

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - 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
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan YOURPATH ACTIVE 2030 MODERATE	1b Three-digit plan number (PN) ▶ <u>125</u>
	1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211	2b Employer Identification Number (EIN) <u>83-6725700</u>
	2c Plan Sponsor's telephone number <u>913-319-0380</u>
	2d Business code (see instructions)

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

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

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	Filed with authorized/valid electronic signature.	08/25/2025	EMILY GOODALL
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024)
v. 240311

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	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
6e																					
6f																					
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
--	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
---	--

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 0

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>YOURPATH ACTIVE 2030 MODERATE</u>	B Three-digit plan number (PN)	<u>125</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>83-6725700</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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	A C CALDERONI COMPANY INC 401(K) PSP & TRUST	
b	Name of plan sponsor	A C CALDERONI COMPANY	c EIN-PN 94-3108105-001
a	Plan name	A C CALDERONI COMPANY INC CASH BALANCE PLAN	
b	Name of plan sponsor	A C CALDERONI COMPANY	c EIN-PN 94-3108105-002
a	Plan name	ACF DISTRIBUTORS LLC D/B/A ACF GARDNER PROFIT SHARING SALARY SAVINGS PLAN	
b	Name of plan sponsor	GARDNER DISTRIBUTORS LLC DBA	c EIN-PN 82-4209545-001
a	Plan name	ADEO COLORADO RETIREMENT PLAN	
b	Name of plan sponsor	ADEO COLORADO	c EIN-PN 84-0779790-001
a	Plan name	AEROTEC ALLOYS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEROTEC ALLOYS INC	c EIN-PN 95-4055670-001
a	Plan name	AFFORDABLE HOUSING CLEARINGHOUSE 401(K) PLAN	
b	Name of plan sponsor	AFFORDABLE HOUSING	c EIN-PN 33-0489568-001
a	Plan name	ALL AMERICAN SHEET METAL 401(K) PLAN	
b	Name of plan sponsor	ALL AMERICAN SHEET METAL LLC	c EIN-PN 47-4915422-001
a	Plan name	ALLGUARD TERMITE AND PEST CONTROL 401(K) PLAN	
b	Name of plan sponsor	ENVIROSERV INC DBA ALLGUARD	c EIN-PN 82-2764722-001
a	Plan name	AMERICAN BRIGHT OPTOELECTRONICS CORP 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN BRIGHT	c EIN-PN 33-0670576-001
a	Plan name	ANDERSON ASSET PROPERTY GROUP LLC 401K PLAN	
b	Name of plan sponsor	SPIRP/ANDERSON ASSET PROPERTY	c EIN-PN 93-1886134-001
a	Plan name	ANIMAL CARE SERVICE INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANIMAL CARE SERVICE INC	c EIN-PN 43-1246325-001
a	Plan name	APPALACHIAN ELECTRONIC INSTRUMENTS INC 401(K) PLAN	
b	Name of plan sponsor	JWLCP/APPALACHIAN ELECTRONIC	c EIN-PN 55-0384909-002

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 ARGYLE PAYMENTS LLC 401(K) PLAN	
b	Name of plan sponsor ARGYLE PAYMENTS LLC	c EIN-PN 87-3588785-001
a	Plan name AUTOMATED ENTRANCE SYSTEMS CO INC 401(K) PLAN	
b	Name of plan sponsor AUTOMATED ENTRANCE SYSTEMS CO	c EIN-PN 25-1472526-001
a	Plan name BALTIC STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BALTIC STATE BANK	c EIN-PN 34-0083100-001
a	Plan name BARBARA BUTLER ARTIST BUILDER INC 401K PLAN	
b	Name of plan sponsor BARBARA BUTLER ARTIST BUILDER	c EIN-PN 94-3336410-001
a	Plan name BASHORE GREEN LAW GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE LAW OFFICES OF BASHORE	c EIN-PN 26-2363731-001
a	Plan name BETTER PUMPS AND SOLUTIONS 401K PLAN	
b	Name of plan sponsor BETTER PUMPS AND SOLUTIONS LLC	c EIN-PN 20-8591699-001
a	Plan name BRACE & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor OFALLON DENTAL PARTNERSHIP	c EIN-PN 20-8621111-001
a	Plan name BRANCH RADIOGRAPHIC LABORATORIES INC 401(K) PLAN	
b	Name of plan sponsor BRANCH RADIOGRAPHIC	c EIN-PN 22-1664161-001
a	Plan name BRIGHTER HORIZONS LLC 401K PLAN	
b	Name of plan sponsor BRIGHTER HORIZONS LLC 401K	c EIN-PN 31-1522366-001
a	Plan name C3 CLOUD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PDPCP/ C3 CLOUD 401(K) PROFIT	c EIN-PN 27-1427175-001
a	Plan name CABOT COMMUNITY CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor CABOT COMMUNITY CREDIT UNION	c EIN-PN 75-0887815-003
a	Plan name CAPITAL REGION WATER 457 PLAN	
b	Name of plan sponsor CAPITAL REGION WATER	c EIN-PN 23-6632234-001

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 CARDIOVASCULAR ASSOCIATES OF EASTERN GEORGIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDIOVASCULAR ASSOCIATES OF	c EIN-PN 20-5044362-001
a	Plan name CASHREPUBLIC HOLDINGS 401(K) PLAN	
b	Name of plan sponsor CASHREPUBLIC HOLDINGS INC	c EIN-PN 85-0583171-001
a	Plan name CASPER ELECTRIC 401(K) PLAN	
b	Name of plan sponsor CASPER ELECTRIC INC	c EIN-PN 83-0320332-001
a	Plan name CHARTON MANAGEMENT INC 401(K) PLAN	
b	Name of plan sponsor EIMRP/CHARTON MANAGEMENT INC	c EIN-PN 55-0648395-001
a	Plan name CITADEL INSURANCE GROUP 401(K) PLAN	
b	Name of plan sponsor CBGCP/CITADEL INSURANCE GROUP	c EIN-PN 83-3609468-001
a	Plan name CITY OF UNION 457(B) PLAN	
b	Name of plan sponsor CITY OF UNION	c EIN-PN 93-6002271-002
a	Plan name CITY OF UNION PENSION PLAN	
b	Name of plan sponsor CITY OF UNION	c EIN-PN 93-6002271-001
a	Plan name CLARK CREATIVE GROUP 401K PLAN	
b	Name of plan sponsor CLARK CREATIVE ADVERTISING INC	c EIN-PN 47-0777249-001
a	Plan name CLASS TEN INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor CLASS TEN INDUSTRIES	c EIN-PN 20-3959409-001
a	Plan name CLEARINGHOUSE CDFI 401(K) PLAN	
b	Name of plan sponsor CLEARINGHOUSE COMMUNITY	c EIN-PN 33-0489568-001
a	Plan name COCHECTON MILLS INC 401(K) PLAN AND TRUST	
b	Name of plan sponsor COCHECTON MILLS INC	c EIN-PN 14-1421394-002
a	Plan name CODY CHEVROLET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CODY CHEVROLET INC	c EIN-PN 03-0192783-001

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 COIL TRANS TRUCKING 401(K) PLAN	
b	Name of plan sponsor COIL TRANS TRUCKING	c EIN-PN 61-1281333-001
a	Plan name COLORADO CHAUTAUQUA ASSOCIATION SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor COLORADO CHAUTAUQUA	c EIN-PN 84-0447931-001
a	Plan name COMMUNITY MARKETS INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor COMMUNITY MARKETS INC	c EIN-PN 83-3176869-001
a	Plan name COMPLETELY KIDS 401(K) PLAN	
b	Name of plan sponsor COMPLETELY KIDS	c EIN-PN 27-5111197-002
a	Plan name COMPONENT PRODUCTS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPONENT PRODUCTS INC	c EIN-PN 36-3699067-001
a	Plan name COMPREHENSIVE CANCER & HEMATOLOGY SPECIALISTS PC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor COMPREHENSIVE CANCER &	c EIN-PN 52-1676914-004
a	Plan name CONSTRUCTION HARDWARE COMPANY 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor CONSTRUCTION HARDWARE CO 401K	c EIN-PN 95-2274380-003
a	Plan name COOPER HURLEY PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COOPER HURLEY PLLC	c EIN-PN 45-3942139-001
a	Plan name COVINGTON CIVIL AND ENVIRONMENTAL LLC 401(K) PLAN	
b	Name of plan sponsor COVINGTON CIVIL AND ENVIRONMEN	c EIN-PN 26-2819328-001
a	Plan name CSC RETIREMENT PLAN	
b	Name of plan sponsor CINCINNATI SHAKESPEARE COMPANY	c EIN-PN 31-1413229-001
a	Plan name DAN HIGGINS WOOD FLOORING 401(K) PLAN	
b	Name of plan sponsor QUALITY INSTALLATION	c EIN-PN 22-3044519-002
a	Plan name DEBRA DUFFY DDS PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEBRA DUFFY DDS PA	c EIN-PN 75-2568646-001

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 DELTA GROUP 401(K) PLAN	
b	Name of plan sponsor DELTA ASSOCIATED	c EIN-PN 59-3645106-001
a	Plan name DHR MECHANICAL SERVICES ORLANDO INC 401(K) PLAN	
b	Name of plan sponsor DHR MECHANICAL SERVICES	c EIN-PN 20-3196634-003
a	Plan name ELEET CRYOGENICS INC 401(K) PLAN	
b	Name of plan sponsor ELEET CRYOGENICS INC	c EIN-PN 34-1844743-001
a	Plan name FACTORIAL RESTAURANT HOLDINGS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EIMRP/FACTORIAL RESTAURANT HOL	c EIN-PN 85-2920023-001
a	Plan name FARBER BROCKS & ZANE LLP 401(K) PLAN	
b	Name of plan sponsor FARBER BROCKS & ZANE LLP	c EIN-PN 27-0123809-001
a	Plan name FERRANDINO & SON INC 401(K) PLAN AND TRUST	
b	Name of plan sponsor FERRANDINO & SON INC	c EIN-PN 11-3144705-002
a	Plan name FERRANDINO & SON INC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor FERRANDINO & SON INC	c EIN-PN 11-3144705-001
a	Plan name FLATLINE CORPORATION 401(K) PLAN	
b	Name of plan sponsor FLATLINE CORPORATION	c EIN-PN 39-1967576-001
a	Plan name GAGE COUNTY EQUIP INC 401(K) PLAN	
b	Name of plan sponsor GAGE COUNTY EQUIP INC	c EIN-PN 47-0728772-001
a	Plan name GARDEN STATE ASPHALT MATERIALS INC PROFIT SHARING PLAN	
b	Name of plan sponsor GARDEN STATE ASPHALT MATERIALS	c EIN-PN 22-2620256-001
a	Plan name GARY WOODALL DDS MAGD PA 401(K) PLAN	
b	Name of plan sponsor GARY WOODALL DDS MAGD PA	c EIN-PN 26-3903277-001
a	Plan name GDW OPERATIONS DBA GORDON CDJR EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor GDW OPERATIONS DBA GORDON CDJR	c EIN-PN 85-4145390-001

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 GENERAL ASPHALT PAVING LLC RETIREMENT PLAN	
b	Name of plan sponsor GENERAL ASPHALT	c EIN-PN 26-1582609-001
a	Plan name GENEVA CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor GENEVA CONSTRUCTION COMPANY	c EIN-PN 36-1126960-001
a	Plan name GORDON MCKERNAN INJURY ATTORNEYS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GORDON MCKERNAN INJURY	c EIN-PN 72-1407192-001
a	Plan name GRAYEM & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor TIMOTHY M GRAYEM DDS &	c EIN-PN 32-0500935-001
a	Plan name GVW INC RETIREMENT PLAN	
b	Name of plan sponsor GVW INC	c EIN-PN 04-2909591-001
a	Plan name HAAGEN COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor HAAGEN COMPANY LLC	c EIN-PN 95-4666640-001
a	Plan name HARRINGTON INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor GFGCP/ HARRINGTON INSURANCE AG	c EIN-PN 85-2621937-001
a	Plan name HEARTLAND FARMS INC. 401(K) PLAN	
b	Name of plan sponsor HEARTLAND FARMS INC. 401(K)	c EIN-PN 39-1690005-003
a	Plan name HIGH SIDE TECHNOLOGY LLC 401(K) PLAN	
b	Name of plan sponsor HIGH SIDE TECHNOLOGY LLC	c EIN-PN 47-1770415-001
a	Plan name HIGHER CALLING TECHNOLOGIES LLC 401K PLAN	
b	Name of plan sponsor HIGHER CALLING	c EIN-PN 20-0963629-001
a	Plan name HOLISTIC CARE HOME HEALTH AGENCY INC 401(K) PLAN	
b	Name of plan sponsor TKCRP/HOLISTIC CARE HOME HEALT	c EIN-PN 26-1232528-001
a	Plan name HORIZON HEALTH CARE CONSULTANTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HORIZON HEALTH CARE	c EIN-PN 23-2755771-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name INTEGRATED SECURITY SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED SECURITY SOLUTIONS	c EIN-PN 61-1318909-001
a	Plan name INTEGRITY FIRST TECHNOLOGIES LLC 401(K) PLAN	
b	Name of plan sponsor INTEGRITY FIRST TECHNOLOGIES	c EIN-PN 26-2503636-001
a	Plan name INVO BIOSCIENCE INC 401(K) PLAN	
b	Name of plan sponsor INVO BIOSCIENCE INC	c EIN-PN 20-4036208-001
a	Plan name IPPOLITO INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor IPPOLITO INTERNATIONAL	c EIN-PN 73-1631863-001
a	Plan name IT CONNECT LLC 401(K) PLAN	
b	Name of plan sponsor IT CONNECT LLC	c EIN-PN 81-5007164-001
a	Plan name JACOBS MANUFACTURING CORP 401(K) P/S PLAN	
b	Name of plan sponsor JACOBS MANUFACTURING CORP	c EIN-PN 73-1032599-001
a	Plan name JAYAPRAKASH N SHETTY MD PA PROFIT SHARING PLAN	
b	Name of plan sponsor JAYAPRAKASH N SHETTY MD PA	c EIN-PN 42-1530800-001
a	Plan name JOHNSON EYECARE PC 401(K) PLAN	
b	Name of plan sponsor JOHNSON EYECARE PC	c EIN-PN 26-0562958-001
a	Plan name JOLLY ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor JOLLY ENTERPRISES INC	c EIN-PN 61-1197719-001
a	Plan name K AND D ROUNDS LANDSCAPE SERVICES INC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor K AND D ROUNDS LANDSCAPE	c EIN-PN 26-0774560-001
a	Plan name KANSAS CITY DECK SUPPLY 401(K) PLAN	
b	Name of plan sponsor KANSAS CITY DECK SUPPLY	c EIN-PN 20-2129530-001
a	Plan name KARDEX REMSTAR SAVINGS PLAN	
b	Name of plan sponsor KARDEX REMSTAR LLC	c EIN-PN 27-3846558-001

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	KENNETH HAHN ARCHITECTS INC PS PLAN AND TRUST
b	Name of plan sponsor	KENNETH HAHN ARCHITECTS INC
c	EIN-PN	47-0741939-001
a	Plan name	KEYSAVINGS BANK 401(K) RETIREMENT PLAN
b	Name of plan sponsor	KEYSAVINGS BANK
c	EIN-PN	39-0715533-002
a	Plan name	KOSTELAC GREASE SERVICE INC 401K LIFE RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	KOSTELAC GREASE SERVICE INC
c	EIN-PN	37-1088104-001
a	Plan name	LANCASTER MEDICAL CENTER PA 401(K) PLAN
b	Name of plan sponsor	LANCASTER MEDICAL CENTER PA
c	EIN-PN	59-3481476-001
a	Plan name	LAURANT CONSTRUCTION CO INC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	LAURANT CONSTRUCTION CO INC
c	EIN-PN	11-3202353-001
a	Plan name	LAW OFFICES OF ERIC R BLANK PC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LAW OFFICES OF ERIC R BLANK PC
c	EIN-PN	26-4053221-001
a	Plan name	LAZZO LAW 401(K) PLAN
b	Name of plan sponsor	LAZZO LAW PA
c	EIN-PN	77-0592789-001
a	Plan name	LBW INSURANCE & FINANCIAL SERVICES INC PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	SCVCP/LBW INSURANCE
c	EIN-PN	95-3498530-001
a	Plan name	LEGAL AID SOCIETY OF SALT LAKE RETIREMENT PLAN
b	Name of plan sponsor	SALT LAKE LEGAL AID SOCIETY
c	EIN-PN	87-0212457-001
a	Plan name	LIFECYCLE SHERLOCK 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LIFECYCLE SHERLOCK LLC
c	EIN-PN	90-0537442-001
a	Plan name	LIPSKY GOODKIN & CO P C 401(K) PLAN
b	Name of plan sponsor	LIPSKY GOODKIN & CO P C
c	EIN-PN	13-2672154-001
a	Plan name	LP2/ DAMARISCOTTA HARDWARE INC 401(K) PLAN
b	Name of plan sponsor	LPEPA/ DAMARISCOTTA HARDWARE
c	EIN-PN	85-3213245-320

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	LP2/A.J. LEBLANC HEATING INC	
b	Name of plan sponsor	LPEPA/A.J. LEBLANC HEATING INC	c EIN-PN 85-3213245-320
a	Plan name	LP2/AGUIRRE & FIELDS LP PLAN	
b	Name of plan sponsor	LPEPA/AGUIRRE & FIELDS LP	c EIN-PN 85-3213245-320
a	Plan name	LP2/AVER LLC PLAN	
b	Name of plan sponsor	LPEPA/AVER LLC	c EIN-PN 85-3213245-320
a	Plan name	LP2/BERGMEYER ASSOCIATES INC PLAN	
b	Name of plan sponsor	LPEPA/BERGMEYER ASSOCIATES INC	c EIN-PN 85-3213245-320
a	Plan name	LP2/CALIBRATION TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor	LPEPA/CALIBRATION TECHNOLOGIES	c EIN-PN 85-3213245-320
a	Plan name	LP2/CLUB CAR WASH OPERATING LLC RETIREMENT PLAN	
b	Name of plan sponsor	LPEPA/CLUB CAR WASH	c EIN-PN 85-3213245-320
a	Plan name	LP2/DAYBROOK FISHERIES INC PLAN	
b	Name of plan sponsor	LPEPA/DAYBROOK FISHERIES INC	c EIN-PN 85-3213245-320
a	Plan name	LP2/ESTYLE CORP LLC 401(K) PLAN	
b	Name of plan sponsor	LPEPA/ESTYLE CORP LLC 401(K)	c EIN-PN 85-2328742-320
a	Plan name	LP2/GARDEN VIEW CARE CENTER 401(K) PLAN	
b	Name of plan sponsor	LPEPA/GARDEN VIEW CARE CENTER	c EIN-PN 85-3213245-320
a	Plan name	LP2/GRAND VIEW GLASS 401(K) PLAN	
b	Name of plan sponsor	LPEPA/GRAND VIEW GLASS 401(K)	c EIN-PN 85-3213245-320
a	Plan name	LP2/JOHNNY JANOSIK INC PLAN	
b	Name of plan sponsor	LPEP/JOHNNY JANOSIK INC	c EIN-PN 85-3213245-301
a	Plan name	LP2/MOBILE FIXTURE & EQUIPMENT CO PLAN	
b	Name of plan sponsor	LPEPA/MOBILE FIXTURE & EQUIPME	c EIN-PN 85-3213245-320

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	LP2/PEOPLES BANK OF MENDENHALL PLAN	
b	Name of plan sponsor	LPEPA/PEOPLES BANK OF MENDENHA	c EIN-PN 85-3213245-320
a	Plan name	LP2/SOLE PROPRIETOR INC PLAN	
b	Name of plan sponsor	LPEPA/SOLE PROPRIETOR INC	c EIN-PN 85-3213245-320
a	Plan name	LP2/TEMCO TOOL CO INC PLAN	
b	Name of plan sponsor	LPEPA/TEMCO TOOL CO INC	c EIN-PN 85-3213245-320
a	Plan name	LP2/THE PREMIERE GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	LPEPA/THE PREMIERE GROUP LLC	c EIN-PN 85-3213245-320
a	Plan name	LP2/WESTBANK FISHING LLC PLAN	
b	Name of plan sponsor	LPEPA/WESTBANK FISHING LLC	c EIN-PN 85-3213245-320
a	Plan name	LPE/BEDFORD COMMONS OB-GYN P A 401(K) PLAN	
b	Name of plan sponsor	LPEPA/BEDFORD COMMONS OB-GYN	c EIN-PN 85-3213245-320
a	Plan name	LYONS TRUCK SALES LLC 401(K) PLAN	
b	Name of plan sponsor	LYONS TRUCK SALES LLC	c EIN-PN 46-1959001-001
a	Plan name	MARKS CABINETRY SERVICES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARKS CABINETRY SERVICES INC	c EIN-PN 47-4458413-001
a	Plan name	MASON INDUSTRIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MASON INDUSTRIES INC	c EIN-PN 11-1889963-002
a	Plan name	MCGUIRE PELAEZ BENNETT & BELCASTRO PC 401(K) PLAN	
b	Name of plan sponsor	MCGUIRE & PELAEZ BENNET & BELC	c EIN-PN 26-0876129-001
a	Plan name	MDR SERVICES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PDPCRP/MDR SERVICES LLC	c EIN-PN 81-0688389-002
a	Plan name	MEDINAH COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	MEDINAH COUNTRY CLUB	c EIN-PN 36-1461510-001

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 MERCY REGIONAL EMERGENCY MEDICAL SYSTEM LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MERCY REGIONAL EMERGENCY	c EIN-PN 61-1310466-001
a	Plan name METAL FAB ENGINEERING INC PROFIT SHARING PLAN	
b	Name of plan sponsor METAL FAB ENGINEERING INC	c EIN-PN 35-2047527-001
a	Plan name MHI HOLDINGS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MHI HOLDINGS LLC	c EIN-PN 84-2770392-001
a	Plan name MILES ARCHITECTURE EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor MILES ARCHITECTURE LLC	c EIN-PN 84-4667507-001
a	Plan name MISSION READY MIX 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MISSION READY MIX CONCRETE	c EIN-PN 77-0219526-001
a	Plan name MOD TECH INDUSTRIES INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MOD TECH INDUSTRIES INC	c EIN-PN 39-1467257-001
a	Plan name MOSES & ASSOCIATES INC RETIREMENT PLAN	
b	Name of plan sponsor MOSES & ASSOCIATES INC	c EIN-PN 59-2006400-001
a	Plan name MT STERLING PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor MT STERLING PEDIATRICS PSC	c EIN-PN 26-3977758-001
a	Plan name MYLEC INC 401(K) PLAN	
b	Name of plan sponsor MYLEC INC	c EIN-PN 04-2191924-001
a	Plan name NEBRASKA EQUIPMENT INC PROFIT SHARING PLAN	
b	Name of plan sponsor NEBRASKA EQUIPMENT INC	c EIN-PN 47-0683683-001
a	Plan name NELSON MARKESBERY MOVING & STORAGE 401(K) PLAN	
b	Name of plan sponsor NELSON MARKESBERY MOVING &	c EIN-PN 61-0930719-001
a	Plan name NICHOLAS SANITATION INC 401(K) PLAN	
b	Name of plan sponsor NICHOLAS SANITATION INC	c EIN-PN 55-0574336-001

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	NINA RAYNOR 401(K) RETIREMENT PLAN
b	Name of plan sponsor	JOANNE PHELAN INC DBA NINA
c	EIN-PN	59-2336231-001
a	Plan name	NORTH SHORE ADVANCED EYE CARE 401(K) PLAN
b	Name of plan sponsor	NORTH SHORE ADVANCED EYE CARE
c	EIN-PN	20-1834103-001
a	Plan name	OGEECHEE OBGYN PC 401(K) PLAN
b	Name of plan sponsor	OGEECHEE OBGYN PC
c	EIN-PN	58-1092584-001
a	Plan name	OMS PC PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	OMS PC
c	EIN-PN	47-0833163-002
a	Plan name	ORE INC 401(K) PLAN
b	Name of plan sponsor	ORE INC
c	EIN-PN	23-2322436-001
a	Plan name	PATHOLOGY ASSOCIATES OF CORPUS CHRISTI LLP 401(K) PLAN
b	Name of plan sponsor	PATHOLOGY ASSOCIATES OF CORPUS
c	EIN-PN	74-1586674-001
a	Plan name	PAYDAY 401(K) PLAN
b	Name of plan sponsor	PDPCP/PAYDAY 401(K) PLAN
c	EIN-PN	54-1633879-001
a	Plan name	PENSION DOG 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SILVER SURFER TRANSPORTATION
c	EIN-PN	20-4874976-001
a	Plan name	PHILLIPS INDUSTRIAL PROFIT SHARING PLAN
b	Name of plan sponsor	PHILLIPS INDUSTRIAL SERVICES
c	EIN-PN	57-0475047-001
a	Plan name	PITTSBURGH POWER INC 401(K)/PROFIT SHARING PLAN
b	Name of plan sponsor	PITTSBURGH POWER INC 401(K)
c	EIN-PN	46-6469618-001
a	Plan name	PJ PRINTERS 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	PJ PRINTERS
c	EIN-PN	33-0424520-001
a	Plan name	PLATINUM DRYWALL INC 401(K) PLAN
b	Name of plan sponsor	PLATINUM DRYWALL INC
c	EIN-PN	71-0856719-001

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	POLARIS TECHNOLOGY SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	POLARIS TECHNOLOGY SOLUTIONS	c EIN-PN 88-3525604-001
a	Plan name	PRD VENTURES 401(K) PLAN	
b	Name of plan sponsor	PRD VENTURES LLC	c EIN-PN 87-3525227-001
a	Plan name	PRINCETON HOUSE CHARTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor	PRINCETON HOUSE CHARTER SCHOOL	c EIN-PN 59-3468647-001
a	Plan name	PROSS DESIGN GROUP INC 401(K) PLAN	
b	Name of plan sponsor	PROSS DESIGN GROUP INC	c EIN-PN 75-2010324-001
a	Plan name	PWA INC 401(K) PLAN	
b	Name of plan sponsor	PWA INC	c EIN-PN 75-2984630-001
a	Plan name	QUALITY RESOURCES LLC 401(K) PLAN	
b	Name of plan sponsor	QUALITY RESOURCES LLC	c EIN-PN 26-0414840-001
a	Plan name	R L RHINEHART & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	R L RHINEHART & ASSOCIATES LTD	c EIN-PN 38-3279979-001
a	Plan name	R M WAITE INC 401(K) PLAN	
b	Name of plan sponsor	R M WAITE INC	c EIN-PN 39-1841946-001
a	Plan name	RANKIN OPERATIONS GROUP INC 401(K) PLAN	
b	Name of plan sponsor	RANKIN OPERATIONS	c EIN-PN 75-2318956-001
a	Plan name	RAYCON CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	RAYCON CONSTRUCTION LLC	c EIN-PN 20-8818800-001
a	Plan name	RETINA & VITREOUS OF LOUISIANA INC PROFIT SHARING PLAN	
b	Name of plan sponsor	RETINA & VITREOUS OF LOUISIANA	c EIN-PN 72-1449539-001
a	Plan name	REYNOLDS PARRINO SHADWICK PA 401K PLAN	
b	Name of plan sponsor	REYNOLDS PARRINO SHADWICK PA	c EIN-PN 59-3339873-001

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	ROCKLIN FAMILY PRACTICE AND SPORTS MEDICINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCKLIN FAMILY PRACTICE AND	c EIN-PN 83-0280858-001
a	Plan name	ROSENWASSER GROSSMAN CONSULTING ENGINEERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ROSENWASSER GROSSMAN	c EIN-PN 13-2759809-001
a	Plan name	RTA 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	REGIONAL TRANSIT AUTHORITY OF	c EIN-PN 46-3251620-001
a	Plan name	RYAN FAMILY DEALERSHIPS 401(K) PLAN AND TRUST	
b	Name of plan sponsor	RYAN FAMILY DEALERSHIPS	c EIN-PN 01-0774774-001
a	Plan name	SALEM STONE SAVINGS PLAN & TRUST	
b	Name of plan sponsor	SSSM/SALEM STONE SAVINGS PLAN	c EIN-PN 54-1218603-001
a	Plan name	SALEM STONE SAVINGS PLAN & TRUST- SOUTHSIDE MATERIALS	
b	Name of plan sponsor	SSSM/SALEM STONE SAVINGS PLAN	c EIN-PN 54-1218603-001
a	Plan name	SALONA GLOBAL MEDICAL DEVICE CORP 401(K) PLAN	
b	Name of plan sponsor	SALONA GLOBAL MEDICAL DEVICE	c EIN-PN 58-2551796-001
a	Plan name	SAMMARONE 401K SAVINGS PLAN	
b	Name of plan sponsor	CP SAMMARONE JR DO INC	c EIN-PN 34-1050099-001
a	Plan name	SCHEURICH PLUMBING HEATING & COOLING INC 401(K) PLAN	
b	Name of plan sponsor	SCHEURICH PLUMBING HEATING &	c EIN-PN 35-1757386-001
a	Plan name	SERVICE MASTER BY QUALITY RESTORATION 401(K) PLAN	
b	Name of plan sponsor	QUALITY RESTORATION OF	c EIN-PN 20-1283784-001
a	Plan name	SHILLING MEDICAL SUPPLY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHILLING MEDICAL SUPPLY INC	c EIN-PN 25-1880926-001
a	Plan name	SHULTS FORD INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SHULTS FORD INC	c EIN-PN 31-1770695-001

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 SIERRA VISTA DAIRY LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SIERRA VISTA DAIRY LLP	c EIN-PN 20-0932595-001
a	Plan name SOLUTIONS LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SOLUTIONS LLC 401(K)	c EIN-PN 36-4188252-001
a	Plan name SOUTHTOWN DODGE INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor SOUTHTOWN DODGE INC	c EIN-PN 43-1057804-001
a	Plan name SOUTHTOWN DODGEINC 401(K) UNION SAVINGS PLAN	
b	Name of plan sponsor SOUTHTOWN DODGE INC	c EIN-PN 43-1057804-002
a	Plan name SPACEFITTERS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SPACEFITTERS LLC	c EIN-PN 52-2445653-001
a	Plan name STRATEGIC HEALTHCARE PARTNERS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor STRATEGIC HEALTHCARE PARTNERS	c EIN-PN 26-2212707-003
a	Plan name STRATEGIC OFFICE SOLUTIONS OF PA INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STRATEGIC OFFICE SOLUTIONS OF	c EIN-PN 25-1413896-002
a	Plan name SUMMIT TOWNSHIP WATER AUTHORITY 457(B) PLAN	
b	Name of plan sponsor SUMMIT TOWNSHIP WATER	c EIN-PN 25-1679973-001
a	Plan name TANYR HEALTHCARE SOLUTIONS 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor TANYR HEALTHCARE LLC DBA TANYR	c EIN-PN 20-4208330-001
a	Plan name THE APOTHECARY RETIREMENT PLAN	
b	Name of plan sponsor PROVIDENTIA LLC DBA FREELAND	c EIN-PN 45-1628904-001
a	Plan name THE BANK OF HOUSTON 401(K) PLAN	
b	Name of plan sponsor THE BANK OF HOUSTON	c EIN-PN 44-0162010-001
a	Plan name THE CENTER FOR ADVANCED PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE CENTER FOR ADVANCED	c EIN-PN 11-2248821-003

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 CHRISTIAN ACADEMY 401(K) PLAN	
b	Name of plan sponsor	THE CHRISTIAN ACADEMY	c EIN-PN 23-1472523-002
a	Plan name	THE PARTY PLACE 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor	PARTY EMPORIUM LLC	c EIN-PN 27-2097850-001
a	Plan name	THE PRINCIPLE FOUNDATION INC DISCRETIONARY RETIREMENT PLAN	
b	Name of plan sponsor	THE PRINCIPLE FOUNDATION INC	c EIN-PN 43-0816306-001
a	Plan name	TOVAR PARENT INC RETIREMENT PLAN	
b	Name of plan sponsor	TOVAR PARENT INC	c EIN-PN 84-4491345-001
a	Plan name	TOWN OF CUMBERLAND PLAN	
b	Name of plan sponsor	TOWN OF CUMBERLAND	c EIN-PN 35-6006508-001
a	Plan name	UNION RIVER INSURANCE 401(K) PLAN	
b	Name of plan sponsor	GFGCP/UNION RIVER INSURANCE 40	c EIN-PN 20-2053084-001
a	Plan name	UNITED WAY OF THE MIDLANDS 401(K) PLAN	
b	Name of plan sponsor	UNITED WAY OF THE MIDLANDS	c EIN-PN 47-0376605-002
a	Plan name	US IOL INC 401(K) PLAN	
b	Name of plan sponsor	US IOL INC	c EIN-PN 61-1126192-001
a	Plan name	VAN SON HOLLAND INK CORP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VAN SON HOLLAND INK CORP	c EIN-PN 13-3744480-001
a	Plan name	VILLAGE POOL SUPPLY INC 401(K) RETIREMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor	VILLAGE POOL SUPPLY INC	c EIN-PN 95-3068351-001
a	Plan name	VISION CLINIC PC 401(K) PLAN	
b	Name of plan sponsor	VISION CLINIC PC	c EIN-PN 43-1667367-001
a	Plan name	VISIONSCAPES LAND DESIGN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VISIONSCAPES LAND DESIGN	c EIN-PN 27-0037989-001

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YOURPATH ACTIVE 2030 MODERATE	B Three-digit plan number (PN) ▶ 125
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6725700

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	50094 69650
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)	56117648 66166793
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	9928237 12829306
(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	66095979	79065749
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5548	6633
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5548	6633
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	66090431	79059116

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)	262943	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		262943
(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)	4196946	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4196946
(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)	3402709
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	7862598

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)	2561
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	45485
(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)	48046
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	48046

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	7814552
l Transfers of assets:		
(1) To this plan.....	2l(1)	21824874
(2) From this plan	2l(2)	16670741

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 _____.