

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>YOURPATH ACTIVE 2065 MODERATE</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>132</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 48-1971558 3c Administrator's telephone number 913-319-0380
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code 0

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>YOURPATH ACTIVE 2065 MODERATE</u>	B Three-digit plan number (PN)	<u>132</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>83-6725700</u>	

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

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	4 STATE FENCE INC 401(K) PLAN	
b	Name of plan sponsor	SPIRP/4 STATE FENCE INC 401(K)	c EIN-PN 83-2242674-001
a	Plan name	ABOVE & BEYOND MANAGEMENT 401K PLAN	
b	Name of plan sponsor	ABOVE & BEYOND MANAGEMENT INC	c EIN-PN 47-3523095-001
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	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	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	AML FUNDING 401(K) PLAN	
b	Name of plan sponsor	AML FUNDING LLC	c EIN-PN 84-3281476-001
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	APOLLO MEDICAL TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	PDPCP/APOLLO MEDICAL TRANSPORT	c EIN-PN 81-3276636-001
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	BAL TIC STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BAL TIC STATE BANK	c EIN-PN 34-0083100-001
a	Plan name	BATS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BOUNDS ACCOUNTING & TAX SERVIC	c EIN-PN 45-4030117-001
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

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 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 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 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 CHOICE DENTAL MANAGEMENT PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPIRP/CHOICE DENTAL MANAGEMENT	c EIN-PN 80-0724697-001
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 COASTLINE CONSTRUCTION & CONCRETE INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COASTLINE CONSTRUCTION &	c EIN-PN 84-1773111-001
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

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	CODY CHEVROLET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CODY CHEVROLET INC	c EIN-PN 03-0192783-001
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	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	COTTAGECARE 401(K) PLAN	
b	Name of plan sponsor	PDPCP / COTTAGECARE 401(K) PLA	c EIN-PN 48-1064467-001
a	Plan name	CSC RETIREMENT PLAN	
b	Name of plan sponsor	CINCINNATI SHAKESPEARE COMPANY	c EIN-PN 31-1413229-001
a	Plan name	CULTURAL HERITAGE PARTNERS PLLC 401K PLAN	
b	Name of plan sponsor	CULTURAL HERITAGE PARTNERS	c EIN-PN 27-2823924-001
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
a	Plan name	DELTA GROUP 401(K) PLAN	
b	Name of plan sponsor	DELTA ASSOCIATED	c EIN-PN 59-3645106-001

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	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	FANCY PANTS GROUP INC 401(K) PLAN	
b	Name of plan sponsor	FANCY PANTS ONLINE INC	c EIN-PN 20-4609080-001
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	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	GENERAL ASPHALT PAVING LLC RETIREMENT PLAN	
b	Name of plan sponsor	GENERAL ASPHALT	c EIN-PN 26-1582609-001
a	Plan name	GENES POLARIS COUNTRY INC 401(K) P/S PLAN	
b	Name of plan sponsor	GENES POLARIS COUNTRY INC	c EIN-PN 76-0446325-001
a	Plan name	GOLDEN IMPRESSIONS LTD PROFIT SHARING PLAN	
b	Name of plan sponsor	GOLDEN IMPRESSIONS LTD	c EIN-PN 43-1251082-001
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	GROW WITH TREES COMPANY INC 401K PLAN	
b	Name of plan sponsor	SPIRP/GROW WITH TREES COMPANY	c EIN-PN 20-1249796-001
a	Plan name	GVW INC RETIREMENT PLAN	
b	Name of plan sponsor	GVW INC	c EIN-PN 04-2909591-001

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	HANAN M ISAACS ATTORNEY AT LAW 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HANAN ISAACS ATTORNEY AT LAW	c EIN-PN 22-3178492-001
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	HECK & WICKER INC 401K PLAN	
b	Name of plan sponsor	SPIRP/HECK & WICKER INC 401	c EIN-PN 48-0772295-001
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	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	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	J J VALLEY DRUG INC 401(K) PLAN	
b	Name of plan sponsor	J J VALLEY DRUG INC	c EIN-PN 82-0872016-001
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	JOHNSON EYECARE PC 401(K) PLAN	
b	Name of plan sponsor	JOHNSON EYECARE PC	c EIN-PN 26-0562958-001

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	JOLLY ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	JOLLY ENTERPRISES INC	c EIN-PN 61-1197719-001
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
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	KEYSTONE FAMILY CLINIC 401(K) PLAN	
b	Name of plan sponsor	KEYSTONE FAMILY CLINIC	c EIN-PN 81-2121933-001
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	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	LP2/ DAMARISCOTTA HARDWARE INC 401(K) PLAN	
b	Name of plan sponsor	LPEPA/ DAMARISCOTTA HARDWARE	c EIN-PN 85-3213245-320
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

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/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/LEDFORD RICE INC 401(K) PLAN	
b	Name of plan sponsor	LPEPA/LEDFORD RICE INC	c EIN-PN 85-3213245-320
a	Plan name	LP2/MOBILE FIXTURE & EQUIPMENT CO PLAN	
b	Name of plan sponsor	LPEPA/MOBILE FIXTURE & EQUIPME	c EIN-PN 85-3213245-320
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/PRECISION WORKS DBA PRECISION ENVIRONMENTAL PLAN	
b	Name of plan sponsor	LPEPA/LP2 PRECISION WORKS DBA	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/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	M & S RESTAURANTS 401(K) PLAN	
b	Name of plan sponsor	M & S RESTAURANTS COMPANY	c EIN-PN 61-1251954-001
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 PC 401(K) PLAN	
b	Name of plan sponsor	MCGUIRE & PELAEZ PC DBA	c EIN-PN 26-0876129-001
a	Plan name	MEDINAH COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	MEDINAH COUNTRY CLUB	c EIN-PN 36-1461510-001
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

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	MILES ARCHITECTURE EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	MILES ARCHITECTURE LLC	c EIN-PN 84-4667507-001
a	Plan name	MISSOURI RETINA CONSULTANTS PC 401(K) PLAN	
b	Name of plan sponsor	MISSOURI RETINA	c EIN-PN 85-3659435-001
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	MOORE LAW GROUP 401(K) PLAN	
b	Name of plan sponsor	MOORE LAW GROUP PLLC	c EIN-PN 83-2806230-001
a	Plan name	MORRILL COLLISION LLC 401(K) PLAN	
b	Name of plan sponsor	MORRILL COLLISION LLC	c EIN-PN 85-4104632-001
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	NEBRASKA EQUIPMENT INC PROFIT SHARING PLAN	
b	Name of plan sponsor	NEBRASKA EQUIPMENT INC	c EIN-PN 47-0683683-001
a	Plan name	NICHOLAS SANITATION INC 401(K) PLAN	
b	Name of plan sponsor	NICHOLAS SANITATION INC	c EIN-PN 55-0574336-001
a	Plan name	NU-SONS ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	PDPCP/NU-SONS ELECTRIC INC	c EIN-PN 59-2739424-001
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

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	PARK SLOPE DENTISTRY SEVENTH AVENUE 401K PLAN	
b	Name of plan sponsor	ANGELIQUE R FREKING DDS PC DBA	c EIN-PN 83-4446088-001
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	PEJ 401(K) PLAN	
b	Name of plan sponsor	PEJ INC DBA FAMILY PHARMACY OF	c EIN-PN 58-2533658-001
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	PERFORMANCE INK INCORPORATED RETIREMENT PLAN	
b	Name of plan sponsor	PERFORMANCE PETROLEUM	c EIN-PN 83-4346753-001
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	PLATINUM DRYWALL INC 401(K) PLAN	
b	Name of plan sponsor	PLATINUM DRYWALL INC	c EIN-PN 71-0856719-001
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	PROFI-VISION INC 401K PLAN	
b	Name of plan sponsor	PROFI-VISION INC	c EIN-PN 20-0086587-001

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	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	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
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	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	S GALLANT LAW P C 401(K) PLAN	
b	Name of plan sponsor	S GALLANT LAW P C	c EIN-PN 20-1301294-001
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

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	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	SENSOURCE INC 401(K) PLAN
b	Name of plan sponsor	SENSOURCE INC
c	EIN-PN	57-1141743-001
a	Plan name	SEQUOYAH FUND 401(K) PLAN
b	Name of plan sponsor	THE SEQUOYAH FUND INC
c	EIN-PN	31-1619784-001
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	SHULTS FORD INC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	SHULTS FORD INC
c	EIN-PN	31-1770695-001
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	SMILE SAFARI PEDIATRIC DENTISTRY 401K PLAN
b	Name of plan sponsor	SMILE SAFARI PEDIATRIC
c	EIN-PN	47-1030183-001
a	Plan name	SONY C MARKOSE DDS 401K PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	SONY C MARKOSE DDS PC
c	EIN-PN	27-4295604-001
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

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	SOUTHWEST METAL TREATING CORP 401(K) PLAN	
b	Name of plan sponsor	SOUTHWEST METAL TREATING CORP	c EIN-PN 75-2048334-001
a	Plan name	SOWERS ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	JWLCP/SOWERS ELECTRIC 401(K)	c EIN-PN 20-4829375-001
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 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 RETIREMENT 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 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 CHRISTIAN ACADEMY 401(K) PLAN	
b	Name of plan sponsor	THE CHRISTIAN ACADEMY	c EIN-PN 23-1472523-002
a	Plan name	THE CONCRETE CONTRACTING COMPANY INC 401(K) PLAN	
b	Name of plan sponsor	THE CONCRETE CONTRACTING	c EIN-PN 11-3765950-001
a	Plan name	THE DURHAM MUSEUM 401K PLAN	
b	Name of plan sponsor	THE DURHAM MUSEUM	c EIN-PN 47-0556061-001
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

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	THROTTLENET 401(K) PLAN	
b Name of plan sponsor	THROTTLENET INC	c EIN-PN 43-1904136-001
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	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
a Plan name	VME 401(K) PLAN	
b Name of plan sponsor	VERNOR MATERIAL & EQUIPMENT	c EIN-PN 74-1823144-003
a Plan name	VMI INC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	GTBCP/VMI INC	c EIN-PN 73-1009082-001
a Plan name	WANNEMACHER ENTERPRISES INC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WANNEMACHER ENTERPRISES INC	c EIN-PN 34-1679714-001

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	WARM HEARTH INC PROFIT SHARING PLAN	
b Name of plan sponsor	WARM HEARTH INC	c EIN-PN 23-7378013-001

a Plan name	WINTHROP PROFIT SHARING PLAN	
b Name of plan sponsor	WINTHROP TOOL LLC	c EIN-PN 06-1443318-001

a Plan name	ZIEBA FAMILY DENTISTRY 401(K) PLAN	
b Name of plan sponsor	ZIEBA FAMILY DENTISTRY	c EIN-PN 20-0385749-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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 ACTIVE 2065 MODERATE	B Three-digit plan number (PN) ▶ 132
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6725700

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	838 2088
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)	3790047 7859573
(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	3790885	7861661
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	593	2163
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	593	2163
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3790292	7859498

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)	478867	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		478867
(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)		215480
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		694347

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)	1763	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	3526	
(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)		5289
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5289

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		689058
l Transfers of assets:			
(1) To this plan.....	2l(1)		3819248
(2) From this plan	2l(2)		439100

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 _____.