

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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 2050 AGGRESSIVE</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>227</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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<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
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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 2050 AGGRESSIVE</u>	B Three-digit plan number (PN)	<u>227</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)
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	ACT & WHELCO COMPANIES 401(K) PLAN	
b	Name of plan sponsor	AUTOMATION & CONTROL TECH	c EIN-PN 75-3216340-001
a	Plan name	ACTION SUPPLY INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ACTION SUPPLY INC	c EIN-PN 22-2752206-001
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	AIM SERVICES INC 401(K) PLAN	
b	Name of plan sponsor	AIM SERVICES INC	c EIN-PN 77-0602860-001
a	Plan name	ALL SQUARE CABINET COMPANY 401(K) PLAN	
b	Name of plan sponsor	ALL SQUARE CABINET COMPANY	c EIN-PN 83-2951653-001
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- 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-B&G BUILDING MATERIALS	
b	Name of plan sponsor	ASRA/B&G BUILDING MATERIALS	c EIN-PN 01-0165117-333
a	Plan name	ALWAYS ADVANCING 401(K) PLAN	
b	Name of plan sponsor	ALWAYS ADVANCING PROMOTIONS	c EIN-PN 26-3830256-001
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	AMERI TEK 401(K) PLAN	
b	Name of plan sponsor	PHRCP/AMERI TEK 401(K) PLAN	c EIN-PN 72-1348587-001
a	Plan name	AMERICAN MAPLE INC RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN MAPLE INC	c EIN-PN 26-0041772-001

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 SALARIED EMPLOYEES RETIREMENT INCOME PLAN	
b	Name of plan sponsor	AMERICAN FUEL CELL AND	c EIN-PN 35-2580768-002
a	Plan name	ASSOCIATED PEDIATRIC DENTISTRY LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSOCIATED PEDIATRIC	c EIN-PN 83-2180371-002
a	Plan name	BIG HORN ROOFING 401(K) PLAN	
b	Name of plan sponsor	BIG HORN ROOFING INC	c EIN-PN 83-0278171-001
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	BLAZE 401(K) PLAN	
b	Name of plan sponsor	MSCCP/BLAZE ENTERPRISES LLC	c EIN-PN 47-2966988-001
a	Plan name	BOB WOLFNER PLUMBING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHCCP/BOB WOLFNER PLUMBING 401	c EIN-PN 31-1019356-001
a	Plan name	BOSWELL CONTRACTING INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOSWELL CONTRACTING INC	c EIN-PN 61-0976698-001
a	Plan name	CASA OF LEXINGTON 401(K) PLAN	
b	Name of plan sponsor	WCCRP/CASA OF LEXINGTON 401(K)	c EIN-PN 61-1339185-001
a	Plan name	CASECO LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CASECO LLC	c EIN-PN 45-3658733-001
a	Plan name	CASPER MOUNTAIN MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor	CWCP/CASPER MOUNTAIN MOTORSPOR	c EIN-PN 83-0337153-001
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 FLOWER MOUND 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA FLOWER MOUND 401(K)	c EIN-PN 83-2328018-001
a	Plan name	CBA GILBERT-BASELINE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA GILBERT-BASELINE	c EIN-PN 82-0651344-001
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 NORTH SCOTTSDALE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA NORTH SCOTTSDALE 401	c EIN-PN 84-1968415-001
a	Plan name	CBA WAKE FOREST 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA WAKE FOREST 401(K)	c EIN-PN 85-2320223-001
a	Plan name	CBA WARWICK 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA WARWICK 401(K) PLAN	c EIN-PN 20-0655517-001
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	CENTURY HOTEL GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EFSP/CENTURY HOTEL GROUP	c EIN-PN 82-3822298-001
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	CHORUS INNOVATIONS 401(K) PLAN	
b	Name of plan sponsor	CHORUS INNOVATIONS INC	c EIN-PN 20-4409309-001
a	Plan name	CI DINING SERVICES 401(K) PLAN	
b	Name of plan sponsor	CORPORATE IMAGE DINING SERVICE	c EIN-PN 06-0774884-001
a	Plan name	CNC CABINETRY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CNC CABINETRY	c EIN-PN 11-3086986-001

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 COLORADO PULMONARY INTENSIVISTS PC PROFIT-SHARING PLAN	
b	Name of plan sponsor COLORADO PULMONARY	c EIN-PN 20-5787969-001
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 COMPANY 401(K) PLAN	
b	Name of plan sponsor COMPANY 401(K) PLAN	c EIN-PN 88-1959956-001
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 COMPLETE DENTAL PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPLETE DENTAL PLLC	c EIN-PN 82-4757571-001
a	Plan name CRS METALWORX INC 401(K) PLAN	
b	Name of plan sponsor BXOP/CRS METALWORX INC 401(K)	c EIN-PN 34-1960458-001
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 CUSTOM INSURANCE SERVICES INC RETIREMENT PLAN	
b	Name of plan sponsor CUSTOM INSURANCE SERVICES INC	c EIN-PN 43-1128229-001
a	Plan name DBDRIVEN.NET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DBDRIVEN.NET LLC	c EIN-PN 26-0262585-001
a	Plan name DEEMS K&C LLC 401(K) PLAN	
b	Name of plan sponsor DSKGP/DEEMS K&C LLC 401(K) PL	c EIN-PN 59-2130576-001
a	Plan name DEFFENBAUGH HOMES SAFE HARBOR MATCH RETIREMENT PLAN	
b	Name of plan sponsor DEFFENBAUGH CONSTRUCTION INC	c EIN-PN 46-0457062-001
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

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	DOWNING CONSTRUCTION INC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DOWNING CONSTRUCTION INC
c	EIN-PN	42-0925175-001
a	Plan name	DRS PAVLIK AND BARGEN DDS PC 401(K) PLAN
b	Name of plan sponsor	DRS PAVLIK AND BARGEN DDS PC
c	EIN-PN	85-1238047-001
a	Plan name	E&M ENTERPRISES LLC 401(K) PLAN
b	Name of plan sponsor	MSCCP/E&M ENTERPRISES LLC
c	EIN-PN	84-5006663-001
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	EASTERN ANSWERING SERVICE INC PROFIT SHARING PLAN
b	Name of plan sponsor	EASTERN ANSWERING SERVICE INC
c	EIN-PN	23-2308856-001
a	Plan name	EASTPORT ANALYTICS INC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	EASTPORT ANALYTICS INC
c	EIN-PN	27-0003590-001
a	Plan name	EDGE GROUP 401K PROFIT SHARING PLAN
b	Name of plan sponsor	EDGE GROUP 401(K) PSP
c	EIN-PN	20-8054208-001
a	Plan name	EMPLOYEE PROFIT SHARING PLAN OF FRONTIER METAL STAMPING INC PLAN
b	Name of plan sponsor	FRONTIER METAL STAMPING INC
c	EIN-PN	84-0576078-001
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	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	FAMILY NURTURING CENTER 401(K) PLAN
b	Name of plan sponsor	EFSP/FAMILY NURTURING CENTER 4
c	EIN-PN	31-1011326-002

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	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	FEEL GOOD BRANDS LLC PLAN	
b	Name of plan sponsor	ACLVP/FEEL GOOD BRANDS LLC PLA	c EIN-PN 88-0376565-001
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
a	Plan name	FLORA BROTHERS PAINTING 401(K) PLAN	
b	Name of plan sponsor	AICCP/FLORA BROTHERS PAINTING	c EIN-PN 27-5562457-001
a	Plan name	FRANKLIN ARMORY INC 401(K) PLAN	
b	Name of plan sponsor	ACLVP/FRANKLIN ARMORY INC 401(c EIN-PN 81-5165223-001
a	Plan name	FREEWAY INTERNATIONAL LOGISTICS LLC 401(K) PLAN	
b	Name of plan sponsor	FREEWAY INTERNATIONAL	c EIN-PN 83-1072865-001
a	Plan name	GENERAL FIRE & SAFETY EQUIPMENT COMPANY OF OMAHA INC 401(K) PLAN	
b	Name of plan sponsor	GENERAL FIRE & SAFETY	c EIN-PN 47-0645369-001
a	Plan name	GLOBAL CONTRACTING GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NCCPAP/GLOBAL CONTRACTING GROU	c EIN-PN 27-2790193-001
a	Plan name	GOLDMAN & PETERSON PLLC 401(K) PLAN	
b	Name of plan sponsor	GOLDMAN & PETERSON PLLC	c EIN-PN 45-4043597-001
a	Plan name	GRASSHOPPER INVESTMENTS LLC 401(K) PLAN	
b	Name of plan sponsor	LMRCP/GRASSHOPPER INVESTMENTS	c EIN-PN 31-1776586-001
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	GREENCASTLE ASSOCIATES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GREENCASTLE ASSOCIATES LLC	c EIN-PN 23-2917616-002

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 GREVEN GROUP LLC 401(K) PLAN	
b	Name of plan sponsor GREVEN GROUP LLC	c EIN-PN 81-2446392-001
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 HCL ENGINEERING & SURVEYING LLC 401(K) PLAN	
b	Name of plan sponsor HCL ENGINEERING & SURVEYING	c EIN-PN 84-1488145-001
a	Plan name HIGHLIFT OFFROAD 401(K) PLAN	
b	Name of plan sponsor EFSP/HIGHLIFT OFFROAD 401(K) P	c EIN-PN 47-2025180-001
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 HUB + WEBER ARCHITECTS PLC 401(K) PLAN	
b	Name of plan sponsor HUB + WEBER ARCHITECTS PLC	c EIN-PN 20-0531445-001
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
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 INDUSTRIAL PROJECT INNOVATION LLC 401K PLAN	
b	Name of plan sponsor IPIM/INDUSTRIAL PROJECT INNOVA	c EIN-PN 45-4274955-001
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 INTERNET CREATIONS 2000 LLC 401(K) PLAN	
b	Name of plan sponsor INTERNET CREATIONS 2000 LLC	c EIN-PN 34-2028870-001
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

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 JACK DANIELS MOTORS INC 401(K) PLAN III	
b	Name of plan sponsor JACK DANIELS MOTORS INC	c EIN-PN 22-1974783-003
a	Plan name JANI KING GULF COAST 401K PLAN	
b	Name of plan sponsor ENMON ENTERPRISES LLC DBA JANI	c EIN-PN 72-1124143-001
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 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 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
a	Plan name JOHN C MAGNUSSON DDS SC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor JOHN C MAGNUSSON DDS SC	c EIN-PN 39-1495296-001
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 KENNEDY PAINTING LLC 401(K) PLAN	
b	Name of plan sponsor ESCCP/ KENNEDY PAINTING LLC	c EIN-PN 90-0435389-001
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 KORSMEYER FIRE PROTECTION LLC 401(K) PLAN	
b	Name of plan sponsor ESCRP/KORSMEYER FIRE PROTECTIO	c EIN-PN 43-1793481-001

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	LARGO TANK & EQUIPMENT INC.401(K) PLAN	
b	Name of plan sponsor	LARGO TANK & EQUIPMENT INC.	c EIN-PN 48-0925917-001
a	Plan name	LAROCCA HORNIK ROSEN GREENBERG & CRUPI LLC 401(K) PLAN	
b	Name of plan sponsor	LAROCCA HORNIK ROSEN	c EIN-PN 47-2664143-001
a	Plan name	LAWTON INSURANCE AGENCY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAWTON INSURANCE AGENCY	c EIN-PN 23-3100283-001
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	LOGBOAT BREWING 401(K) PLAN	
b	Name of plan sponsor	MCBGP/ LOGBOAT BREWING 401(K)	c EIN-PN 45-5563004-001
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/ CM3 INC PLAN	
b	Name of plan sponsor	LPEP/CM3 INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ KFH INDUSTRIES INC	
b	Name of plan sponsor	LPEP/KFH INDUSTRIES INC	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
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

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/BENSON WOODWORKING CO INC PLAN	
b	Name of plan sponsor	LPEP/BENSON WOODWORKING CO INC	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/CENTER FOR POLICING EQUITY PLAN	
b	Name of plan sponsor	LPEP/ LPE CENTER FOR POLICING	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/HANSEN PROPERTIES INC PLAN	
b	Name of plan sponsor	LPEP/HANSEN PROPERTIES INC	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/PEAK OPERATIONS INC	
b	Name of plan sponsor	LPEP/PEAK OPERATIONS INC	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/SOUTHWEST MATERIAL HANDLING INC PLAN	
b	Name of plan sponsor	LPEP/SOUTHWEST MATERIAL HANDLI	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

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 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 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 MESSAGE ENVY JMSRX INC 401(K) PLAN	
b	Name of plan sponsor MESSAGE JMSRX INC	c EIN-PN 82-1103147-001
a	Plan name MECHANICAL SERVICES ASSOCIATES CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MECHANICAL SERVICES ASSOCIATES	c EIN-PN 36-3768913-001
a	Plan name MHLI 401(K) PLAN	
b	Name of plan sponsor MILITARY HOUSING AND LODGING	c EIN-PN 54-1979030-001
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 MONTGOMERY COUNTY ESD 1 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor MONTGOMERY COUNTY ESD 1	c EIN-PN 82-3656276-001
a	Plan name MPI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MURTY PHARMACEUTICALS INC	c EIN-PN 61-1276283-001

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	NATIONAL UTILITY CONTRACTORS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	NUCAP/NATIONAL UTILITY CONTRAC	c EIN-PN 52-0813009-001
a	Plan name	NDWBC 401(K) PLAN	
b	Name of plan sponsor	NDWBC/NDWBC 401K	c EIN-PN 45-0454584-001
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	NORTH AMERICAN CABLE EQUIPMENT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NORTH AMERICAN CABLE EQUIPMENT	c EIN-PN 23-2692118-001
a	Plan name	NORTHEAST PAIN MANAGEMENT EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	BHFSP/NORTHEAST PAIN MANAGEMEN	c EIN-PN 20-1295942-001
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	ON GUARD PEST CONTROL 401(K) PLAN	
b	Name of plan sponsor	ON GUARD PEST CONTROL	c EIN-PN 45-3263290-001
a	Plan name	ONE STOP HOME REPAIR EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	BHFSP/ ONE STOP HOME REPAIR EM	c EIN-PN 56-2301183-001
a	Plan name	OPTIMAL HEALTH CHIROPRACTIC AND PHYSICAL THERAPY 401K PLAN	
b	Name of plan sponsor	RICHARD CARLSON LLC	c EIN-PN 46-2677054-001
a	Plan name	PARKS YOUTH RANCH INC 401(K) PLAN	
b	Name of plan sponsor	FBCCP/ PARKS YOUTH RANCH INC 4	c EIN-PN 20-4748799-001
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	PEOPLES FIRST SAVINGS BANK 401(K) PLAN	
b	Name of plan sponsor	MDCP/PEOPLES FIRST BANK	c EIN-PN 31-0404830-002

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 PITTSBURGH BUILDERS EXCHANGE PROFIT SHARING PLAN	
b	Name of plan sponsor PBXP/PITTSBURGH BUILDERS	c EIN-PN 25-0728430-002
a	Plan name POMONA AUTO WORKS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POMONA AUTO WORKS INC	c EIN-PN 84-3756066-001
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 POSITIVE SYNERGY CORP 401(K) PLAN	
b	Name of plan sponsor POSITIVE SYNERGY CORPORATION	c EIN-PN 46-4637450-001
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 REDTEAM SOFTWARE LLC 401(K) PLAN	
b	Name of plan sponsor REDTEAM SOFTWARE LLC	c EIN-PN 56-2656679-001
a	Plan name RICE REUTHER SULLIVAN & CARROLL LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RICE REUTHER SULLIVAN &	c EIN-PN 20-0782189-001
a	Plan name RIGHT FITNESS AND NUTRITION 401(K) PLAN	
b	Name of plan sponsor MEBCP/RIGHT FITNESS AND NUTRIT	c EIN-PN 27-0737552-001
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 ROBCO ELECTRIC 401(K) PLAN	
b	Name of plan sponsor ROBCO ELECTRIC	c EIN-PN 88-0372551-001
a	Plan name ROHA USA 401(K) PLAN	
b	Name of plan sponsor ESCRP/ROHA USA LLC	c EIN-PN 43-1860576-001

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	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	RTA INC 401(K) P/S PLAN	
b	Name of plan sponsor	RTA INC	c EIN-PN 84-0773499-001
a	Plan name	SELERANT CORP 401(K) PLAN	
b	Name of plan sponsor	SELERANT CORP	c EIN-PN 13-4050596-001
a	Plan name	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	SHOWIT INC 401(K) PLAN	
b	Name of plan sponsor	SHOWIT INC	c EIN-PN 46-5013121-001
a	Plan name	SONOMA RSA INC DBA RSA+ 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SONOMA RSA INC DBA	c EIN-PN 68-0427410-001
a	Plan name	SPECIALIZED STEEL SOLUTIONS 401(K) PLAN & TRUST	
b	Name of plan sponsor	PBXP/SPECIALIZED STEEL SOLUTI	c EIN-PN 88-4183247-001
a	Plan name	SPIRES & ASSOCIATES 401K PLAN & TRUST	
b	Name of plan sponsor	SGPAP/SPIRES & ASSOCIATES 401K	c EIN-PN 65-0865523-001
a	Plan name	SPORTS MEDICINE INSTITUTE RETIREMENT PLAN	
b	Name of plan sponsor	SGPAP/ SPORTS MEDICINE INSTITU	c EIN-PN 59-3464291-001
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	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	STUDIO SVEN LLC RETIREMENT PLAN	
b	Name of plan sponsor	LRWP/ STUDIO SVEN LLC RETIREME	c EIN-PN 47-1535342-001

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	THE INSURANCE OUTLET 401(K) PLAN	
b	Name of plan sponsor	LRCCP/THE INSURANCE OUTLET 401	c EIN-PN 26-4635811-001
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 ROADS FOUNDATION 401K PLAN	
b	Name of plan sponsor	THE ROADS FOUNDATION INC	c EIN-PN 45-0572757-001
a	Plan name	THOMPSON EQUIPMENT & SUPPLY RETIREMENT PLAN	
b	Name of plan sponsor	G52WMP/THOMPSON EQUIPMENT & SU	c EIN-PN 31-0802770-001
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	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	TRI-STATE CPAS INC 401(K) PLAN	
b	Name of plan sponsor	TRI-STATE CPAS	c EIN-PN 84-3555082-003
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	VANTAGE CONSTRUCTION CORPORATION 401K PLAN	
b	Name of plan sponsor	VANTAGE CONSTRUCTION	c EIN-PN 90-0142414-001
a	Plan name	VICTORY LANE 401(K)PLAN	
b	Name of plan sponsor	VICTORY LANE FORD INC	c EIN-PN 37-1163551-001
a	Plan name	VPS DRYWALL RETIREMENT PROGRAM	
b	Name of plan sponsor	GNCCP/VPS DRYWALL RETIREMENT P	c EIN-PN 32-0038253-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YOURPATH PASSIVE 2050 AGGRESSIVE	B Three-digit plan number (PN) ▶ 227
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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	454
		974
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)	5841317
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10336301
(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	5841771	10337275
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1772	2948
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1772	2948
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5839999	10334327

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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(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)	259948	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		259948
(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)	705938
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	965886

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)	2420
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	4840
(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)	7260
j Total expenses. Add all expense amounts in column (b) and enter total	2j	7260

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	958626
l Transfers of assets:		
(1) To this plan	2l(1)	4272886
(2) From this plan	2l(2)	737184

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 _____.