

<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: x-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 style="text-align: center;">▶ 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; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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 2065 AGGRESSIVE</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>230</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>BENEFIT TRUST COMPANY</u></p> <p><u>5901 COLLEGE BLVD</u> <u>SUITE 100</u> <u>OVERLAND PARK, KS 66211</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>83-6725700</u></p> <p>2c Plan Sponsor's telephone number <u>913-319-0380</u></p> <p>2d Business code (see instructions)</p>

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

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

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211	3b Administrator's EIN 43-1971558 3c Administrator's telephone number 913-319-0380																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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6a(2)																					
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6e																					
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6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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 2065 AGGRESSIVE</u>	B Three-digit plan number (PN)	<u>230</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>83-6725700</u>	

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

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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 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 ACTION SUPPLY INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor ACTION SUPPLY INC	c EIN-PN 22-2752206-001
a	Plan name ACUMERA INC 401(K) PLAN	
b	Name of plan sponsor ACUMERA INC	c EIN-PN 74-3050025-001
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- MAINE COMMUNITY HEALTH	
b	Name of plan sponsor ASRA/ MAINE COMMUNITY HEALTH O	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 PAYROLL SERVICES INC RETIREMENT TRUST	
b	Name of plan sponsor APCGP/ALLIANCE PAYROLL SERVICE	c EIN-PN 76-0400279-001
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 ARLINGTON CHAMBER OF COMMERCE 401K PLAN	
b	Name of plan sponsor ACCMP/ARLINGTON CHAMBER OF COM	c EIN-PN 54-0125427-002
a	Plan name BANKFLORIDA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BANKFLORIDA	c EIN-PN 20-8982689-001
a	Plan name BEST ONE TIRE AND SERVICE OF MID AMERICA INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BEST ONE TIRE 401K	c EIN-PN 31-0892317-002

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	BKC CPAS PC 401(K) PLAN	
b	Name of plan sponsor	BKC CPAS PC	c EIN-PN 22-3299874-001
a	Plan name	BOX LAKE NETWORKS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOX LAKE NETWORKS INC	c EIN-PN 61-1359880-001
a	Plan name	BOYD/WILSON PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	BOYD/WILSON PROPERTY	c EIN-PN 23-2812739-001
a	Plan name	BROWN FAMILY DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor	BROWN FAMILY DENTAL CARE	c EIN-PN 46-0572824-001
a	Plan name	C & R ASPHALT LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C & R ASPHALT LLC	c EIN-PN 61-1318910-001
a	Plan name	CALLIBRITY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LMRCP/ CALLIBRITY SOLUTIONS 40	c EIN-PN 20-8677704-001
a	Plan name	CAMARGO TRANSMISSION REPAIR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MSCCP/CAMARGO TRANSMISSION REP	c EIN-PN 61-1135647-001
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	CAVE 401(K) PLAN	
b	Name of plan sponsor	CAVE ENTERPRISES OPERATIONS	c EIN-PN 20-4023518-001
a	Plan name	CBA GRANBURY 401(K) PLAN	
b	Name of plan sponsor	CBAFP/CBA GRANBURY 401(K) PLAN	c EIN-PN 45-2489514-002
a	Plan name	CBA LAKEVILLE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/ CBA LAKEVILLE 401(K)	c EIN-PN 81-5353603-001
a	Plan name	CBA LONE TREE 401(K) PLAN	
b	Name of plan sponsor	CBAFP/LONE TREE	c EIN-PN 47-4731906-001

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	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	CFA WESTFIELD RETIREMENT PLAN	
b	Name of plan sponsor	GIOAP/CFA WESTFIELD RETIREMENT	c EIN-PN 47-4108990-001
a	Plan name	CHATTAHOOCHEE GROUP INC RETIREMENT PLAN	
b	Name of plan sponsor	AMRP/CHATTAHOOCHEE GROUP INC	c EIN-PN 58-1994442-001
a	Plan name	CHESAPEAKE BEHAVIORAL HEALTH CENTER LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CHESAPEAKE BEHAVIORAL HEALTH	c EIN-PN 04-3807885-001
a	Plan name	CHICAGO PAINTING INC 401(K) PLAN	
b	Name of plan sponsor	CHICAGO PAINTING INC	c EIN-PN 20-2014932-001
a	Plan name	CHICK-FIL-A AVALON 401(K) PLAN	
b	Name of plan sponsor	GIOAP/CHICK-FIL-A AVALON 401(K)	c EIN-PN 47-1916318-001
a	Plan name	CHORUS INNOVATIONS 401(K) PLAN	
b	Name of plan sponsor	CHORUS INNOVATIONS INC	c EIN-PN 20-4409309-001
a	Plan name	CHRIST THE KING MANOR EMPLOYEE BENEFITS PLAN	
b	Name of plan sponsor	CHRIST THE KING MANOR	c EIN-PN 25-1358245-003
a	Plan name	CLARKS LANDING RETIREMENT PLAN	
b	Name of plan sponsor	CLARKS LANDING MARINA	c EIN-PN 22-2878366-001
a	Plan name	CNC CABINETRY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CNC CABINETRY	c EIN-PN 11-3086986-001
a	Plan name	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

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	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	DAYMARK WEALTH PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor	DAYMARK WEALTH PARTNERS LLC	c EIN-PN 88-2642047-001
a	Plan name	DESERT DE ORO FOODS INC 401(K) PLAN	
b	Name of plan sponsor	PBM/DESERT DE ORO FOODS INC	c EIN-PN 86-0418856-001
a	Plan name	DOLAN FAMILY OFFICE LLC 401(K) PLAN	
b	Name of plan sponsor	DOLAN FAMILY OFFICE LLC	c EIN-PN 11-3580282-001
a	Plan name	DOMINGOS HOLDINGS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DOMINGOS HOLDINGS LLC	c EIN-PN 83-3484411-002
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	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	EVERGREENE COMPANIES 401(K) PLAN (THE)	
b	Name of plan sponsor	EVERGREENE COMPANIES LLC (THE)	c EIN-PN 27-5259813-001
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	FAYETTE COUNTY NATIONAL BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FAYETTE COUNTY NATIONAL BANK	c EIN-PN 55-0169036-002

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	FAZZONE CONSTRUCTION CO INC 401(K) PLAN	
b	Name of plan sponsor	FAZZONE CONSTRUCTION CO INC	c EIN-PN 74-1905180-001
a	Plan name	FORBES BUSINESS INVESTMENTS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FORBES BUSINESS INVESTMENTS	c EIN-PN 20-1837565-001
a	Plan name	FREEWAY INTERNATIONAL LOGISTICS LLC 401(K) PLAN	
b	Name of plan sponsor	FREEWAY INTERNATIONAL	c EIN-PN 83-1072865-001
a	Plan name	GLOSS HAIR PARLOR 401(K) PLAN	
b	Name of plan sponsor	BSCCP/GLOSS HAIR PARLOR 401(K)	c EIN-PN 85-0560356-001
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	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	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	HOLMES CUNNINGHAM LLC 401(K) PS PLAN	
b	Name of plan sponsor	HBABMP/HOLMES CUNNINGHAM LLC 4	c EIN-PN 46-1980559-001
a	Plan name	HOOKE LABORATORIES INC 401K PLAN	
b	Name of plan sponsor	CPSCP/HOOKE LABORATORIES INC	c EIN-PN 20-8823140-001
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	HYPERION BANK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LGAP/HYPERION BANK 401(K) RETI	c EIN-PN 20-5859525-001
a	Plan name	INDEPENDENT METAL STRAP CO INC PROFIT SHARING PLAN	
b	Name of plan sponsor	INDEPENDENT METAL STRAP CO INC	c EIN-PN 11-1950090-001

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 INDUSTRIAL PROJECT INNOVATION LLC 401K PLAN	
b	Name of plan sponsor IPIM/INDUSTRIAL PROJECT INNOVA	c EIN-PN 45-4274955-001
a	Plan name INTERNATIONAL PRODUCT SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor LRWP/INTERNATIONAL PRODUCT SUP	c EIN-PN 36-4044303-001
a	Plan name J STEPHENS PLUMBING 401(K) PLAN	
b	Name of plan sponsor PHCCP/J STEPHENS PLUMBING 401	c EIN-PN 81-4150270-001
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 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 KARBEC 401K PLAN	
b	Name of plan sponsor HCCRP/KARBEC LLC	c EIN-PN 61-1760374-001
a	Plan name KERI POWELL THERAPY INC 401(K) PLAN	
b	Name of plan sponsor AMCP/KERI POWELL THERAPY INC	c EIN-PN 45-4058427-001
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 LASCO FOODS 401(K) PLAN	
b	Name of plan sponsor LASCO FOODS	c EIN-PN 20-1172252-001
a	Plan name LEGACY DENTAL OF PA 401(K) PLAN	
b	Name of plan sponsor LEGACY DENTAL OF PA	c EIN-PN 82-2501909-001

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	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	LOGBOAT BREWING 401(K) PLAN	
b	Name of plan sponsor	MCBGP/ LOGBOAT BREWING 401(K)	c EIN-PN 45-5563004-001
a	Plan name	LONG ANIMAL HOSPITAL & EMERGENCY CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG ANIMAL HOSPITAL &	c EIN-PN 45-4973530-001
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/ FABIAN OIL INC PLAN	
b	Name of plan sponsor	LPEP/FABIAN OIL INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/ HIMMEL HOSPITALITY GROUP LLC	
b	Name of plan sponsor	LPEP/HIMMEL HOSPITALITY GROUP	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/CAPTAIN D'S LLC PLAN	
b	Name of plan sponsor	LPEP/CAPTAIN DS LLC	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/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

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/NEUROGENE INC PLAN	
b	Name of plan sponsor	LPE/NEUROGENE INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/PATES HARDWARE 401(K) PLAN	
b	Name of plan sponsor	LPE/PATES HARDWARE INC 401	c EIN-PN 85-3213245-301
a	Plan name	LPE/PEAK OPERATIONS INC	
b	Name of plan sponsor	LPE/PEAK OPERATIONS INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/PORVEN LTD PLAN	
b	Name of plan sponsor	LPE/PORVEN LTD	c EIN-PN 85-3213245-301
a	Plan name	LPE/ROBERT W SULLIVAN INC PLAN	
b	Name of plan sponsor	LPE/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	LPE/SEALEVEL CONSTRUCTION INC	c EIN-PN 85-3213245-301
a	Plan name	LPE/SOUTHWEST MATERIAL HANDLING INC PLAN	
b	Name of plan sponsor	LPE/SOUTHWEST MATERIAL HANDLI	c EIN-PN 85-3213245-301
a	Plan name	LPE/WESTLAND MANUFACTURING INC DBA DAKOTALAND MANUFACTURING	
b	Name of plan sponsor	LPE/DAKOTALAND MANUFACTURING	c EIN-PN 85-3213245-301
a	Plan name	LPE/YELLOWSTONE SURGERY CENTER	
b	Name of plan sponsor	LPE/YELLOWSTONE SURGERY CENTE	c EIN-PN 85-3213245-301
a	Plan name	LYNCH ASSOCIATES ARCHITECTS PC 401(K) PLAN	
b	Name of plan sponsor	LYNCH ASSOCIATES ARCHITECTS PC	c EIN-PN 02-0754604-001
a	Plan name	MDG FLOORING AMERICA 401(K) PLAN	
b	Name of plan sponsor	AMCP/MDG FLOORING AMERICA 401	c EIN-PN 34-1962169-001
a	Plan name	MERIDEN ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	MERIDEN ANIMAL HOSPITAL	c EIN-PN 02-0794304-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name MIKE SWANN MD LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIKE SWANN MD LLC	c EIN-PN 26-4790522-001
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 MUTUAL FIRST FCU 401(K) PLAN	
b	Name of plan sponsor MUTUAL FIRST FEDERAL CREDIT	c EIN-PN 47-6024482-002
a	Plan name N J REGIONAL EAR NOSE & THROAT CENTER LLC 401(K) PLAN	
b	Name of plan sponsor N J REGIONAL EAR NOSE & THROAT	c EIN-PN 06-1740573-002
a	Plan name NALF2 401(K) PLAN	
b	Name of plan sponsor NORTHERN APPALACHIAN LOGGING	c EIN-PN 84-2188071-001
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
a	Plan name NEWARK TEACHERS UNION LOCAL 481 AFT AFL-CIO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEWARK TEACHERS UNION LOCAL	c EIN-PN 22-1721619-001
a	Plan name NIKKEN FOODS USA INC 401(K) PLAN	
b	Name of plan sponsor NIKKEN FOODS USA INC	c EIN-PN 20-8131597-001

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	NORTHERN INDIANA NECA PROFIT SHARING PLAN	
b	Name of plan sponsor	NECANIP/NORTHERN IN CHPT OF	c EIN-PN 35-0846692-001
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	OLDE FLORIDA BENEFITS GROUP RETIRMENT PLAN	
b	Name of plan sponsor	AWAIP/OLDE FLORIDA BENEFITS GR	c EIN-PN 65-1095889-001
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	PAYROLL PARTNERS INC 401(K) PLAN	
b	Name of plan sponsor	PAYROLL PARTNERS INC	c EIN-PN 61-1394776-001
a	Plan name	PCD 401(K) PLAN	
b	Name of plan sponsor	AMCP/PCD 401(K) PLAN	c EIN-PN 37-1427044-001
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	PINNACLE HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	AMCP/PINNACLE HOLDINGS 401(K)	c EIN-PN 83-4673982-001
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	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	RAVER HAULING 401(K) PLAN	
b	Name of plan sponsor	EFSP/RAVER HAULING 401(K) PLAN	c EIN-PN 87-1433034-001

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	REDTEAM SOFTWARE LLC 401(K) PLAN	
b	Name of plan sponsor	REDTEAM SOFTWARE LLC	c EIN-PN 56-2656679-001
a	Plan name	ROBCO ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	ROBCO ELECTRIC	c EIN-PN 88-0372551-001
a	Plan name	RONDAY TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor	LGAP/RONDAY TECHNOLOGIES INC	c EIN-PN 86-2329057-001
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	RUBY FINANCIAL PLANNING 401(K) PLAN	
b	Name of plan sponsor	TBAP/RUBY FINANCIAL PLANNING	c EIN-PN 92-1954990-001
a	Plan name	SCHAFFER ENTERPRISES GROUP 401(K) PLAN	
b	Name of plan sponsor	SEGP/SCHAFFER ENTERPRISES GROU	c EIN-PN 30-0858345-001
a	Plan name	SCHROEDER MAUNDRELL BARBIERE & POWERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHROEDER MAUNDRELL BARBIERE	c EIN-PN 31-1397342-001
a	Plan name	SELERANT CORP 401(K) PLAN	
b	Name of plan sponsor	SELERANT CORP	c EIN-PN 13-4050596-001
a	Plan name	SENN'S BODY & PAINT SHOP RETIREMENT PLAN	
b	Name of plan sponsor	SENN'S BODY & PAINT SHOP INC	c EIN-PN 61-0701383-001
a	Plan name	SHOWIT INC 401(K) PLAN	
b	Name of plan sponsor	SHOWIT INC	c EIN-PN 46-5013121-001
a	Plan name	SOUTH BIG HORN COUNTY HOSPITAL DISTRICT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SOUTH BIG HORN COUNTY HOSPITAL	c EIN-PN 83-0181409-001
a	Plan name	SW ELECTRONICS AND MANUFACTURING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SW ELECTRONICS AND	c EIN-PN 22-1766038-002

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	T & G CONSTRUCTORS 401(K) PLAN	
b	Name of plan sponsor	T & G CONSTRUCTORS	c EIN-PN 59-2806739-001
a	Plan name	TAKARA BELMONT USA INC 401(K) RETIREMENT PLAN 1	
b	Name of plan sponsor	TAKARA BELMONT USA INC	c EIN-PN 13-1843773-003
a	Plan name	THE AHLERS GROUP 401(K) PLAN	
b	Name of plan sponsor	MGACP/THE AHLERS GROUP 401(K)	c EIN-PN 80-0890632-001
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 KRAUS GROUP INC 401(K) PLAN	
b	Name of plan sponsor	THE KRAUS GROUP INC	c EIN-PN 26-3866954-001
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	THOROUGHbred FINANCIAL AGENCY 401K PLAN	
b	Name of plan sponsor	TBAP/THOROUGHbred FINANCIAL AG	c EIN-PN 61-1346520-001
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	UNDERGROUND MAGNETICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNDERGROUND MAGNETICS INC	c EIN-PN 81-3855562-001
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	VICTORY LANE 401(K)PLAN	
b	Name of plan sponsor	VICTORY LANE FORD INC	c EIN-PN 37-1163551-001

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 2065 AGGRESSIVE	B Three-digit plan number (PN) ▶ 230
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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	611
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)	6392869
(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	5086796	6393480
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1239	2131
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1239	2131
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5085557	6391349

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)	178412	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		178412
(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)	605049
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	783461

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)	1802
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	3604
(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)	5406
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	5406

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	778055
l Transfers of assets:		
(1) To this plan.....	2l(1)	1574502
(2) From this plan	2l(2)	1046765

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 _____.