

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 [X] 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

1a Name of plan YOURPATH PASSIVE 2040 AGGRESSIVE
1b Three-digit plan number (PN) 225
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 2040 AGGRESSIVE</u>	B Three-digit plan number (PN)	<u>225</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>83-6725700</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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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)

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	7 STAR HOSPITALITY RESOURCE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	7SHR/CT BAGELS LLC DBA BAGEL	c EIN-PN 87-3638143-005
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	ACT & WHELCO COMPANIES 401(K) PLAN	
b	Name of plan sponsor	AUTOMATION & CONTROL TECH	c EIN-PN 75-3216340-001
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	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST - MAS INC	
b	Name of plan sponsor	ASRA/MAS INC	c EIN-PN 47-1134281-333
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- GSM	
b	Name of plan sponsor	ASRA/GOOD SPORTSMAN MARKETING	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-AC PRODUCE INC	
b	Name of plan sponsor	ASRA/AC PRODUCE INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-REDFOX INSPECTIONS	
b	Name of plan sponsor	ASRA/REDFOX INSPECTIONS	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401K PLAN & TRUST-UNION FARM EQUIPMENT INC	
b	Name of plan sponsor	ASRA/UNION FARM EQUIPMENT INC	c EIN-PN 01-0165117-333
a	Plan name	ALLIANCE PAYROLL SERVICES INC RETIREMENT TRUST	
b	Name of plan sponsor	APCGP/ALLIANCE PAYROLL SERVICE	c EIN-PN 76-0400279-001

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	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	ARLINGTON CHAMBER OF COMMERCE 401K PLAN	
b	Name of plan sponsor	ACCMP/ARLINGTON CHAMBER OF COM	c EIN-PN 54-0125427-002
a	Plan name	ARTS UNITED OF GREATER FORT WAYNE INC 401(K) PLAN	
b	Name of plan sponsor	RACFWP/ARTS UNITED OF GREATER	c EIN-PN 35-0992067-002
a	Plan name	BARTOSIAK MAKEPEACE P.C. 401K PLAN	
b	Name of plan sponsor	BARTOSIAK MAKEPEACE P.C.	c EIN-PN 99-2539341-001
a	Plan name	BERGEN PLUMBING HEATING & COOLING INC 401(K) PLAN	
b	Name of plan sponsor	BERGEN PLUMBING INC	c EIN-PN 01-0789080-001
a	Plan name	BEST ONE TIRE AND SERVICE OF MID AMERICA INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BEST ONE TIRE 401K	c EIN-PN 31-0892317-002
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	BRAMHALL ENGINEERING & SURVEYING CO 401(K) PLAN	
b	Name of plan sponsor	BRAMHALL ENGINEERING & SURVEYI	c EIN-PN 34-1822908-001
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	CATAP/CATAPULT EMPLOYERS ASSOCIATION 401K PLAN	
b	Name of plan sponsor	CATAP/CATAPULT EMPLOYERS	c EIN-PN 56-0670576-001
a	Plan name	CAVE 401(K) PLAN	
b	Name of plan sponsor	CAVE ENTERPRISES OPERATIONS	c EIN-PN 20-4023518-001

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	CBA LAKEVILLE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA LAKEVILLE 401(K)	c EIN-PN 81-5353603-001
a	Plan name	CBA LEXINGTON 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA LEXINGTON 401(K)	c EIN-PN 82-5076997-001
a	Plan name	CBA LONE TREE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/LONE TREE	c EIN-PN 47-4731906-001
a	Plan name	CBA MAUMELLE 401K PLAN	
b	Name of plan sponsor	CBAFP/CBA MAUMELLE 401K PLAN	c EIN-PN 26-4411044-001
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 THORNTON 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA THORNTON 401(K) PLAN	c EIN-PN 81-2773457-001
a	Plan name	CBA WAXAHACHIE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA WAXAHACHIE 401(K) P	c EIN-PN 84-1956088-001
a	Plan name	CHAMPION TRUCK AND TRAILER RETIREMENT PLAN	
b	Name of plan sponsor	CHAMPION TRUCK AND TRAILER INC	c EIN-PN 75-2831251-001
a	Plan name	CHORUS INNOVATIONS 401(K) PLAN	
b	Name of plan sponsor	CHORUS INNOVATIONS INC	c EIN-PN 20-4409309-001
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	CHRISTIAN OPPORTUNITY CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTIAN OPPORTUNITY CENTER	c EIN-PN 42-0946676-001
a	Plan name	CLINTON HILL COMMUNITY ACTION 401(K) PLAN	
b	Name of plan sponsor	CHCAP/CLINTON HILL COMMUNITY A	c EIN-PN 84-2816101-001

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	CNC CABINETRY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CNC CABINETRY	c EIN-PN 11-3086986-001
a	Plan name	CODOS LLC 401(K) PLAN	
b	Name of plan sponsor	CODOS LLC	c EIN-PN 45-3955240-001
a	Plan name	COLUMBUS FAMILY PRACTICE ASSOCIATES PC EMPLOYEES PROFIT SHARING AND 401(K) TRUST	
b	Name of plan sponsor	COLUMBUS FAMILY PRACTICE	c EIN-PN 47-0634907-002
a	Plan name	COMMONWEALTH HOME HEALTH INC 401K PLAN	
b	Name of plan sponsor	TFGCP/COMMONWEALTH HOME HEALTH	c EIN-PN 54-1330736-001
a	Plan name	COMPASS INSURANCE GROUP PLAN	
b	Name of plan sponsor	SCCIP/COMPASS INSURANCE GROUP	c EIN-PN 27-3186918-002
a	Plan name	CRESCENT CITY SCHOOLS 401(K) PLAN	
b	Name of plan sponsor	CRESCENT CITY SCHOOLS	c EIN-PN 27-2811737-001
a	Plan name	CRUZ DEVELOPMENT 401K PLAN	
b	Name of plan sponsor	LMRCP/CRUZ DEVELOPMENT 401K PL	c EIN-PN 87-1801432-001
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	DAVCON INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAVCON INC	c EIN-PN 54-1647387-001
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	DISCOVERY TANK TESTING INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DISCOVERY TANK TESTING INC	c EIN-PN 65-0198831-001
a	Plan name	DISTANCE TRUCKING INC 401K PLAN	
b	Name of plan sponsor	LRWP/DISTANCE TRUCKING INC 401	c EIN-PN 45-0606553-001

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	DITCHARO SMILES RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	DITCHARO SMILES PC	c EIN-PN 45-0781221-001
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	DONALDSON LAW 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICE OF JENNIFER	c EIN-PN 84-1261215-001
a	Plan name	DUKES LUMBER COMPANY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	DUKES LUMBER COMPANY INC	c EIN-PN 51-0101216-001
a	Plan name	EDGE GROUP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EDGE GROUP 401(K) PSP	c EIN-PN 20-0196969-001
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	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	FARMERS & MERCHANTS BANK 401(K) PLAN	
b	Name of plan sponsor	FARMERS & MERCHANTS BANK	c EIN-PN 39-0273347-001
a	Plan name	FAYETTE COUNTY NATIONAL BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FAYETTE COUNTY NATIONAL BANK	c EIN-PN 55-0169036-002
a	Plan name	FEINER GRANT STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL COMMUNICATION	c EIN-PN 13-3733304-001
a	Plan name	FIREBALL TRANSPORT LLC 401(K) PLAN	
b	Name of plan sponsor	PFAAP/FIREBALL TRANSPORT LLC 4	c EIN-PN 81-4156277-001
a	Plan name	FJA US INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FJA US INC	c EIN-PN 13-3804456-001

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	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	FREEMAC INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FREEMAC INC	c EIN-PN 48-1294674-001
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	GCA LOGGING INC 401K PLAN	
b	Name of plan sponsor	CIACP/GCA LOGGING INC 401K PL	c EIN-PN 01-0435334-001
a	Plan name	GIRISGEN & KOPOLOW OD PC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ACLVP/GIRISGEN & KOPOLOW OD PC	c EIN-PN 88-0484278-002
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	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	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	HEALTH LYNKS LLC 401(K) RETIREMENT SAVINGS PLAN II	
b	Name of plan sponsor	HEALTH LYNKS LLC	c EIN-PN 84-3969006-002
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	HURTT FAMILY HEALTH CLINIC RETIREMENT PLAN	
b	Name of plan sponsor	HURTT FAMILY HEALTH CLINIC INC	c EIN-PN 33-0906866-001

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	HYPERION BANK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LGAP/HYPERION BANK 401(K) RETI	c EIN-PN 20-5859525-001
a	Plan name	IMPERIAL SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor	IMPERIAL SYSTEMS INC 401(K) PL	c EIN-PN 22-3835723-001
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
a	Plan name	INFOVILLE INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INFOVILLE INC	c EIN-PN 20-1170417-001
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 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	JMT INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JMT INC	c EIN-PN 85-0262880-001

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	JOHN T NGUYEN MD PA PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JOHN T NGUYEN MD PA	c EIN-PN 32-0219084-001
a	Plan name	KARBEC 401K PLAN	
b	Name of plan sponsor	HCCRP/KARBEC LLC	c EIN-PN 61-1760374-001
a	Plan name	KERR OFFICE GROUP INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HCCRP/KERR OFFICE GROUP INC.	c EIN-PN 20-5275325-001
a	Plan name	KEVCO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEVCO INC	c EIN-PN 39-1685234-001
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	LEIGHTON STATE BANK 401(K) PLAN	
b	Name of plan sponsor	LSBCP/ LEIGHTON STATE BANK 401	c EIN-PN 42-0246810-001
a	Plan name	LINDNER HAGEN 401(K) PLAN AND TRUST	
b	Name of plan sponsor	LINDNER HAGEN ENTERPRISES INC	c EIN-PN 20-0493466-001
a	Plan name	LOST WAY BREWERY 401(K) PLAN	
b	Name of plan sponsor	NCBGP/LOST WAY BREWERY 401(K)	c EIN-PN 81-3691045-001
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/ CM3 INC PLAN	
b	Name of plan sponsor	LPEP/CM3 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/ FABIAN OIL INC PLAN	
b	Name of plan sponsor	LPEP/FABIAN OIL 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/ T ENTERPRISES INCORPORATED PLAN	
b	Name of plan sponsor	LPEP/T ENTERPRISES INCORPORATE	c EIN-PN 85-3213245-301
a	Plan name	LPE/A RAY HOSPITALITY LLC	
b	Name of plan sponsor	LPEP/A RAY HOSPITALITY LLC	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/ASSISTANCE PLUS 401(K) PLAN	
b	Name of plan sponsor	LPEP/ASSISTANCE PLUS 401(K) PL	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/BOONE SUPPORTED LIVING LLC	
b	Name of plan sponsor	LPEP/BOONE SUPPORTED LIVING	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/CAPTAIN D'S LLC PLAN	
b	Name of plan sponsor	LPEP/CAPTAIN DS LLC	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/NEUROGENE INC PLAN	
b	Name of plan sponsor	LPEP/NEUROGENE INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/NEW YORK BOILER INC PLAN	
b	Name of plan sponsor	LPEP/NEW YORK BOILER INC	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

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/PATES HARDWARE 401(K) PLAN	
b	Name of plan sponsor LPEP/PATES HARDWARE INC 401	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/SOUTHWEST MATERIAL HANDLING INC PLAN	
b	Name of plan sponsor LPEP/SOUTHWEST MATERIAL HANDLI	c EIN-PN 85-3213245-301
a	Plan name LPE/TEAM HOUSING SOLUTIONS INC 401(K) PLAN	
b	Name of plan sponsor LPEP/TEAM HOUSING SOLUTIONS IN	c EIN-PN 85-3213245-301
a	Plan name LPE/WEIL WRECKER SERVICES INC PLAN	
b	Name of plan sponsor LPEP/LPE WEIL WRECKER SERVICES	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 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 MAKOVICKA HARMS GROUP PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAKOVICKA HARMS GROUP PC	c EIN-PN 26-4283460-001
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 MANOR HOUSE EVENT CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MDCP/MANOR HOUSE EVENT CENTER	c EIN-PN 31-0909968-001

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	MAXUS OPERATIONS LLC AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	ECCRP/MAXUS OPERATIONS LLC AND	c EIN-PN 46-2715562-001
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	MIPE/CAMPBELL ENTERPRISES OF ILLINOIS 401(K) PLAN	
b	Name of plan sponsor	MIPE/CAMPBELL ENTERPRISES OF I	c EIN-PN 85-4166502-002
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	MIRCROSEAL INDUSTRIES RETIREMENT PLAN	
b	Name of plan sponsor	MICROSEAL INDUSTRIES INC	c EIN-PN 22-3243111-001
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	MORGAN ENGINEERING LLC 401(K) PLAN	
b	Name of plan sponsor	MORGAN ENGINEERING LLC	c EIN-PN 75-3047762-001
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	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	NOAH TECHNOLOGIES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	NOAH TECHNOLOGIES CORPORATION	c EIN-PN 74-2465294-001
a	Plan name	NORTHWOODS REHABILITATION & NURSING CENTER 401(K) PLAN	
b	Name of plan sponsor	ABMMP/NORTHWOODS REHABILITATIO	c EIN-PN 47-1252551-001
a	Plan name	OHIO VALLEY PET CARE 401(K) PLAN	
b	Name of plan sponsor	EFSP/OHIO VALLEY PET CARE 401(c EIN-PN 47-1002785-001

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	PAYROLL PARTNERS INC 401(K) PLAN	
b	Name of plan sponsor	PAYROLL PARTNERS INC	c EIN-PN 61-1394776-001
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	PENOBSCOT ISLAND AIR EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	BHFSP/PENOBSCOT ISLAND AIR EMP	c EIN-PN 20-2017905-001
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	PINNACLE HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	AMCP/PINNACLE HOLDINGS 401(K)	c EIN-PN 83-4673982-001
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	PRECISION LOGISTICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PRECISION LOGISTICS LLC	c EIN-PN 81-3982185-001
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	REGENCY PLUS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REGENCY PLUS INC	c EIN-PN 23-2962257-001
a	Plan name	ROBCO ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	ROBCO ELECTRIC	c EIN-PN 88-0372551-001
a	Plan name	ROSCH COMPANY LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	ROSCH COMPANY LLC	c EIN-PN 77-0588217-001
a	Plan name	SCHAFFER ENTERPRISES GROUP 401(K) PLAN	
b	Name of plan sponsor	SEGP/SCHAFFER ENTERPRISES GROU	c EIN-PN 30-0858345-001

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	SELERANT CORP 401(K) PLAN
b	Name of plan sponsor	SELERANT CORP
c	EIN-PN	13-4050596-001
a	Plan name	SENEZ CONSULTING INC 401K PLAN
b	Name of plan sponsor	TBAP/SENEZ CONSULTING INC 401K
c	EIN-PN	88-2059097-001
a	Plan name	SENN'S BODY & PAINT SHOP RETIREMENT PLAN
b	Name of plan sponsor	SENN'S BODY & PAINT SHOP INC
c	EIN-PN	61-0701383-001
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	SOUTHEASTERN FILTRATION 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	NCCPAP/SOUTHEASTERN FILTRATION
c	EIN-PN	58-2099792-001
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	SQUARE KING FOODS INC 401(K) PLAN
b	Name of plan sponsor	SQUARE KING FOODS INC
c	EIN-PN	33-0598669-001
a	Plan name	STEEL SUPPLIERS ERECTORS INC RETIREMENT PLAN
b	Name of plan sponsor	STEEL SUPPLIERS ERECTORS INC
c	EIN-PN	52-2050869-001
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	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	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	TEXAS CRIMINAL DEFENSE GROUP 401(K) PLAN
b	Name of plan sponsor	LTXCP/TEXAS CRIMINAL DEFENSE
c	EIN-PN	87-2309507-001

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	THE FRISCHER MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FRISCHER MEDICAL GROUP	c EIN-PN 95-4613456-001
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 MORAN GROUP OF BATON ROUGE INC 401(K) PLAN	
b	Name of plan sponsor	THE MORAN GROUP OF	c EIN-PN 72-1133364-001
a	Plan name	THE ROCK LAW GROUP PA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	THE ROCK LAW GROUP PA	c EIN-PN 59-3681203-001
a	Plan name	THINKFORM ARCHITECTS 401K PLAN	
b	Name of plan sponsor	BKCRP/THINKFORM ARCHITECTS	c EIN-PN 27-5424528-001
a	Plan name	TMB EAST SAFE HARBOR PLAN	
b	Name of plan sponsor	TMB EAST SAFE HARBOR PLAN	c EIN-PN 86-1517006-001
a	Plan name	TRANSCEND ENGINEERS & PLANNERS 401(K) PLAN	
b	Name of plan sponsor	FBCCP/TRANSCEND ENGINEERS & PL	c EIN-PN 82-2902847-001
a	Plan name	TRI POINT VETERINARY CLINIC 401K PLAN	
b	Name of plan sponsor	TBAP/TRI POINT VETERINARY CLIN	c EIN-PN 87-3714177-001
a	Plan name	TRINSOFT LLC 401(K) PLAN	
b	Name of plan sponsor	SFCRP/TRINSOFT LLC 401(K) PLAN	c EIN-PN 61-1311296-001
a	Plan name	TURNINGPOINTE LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TURNINGPOINTE LLC	c EIN-PN 80-0447285-001
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	WATKINS EXPRESS FREIGHT INC 401(K) PLAN	
b	Name of plan sponsor	WATKINS EXPRESS FREIGHT INC	c EIN-PN 37-1439733-001

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	Z & S CONSTRUCTION CO INC 401(K) PLAN	
b Name of plan sponsor	Z & S CONSTRUCTION CO INC	c EIN-PN 47-0440339-001

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

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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 2040 AGGRESSIVE	B Three-digit plan number (PN) ▶ 225
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	1a 0	2
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 1483	2034
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) 8127741	8702205
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14) 82162	179784
(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	8211386	8884025
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2206	3038
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2206	3038
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8209180	8880987

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)	2904	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2904
(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)	253713	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		253713
(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)		811467
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1068084

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)	2563	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	5048	
(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)		7611
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7611

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1060473
l Transfers of assets:			
(1) To this plan.....	2l(1)		3099484
(2) From this plan	2l(2)		3488150

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 _____.