

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

Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>YOURPATH PASSIVE 2030 AGGRESSIVE</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>223</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BENEFIT TRUST COMPANY</u></p> <p><u>5901 COLLEGE BLVD</u> <u>SUITE 100</u> <u>OVERLAND PARK, KS 66211</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>83-6725700</u></p> <p>2c Plan Sponsor's telephone number <u>913-319-0380</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/25/2025</u>	<u>EMILY GOODALL</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	
---	----------	--

6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	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
--	----------

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
--	--

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)
---	--

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.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>YOURPATH PASSIVE 2030 AGGRESSIVE</u>	B Three-digit plan number (PN) <u>▶ 223</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)
---------------	--

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)
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)
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)
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)

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)

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)

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)

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)

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	A ABBY GROUP 401(K) PLAN	
b	Name of plan sponsor	AMCP/A ABBY GROUP 401(K) PLAN	c EIN-PN 51-0477856-001
a	Plan name	AHLBORG CONSTRUCTION RETIREMENT PLAN	
b	Name of plan sponsor	AHLBORG CONSTRUCTION	c EIN-PN 26-3024881-001
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	ALABAMA PATHOLOGY/BRIDGER LABS PROFIT SHARING PLAN	
b	Name of plan sponsor	CFSCP/ALABAMA PATHOLOGY/BRIDGE	c EIN-PN 63-1008587-001
a	Plan name	ALLIANCE MECHANICAL CONTRACTORS 401(K) PLAN	
b	Name of plan sponsor	ESCCP/ALLIANCE MECHANICAL	c EIN-PN 48-1231280-001
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - METRO PT	
b	Name of plan sponsor	ASRA/METRO PT	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	ALVIS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALVIS INC	c EIN-PN 31-0743167-002
a	Plan name	AMCHECK NEVADA 401(K) PLAN	
b	Name of plan sponsor	ACLVP/AMCHECK NEVADA 401(K) PL	c EIN-PN 83-0486625-001
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	AVON DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor	AMCP/AVON DENTAL CARE 401(K) P	c EIN-PN 31-1529681-001

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	BANKFLORIDA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BANKFLORIDA	c EIN-PN 20-8982689-001
a	Plan name	BARANTEC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	BARANTEC 401(K) PROFIT SHARING	c EIN-PN 52-1980362-001
a	Plan name	BKC CPAS PC 401(K) PLAN	
b	Name of plan sponsor	BKC CPAS PC	c EIN-PN 22-3299874-001
a	Plan name	BXOP/RM RIGGLE ENTERPRISES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BXOP/RM RIGGLE ENTERPRISES LLC	c EIN-PN 20-2257614-001
a	Plan name	CALLIBRITY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LMRCP/ CALLIBRITY SOLUTIONS 40	c EIN-PN 20-8677704-001
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	CAVE 401(K) PLAN	
b	Name of plan sponsor	CAVE ENTERPRISES OPERATIONS	c EIN-PN 20-4023518-001
a	Plan name	CBA CUMMING 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA CUMMING 401(K) PLAN	c EIN-PN 46-1847877-001
a	Plan name	CBA MOORESVILLE 401K PLAN	
b	Name of plan sponsor	CBAFP/CBA MOORESVILLE 401K PL	c EIN-PN 83-0800741-001
a	Plan name	CBA S WESTERN AVE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA S WESTERN AVE 401(K)	c EIN-PN 47-3108529-001
a	Plan name	CBA SW FORT WORTH 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA SW FORT WORTH 401(K)	c EIN-PN 27-3258940-001
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 CENTRAL FLORIDA ORTHOPAEDIC SURGERY ASSOCIATES PL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CENTRAL FLORIDA ORTHOPAEDIC	c EIN-PN 65-0731524-001
a	Plan name CHESAPEAKE BEHAVIORAL HEALTH CENTER LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CHESAPEAKE BEHAVIORAL HEALTH	c EIN-PN 04-3807885-001
a	Plan name CHICAGO PAINTING INC 401(K) PLAN	
b	Name of plan sponsor CHICAGO PAINTING INC	c EIN-PN 20-2014932-001
a	Plan name CLARKS LANDING RETIREMENT PLAN	
b	Name of plan sponsor CLARKS LANDING MARINA	c EIN-PN 22-2878366-001
a	Plan name CNC CABINETRY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CNC CABINETRY	c EIN-PN 11-3086986-001
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 COMPANY 401(K) PLAN	
b	Name of plan sponsor BAKERS CREEK MANAGEMENT LLC	c EIN-PN 88-1959956-001
a	Plan name CRYSTAL CREEK BUILDERS INC 401(K) PLAN	
b	Name of plan sponsor PACCP/CRYSTAL CREEK BUILDERS I	c EIN-PN 86-0994158-001
a	Plan name DATA IMAGING & ASSOCIATES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DATA IMAGING & ASSOCIATES INC	c EIN-PN 56-1043890-001
a	Plan name DAVCON INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAVCON INC	c EIN-PN 54-1647387-001
a	Plan name DAYMARK WEALTH PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor DAYMARK WEALTH PARTNERS LLC	c EIN-PN 88-2642047-001
a	Plan name DECK SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor DECK SYSTEMS INC	c EIN-PN 59-3014164-001

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	DESERT DE ORO FOODS INC 401(K) PLAN	
b	Name of plan sponsor	PBM/DESERT DE ORO FOODS INC	c EIN-PN 86-0418856-001
a	Plan name	DESIGN NINE INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMRP/DESIGN NINE INC 401(K)	c EIN-PN 43-1404128-001
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	DOLAN FAMILY OFFICE LLC 401(K) PLAN	
b	Name of plan sponsor	DOLAN FAMILY OFFICE LLC	c EIN-PN 11-3580282-001
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	ENGINEERING TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENGINEERING TECHNOLOGIES INC	c EIN-PN 47-0806856-001
a	Plan name	ENVIROMATIC SYSTEMS OF FORT WORTH INC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ENVIROMATIC SYSTEMS OF FORT	c EIN-PN 75-2751770-001
a	Plan name	EVOLUTION CREATIVE SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	EVOLUTION CREATIVE SOLUTIONS	c EIN-PN 31-1408643-001
a	Plan name	FAMILY NURTURING CENTER 401(K) PLAN	
b	Name of plan sponsor	EFSP/FAMILY NURTURING CENTER 4	c EIN-PN 31-1011326-002
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	FORBES BUSINESS INVESTMENTS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FORBES BUSINESS INVESTMENTS	c EIN-PN 20-1837565-001
a	Plan name	FRANKFORT TOYOTA SCION 401(K) PLAN	
b	Name of plan sponsor	TEWELL FAMILY LLC DBA	c EIN-PN 13-4232131-001

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 GEOLOG AMERICAS INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BKCRP/GEOLOG AMERICAS INC	c EIN-PN 20-2589263-001
a	Plan name GRAY BROTHERS SEPTIC SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HARVEY ENVIRONMENTAL INC DBA	c EIN-PN 88-2381933-001
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 GREENWOOD & MYERS FUNERAL SERVICES 401(K) PLAN	
b	Name of plan sponsor BDCRP/GREENWOOD & MYERS	c EIN-PN 45-1995640-001
a	Plan name HEALTH LYNKS LLC 401(K) RETIREMENT SAVINGS PLAN I	
b	Name of plan sponsor HEALTH LYNKS LLC	c EIN-PN 84-3969006-001
a	Plan name HERDX INC 401K PLAN	
b	Name of plan sponsor ESCRP/HERDX INC 401K PLAN	c EIN-PN 27-3562134-001
a	Plan name HERITAGE PINES 401K PLAN	
b	Name of plan sponsor DSKGP/HERITAGE PINES 401K PLAN	c EIN-PN 59-3495933-001
a	Plan name HIERHOLZER HOLDINGS 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor HIERHOLZER HOLDINGS INC	c EIN-PN 45-1299147-333
a	Plan name HKB COSMETIC SURGERY PROFIT SHARING PLAN	
b	Name of plan sponsor HKB COSMETIC SURGERY	c EIN-PN 56-1916799-001
a	Plan name INDEPENDENT COMMUNITY BANCORP INC RETIREMENT PLAN	
b	Name of plan sponsor INDEPENDENT COMMUNITY	c EIN-PN 62-1306854-001
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 INDUSTRIAL PROJECT INNOVATION LLC 401K PLAN	
b	Name of plan sponsor IPIM/INDUSTRIAL PROJECT INNOVA	c EIN-PN 45-4274955-001

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 INTEGRATED FINANCIAL CONCEPTS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor INTEGRATED FINANCIAL CONCEPTS	c EIN-PN 47-2035435-001
a	Plan name INTERSTATE TRANSMISSION RETIREMENT PLAN	
b	Name of plan sponsor CRAIP/INTERSTATE TRANSMISSION	c EIN-PN 61-1452194-001
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 JAY A HARRIS ORTHODONTICS PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAY A HARRIS ORTHODONTICS PC	c EIN-PN 20-1795945-001
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 JERSEY ARCHITECTURAL DOOR & SUPPLY CO 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JERSEY ARCHITECTURAL DOOR &	c EIN-PN 22-3180615-001
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 JK EXCAVATING & UTILITIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PFSBP/JK EXCAVATING & UTILITIE	c EIN-PN 31-1459686-001
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 KARBEC 401K PLAN	
b	Name of plan sponsor HCCRP/KARBEC LLC	c EIN-PN 61-1760374-001
a	Plan name KAT EXCAVATION & CONSTRUCTION INC 401(K) PLAN	
b	Name of plan sponsor SLCP/KAT EXCAVATION & CONSTRUC	c EIN-PN 76-0625155-001
a	Plan name KENNYS GREAT PIES LLC 401(K) PLAN	
b	Name of plan sponsor KENNYS GREAT PIES LLC	c EIN-PN 58-1929205-001

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	KLOCKE OF AMERICA INC 401(K) PLAN	
b	Name of plan sponsor	KLOCKE OF AMERICA INC	c EIN-PN 65-0698838-001
a	Plan name	L&M MANAGEMENT INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	L&M MANAGEMENT INC	c EIN-PN 88-0488854-001
a	Plan name	LANGDON MORTGAGE COMPANY INC 401(K) PLAN	
b	Name of plan sponsor	LANGDON MORTGAGE COMPANY INC	c EIN-PN 35-1923481-001
a	Plan name	LASCO FOODS 401(K) PLAN	
b	Name of plan sponsor	LASCO FOODS	c EIN-PN 20-1172252-001
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	LEVIN & BREND P C 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVIN & BREND P C	c EIN-PN 36-2857822-001
a	Plan name	LIMESTONE TITLE & ESCROW LLC 401(K) PLAN	
b	Name of plan sponsor	LIMESTONE TITLE & ESCROW LLC	c EIN-PN 27-0308370-001
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/ BLUE MOUNTAIN QUALITY RESOURCES LLC PLAN	
b	Name of plan sponsor	LPEP/BLUE MOUNTAIN QUALITY RES	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/ EL TORO AUTO GROUP PLAN	
b	Name of plan sponsor	LPEP/EL TORO AUTO GROUP	c EIN-PN 85-3213245-301
a	Plan name	LPE/ SOLERAS ADVANCED COATINGS PLAN	
b	Name of plan sponsor	LPEP/ SOLERAS ADVANCED COATING	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/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/CAPTAIN D'S LLC PLAN	
b	Name of plan sponsor	LPEP/CAPTAIN DS LLC	c EIN-PN 85-3213245-301
a	Plan name	LPE/EAST HILLS AUTO GROUP PLAN	
b	Name of plan sponsor	LPEP/EAST HILLS AUTO GROUP	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/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
a	Plan name	LPE/LINDA GAUNT COMMUNICATIONS LLC	
b	Name of plan sponsor	LPEP/LINDA GAUNT COMMUNICATION	c EIN-PN 85-3213245-301
a	Plan name	LPE/NOTHUM MANUFACTURING CO INC 401(K) PLAN	
b	Name of plan sponsor	LPEP/NOTHUM MANUFACTURING CO	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/ROBERT W SULLIVAN INC PLAN	
b	Name of plan sponsor	LPEP/ROBERT W SULLIVAN INC	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

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/WINDSOR VETERINARY CLINIC LLC	
b	Name of plan sponsor	LPEP/WINDSOR VETERINARY CLINIC	c EIN-PN 85-3213245-301
a	Plan name	LPE/WORLDWIDE COMPUTER SOLUTIONS INC PLAN	
b	Name of plan sponsor	LPEP/WORLDWIDE COMPUTER	c EIN-PN 85-3213245-301
a	Plan name	LUEDER CONSTRUCTION COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LUEDER CONSTRUCTION COMPANY	c EIN-PN 47-0116980-001
a	Plan name	MAC METAL RETIREMENT PLAN	
b	Name of plan sponsor	MAC METAL SALES INC	c EIN-PN 61-1283395-001
a	Plan name	MALONE DIRUBBO & COMPANY PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MALONE DIRUBBO & COMPANY PC	c EIN-PN 02-0436087-001
a	Plan name	MEDICAL CENTER LLP 401(K) PLAN	
b	Name of plan sponsor	NCCPAP/MEDICAL CENTER	c EIN-PN 58-0949770-003
a	Plan name	MEDSCENE INC PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDSCENE INC	c EIN-PN 23-2307685-001
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	MONTGOMERY COUNTY ESD 9 457 PLAN	
b	Name of plan sponsor	MONTGOMERY COUNTY ESD 9	c EIN-PN 47-4184950-001
a	Plan name	MRG INC 401(K) PLAN	
b	Name of plan sponsor	AMCP/MRG INC 401(K) PLAN	c EIN-PN 47-2043101-001
a	Plan name	MURRAY'S CHEESE 401(K) PLAN	
b	Name of plan sponsor	MURRAY'S CHEESE LLC	c EIN-PN 32-0376453-001
a	Plan name	NECCS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NECCS INC	c EIN-PN 26-1283591-002

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	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	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	NORTON TRANSPORT INC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NCCPAP/NORTON TRANSPORT INC 40
c	EIN-PN	20-8325025-001
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	PINELAND FARMS DAIRY 401(K) PLAN
b	Name of plan sponsor	CIACP/PINELAND FARMS DAIRY 401
c	EIN-PN	81-5133455-001
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	PREMIUM TRANSPORTATION GROUP INC 401(K) PLAN
b	Name of plan sponsor	PREMIUM TRANSPORTATION GROUP
c	EIN-PN	27-1474708-001
a	Plan name	RAILROAD CONSTRUCTION CO OF SOUTH JERSEY INC 401(K) SAFE HARBOR PROFIT SHARING PLAN
b	Name of plan sponsor	RAILROAD CONSTRUCTION CO OF
c	EIN-PN	22-1901120-002
a	Plan name	READING EDGE ACADEMY INC PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	READING EDGE ACADEMY INC
c	EIN-PN	59-3455253-001
a	Plan name	ROHA USA 401(K) PLAN
b	Name of plan sponsor	ESCRP/ROHA USA LLC
c	EIN-PN	43-1860576-001
a	Plan name	RUBY FINANCIAL PLANNING 401(K) PLAN
b	Name of plan sponsor	TBAP/RUBY FINANCIAL PLANNING
c	EIN-PN	92-1954990-001
a	Plan name	SEAWARD MARINE CORPORATION 401(K) PLAN
b	Name of plan sponsor	SEAWARD MARINE CORPORATION
c	EIN-PN	20-5950226-001

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 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 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 STRUCTURAL DESIGN AND ANALYSIS INC 401(K) PLAN	
b	Name of plan sponsor STRUCTURAL DESIGN AND ANALYSIS	c EIN-PN 54-1898388-001
a	Plan name SUMMIT MANAGEMENT GROUP OF FLORIDA LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUMMIT MANAGEMENT GROUP OF	c EIN-PN 20-2175532-001
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 T & G CONSTRUCTORS 401(K) PLAN	
b	Name of plan sponsor T & G CONSTRUCTORS	c EIN-PN 59-2806739-001
a	Plan name TAFCO CORPORATION 401(K) PLAN	
b	Name of plan sponsor LRWP/TAFCO CORPORATION	c EIN-PN 36-4044303-001
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
a	Plan name TEED & BROWN INC 401(K) PROFIT SHARING & TRUST PLAN	
b	Name of plan sponsor TEED & BROWN INC	c EIN-PN 06-1435176-001
a	Plan name THE MCNAMARA GROUP LLC 401(K) PLAN	
b	Name of plan sponsor THE MCNAMARA GROUP LLC	c EIN-PN 11-3581772-001
a	Plan name THE ROYALTY NETWORK PROFIT SHARING PLAN	
b	Name of plan sponsor THE ROYALTY NETWORK	c EIN-PN 11-3230735-001
a	Plan name TMB EAST SAFE HARBOR PLAN	
b	Name of plan sponsor TMB EAST SAFE HARBOR PLAN	c EIN-PN 86-1517006-001

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	UNEX MANUFACTURING INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNEX MANUFACTURING INC	c EIN-PN 22-1733032-001
a	Plan name	UNIFIED TECHNOLOGIES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UNIFIED TECHNOLOGIES LLC	c EIN-PN 27-0240525-001
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	VANTAGE CONSTRUCTION CORPORATION 401K PLAN	
b	Name of plan sponsor	VANTAGE CONSTRUCTION	c EIN-PN 90-0142414-001
a	Plan name	VISIONWORKS MARKETING GROUP 401(K) PLAN	
b	Name of plan sponsor	ACACMP/VISIONWORKS MARKETING G	c EIN-PN 43-1873176-001
a	Plan name	WATER PURIFICATION CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor	PHCCP/WATER PURIFICATION CONSU	c EIN-PN 56-1681406-001
a	Plan name	WATKINS EXPRESS FREIGHT INC 401(K) PLAN	
b	Name of plan sponsor	WATKINS EXPRESS FREIGHT INC	c EIN-PN 37-1439733-001
a	Plan name	WITTING & MILLER INC EMPLOYEES 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WITTING & MILLER INC	c EIN-PN 74-2317129-001
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
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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YOURPATH PASSIVE 2030 AGGRESSIVE	B Three-digit plan number (PN) 223
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
---------------	--------------------------------------

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 0	2
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 3337	6146
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) 8852017	10215917
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14) 770000	907973
(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	9625354	11130038
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2521	3131
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2521	3131
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9622833	11126907

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)	18537	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18537
(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)	283158	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		283158
(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)		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)		962854
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1264549

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)	2566	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	6235	
(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)		8801
j Total expenses. Add all expense amounts in column (b) and enter total	2j		8801

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1255748
l Transfers of assets:			
(1) To this plan	2l(1)		3213586
(2) From this plan	2l(2)		2965260

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 _____.