Name of plan sponsor SXPCP/NOVA PSYCHIATRIC SERVICE	c EIN-PN 04-3303141-001
a	Plan name JACI CARROLL STAFFING 401(K) PLAN	
b	Name of plan sponsor JACI CARROLL STAFFING	c EIN-PN 06-1065435-001
a	Plan name EURO MOTOR CARS INC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor EURO MOTOR CARS INC	c EIN-PN 06-1471374-001
a	Plan name JAY SHAPIRO & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JAY SHAPIRO & ASSOCIATES INC	c EIN-PN 06-1660950-001
a	Plan name INDEPENDENT METAL STRAP CO INC PROFIT SHARING PLAN	
b	Name of plan sponsor INDEPENDENT METAL STRAP CO INC	c EIN-PN 11-1950090-001
a	Plan name COACH REAL ESTATE ASSOCIATES INC 401(K) PLAN	
b	Name of plan sponsor COACH HOLDCO LLC	c EIN-PN 11-2941473-001
a	Plan name CNC CABINETRY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CNC CABINETRY	c EIN-PN 11-3086986-001
a	Plan name PDS KO 401(K) PLAN	
b	Name of plan sponsor PDS CONSULTANTS INC	c EIN-PN 11-3124680-001
a	Plan name N B ROGERS INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor N B ROGERS INC	c EIN-PN 11-3730178-001
a	Plan name GLOBAL COVERAGE INC PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL COVERAGE INC	c EIN-PN 13-2761645-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NORTHSHORE FIRE PROTECTION DISTRICT CA 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor NORTHSHORE FIRE PROTECTION	c EIN-PN 14-1983377-001
a	Plan name SMITHCORP INC 401K PLAN	
b	Name of plan sponsor SMITHCORP INC	c EIN-PN 20-0474260-001
a	Plan name LINDNER HAGEN 401(K) PLAN AND TRUST	
b	Name of plan sponsor LINDNER HAGEN ENTERPRISES INC	c EIN-PN 20-0493466-001
a	Plan name ARMOR HEALTH 401(K) PLAN	
b	Name of plan sponsor AMRP/ARMOR CORRECTIONAL HEALTH	c EIN-PN 20-1422279-001
a	Plan name WHITE MARSH CORPORATE SERVICES INC 401(K) PLAN	
b	Name of plan sponsor LGPCP/WHITE MARSH CORPORATE	c EIN-PN 20-1628368-001
a	Plan name YEE ADVANCED ORTHOPEDICS & SPORTS MEDICINE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor YEE ADVANCED ORTHOPEDICS &	c EIN-PN 20-2523414-002
a	Plan name ONE MEMBER RETIREMENT PLAN AC SUPPLY INC	
b	Name of plan sponsor OMRM/AC SUPPLY INC	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN ANDERSONS INC	
b	Name of plan sponsor OMRM/ANDERSONS INC	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN HVAC DISTRIBUTORS INC	
b	Name of plan sponsor OMRM/HVAC DISTRIBUTORS INC	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN- IMARK ELECTRICAL INC	
b	Name of plan sponsor OMRM/IMARK ELECTRICAL INC	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN RSK CORPORATION DBA VICTOR DISTRIBUTING COMPANY	
b	Name of plan sponsor OMRM/RSK CORPORATION DBA VICTO	c EIN-PN 20-2905621-333
a	Plan name ONE MEMBER RETIREMENT PLAN- WEATHERTECH DISTRIBUTING CO INC	
b	Name of plan sponsor OMRM/WEATHERTECH DISTRIBUTING	c EIN-PN 20-2905621-333

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	ONE MEMBER RETIREMENT PLAN- WESTWATER SUPPLY CORP	
b	Name of plan sponsor	OMRM/WESTWATER SUPPLY CORP	c EIN-PN 20-2905621-333
a	Plan name	CAVE 401(K) PLAN	
b	Name of plan sponsor	CAVE ENTERPRISES OPERATIONS	c EIN-PN 20-4023518-001
a	Plan name	COKER INSURANCE AGENCY LLC 401(K) PLAN	
b	Name of plan sponsor	COKER INSURANCE AGENCY LLC	c EIN-PN 20-5130687-001
a	Plan name	POSITIVE BEHAVIOR SUPPORTS CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	POSITIVE BEHAVIOR SUPPORTS	c EIN-PN 20-5268843-001
a	Plan name	CANNON & AVENI CO LPA PROFIT SHARING PLAN	
b	Name of plan sponsor	CANNON & AVENI CO LPA	c EIN-PN 20-8503556-001
a	Plan name	SAMSON ELECTRIC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SAMSON ELECTRICAL SUPPLY CO	c EIN-PN 22-1461630-001
a	Plan name	SW ELECTRONICS AND MANUFACTURING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SW ELECTRONICS AND	c EIN-PN 22-1766038-002
a	Plan name	BIL-JIM CONSTRUCTION CO. INC & MAPLE LAKE INC PENSION PLAN	
b	Name of plan sponsor	BIL-JIM CONSTRUCTION COMPANY	c EIN-PN 22-1772136-003
a	Plan name	CHAMLIN ULIANO & WALSH PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	CHAMLIN ULIANO & WALSH	c EIN-PN 22-1970306-001
a	Plan name	JACK DANIELS MOTORS INC 401(K) PLAN II	
b	Name of plan sponsor	JACK DANIELS MOTORS INC	c EIN-PN 22-1974783-002
a	Plan name	ELNORAH INC. T/A WARREN GLEN ACADEMY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ELNORAH INC T/A WARREN GLEN A	c EIN-PN 22-2218573-001
a	Plan name	WADE RAY & ASSOCIATES CONSTRUCTION INC 401(K) PLAN	
b	Name of plan sponsor	WADE RAY & ASSOCIATES	c EIN-PN 22-2907895-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	WILLIAM VANWINGERDEN PROFIT SHARING PLAN	
b Name of plan sponsor	VANWINGERDEN GREENHOUSES LLC	c EIN-PN 22-3578315-001
a Plan name	ALL KIDS FIRST INC RETIREMENT PLAN	
b Name of plan sponsor	ALL KIDS FIRST INC	c EIN-PN 22-3667191-001
a Plan name	RICHARD M CROSSAN INC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	RICHARD M CROSSAN INC	c EIN-PN 23-1649419-001
a Plan name	MEDSCENE INC PROFIT SHARING PLAN	
b Name of plan sponsor	MEDSCENE INC	c EIN-PN 23-2307685-001
a Plan name	ROOFING RESOURCES INC PROFIT SHARING PLAN	
b Name of plan sponsor	BKCRP/ROOFING RESOURCES INC	c EIN-PN 23-2562373-001
a Plan name	MONARCH STAFFING LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MONARCH STAFFING LLC	c EIN-PN 23-3081833-001
a Plan name	CHRIST THE KING MANOR EMPLOYEE BENEFITS PLAN	
b Name of plan sponsor	CHRIST THE KING MANOR	c EIN-PN 25-1358245-003
a Plan name	KYNERS AUTO SALES INC EMPLOYEES 401(K) PLAN	
b Name of plan sponsor	KYNERS AUTO SALES INC	c EIN-PN 25-1425722-001
a Plan name	FRS TRANSPORTATION INC 401(K) PLAN	
b Name of plan sponsor	G52WMP/FRS TRANSPORTATION INC	c EIN-PN 26-2358970-001
a Plan name	3G WAREHOUSE INC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	3G WAREHOUSE INC	c EIN-PN 27-0837338-001
a Plan name	FIEHRER MOTORS INC 401(K) PLAN	
b Name of plan sponsor	FIEHRER MOTORS INC	c EIN-PN 31-0520863-001
a Plan name	WEGMAN COMPANY 401(K) RETIREMENT PLAN	
b Name of plan sponsor	WEGMAN COMPANY	c EIN-PN 31-0958751-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EV BISHOFF COMPANY 401K PLAN	
b	Name of plan sponsor	EV BISHOFF COMPANY	c EIN-PN 31-1174058-001
a	Plan name	KERR BROTHERS FUNERAL HOME LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KERR BROTHERS FUNERAL HOME	c EIN-PN 31-1568595-001
a	Plan name	EVARTS TREMAINE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EVARTS TREMAINE	c EIN-PN 34-0210170-001
a	Plan name	AMAC ENTERPRISES INC 401(K) PLAN	
b	Name of plan sponsor	AMAC ENTERPRISES INC	c EIN-PN 34-0731589-002
a	Plan name	BAKER & SONS EQUIPMENT COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	BAKER & SONS EQUIPMENT COMPANY	c EIN-PN 34-1125133-001
a	Plan name	FORT WAYNE MUSEUM OF ART INC 401(K) PLAN	
b	Name of plan sponsor	RACFWP/FORT WAYNE MUSEUM OF AR	c EIN-PN 35-0953440-002
a	Plan name	AMFUEL HOURLY EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	AMFUEL CELL & COATED	c EIN-PN 35-2580768-003
a	Plan name	G&M MANUFACTURING CORPORATION PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	G&M MANUFACTURING CORPORATION	c EIN-PN 36-2790345-003
a	Plan name	S M HENTGES & SONS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	S M HENTGES & SONS INC	c EIN-PN 41-1517673-001
a	Plan name	SPRINGFIELD FAMILY MEDICAL WALK-IN CLINICS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRINGFIELD FAMILY MEDICAL	c EIN-PN 43-1782707-001
a	Plan name	THE ROADS FOUNDATION 401K PLAN	
b	Name of plan sponsor	THE ROADS FOUNDATION INC	c EIN-PN 45-0572757-001
a	Plan name	DITCHARO SMILES RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	DITCHARO SMILES PC	c EIN-PN 45-0781221-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LAFAYETTE DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	FDDSP/LAFAYETTE DENTAL ASSOCIA	c EIN-PN 45-3814943-001
a	Plan name	DEVER INC 401(K) PLAN	
b	Name of plan sponsor	WCCRP/DEVER INC 401(K) PLAN	c EIN-PN 46-1520598-001
a	Plan name	7 STAR HOSPITALITY RESOURCE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	7SHR/PEARL WINE BAR LLC	c EIN-PN 46-1827643-005
a	Plan name	BOLTS & NUTS CORP PROFIT SHARING PLAN	
b	Name of plan sponsor	BOLTS & NUTS CORP	c EIN-PN 46-3951763-001
a	Plan name	BPI INC 401(K) PLAN	
b	Name of plan sponsor	BPI INC	c EIN-PN 46-4225750-001
a	Plan name	MARKETPLACE PHL LLC 401(K) PLAN	
b	Name of plan sponsor	MARKETPLACE PHL LLC	c EIN-PN 46-4428763-001
a	Plan name	DAEDALUS CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAEDALUS CONSTRUCTION COMPANY	c EIN-PN 47-0602587-001
a	Plan name	UNIVERSAL TICKETS INC 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL TICKETS INC	c EIN-PN 47-1376880-001
a	Plan name	FORMAN S ACTON EDUCATIONAL FOUNDATION 401K PLAN	
b	Name of plan sponsor	FORMAN S ACTON EDUCATIONAL	c EIN-PN 47-1997891-002
a	Plan name	AMERICAN AIR BALANCE LLC 401(K) PLAN	
b	Name of plan sponsor	EFSP/AMERICAN AIR BALANCE LLC	c EIN-PN 47-5606536-001
a	Plan name	DUKES LUMBER COMPANY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	DUKES LUMBER COMPANY INC	c EIN-PN 51-0101216-001
a	Plan name	THE H.J. POIST GAS COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE H.J. POIST GAS COMPANY	c EIN-PN 52-0617983-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TOROID CORPORATION 401(K) PLAN	
b	Name of plan sponsor	TOROID CORPORATION	c EIN-PN 52-1264266-001
a	Plan name	JEFFERSON AREA BOARD FOR AGING 457 PLAN	
b	Name of plan sponsor	JEFFERSON AREA BOARD FOR AGING	c EIN-PN 54-0990078-001
a	Plan name	COMMONWEALTH INSURANCE CENTER GROUP RETIREMENT PLAN	
b	Name of plan sponsor	COMMONWEALTH INSURANCE	c EIN-PN 54-1455884-001
a	Plan name	KALASKEY ORTHODONTICS LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAWRENCE J KALASKEY III DDS	c EIN-PN 55-0658091-002
a	Plan name	EANC/CATAPULT EMPLOYERS ASSOCIATION 401K PLAN	
b	Name of plan sponsor	EANC/CATAPULT EMPLOYERS	c EIN-PN 56-0670576-001
a	Plan name	BUILDING TRADE CONSULTANTS INC 401(K) PLAN	
b	Name of plan sponsor	SGPAP/BUILDING TRADE CONSULTAN	c EIN-PN 59-1297597-001
a	Plan name	RICHARD A ASSING DDS PA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RICHARD A ASSING DDS PA	c EIN-PN 59-3097305-003
a	Plan name	AUTO ADVISORS 401(K) PLAN	
b	Name of plan sponsor	AUTO ADVISOR SERVICES LLC	c EIN-PN 59-3547715-002
a	Plan name	DOUGLAS A HUHN DMD PA PROFIT SHARING PLAN	
b	Name of plan sponsor	DOUGLAS A HUHN DMD PA	c EIN-PN 59-3694196-002
a	Plan name	SENNS BODY & PAINT SHOP RETIREMENT PLAN	
b	Name of plan sponsor	SENNS BODY & PAINT SHOP INC	c EIN-PN 61-0701383-001
a	Plan name	MPI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURTY PHARMACEUTICALS INC	c EIN-PN 61-1276283-001
a	Plan name	TRINSOFT LLC 401(K) PLAN	
b	Name of plan sponsor	SFCRP/TRINSOFT LLC 401(K) PLAN	c EIN-PN 61-1311296-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	RL CAUDILL CONSTRUCTION INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RL CAUDILL CONSTRUCTION	c EIN-PN 61-1315317-001
a	Plan name	MM USA 401(K) PLAN	
b	Name of plan sponsor	MURAKAMI MANUFACTURING USA INC	c EIN-PN 61-1373925-001
a	Plan name	THERMAL CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PHRCP/THERMAL CORPORATION 401	c EIN-PN 63-0586074-001
a	Plan name	MUTUAL ASSISTANCE NETWORK OF DEL PASO HEIGHTS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MUTUAL ASSISTANCE NETWORK	c EIN-PN 68-0332694-001
a	Plan name	THE MORAN GROUP OF BATON ROUGE INC 401(K) PLAN	
b	Name of plan sponsor	THE MORAN GROUP OF	c EIN-PN 72-1133364-001
a	Plan name	JIM GODBOUT PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	CIACP/JIM GODBOUT PLUMBING & H	c EIN-PN 73-1682394-001
a	Plan name	TREE OF LIFE COUNSELING CENTER 401(K) PLAN	
b	Name of plan sponsor	TREE OF LIFE COUNSELING	c EIN-PN 81-1503771-001
a	Plan name	BUFFALO GROVE ANIMAL HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor	CVMRP	c EIN-PN 81-3748395-001
a	Plan name	UNDERGROUND MAGNETICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNDERGROUND MAGNETICS INC	c EIN-PN 81-3855562-001
a	Plan name	FRANKLIN ARMORY INC 401(K) PLAN	
b	Name of plan sponsor	ACLVP/FRANKLIN ARMORY INC 401(c EIN-PN 81-5165223-001
a	Plan name	MESSAGE ENVY JMSRX INC 401(K) PLAN	
b	Name of plan sponsor	MESSAGE JMSRX INC	c EIN-PN 82-1103147-001
a	Plan name	ANGLER SECURITY SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	FPORP/ANGLER SECURITY SOLUTION	c EIN-PN 82-1949957-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	LEGACY DENTAL OF PA 401(K) PLAN	
b Name of plan sponsor	LEGACY DENTAL OF PA	c EIN-PN 82-2501909-001
a Plan name	MONTGOMERY COUNTY ESD 1 457(B) DEFERRED COMPENSATION PLAN	
b Name of plan sponsor	MONTGOMERY COUNTY ESD 1	c EIN-PN 82-3656276-001
a Plan name	INGENIUM PLUS RETIREMENT PLAN	
b Name of plan sponsor	BRCRP/INGENIUM PLUS LLC	c EIN-PN 83-2346281-002
a Plan name	VB OPCO LLC 401(K) PLAN	
b Name of plan sponsor	VB OPCO LLC	c EIN-PN 83-2680038-001
a Plan name	NALF2 401(K) PLAN	
b Name of plan sponsor	NORTHERN APPALACHIAN LOGGING	c EIN-PN 84-2188071-001
a Plan name	LPE/ ALL-STATE INTERNATIONAL INC DBA ALL-STATE LEGAL PLAN	
b Name of plan sponsor	LPEP/ALL-STATE INTERNATIONAL I	c EIN-PN 85-3213245-301
a Plan name	LPE/ CELSIUS HOLDINGS INC PLAN	
b Name of plan sponsor	LPEP/CELSIUS HOLDINGS INC	c EIN-PN 85-3213245-301
a Plan name	LPE/ T ENTERPRISES INCORPORATED PLAN	
b Name of plan sponsor	LPEP/T ENTERPRISES INCORPORATE	c EIN-PN 85-3213245-301
a Plan name	LPE/ WONDER MEATS INC PLAN	
b Name of plan sponsor	LPEP/WONDER MEATS INC	c EIN-PN 85-3213245-301
a Plan name	LPE/ALL NATURAL STONE PLAN	
b Name of plan sponsor	LPEP/ ALL NATURAL STONE	c EIN-PN 85-3213245-301
a Plan name	LPE/BII SERVICES CORP PLAN	
b Name of plan sponsor	LPEP/BII SERVICES CORP	c EIN-PN 85-3213245-301
a Plan name	LPE/EXTENDED CARE CONSULTING LLC PLAN	
b Name of plan sponsor	LPEP/EXTENDED CARE CONSULTING	c EIN-PN 85-3213245-301

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	LPE/FAMILY MEDICAL CENTERS 401(K) PLAN	
b	Name of plan sponsor	LPE/FAMILY MEDICAL CENTERS	c EIN-PN 85-3213245-301
a	Plan name	LPE/GARLYN O SHELTON INC PLAN	
b	Name of plan sponsor	LPE/GARLYN O SHELTON INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/GEN FOUR HOLDING GROUP LLC PLAN	
b	Name of plan sponsor	LPE/GEN FOUR HOLDING GROUP	c EIN-PN 85-3213245-301
a	Plan name	LPE/KEMISTRE 8 LLC PLAN	
b	Name of plan sponsor	LPE/KEMISTRE 8 LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ORLANDO FREIGHTLINER 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LPE/ORLANDO FREIGHTLINER	c EIN-PN 85-3213245-301
a	Plan name	LPE/OVED APPAREL CORP PLAN	
b	Name of plan sponsor	LPE/OVED APPAREL CORP	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOUTHWEST MATERIAL HANDLING INC PLAN	
b	Name of plan sponsor	LPE/SOUTHWEST MATERIAL HANDLI	c EIN-PN 85-3213245-301
a	Plan name	LPE/THROGS NECK EXTENDED CARE LLC PLAN	
b	Name of plan sponsor	LPE/THROGS NECK EXTENDED CARE	c EIN-PN 85-3213245-301
a	Plan name	LPE/THROGS NECK EXTENDED CARE LLC UNION 1199 PLAN	
b	Name of plan sponsor	LPE/THROGS NECK EXTENDED CARE	c EIN-PN 85-3213245-301
a	Plan name	LPE/TOS FARMS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	LPE/LPE TOS FARMS INC PROFIT	c EIN-PN 85-3213245-301
a	Plan name	LPE/WORKFORCE OUTSOURCE SERVICES PLAN	
b	Name of plan sponsor	LPE/WORKFORCE OUTSOURCE SERVI	c EIN-PN 85-3213245-301
a	Plan name	LPE/GREAT WESTERN DINING SERVICE INC 401(K) PLAN	
b	Name of plan sponsor	LPE/GREAT WESTERN DINING SERV	c EIN-PN 85-3213245-301

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YOURPATH PASSIVE RETIREMENT INCOME MODERATE	B Three-digit plan number (PN) ▶ 203
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6725700

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	2
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4963	7960
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	6118681	5513189
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	2868993	2618877
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	8992637	8140028
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2579	2999
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2579	2999
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8990058	8137029

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	63905	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		63905
(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)	208727	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		208727
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		431020
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		703652

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	2565	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	5374	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7939
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7939

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		695713
l Transfers of assets:			
(1) To this plan.....	2l(1)		1219543
(2) From this plan	2l(2)		2768285

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.