

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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 2060 AGGRESSIVE</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>229</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BENEFIT TRUST COMPANY</u></p> <p><u>5901 COLLEGE BLVD</u> <u>SUITE 100</u> <u>OVERLAND PARK, KS 66211</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>83-6725700</u></p> <p>2c Plan Sponsor's telephone number <u>913-319-0380</u></p> <p>2d Business code (see instructions)</p>

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

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

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211	3b Administrator's EIN 43-1971558 3c Administrator's telephone number 913-319-0380
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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.	OMB No. 1210-0110 <hr/> 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 2060 AGGRESSIVE</u>	B Three-digit plan number (PN)	<u>229</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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a Name of MTIA, CCT, PSA, or 103-12 IE:		
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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:

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c EIN-PN

d Entity code

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d Entity code

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d Entity code

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d Entity code

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d Entity code

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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	3G WAREHOUSE INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	3G WAREHOUSE INC	c EIN-PN 27-0837338-001
a	Plan name	ABGI USA INC 401(K) PLAN	
b	Name of plan sponsor	ABGI USA INC	c EIN-PN 90-0298034-001
a	Plan name	AGILX LLC 401(K) PLAN	
b	Name of plan sponsor	AGILX LLC	c EIN-PN 27-5282149-001
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	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST-GRAY WEALTH MANAGEMENT INC	
b	Name of plan sponsor	ASRA/GRAY WEALTH MANAGEMENT IN	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
a	Plan name	AMERICAN UNDERGROUND SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN UNDERGROUND SUPPLY	c EIN-PN 27-4689058-001
a	Plan name	AMFUEL HOURLY EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	AMFUEL CELL & COATED	c EIN-PN 35-2580768-003
a	Plan name	AMFUEL SALARIED EMPLOYEES RETIREMENT INCOME PLAN	
b	Name of plan sponsor	AMERICAN FUEL CELL AND	c EIN-PN 35-2580768-002
a	Plan name	AML RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AML INC	c EIN-PN 35-1134293-002
a	Plan name	APTITUDE REAL ESTATE LLC 401(K) PLAN	
b	Name of plan sponsor	APTITUDE REAL ESTATE LLC	c EIN-PN 82-1915575-001

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	ARAKAWA CHEMICAL (USA) INC 401(K) PLAN	
b	Name of plan sponsor	ARAKAWA CHEMICAL (USA) INC	c EIN-PN 36-3171735-001
a	Plan name	ARAPAHOE PARK PEDIATRICS PC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ARAPAHOE PARK PEDIATRICS P C	c EIN-PN 84-1454285-001
a	Plan name	ARMOR HEALTH 401(K) PLAN	
b	Name of plan sponsor	AMRP/ARMOR CORRECTIONAL HEALTH	c EIN-PN 20-1422279-001
a	Plan name	AUTO PRO COLLISION INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AUTO PRO COLLISION INC	c EIN-PN 13-3791027-001
a	Plan name	BE FOUND ONLINE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LRWP/BE FOUND ONLINE LLC	c EIN-PN 26-4274013-001
a	Plan name	BEMARKETING 401(K) PLAN	
b	Name of plan sponsor	BEMARKETING LLC	c EIN-PN 45-2373229-001
a	Plan name	BKC CPAS PC 401(K) PLAN	
b	Name of plan sponsor	BKC CPAS PC	c EIN-PN 22-3299874-001
a	Plan name	CALLIBRITY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LMRCP/ CALLIBRITY SOLUTIONS 40	c EIN-PN 20-8677704-001
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
a	Plan name	CBA FISHERS 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA FISHERS 401(K) PLAN	c EIN-PN 80-0872995-001
a	Plan name	CBA HIXSON 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA HIXSON 401(K) PLAN	c EIN-PN 88-3800041-001

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 MOORESVILLE 401K PLAN	
b	Name of plan sponsor	CBAFP/CBA MOORESVILLE 401K PL	c EIN-PN 83-0800741-001
a	Plan name	CBA NEW BRAUNFELS 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA NEW BRAUNFELS 401(K)	c EIN-PN 27-1984088-002
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	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	CITY ABSTRACT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CITY ABSTRACT LLC	c EIN-PN 81-0984322-001
a	Plan name	CNC CABINETRY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CNC CABINETRY	c EIN-PN 11-3086986-001
a	Plan name	CODY COUNTRY CHAMBER OF COMMERCE 401(K) PLAN	
b	Name of plan sponsor	CWCCRP/CODY CHAMBER OF	c EIN-PN 83-0160349-001
a	Plan name	COKER INSURANCE AGENCY LLC 401(K) PLAN	
b	Name of plan sponsor	COKER INSURANCE AGENCY LLC	c EIN-PN 20-5130687-001
a	Plan name	COMMERCIAL AIR SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL AIR SYSTEMS INC	c EIN-PN 01-0690277-001
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	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	COPPERHEAD ENVIRONMENTAL CONSULTING 401(K) PLAN	
b	Name of plan sponsor	COPPERHEAD ENVIRONMENTAL	c EIN-PN 27-0083689-001

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	CROVETTI ORTHOPEDICS & SPORTS MEDICINE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ACLVP/CROVETTI ORTHOPEDICS & S	c EIN-PN 88-0454760-101
a	Plan name	DAVCON INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAVCON INC	c EIN-PN 54-1647387-001
a	Plan name	DISTANCE TRUCKING INC 401K PLAN	
b	Name of plan sponsor	LRWP/DISTANCE TRUCKING INC 401	c EIN-PN 45-0606553-001
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	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	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	ENGINEERED BUILDING SYSTEMS INC 401(K) PLAN	
b	Name of plan sponsor	TBAP/ENGINEERED BUILDING	c EIN-PN 46-1862866-001
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	EVARTS TREMAINE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EVARTS TREMAINE	c EIN-PN 34-0210170-001
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

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 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 FIRE RESEARCH & TECHNOLOGY LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FIRE RESEARCH & TECHNOLOGY LLC	c EIN-PN 46-5200446-001
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 FOUR STATE MAINTENANCE SUPPLY INC 401(K) PLAN	
b	Name of plan sponsor ESCCP/FOUR STATE MNTNCE SPLY	c EIN-PN 48-1001328-001
a	Plan name GEOGRAPH INDUSTRIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GEOGRAPH INDUSTRIES INC	c EIN-PN 31-1579613-001
a	Plan name GINGER BAY TOWN & COUNTRY LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GINGER BAY TOWN & COUNTRY LLC	c EIN-PN 45-2668876-001
a	Plan name GLOBAL COVERAGE INC PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL COVERAGE INC	c EIN-PN 13-2761645-001
a	Plan name GRASSHOPPER INVESTMENTS LLC 401(K) PLAN	
b	Name of plan sponsor LMRCP/GRASSHOPPER INVESTMENTS	c EIN-PN 31-1776586-001
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
a	Plan name HANSEN INTERNATIONAL TRUCK INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANSEN INTERNATIONAL TRUCK	c EIN-PN 47-0552429-001
a	Plan name HCL ENGINEERING & SURVEYING LLC 401(K) PLAN	
b	Name of plan sponsor HCL ENGINEERING & SURVEYING	c EIN-PN 84-1488145-001
a	Plan name HOOKE LABORATORIES INC 401K PLAN	
b	Name of plan sponsor CPSCP/HOOKE LABORATORIES INC	c EIN-PN 20-8823140-001

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	HUNTINGTON ORTHOPEDIC SURGICAL MEDICAL GROUP 401(K) PLAN
b	Name of plan sponsor	HUNTINGTON ORTHOPEDIC SURGICAL
c	EIN-PN	43-2013469-002
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	INTERSTATE TRANSMISSION RETIREMENT PLAN
b	Name of plan sponsor	CRAIP/INTERSTATE TRANSMISSION
c	EIN-PN	61-1452194-001
a	Plan name	IRVING FARM HOLDING LLC 401(K) PLAN
b	Name of plan sponsor	IRVING FARM HOLDING LLC
c	EIN-PN	45-5269525-001
a	Plan name	JACK DANIELS MOTORS INC 401(K) PLAN I
b	Name of plan sponsor	JACK DANIELS MOTORS INC
c	EIN-PN	22-1974783-001
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	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	KARBEC 401K PLAN
b	Name of plan sponsor	HCCRP/KARBEC LLC
c	EIN-PN	61-1760374-001
a	Plan name	KENNYS GREAT PIES LLC 401(K) PLAN
b	Name of plan sponsor	KENNYS GREAT PIES LLC
c	EIN-PN	58-1929205-001
a	Plan name	KERR BROTHERS FUNERAL HOME LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	KERR BROTHERS FUNERAL HOME
c	EIN-PN	31-1568595-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LAFAYETTE DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	FDDSP/LAFAYETTE DENTAL ASSOCIA	c EIN-PN 45-3814943-001
a	Plan name	LEARNING ARTS CORPORATION	
b	Name of plan sponsor	LEARNING ARTS	c EIN-PN 68-0434185-001
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	LEVIN & BREND P C 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVIN & BREND P C	c EIN-PN 36-2857822-001
a	Plan name	LEXAR INC 401(K) PLAN	
b	Name of plan sponsor	LEXAR INC	c EIN-PN 27-5360245-001
a	Plan name	LIFEBLUE INC 401(K) P/S PLAN	
b	Name of plan sponsor	LIFEBLUE INC	c EIN-PN 82-1787093-001
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	LPE/ CELSIUS HOLDINGS INC PLAN	
b	Name of plan sponsor	LPEP/CELSIUS HOLDINGS INC	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/BII SERVICES CORP PLAN	
b	Name of plan sponsor	LPEP/BII SERVICES CORP	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/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/EXTENDED CARE CONSULTING LLC PLAN	
b	Name of plan sponsor	LPEP/EXTENDED CARE CONSULTING	c EIN-PN 85-3213245-301
a	Plan name	LPE/FAMILY MEDICAL CENTERS 401(K) PLAN	
b	Name of plan sponsor	LPEP/FAMILY MEDICAL CENTERS	c EIN-PN 85-3213245-301
a	Plan name	LPE/GARLYN O SHELTON INC PLAN	
b	Name of plan sponsor	LPEP/GARLYN O SHELTON INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/KEMISTRE 8 LLC PLAN	
b	Name of plan sponsor	LPEP/KEMISTRE 8 LLC	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/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/SEALEVEL CONSTRUCTION INC 401(K) PLAN	
b	Name of plan sponsor	LPEP/SEALEVEL CONSTRUCTION INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/STRAINRITE 401K PLAN	
b	Name of plan sponsor	LPEP/STRAINRITE 401K PLAN	c EIN-PN 85-3213245-301
a	Plan name	LPE/VERMONT NEW YORK BATTERY COMPANY PLAN	
b	Name of plan sponsor	LPEP/VERMONT NEW YORK BATTERY	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

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	LUTHER CARE SERVICES 401(K) PLAN	
b	Name of plan sponsor	LUTHER CARE SERVICES	c EIN-PN 51-0204853-002
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	MANCUSO CAREY LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	MANCUSO CAREY LLC	c EIN-PN 83-0717363-001
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
a	Plan name	MARIYA MEDLENOV DDS LLC 401(K) PLAN	
b	Name of plan sponsor	PFRPP/MARIYA MEDLENOV DDS LLC	c EIN-PN 85-2260149-001
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/FONDO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIPE/FONDO 401(K) PROFIT SHARI	c EIN-PN 85-4166502-001
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	MONTGOMERY COUNTY ESD 9 457 PLAN	
b	Name of plan sponsor	MONTGOMERY COUNTY ESD 9	c EIN-PN 47-4184950-001
a	Plan name	MOREJSTU LLC 401(K) PLAN	
b	Name of plan sponsor	MOREJSTU LLC	c EIN-PN 84-2404944-001
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

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	NEW BODY AESTHETICS 401(K) PLAN	
b	Name of plan sponsor	PPRPP/NEW BODY AESTHETICS	c EIN-PN 82-4715709-001
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	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	O'FALLON DENTAL WORKS 401(K) PLAN	
b	Name of plan sponsor	BBPRP/OFALLON DENTAL WORKS	c EIN-PN 88-4341231-001
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	OSS�PEE MOUNTAIN ELECTRONICS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	OSS�PEE MOUNTAIN ELECTRONICS	c EIN-PN 02-0475638-001
a	Plan name	PALS BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor	NCBGP/PALS BREWING COMPANY 401	c EIN-PN 81-1333535-001
a	Plan name	PDS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PERSONNEL DATA SYSTEMS INC	c EIN-PN 23-1925770-001
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)	
<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	PETTIS COUNTY AMBULANCE DISTRICT 457(B) PLAN	
b	Name of plan sponsor	PETTIS COUNTY AMBULANCE	c EIN-PN 46-0786417-001
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	PMG EMPLOYMENT SERVICES LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PMG EMPLOYMENT SERVICES LLC	c EIN-PN 87-3797037-001
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	PRIMOTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	PRIMOTIONS LLC	c EIN-PN 41-2154996-001
a	Plan name	PRINT ART INC 401(K) PLAN	
b	Name of plan sponsor	PRINT ART INC	c EIN-PN 22-3619381-002
a	Plan name	PROGRADE EXCAVATION & DEMOLITION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BXOP/PROGRADE EXCAVATION & DEM	c EIN-PN 14-1962063-001
a	Plan name	RECTOR EXCAVATING 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	G52WMP/RECTOR EXCAVATING INC	c EIN-PN 61-1381616-001
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	RIGGS COMPANIES 401K PLAN	
b	Name of plan sponsor	ACLVP/RIGGS COMPANIES 401K PLA	c EIN-PN 47-4068503-001

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	RONDAY TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor	LGAP/RONDAY TECHNOLOGIES INC	c EIN-PN 86-2329057-001
a	Plan name	SAN ANTONIO TIMBER 401(K) PLAN	
b	Name of plan sponsor	SAN ANTONIO TIMBER LLC	c EIN-PN 20-4709722-001
a	Plan name	SCHROEDER DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	SFCRP/SCHROEDER DENTISTRY 401	c EIN-PN 82-3926213-001
a	Plan name	SHOWIT INC 401(K) PLAN	
b	Name of plan sponsor	SHOWIT INC	c EIN-PN 46-5013121-001
a	Plan name	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	SPY COAST FARM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SPY COAST FARM HOME LLC	c EIN-PN 26-3604083-002
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	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	TDI PACKSYS 401(K) PLAN	
b	Name of plan sponsor	TDI PACKSYS LLC	c EIN-PN 27-1763884-001
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
a	Plan name	THE AHLERS GROUP 401(K) PLAN	
b	Name of plan sponsor	MGACP/THE AHLERS GROUP 401(K)	c EIN-PN 80-0890632-001

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 KENTUCKY CASTLE 401(K) PLAN	
b	Name of plan sponsor	WCCRP/THE KENTUCKY CASTLE 401	c EIN-PN 82-1879308-001
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 WEBB COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE WEBB COMPANIES	c EIN-PN 61-0996628-001
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	TREE OF LIFE COUNSELING CENTER 401(K) PLAN	
b	Name of plan sponsor	TREE OF LIFE COUNSELING	c EIN-PN 81-1503771-001
a	Plan name	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	TURTLE MOUNTAIN BREWING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RRNMP/TURTLE MOUNTAIN BREWING	c EIN-PN 85-0454275-001
a	Plan name	UNEX MANUFACTURING INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNEX MANUFACTURING INC	c EIN-PN 22-1733032-001
a	Plan name	UNLIMITED OPPORTUNITIES INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	APDRP/ UNLIMITED OPPORTUNITIES	c EIN-PN 43-1578193-001
a	Plan name	VICTORY COLLEGE PREP 401(K) PLAN	
b	Name of plan sponsor	VICTORY COLLEGE PREP INC	c EIN-PN 20-1738905-001
a	Plan name	VIGILANT GLOBAL TRADE SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	VIGILANT GLOBAL TRADE	c EIN-PN 26-1664840-001
a	Plan name	WARMLYOURS 401(K) PLAN	
b	Name of plan sponsor	WARMLYOURS.COM INC	c EIN-PN 36-4293383-001

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 2060 AGGRESSIVE	B Three-digit plan number (PN) ▶ 229
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6725700

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	4
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	139	336
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)	1783147	3541488
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	1783286	3541828
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	510	913
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	510	913
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1782776	3540915

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)	80757	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)		197883
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		278640

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)	732	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	1465	
(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)		2197
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2197

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		276443
l Transfers of assets:			
(1) To this plan	2l(1)		1700521
(2) From this plan	2l(2)		218825

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 _____.