

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 2010 MODERATE, 1b Three-digit plan number (PN) 205, 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.

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

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

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

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

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

Receipt Confirmation Code 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 2010 MODERATE</u>	B Three-digit plan number (PN)	<u>205</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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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)	
<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	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - PENNERS TIRE & AUTO INC	
b	Name of plan sponsor	ASRA/ PENNERS TIRE & AUTO INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST AMERICAN SALE CORP	
b	Name of plan sponsor	ASRA/AMERICAN SALE CORP	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST- MEDFORD KAPPY'S INC 401K SAVINGS PLAN	
b	Name of plan sponsor	ASRA/MEDFORD KAPPYS INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST PW PLUMMER & SONS INC	
b	Name of plan sponsor	ASRA/PW PLUMMER & SONS INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST WILCOXSON ENTERPRISES INC	
b	Name of plan sponsor	ASRA/WILCOXSON ENTERPRISES INC	c EIN-PN 01-0165117-333
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-FALL RIVER KAPPY'S INC 401K SAVINGS PLAN	
b	Name of plan sponsor	ASRA/FALL RIVER KAPPYS INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-FALMOUTH KAPPY'S INC 401K SAVINGS PLAN	
b	Name of plan sponsor	ASRA/FALMOUTH KAPPYS	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-LACHANCE INTERIORS 401K	
b	Name of plan sponsor	ASRA/LACHANCE INTERIORS	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-MALDEN ROUTE 1 KAPPY'S INC 401K SAVINGS PLAN	
b	Name of plan sponsor	ASRA/MALDEN ROUTE 1 KAPPYS	c EIN-PN 01-0165117-333
a	Plan name	ASSOCIATED GENERAL CONTRACTORS 401(K) PLAN AND TRUST	
b	Name of plan sponsor	AGCM/BANCROFT CONTRACTING CORP	c EIN-PN 01-0275734-333
a	Plan name	MERIDEN ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	MERIDEN ANIMAL HOSPITAL	c EIN-PN 02-0794304-001

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 401(K) PROFIT-SHARING PLAN FOR EMPLOYEES OF WORK OPPORTUNITY CENTER INC	
b	Name of plan sponsor GWCCP/401(K) PROFIT-SHARING PL	c EIN-PN 04-2467188-001
a	Plan name HINGHAM ENDODONTICS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HINGHAM ENDODONTICS INC	c EIN-PN 04-2551029-002
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 J & L LIQUORS INC 401(K) PLAN	
b	Name of plan sponsor J & L LIQUORS INC	c EIN-PN 04-3315210-001
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 JAY SHAPIRO & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JAY SHAPIRO & ASSOCIATES INC	c EIN-PN 06-1660950-001
a	Plan name S & S LOCKSMITHS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor S & S LOCKSMITHS INC	c EIN-PN 11-2243874-001
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 XSB INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor XSB INC INTELLIGENT DATABASE	c EIN-PN 11-3424040-001
a	Plan name TAKARA BELMONT USA INC 401(K) RETIREMENT PLAN 1	
b	Name of plan sponsor TAKARA BELMONT USA INC	c EIN-PN 13-1843773-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name TAKARA BELMONT USA INC 401K RETIREMENT PLAN 2	
b	Name of plan sponsor TAKARA BELMONT USA INC	c EIN-PN 13-1843773-004
a	Plan name UNITED CORPORATE SERVICES INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor UNITED CORPORATE SERVICES INC	c EIN-PN 13-2654615-001
a	Plan name GLOBAL COVERAGE INC PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL COVERAGE INC	c EIN-PN 13-2761645-001
a	Plan name SELERANT CORP 401(K) PLAN	
b	Name of plan sponsor SELERANT CORP	c EIN-PN 13-4050596-001
a	Plan name LACORTE COMPANIES INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LACORTE COMPANIES INC	c EIN-PN 14-1634075-004
a	Plan name POLYFUSION ELECTRONICS INC 401(K) PLAN	
b	Name of plan sponsor POLYFUSION ELECTRONICS INC	c EIN-PN 16-1056988-001
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 BLUEGRASS HOSPITALITY GROUP 401(K) PLAN	
b	Name of plan sponsor MALONES HOLDINGS LLC	c EIN-PN 20-1453313-001
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 HOSPICE OF SOUTHWEST OHIO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MOCCP/HOSPICE OF SOUTHWEST OHI	c EIN-PN 20-2304600-001
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

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 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 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 WASHER & REFRIGERATION SUPPLY CO INC	
b	Name of plan sponsor OMRM/WASHER & REFRIGERATION SU	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
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 ONE MEMBER RETIREMENT PLAN-THE PART WORKS	
b	Name of plan sponsor OMRM/THE PART WORKS	c EIN-PN 20-2905621-333
a	Plan name SKYLINE TRISOURCE EXHIBITS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TERNION INC DBA SKYLINE	c EIN-PN 20-3216642-001
a	Plan name CAVE 401(K) PLAN	
b	Name of plan sponsor CAVE ENTERPRISES OPERATIONS	c EIN-PN 20-4023518-001
a	Plan name DIEBOLT LANDSCAPE CO INC 401(K) PLAN	
b	Name of plan sponsor HABCMP/DIEBOLT LANDSCAPE CO	c EIN-PN 20-4065155-001
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 SARASOTA WELLNESS & MEDICAL CENTER LLC RETIREMENT PLAN	
b	Name of plan sponsor SGPAP/ SARASOTA WELLNESS & MED	c EIN-PN 20-5806234-001
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

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	SAMSON ELECTRIC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	SAMSON ELECTRICAL SUPPLY CO	c EIN-PN 22-1461630-001
a	Plan name	RUBBER & SILICONE PRODUCTS CO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RUBBER & SILICONE PRODUCTS CO	c EIN-PN 22-1576384-001
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	BIL-JIM CONSTRUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor	BIL-JIM CONSTRUCTION COMPANY	c EIN-PN 22-1772136-002
a	Plan name	L & A TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	L & A TRANSPORT INC	c EIN-PN 22-2299057-001
a	Plan name	CLARKS LANDING RETIREMENT PLAN	
b	Name of plan sponsor	CLARKS LANDING MARINA	c EIN-PN 22-2878366-001
a	Plan name	CONCEPT III TEXTILE SALES INC 401(K) PLAN	
b	Name of plan sponsor	CONCEPT III TEXTILE SALES INC	c EIN-PN 22-3153687-003
a	Plan name	PHOENIX INTERNATIONAL BUSINESS LOGISTICS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PHOENIX INTERNATIONAL BUSINESS	c EIN-PN 22-3379715-001
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	WEST SIDE ELECTRICAL SERVICE INC PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST SIDE ELECTRICAL SERVICE	c EIN-PN 23-1685357-002
a	Plan name	EASTERN ANSWERING SERVICE INC PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTERN ANSWERING SERVICE INC	c EIN-PN 23-2308856-001

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	ROOFING RESOURCES INC PROFIT SHARING PLAN	
b	Name of plan sponsor	BKCRP/ROOFING RESOURCES INC	c EIN-PN 23-2562373-001
a	Plan name	GENERAL EXPOSITION SERVICES INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GENERAL EXPOSITION SERVICES	c EIN-PN 23-2795109-001
a	Plan name	BOYD/WILSON PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	BOYD/WILSON PROPERTY	c EIN-PN 23-2812739-001
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	ELIAS KALLAL & SCHAAF FUNERAL HOMES CREMATORY & CEMETERIES LTD INTEGRATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELIAS KALLAL & SCHAAF FUNERAL	c EIN-PN 26-0458981-001
a	Plan name	JAMALI FLORAL AND GARDEN SUPPLIES PROFIT SHARING PLAN	
b	Name of plan sponsor	JAMALI FLORAL AND GARDEN SUPPL	c EIN-PN 26-2304546-001
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	RUGGIERO PLANTE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RUGGIERO PLANTE LAND DESIGN	c EIN-PN 26-4525702-001
a	Plan name	PREMIUM TRANSPORTATION GROUP INC 401(K) PLAN	
b	Name of plan sponsor	PREMIUM TRANSPORTATION GROUP	c EIN-PN 27-1474708-001
a	Plan name	NORTH GEORGIA TRUSS SYSTEMS LLC 401K PLAN	
b	Name of plan sponsor	BOAMP/NORTH GEORGIA TRUSS SYST	c EIN-PN 27-2773670-001
a	Plan name	PRECISION UNDERGROUND 401(K) PLAN	
b	Name of plan sponsor	PRECISION UNDERGROUND INC	c EIN-PN 27-4634420-001
a	Plan name	FIEHRER MOTORS INC 401(K) PLAN	
b	Name of plan sponsor	FIEHRER MOTORS INC	c EIN-PN 31-0520863-001

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 ARONOFF ROSEN & HUNT LPA PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARONOFF ROSEN & HUNT	c EIN-PN 31-0802669-001
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 BUILDERS EXCHANGE INC. 401(K) PLAN	
b	Name of plan sponsor BXOP/THE BUILDERS EXCHANGE INC	c EIN-PN 34-0121870-001
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 BRAMHALL ENGINEERING & SURVEYING CO 401(K) PLAN	
b	Name of plan sponsor BRAMHALL ENGINEERING & SURVEYI	c EIN-PN 34-1822908-001
a	Plan name AIK 401(K) PLAN	
b	Name of plan sponsor MSCCP/AIK 401(K) PLAN	c EIN-PN 35-2201214-001
a	Plan name AAP FAMILY PRACTICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AAP FAMILY PRACTICE PC	c EIN-PN 35-2408842-001
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 AMFUEL SALARIED EMPLOYEES RETIREMENT INCOME PLAN	
b	Name of plan sponsor AMERICAN FUEL CELL AND	c EIN-PN 35-2580768-002
a	Plan name PYRAMID ROOFING COMPANY INC PROFIT SHARING PLAN	
b	Name of plan sponsor PYRAMID ROOFING COMPANY INC	c EIN-PN 43-0733625-001

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	PRO ROLLER COMPANY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ESCRP/ PRO ROLLER COMPANY INC	c EIN-PN 43-1047187-001
a	Plan name	HITS SCANNING SOLUTIONS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HITS SCANNING SOLUTIONS INC	c EIN-PN 43-1548486-002
a	Plan name	UNLIMITED OPPORTUNITIES INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	APDRP/ UNLIMITED OPPORTUNITIES	c EIN-PN 43-1578193-001
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	CHRISTIAN BROTHERS AUTOMOTIVE RAYFORD 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CHRISTIAN BROTHERS AUTO	c EIN-PN 45-4035743-001
a	Plan name	MENDEZ ENGINEERING PLLC 401(K) PLAN	
b	Name of plan sponsor	MENDEZ ENGINEERING PLLC	c EIN-PN 45-4247258-001
a	Plan name	INDUSTRIAL PROJECT INNOVATION LLC 401K PLAN	
b	Name of plan sponsor	IPIM/INDUSTRIAL PROJECT INNOVA	c EIN-PN 45-4274955-001
a	Plan name	CBA ARLINGTON 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA ARLINGTON 401(K) PL	c EIN-PN 45-5514059-001
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	KAVYOS CONSULTING RETIREMENT PLAN	
b	Name of plan sponsor	KAVYOS CONSULTING INC	c EIN-PN 46-1758631-001
a	Plan name	CBA MONUMENT 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA MONUMENT 401(K) PLAN	c EIN-PN 46-5319999-001

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	HANSEN INTERNATIONAL TRUCK INC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HANSEN INTERNATIONAL TRUCK
c	EIN-PN	47-0552429-001
a	Plan name	UTEPILS BREWING CO 401(K) PLAN
b	Name of plan sponsor	UTEPILS INVESTMENTS LLC DBA
c	EIN-PN	47-1144413-001
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	PARIS MOUNTAIN HOSPITALITY LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GIOAP/PARIS MOUNTAIN HOSPITALI
c	EIN-PN	47-1819250-001
a	Plan name	JMA SOLUTIONS LLC 401(K) PLAN
b	Name of plan sponsor	JMA SOLUTIONS LLC
c	EIN-PN	47-2815850-001
a	Plan name	RIGGS COMPANIES 401K PLAN
b	Name of plan sponsor	ACLVP/RIGGS COMPANIES 401K PLA
c	EIN-PN	47-4068503-001
a	Plan name	LIFESONG INFLUENCES LLC 401(K) PLAN
b	Name of plan sponsor	GIOAP/LIFESONG INFLUENCES LLC
c	EIN-PN	47-4465553-001
a	Plan name	HAWAII HEART ASSOCIATES 401(K) PLAN
b	Name of plan sponsor	HMAP/HAWAII HEART ASSOCIATES 4
c	EIN-PN	48-4388785-001
a	Plan name	LUTHER CARE SERVICES 401(K) PLAN
b	Name of plan sponsor	LUTHER CARE SERVICES
c	EIN-PN	51-0204853-002
a	Plan name	SOUTHSIDE HOLDINGS INC DBA TECHNOLOGY PUBLISHING COMPANY 401(K) PLAN
b	Name of plan sponsor	PBXP/SOUTHSIDE HOLDINGS INC
c	EIN-PN	51-0401870-001
a	Plan name	TOROID CORPORATION 401(K) PLAN
b	Name of plan sponsor	TOROID CORPORATION
c	EIN-PN	52-1264266-001
a	Plan name	ROBINS INSURANCE AGENCY INC 401(K) PLAN
b	Name of plan sponsor	RIACP/ROBINS INSURANCE AGENCY
c	EIN-PN	54-0843691-002

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	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	FIELDER ELECTRIC MOTOR REPAIR INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIELDER ELECTRIC MOTOR	c EIN-PN 54-1062815-001
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	THE PISGAH INSTITUTE FOR PSYCHOTHERAPY AND EDUCATION PA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE PISGAH INSTITUTE FOR	c EIN-PN 56-1854117-001
a	Plan name	JONES FORD INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JONES FORD INC	c EIN-PN 57-0481772-001
a	Plan name	ALLPHASE ELECTRICAL COMPANY LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLPHASE ELECTRICAL COMPANY	c EIN-PN 57-1126272-001
a	Plan name	MURRAY LAW GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURRAY LAW GROUP LLC	c EIN-PN 57-1128489-001
a	Plan name	GLAZE SUPPLY COMPANY INC 401(K) PLAN	
b	Name of plan sponsor	NCCPAP/GLAZE SUPPLY COMPANY IN	c EIN-PN 58-0684550-001
a	Plan name	NICHOLS CAULEY & ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor	NCCPAP/NICHOLS CAULEY & ASSOCI	c EIN-PN 58-2475857-001
a	Plan name	CAPITOL CARPET AND TILE 401(K) PLAN	
b	Name of plan sponsor	CAPITOL CARPET INC DBA CAPITOL	c EIN-PN 59-2635820-001
a	Plan name	CURTS GAINES HALL JONES ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor	WTCCP/CURTS GAINES HALL JONES	c EIN-PN 59-2844944-001
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

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	DUTCHS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MSCCP/DUTCHS RETIREMENT SAVIN	c EIN-PN 61-0429309-002
a	Plan name	CST CO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CSMP/CST CO INC	c EIN-PN 61-0536722-001
a	Plan name	MINERAL LABS INC 401K PLAN	
b	Name of plan sponsor	TBAP/ MINERAL LABS INC 401K	c EIN-PN 61-0874775-001
a	Plan name	THE WEBB COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE WEBB COMPANIES	c EIN-PN 61-0996628-001
a	Plan name	C & R ASPHALT LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C & R ASPHALT LLC	c EIN-PN 61-1318910-001
a	Plan name	OMEGA NATIONAL PRODUCTS LLC 401(K) PLAN	
b	Name of plan sponsor	OMEGA NATIONAL PRODUCTS LLC	c EIN-PN 61-1400542-001
a	Plan name	FLEMING-LEE SHUE 401(K) PLAN	
b	Name of plan sponsor	FLEMING-LEE SHUE INC	c EIN-PN 61-1419819-001
a	Plan name	ED SMITHS STENCIL WORKS LTD 401(K) PLAN	
b	Name of plan sponsor	ED SMITHS STENCIL WORKS LTD	c EIN-PN 72-0567335-001
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	WP&H LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WP&H LLC	c EIN-PN 74-3042082-001
a	Plan name	LUBBOCK CHAMBER OF COMMERCE 401(K) PLAN	
b	Name of plan sponsor	LTXCP/LUBBOCK CHAMBER OF COMME	c EIN-PN 75-0403180-003
a	Plan name	CENTER FOR CHRISTIAN GROWTH INC 401(K) PLAN	
b	Name of plan sponsor	CENTER FOR CHRISTIAN	c EIN-PN 75-1671920-002

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 ADVISORS FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor ADVISORS FINANCIAL GROUP	c EIN-PN 76-0556119-001
a	Plan name CITY ABSTRACT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CITY ABSTRACT LLC	c EIN-PN 81-0984322-001
a	Plan name DHVAJ 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DHVAJ INC	c EIN-PN 81-2859686-001
a	Plan name NIRVANA CARE 401K PLAN	
b	Name of plan sponsor NIRVANA CARE PLLC	c EIN-PN 82-0730715-001
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 STEFANO RICCI DC USA CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STEFANO RICCI DC USA CORP	c EIN-PN 82-1472711-001
a	Plan name DOTTA MOTORS 401(K) PLAN	
b	Name of plan sponsor DOTTA MOTORS LLC DBA DOTTA	c EIN-PN 82-2497693-001
a	Plan name CBA MIRAMESA 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA MIRAMESA 401(K) PLAN	c EIN-PN 82-3462970-001
a	Plan name CBA COPPERFIELD 401(K) PLAN	
b	Name of plan sponsor CBAFP/CBA COPPERFIELD 401(K)	c EIN-PN 82-5349975-001
a	Plan name SOUTH BIG HORN COUNTY HOSPITAL DISTRICT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SOUTH BIG HORN COUNTY HOSPITAL	c EIN-PN 83-0181409-001
a	Plan name RJ MANN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor RJ MANN & ASSOCIATES	c EIN-PN 84-1284380-001
a	Plan name TRI-STATE CPAS INC 401(K) PLAN	
b	Name of plan sponsor TRI-STATE CPAS	c EIN-PN 84-3555082-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	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/ FABIAN OIL INC PLAN	
b	Name of plan sponsor	LPEP/FABIAN OIL 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/CADOGAN TATE NEW YORK LIMITED PLAN	
b	Name of plan sponsor	LPEP/CADOGAN TATE NEW YORK	c EIN-PN 85-3213245-301
a	Plan name	LPE/CENTRAL TEXTILES INC PLAN	
b	Name of plan sponsor	LPEP/ CENTRAL TEXTILES INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ELITE STAFFING INC PLAN	
b	Name of plan sponsor	LPEP/ELITE STAFFING INC	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
a	Plan name	LPE/FAMILY MEDICAL CENTERS 401(K) PLAN	
b	Name of plan sponsor	LPEP/FAMILY MEDICAL CENTERS	c EIN-PN 85-3213245-301
a	Plan name	LPE/GARLYN O SHELTON INC PLAN	
b	Name of plan sponsor	LPEP/GARLYN O SHELTON INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/HANSEN PROPERTIES INC PLAN	
b	Name of plan sponsor	LPEP/HANSEN PROPERTIES INC	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/LEN STOLER INC PLAN	
b	Name of plan sponsor	LPEP/LEN STOLER INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/MURPHY ELECTRIC - NEXT GEN PLAN	
b	Name of plan sponsor	LPEP/MURPHY ELECTRIC - NEXT GE	c EIN-PN 85-3213245-301
a	Plan name	LPE/NC SPORTS CUTS LLC PLAN	
b	Name of plan sponsor	LPEP/NC SPORTS CUTS LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/NIEDERMAN STANZEL & LINDSEY PLLC PLAN	
b	Name of plan sponsor	LPEP/NIEDERMAN STANZEL & LINDS	c EIN-PN 85-3213245-301
a	Plan name	LPE/PORVEN LTD PLAN	
b	Name of plan sponsor	LPEP/PORVEN LTD	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOFTSCRIPT INC PLAN	
b	Name of plan sponsor	LPEP/SOFTSCRIPT INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOUTHWEST MATERIAL HANDLING INC PLAN	
b	Name of plan sponsor	LPEP/SOUTHWEST MATERIAL HANDLI	c EIN-PN 85-3213245-301
a	Plan name	LPE/STRAINRITE 401K PLAN	
b	Name of plan sponsor	LPEP/STRAINRITE 401K PLAN	c EIN-PN 85-3213245-301
a	Plan name	LPE/THROGS NECK EXTENDED CARE LLC UNION 1199 PLAN	
b	Name of plan sponsor	LPEP/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	LPEP/LPE TOS FARMS INC PROFIT	c EIN-PN 85-3213245-301
a	Plan name	LPE/WESTLAND MANUFACTURING INC DBA DAKOTALAND MANUFACTURING	
b	Name of plan sponsor	LPEP/DAKOTALAND MANUFACTURING	c EIN-PN 85-3213245-301
a	Plan name	LPEP/GREAT WESTERN DINING SERVICE INC 401(K) PLAN	
b	Name of plan sponsor	LPEP/GREAT WESTERN DINING SERV	c EIN-PN 85-3213245-301

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	MIPE/WESTLAND MANUFACTURING INC DBA DAKOTALAND MANUFACTURING 401K PLAN	
b	Name of plan sponsor	MIPE/DAKOTALAND MANUFACTURING	c EIN-PN 85-4166502-002
a	Plan name	THB COLORADO PROFIT SHARING PLAN	
b	Name of plan sponsor	THB COLORADO LLC	c EIN-PN 85-4252980-001
a	Plan name	GREEN GRASS OPCO 401(K) PLAN	
b	Name of plan sponsor	GREEN GRASS OPCO LLC	c EIN-PN 87-1107457-001
a	Plan name	SCOTTS POWER MANAGEMENT INC 401(K) PLAN	
b	Name of plan sponsor	AMRP/ SCOTTS POWER MANAGEMENT	c EIN-PN 87-4157633-001
a	Plan name	NEV-CAL INVESTORS INC DBA FAST TRAC ELECTRIC PROFIT SHARING PLAN	
b	Name of plan sponsor	NEV-CAL INVESTORS INC DBA FAST	c EIN-PN 88-0205385-001
a	Plan name	SAVVY MANAGEMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EPRP/SAVVY MANAGEMENT LLC	c EIN-PN 92-2932885-001
a	Plan name	FABIAN OIL EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	FABIAN OIL INC	c EIN-PN 93-6722326-002
a	Plan name	CALIFORNIA VETERINARY MEDICAL ASSOCIATION 401K PLAN	
b	Name of plan sponsor	CVMARP/CALIFORNIA VETERINARY M	c EIN-PN 94-1141035-001
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-SOUTHERN ILLINOIS HARDWARE INC	
b	Name of plan sponsor	ASRA/SOUTHERN ILLINOIS	c EIN-PN 01-0165117-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YOURPATH PASSIVE 2010 MODERATE	B Three-digit plan number (PN) ▶ 205
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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1	2
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	7576
		15258
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)	8642164
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4730461
(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	12358450	15147785
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3120	3351
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3120	3351
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12355330	15144434

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)	93609	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		93609
(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)	334387	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		334387
(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)		596193
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1024189

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)	2557	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	8242	
(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)		10799
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10799

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1013390
l Transfers of assets:			
(1) To this plan.....	2l(1)		7595440
(2) From this plan	2l(2)		5819726

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 _____.