

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, 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, 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, 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 MULTI-MANAGER 2045 MODERATE, 1b Three-digit plan number (PN) 259, 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) 83-6725700, 2c Plan Sponsor's telephone number 913-319-0380, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
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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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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

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

<b>A</b> Name of plan <u>YOURPATH MULTI-MANAGER 2045 MODERATE</u>	<b>B</b> Three-digit plan number (PN)	<u>259</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>83-6725700</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AC REALCO INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AC REALCO INC	<b>c</b> EIN-PN 47-1203510-002
<b>a</b>	Plan name	ADAM BROOKS MD 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ADAM BROOKS MD INC	<b>c</b> EIN-PN 94-2684851-001
<b>a</b>	Plan name	ADVANCED HOME CARE 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED HOME CARE	<b>c</b> EIN-PN 26-3956230-001
<b>a</b>	Plan name	ALL ELITE WRESTLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL ELITE WRESTLING LLC	<b>c</b> EIN-PN 83-2985486-001
<b>a</b>	Plan name	ALLY GENERAL SOLUTIONS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLY GENERAL SOLUTIONS LLC	<b>c</b> EIN-PN 27-5348098-001
<b>a</b>	Plan name	AMERITRUCK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RONCO MANAGEMENT INC	<b>c</b> EIN-PN 56-1920850-001
<b>a</b>	Plan name	ANACAPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANACAPA ARCHITECTURE INC	<b>c</b> EIN-PN 83-2967519-001
<b>a</b>	Plan name	ANGEST INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANGEST INC	<b>c</b> EIN-PN 36-5022538-001
<b>a</b>	Plan name	ANTHONY JAMES PARTNERS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ANTHONY JAMES PARTNERS LLC	<b>c</b> EIN-PN 20-8601204-001
<b>a</b>	Plan name	ANTONY INTERNATIONAL SOLUTIONS LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANTONY INTERNATIONAL	<b>c</b> EIN-PN 47-4969098-001
<b>a</b>	Plan name	APTIMIZED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APTIMIZED LLC	<b>c</b> EIN-PN 46-4152650-001
<b>a</b>	Plan name	ARCADIA CHAMBER OF COMMERCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARCADIA CHAMBER OF COMMERCE	<b>c</b> EIN-PN 95-0501523-001

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.)	
<b>a</b> Plan name	ARCHER DELVANIA HAZLETON 401K PLAN	
<b>b</b> Name of plan sponsor	ARCHER DAY INC	<b>c</b> EIN-PN 22-2876164-001
<b>a</b> Plan name	ARKO VEAL COMPANY INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	ARKO VEAL COMPANY INC	<b>c</b> EIN-PN 58-2392478-001
<b>a</b> Plan name	ASSET TECHNOLOGY GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	ASSET TECHNOLOGY GROUP INC	<b>c</b> EIN-PN 38-3713602-001
<b>a</b> Plan name	ASSURED ENGINEERING CONCEPTS LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	ASSURED ENGINEERING CONCEPTS	<b>c</b> EIN-PN 26-3665434-001
<b>a</b> Plan name	AUDREY ALLEN IMMIGRATION LAW LLC 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	AUDREY ALLEN IMMIGRATION LAW	<b>c</b> EIN-PN 27-0205794-001
<b>a</b> Plan name	BEANTOWN AC INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	BEANTOWN AC INC	<b>c</b> EIN-PN 47-5663063-001
<b>a</b> Plan name	BEST HOME CARE INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	BEST HOME CARE INC	<b>c</b> EIN-PN 27-0444354-001
<b>a</b> Plan name	BLEND SALON LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	BLEND SALON LLC	<b>c</b> EIN-PN 47-4414008-001
<b>a</b> Plan name	BOOMERANG CAPITAL PARTNERS LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	BOOMERANG CAPITAL PARTNERS LLC	<b>c</b> EIN-PN 20-4748933-001
<b>a</b> Plan name	BOYS AND GIRLS CLUB OF HERNANDO COUNTY 401(K) PLAN	
<b>b</b> Name of plan sponsor	BOYS AND GIRLS CLUB OF	<b>c</b> EIN-PN 59-3550575-001
<b>a</b> Plan name	BRACKEN COUNTY WATER DISTRICT 457(B) PLAN	
<b>b</b> Name of plan sponsor	BRACKEN COUNTY WATER DISTRICT	<b>c</b> EIN-PN 61-0651413-001
<b>a</b> Plan name	BRD 401(K) PLAN	
<b>b</b> Name of plan sponsor	WYOMING INSULATION LLC	<b>c</b> EIN-PN 81-4362986-001

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.)	
<b>a</b>	Plan name BRIANNE HAMA DDS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRIANNE HAMA DDS INC	<b>c</b> EIN-PN 46-4783264-001
<b>a</b>	Plan name BRILLIANT SMILES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRILLIANT SMILES FAMILY	<b>c</b> EIN-PN 47-3871628-001
<b>a</b>	Plan name BULLHORN COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BULLHORN COMMUNICATIONS	<b>c</b> EIN-PN 83-3138691-001
<b>a</b>	Plan name CASPER MOUNTAIN DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor CASPER MOUNTAIN DENTAL PC	<b>c</b> EIN-PN 45-2843023-001
<b>a</b>	Plan name CCMS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CCMS LLC	<b>c</b> EIN-PN 74-2328891-001
<b>a</b>	Plan name CENTURY CARPET & CREATIVE FLOORS INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTURY CARPET & CREATIVE FLOOR	<b>c</b> EIN-PN 42-1577850-001
<b>a</b>	Plan name CHAMBERS THEORY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHAMBERS THEORY LLC	<b>c</b> EIN-PN 82-4224390-001
<b>a</b>	Plan name CHANNEL MARKER BUILDERS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHANNEL MARKER BUILDERS LLC	<b>c</b> EIN-PN 81-3409231-001
<b>a</b>	Plan name CHROMECORE LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor CHROMECORE LLC DBA CHROME	<b>c</b> EIN-PN 83-4385168-001
<b>a</b>	Plan name COASTAL RV 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COASTAL RV CENTER LLC	<b>c</b> EIN-PN 45-4340630-001
<b>a</b>	Plan name COMPOSITION HOSPITALITY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPOSITION HOSPITALITY LLC	<b>c</b> EIN-PN 47-3267925-001
<b>a</b>	Plan name CORE GLASS AND GLAZING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORE GLASS AND GLAZING INC	<b>c</b> EIN-PN 82-4109958-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	COTY MARINE INC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	COTY MARINE INC	<b>c</b> EIN-PN 22-2795964-001
<b>a</b> Plan name	DBDRIVEN.NET 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	DBDRIVEN.NET LLC	<b>c</b> EIN-PN 26-0262585-001
<b>a</b> Plan name	DE LA CRUZ 401(K) PLAN	
<b>b</b> Name of plan sponsor	DANIEL DE LA CRUZ INSURANCE	<b>c</b> EIN-PN 47-1235900-001
<b>a</b> Plan name	DIGITAL IGNITE 401(K) PLAN	
<b>b</b> Name of plan sponsor	DIGITAL IGNITE	<b>c</b> EIN-PN 82-4462591-001
<b>a</b> Plan name	DIRECT CONVEYORS LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DIRECT CONVEYORS LLC	<b>c</b> EIN-PN 31-7346777-001
<b>a</b> Plan name	DRACE CONSTRUCTION CORP 401(K) PLAN	
<b>b</b> Name of plan sponsor	DRACE CONSTRUCTION CORP	<b>c</b> EIN-PN 20-3990122-001
<b>a</b> Plan name	DRV INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DRV INC	<b>c</b> EIN-PN 25-1508577-001
<b>a</b> Plan name	DYNAMIC BUSINESS GROUP INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DYNAMIC BUSINESS	<b>c</b> EIN-PN 83-0909553-001
<b>a</b> Plan name	EASTPOINT CHURCH 401(K) PLAN	
<b>b</b> Name of plan sponsor	EASTPOINT CHURCH 401(K) PLAN	<b>c</b> EIN-PN 86-3144642-001
<b>a</b> Plan name	ELEVATE BABY LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b> Name of plan sponsor	ELEVATE BABY LLC	<b>c</b> EIN-PN 87-1184220-001
<b>a</b> Plan name	ELSA HOUSING AUTHORITY EMPLOYEE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ELSA HOUSING AUTHORITY	<b>c</b> EIN-PN 74-1487313-001
<b>a</b> Plan name	EPIC NATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	A&R RESTAURANT HOLDINGS LLC	<b>c</b> EIN-PN 83-1939928-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ESR ELECTRICAL SERVICES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESR ELECTRICAL SERVICES INC	<b>c</b> EIN-PN 61-1849825-001
<b>a</b>	Plan name	ETHOS HEALTH GROUP MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ETHOS HEALTH GROUP MANAGEMENT	<b>c</b> EIN-PN 82-4923496-001
<b>a</b>	Plan name	EVENTS BY A MAGIC MOMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVENTS BY A MAGIC MOMENT	<b>c</b> EIN-PN 26-3127063-001
<b>a</b>	Plan name	EVOLUTION CONSULTANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVOLUTION CONSULTANTS LLC	<b>c</b> EIN-PN 20-5011117-001
<b>a</b>	Plan name	FEDERAL TRAINING PARTNERSHIP 401K PLAN	
<b>b</b>	Name of plan sponsor	FEDERAL TRAINING PARTNERSHIP	<b>c</b> EIN-PN 46-4738149-001
<b>a</b>	Plan name	FIELD HOME CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIELD HOME CARE LLC	<b>c</b> EIN-PN 46-0540676-001
<b>a</b>	Plan name	FILTHY FOOD 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FILTHY FOOD	<b>c</b> EIN-PN 27-1059202-001
<b>a</b>	Plan name	FLYING BULL INTERNET LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLYING BULL INTERNET LLC	<b>c</b> EIN-PN 92-0245789-001
<b>a</b>	Plan name	FORTY EIGHT MANAGEMENT INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	FORTY EIGHT MANAGEMENT INC	<b>c</b> EIN-PN 47-1203778-001
<b>a</b>	Plan name	FRANCO TRUCKING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANCO TRUCKING INC	<b>c</b> EIN-PN 45-2544121-001
<b>a</b>	Plan name	FREEBOURN ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLD BUILDING COMPANY LLC	<b>c</b> EIN-PN 81-0976995-001
<b>a</b>	Plan name	FUNDCANNA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUNDCANNA LLC	<b>c</b> EIN-PN 87-1540825-001

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.)		
<b>a</b>	Plan name <b>GATEWAY ELECTRIC SAFE HARBOR 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GATEWAY ELECTRIC LLC</b>	<b>c</b> EIN-PN <b>46-4986653-001</b>
<b>a</b>	Plan name <b>GMG CARPENTRY INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GMG CARPENTRY INC</b>	<b>c</b> EIN-PN <b>27-1790851-001</b>
<b>a</b>	Plan name <b>GO SLOW TO GO FAST LLC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GO SLOW TO GO FAST LLC</b>	<b>c</b> EIN-PN <b>86-2654204-001</b>
<b>a</b>	Plan name <b>GOLD RUSH ENERGY SOLUTIONS 401(K) SAVINGS PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GOLD RUSH ENERGY SOLUTIONS</b>	<b>c</b> EIN-PN <b>81-4620305-001</b>
<b>a</b>	Plan name <b>GOTHAM CITY ORTHOPEDICS LLC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOTHAM CITY ORTHOPEDICS LLC</b>	<b>c</b> EIN-PN <b>36-4739056-001</b>
<b>a</b>	Plan name <b>HAGER INDUSTRIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAGER INDUSTRIES INC</b>	<b>c</b> EIN-PN <b>45-3418862-001</b>
<b>a</b>	Plan name <b>HAPPY EVEN AFTER FAMILY LAW 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAUER LAW GROUP LLC DBA HAPPY</b>	<b>c</b> EIN-PN <b>92-0191551-001</b>
<b>a</b>	Plan name <b>HEART TO HEART VETERINARY CLINIC LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HEART TO HEART VETERINARY CLIN</b>	<b>c</b> EIN-PN <b>87-4789902-001</b>
<b>a</b>	Plan name <b>HECKATHORN INSURANCE AGENCY INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HECKATHORN INSURANCE AGENCY</b>	<b>c</b> EIN-PN <b>82-2712343-001</b>
<b>a</b>	Plan name <b>HELM PLASTIC SURGERY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE SOUTH SHORE CENTER FOR</b>	<b>c</b> EIN-PN <b>83-1948364-001</b>
<b>a</b>	Plan name <b>HIPPO MANAGER SOFTWARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HIPPO MANAGER SOFTWARE</b>	<b>c</b> EIN-PN <b>45-4784326-001</b>
<b>a</b>	Plan name <b>HOME PRIDE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HOME PRIDE LLC</b>	<b>c</b> EIN-PN <b>82-1595785-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	HOU-ORACLE MANAGEMENT SERVICES LTD 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOU-ORACLE MANAGEMENT SERVICES	<b>c</b> EIN-PN 37-1667955-002
<b>a</b>	Plan name	HOWE FREIGHTWAYS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOWE FREIGHTWAYS INC	<b>c</b> EIN-PN 36-3739954-001
<b>a</b>	Plan name	HYBRID SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	HYBRID SOLUTIONS LLC	<b>c</b> EIN-PN 84-1899972-001
<b>a</b>	Plan name	I-BEAM SLIDING DOORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	I-BEAM SLIDING DOORS	<b>c</b> EIN-PN 20-2166030-001
<b>a</b>	Plan name	INTEGRATED IMAGE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED IMAGE INC	<b>c</b> EIN-PN 54-2186855-001
<b>a</b>	Plan name	INTEGRATIVE RHEUMATOLOGY PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATIVE RHEUMATOLOGY PLLC	<b>c</b> EIN-PN 81-3728007-001
<b>a</b>	Plan name	JDK ENTERPRISES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JDK ENTERPRISES LLC	<b>c</b> EIN-PN 11-3834934-001
<b>a</b>	Plan name	JENNY QIAN SHEEN DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JENNY QIAN SHEEN DDS 401(K) PL	<b>c</b> EIN-PN 87-2140844-001
<b>a</b>	Plan name	JOHN ANDRADE INSURANCE AGENCY INC EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JOHN ANDRADE INSURANCE AGENCY	<b>c</b> EIN-PN 05-0285308-002
<b>a</b>	Plan name	JOSEPH P SINATRA DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DR JOSEPH P SINATRA	<b>c</b> EIN-PN 38-3894118-001
<b>a</b>	Plan name	KNA CONTRACTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KNA CONTRACTING LLC	<b>c</b> EIN-PN 83-4078531-001
<b>a</b>	Plan name	KONNECT HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KONNECT HOLDINGS LLC	<b>c</b> EIN-PN 83-2606231-001

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.)	
<b>a</b>	Plan name <b>LATINX TALK THERAPY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LATINX TALK THERAPY LLC</b>	<b>c</b> EIN-PN <b>83-1825399-001</b>
<b>a</b>	Plan name <b>LEADING MDS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEADING HEALTHCARE PLLC</b>	<b>c</b> EIN-PN <b>84-3155279-001</b>
<b>a</b>	Plan name <b>LIGHT CAN HELP YOU 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVID K WARFEL LIGHTING DESIGN</b>	<b>c</b> EIN-PN <b>47-3013071-001</b>
<b>a</b>	Plan name <b>LOWCOUNTRY DENTISTRY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE WARING MILLS GROUP LLC</b>	<b>c</b> EIN-PN <b>87-3228405-001</b>
<b>a</b>	Plan name <b>LUIS HUERTA INC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>LUIS HUERTA INC</b>	<b>c</b> EIN-PN <b>81-1000142-001</b>
<b>a</b>	Plan name <b>LYONS DEVELOPMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LYONS DEVELOPMENT</b>	<b>c</b> EIN-PN <b>45-5100327-001</b>
<b>a</b>	Plan name <b>LYWOOD ELECTRIC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LYWOOD ELECTRIC INC</b>	<b>c</b> EIN-PN <b>52-1144568-001</b>
<b>a</b>	Plan name <b>MAJESTIC GRILL INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAJESTIC GRILL INC</b>	<b>c</b> EIN-PN <b>54-1859258-001</b>
<b>a</b>	Plan name <b>MANOA VALLEY VETERINARY CLINIC LLC 401 (K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MANOA VALLEY VETERINARY CLINIC</b>	<b>c</b> EIN-PN <b>86-1579288-001</b>
<b>a</b>	Plan name <b>MATTHEW DEAN SCOTT 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MATTHEW DEAN SCOTT</b>	<b>c</b> EIN-PN <b>47-1650865-001</b>
<b>a</b>	Plan name <b>MATTHEW TICOLA DMD LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MATTHEW TICOLA DMD LLC</b>	<b>c</b> EIN-PN <b>82-1151028-001</b>
<b>a</b>	Plan name <b>MAYER MANAGEMENT INC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAYER MANAGEMENT</b>	<b>c</b> EIN-PN <b>35-1336182-001</b>

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.)	
<b>a</b>	Plan name MICKS TREE SERVICE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICKS TREE SERVICE LLC	<b>c</b> EIN-PN 47-0950431-001
<b>a</b>	Plan name MILLENNIUM PROJECT SOLUTIONS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MILLENNIUM PROJECT	<b>c</b> EIN-PN 76-0586361-001
<b>a</b>	Plan name MJD MANAGEMENT INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MJD MANAGEMENT INC	<b>c</b> EIN-PN 47-2810907-001
<b>a</b>	Plan name MMV 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN MECHANICAL VENTURES	<b>c</b> EIN-PN 20-8274686-001
<b>a</b>	Plan name MONARCH COMPANY LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MONARCH COMPANY LLC	<b>c</b> EIN-PN 26-3659887-001
<b>a</b>	Plan name MOUNTAIN HEATING & COOLING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOUNTAIN HEATING & COOLING INC	<b>c</b> EIN-PN 63-1129847-001
<b>a</b>	Plan name MULTI-PRO 401(K) PLAN	
<b>b</b>	Name of plan sponsor MULTI-PRO ROOF	<b>c</b> EIN-PN 81-4428074-001
<b>a</b>	Plan name MYRIAD FORCE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MYRIAD FORCE LLC	<b>c</b> EIN-PN 92-1057467-001
<b>a</b>	Plan name NANCY ROBERTSON PHYSICAL THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor NANCY ROBERTSON THERAPY LLC	<b>c</b> EIN-PN 82-2872982-001
<b>a</b>	Plan name NELSON P DALY DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NELSON P DALY DDS LLC	<b>c</b> EIN-PN 20-1880227-001
<b>a</b>	Plan name NEW YORK BLACKBOARD OF NJ INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEW YORK BLACKBOARD OF NJ INC	<b>c</b> EIN-PN 22-2942080-001
<b>a</b>	Plan name NILE CITY PHARMACY INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NILE CITY PHARMACY INC	<b>c</b> EIN-PN 82-3377355-001

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.)	
<b>a</b>	Plan name NORTHWEST RESCUE EMERGENCY MEDICAL SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST RESCUE EMERGENCY	<b>c</b> EIN-PN 46-2635547-001
<b>a</b>	Plan name OHIO TRAFFIC AND LIGHTING SOLUTIONS INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OHIO TRAFFIC AND LIGHTING	<b>c</b> EIN-PN 45-4885148-001
<b>a</b>	Plan name PALMEIRA HOME HEALTH PLAN	
<b>b</b>	Name of plan sponsor MGV B CORPORATE SERVICES	<b>c</b> EIN-PN 81-3925363-001
<b>a</b>	Plan name PALMETTO OB/GYN LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PALMETTO OBGYN LLC	<b>c</b> EIN-PN 84-2624509-001
<b>a</b>	Plan name PINNACLE CARE HOLDING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PINNACLE CARE HOLDING LLC	<b>c</b> EIN-PN 82-1637627-001
<b>a</b>	Plan name PLD RENTALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PLD RENTALS LLC	<b>c</b> EIN-PN 46-2897477-001
<b>a</b>	Plan name PMGG LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PMGG LLC	<b>c</b> EIN-PN 83-2894520-001
<b>a</b>	Plan name POLAY AND SWANN LLC EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor POLAY AND SWANN LLC	<b>c</b> EIN-PN 87-3275491-001
<b>a</b>	Plan name PORT CITY AMBULANCE SERVICE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PORT CITY AMBULANCE SERVICE	<b>c</b> EIN-PN 83-1579694-001
<b>a</b>	Plan name POSITIVE ENERGY ELECTRICAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor POSITIVE ENERGY ELECTRICAL	<b>c</b> EIN-PN 47-2987161-001
<b>a</b>	Plan name POUND OF CURE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor POUND OF CURE LLC	<b>c</b> EIN-PN 87-3645012-001
<b>a</b>	Plan name PRO WORLD INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PRO WORLD INC	<b>c</b> EIN-PN 22-2036592-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PROFESSIONAL CHOICE RECOVERY INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL CHOICE RECOVERY	<b>c</b> EIN-PN 47-0817440-002
<b>a</b>	Plan name	PROFESSIONAL DELIVERY SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL DELIVERY SERVICE	<b>c</b> EIN-PN 83-1809407-001
<b>a</b>	Plan name	QUATIVA INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUATIVA INC	<b>c</b> EIN-PN 81-3623607-001
<b>a</b>	Plan name	QUEST AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNBELT FINANCIAL LLC DBA	<b>c</b> EIN-PN 47-1434644-001
<b>a</b>	Plan name	RADAS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RADAS INC	<b>c</b> EIN-PN 22-3130704-001
<b>a</b>	Plan name	RAGTIME CAFE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAGTIME CAFE	<b>c</b> EIN-PN 63-1027505-001
<b>a</b>	Plan name	REAL PROPERTY PARTNERS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	REAL PROPERTY PARTNERS LLC	<b>c</b> EIN-PN 85-1880406-001
<b>a</b>	Plan name	RIVER CITY EDUCATION ORGANIZATION INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVER CITY EDUCATION ORGANIZAT	<b>c</b> EIN-PN 46-2612875-001
<b>a</b>	Plan name	RIVER CITY ENDODONTICS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RIVER CITY	<b>c</b> EIN-PN 85-3847656-001
<b>a</b>	Plan name	RLS PACIFIC BUILDERS INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RLS PACIFIC BUILDERS INC	<b>c</b> EIN-PN 87-1831591-001
<b>a</b>	Plan name	ROCKET LOGISTICS & ROCKETSHIPPING 401K PLAN	
<b>b</b>	Name of plan sponsor	ROCKET LOGISTICS &	<b>c</b> EIN-PN 88-3766190-001
<b>a</b>	Plan name	ROWLAND TRUCK LINES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROWLAND TRUCK LINES INC	<b>c</b> EIN-PN 26-4090971-001

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.)		
<b>a</b>	Plan name ROYAL COFFEE NEW YORK INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROYAL COFFEE NEW	<b>c</b> EIN-PN 13-3872378-001
<b>a</b>	Plan name SANDOW CONSTRUCTION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SANDOW CONSTRUCTION INC.	<b>c</b> EIN-PN 45-3156775-001
<b>a</b>	Plan name SANDPRO 401(K) PLAN	
<b>b</b>	Name of plan sponsor SANDPRO LLC	<b>c</b> EIN-PN 83-3221483-001
<b>a</b>	Plan name SCOTTS LABOR LEASING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCOTTS LABOR LEASING INC	<b>c</b> EIN-PN 33-0710480-001
<b>a</b>	Plan name SE2S 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRATEGIC ENTERPRISE SUPPORT	<b>c</b> EIN-PN 47-4613812-001
<b>a</b>	Plan name SENOR MIST 401(K) PLAN	
<b>b</b>	Name of plan sponsor SENOR MIST LLC	<b>c</b> EIN-PN 20-5593460-001
<b>a</b>	Plan name SHAWN RICARD ELECTRIC INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHAWN RICARD ELECTRIC INC	<b>c</b> EIN-PN 85-2603782-001
<b>a</b>	Plan name SIMS BUILDERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SIMS BUILDERS INC DBA SIMS	<b>c</b> EIN-PN 32-0432483-001
<b>a</b>	Plan name SJA PROVISIONS INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SJA PROVISIONS INC	<b>c</b> EIN-PN 56-2189448-001
<b>a</b>	Plan name SMARTIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMARTIT LLC	<b>c</b> EIN-PN 82-1765921-001
<b>a</b>	Plan name SMOKIN BROTHERS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMOKIN BROTHERS INC	<b>c</b> EIN-PN 43-1900648-001
<b>a</b>	Plan name SOUTHWEST COMPANIES LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST COMPANIES LTD	<b>c</b> EIN-PN 74-2712714-001

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.)	
<b>a</b>	Plan name STEPHENS INSURANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BYRON CLAY STEPHENS DBA	<b>c</b> EIN-PN 76-0527632-001
<b>a</b>	Plan name STOCKTON VETERINARY HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor STOCKTON VETERINARY HOSPITAL	<b>c</b> EIN-PN 82-0912806-001
<b>a</b>	Plan name STOIC SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor STOIC SERVICES LLC	<b>c</b> EIN-PN 45-4088146-001
<b>a</b>	Plan name STRAIGHT LINE FENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRAIGHT LINE FENCE LLC	<b>c</b> EIN-PN 46-1503803-001
<b>a</b>	Plan name STRUCTURE LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STRUCTURE LLC	<b>c</b> EIN-PN 47-1300879-001
<b>a</b>	Plan name TENSION CLIMBING 401K PLAN	
<b>b</b>	Name of plan sponsor TENSION CLIMBING INC	<b>c</b> EIN-PN 47-5385185-001
<b>a</b>	Plan name TESTSTRIPZ 401K PLAN	
<b>b</b>	Name of plan sponsor TESTSTRIPZ LLC	<b>c</b> EIN-PN 45-3139075-001
<b>a</b>	Plan name THAT GOOD SAUCE INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THAT GOOD SAUCE INC	<b>c</b> EIN-PN 81-3525432-002
<b>a</b>	Plan name THE 51 GROUP LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE 51 GROUP LLC	<b>c</b> EIN-PN 92-2776709-001
<b>a</b>	Plan name THE BROKERAGE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE BROKERAGE LLC	<b>c</b> EIN-PN 83-4359456-001
<b>a</b>	Plan name THE CHASSEUR SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SOLDI FOSSA LLC DBA THE	<b>c</b> EIN-PN 46-2915383-001
<b>a</b>	Plan name THE GRAHAM FIRM 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE GRAHAM FIRM LLC	<b>c</b> EIN-PN 20-1848729-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE GUTIERREZ LAW FIRM INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUTIERREZ LAW FIRM INC (THE)	<b>c</b> EIN-PN 74-2335951-001
<b>a</b>	Plan name	THE HOWIE FAMILY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE HOWIE FAMILY LLC	<b>c</b> EIN-PN 74-3121999-001
<b>a</b>	Plan name	THE MATTHEWS HOUSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIVE THE VICTORY INC DBA THE	<b>c</b> EIN-PN 20-2894339-001
<b>a</b>	Plan name	TOLEDO SOLAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOLEDO SOLAR INC	<b>c</b> EIN-PN 83-3166189-001
<b>a</b>	Plan name	TOMO SUSHI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOMO SUSHI & TERIYAKI INC	<b>c</b> EIN-PN 46-3719600-001
<b>a</b>	Plan name	TOROSO FINANCIAL GROUP 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TOROSO FINANCIAL GROUP	<b>c</b> EIN-PN 26-4034046-001
<b>a</b>	Plan name	TRAVIS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRAVIS INC	<b>c</b> EIN-PN 22-3163789-001
<b>a</b>	Plan name	TRI MODAL AND DECOY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI MODAL DISTRIBUTION	<b>c</b> EIN-PN 95-3726166-001
<b>a</b>	Plan name	TRISTATE AIR CONDITIONING INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRISTATE AIR CONDITIONING	<b>c</b> EIN-PN 26-1453199-001
<b>a</b>	Plan name	TURN KEY DATA & WIRED PRODUCTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TURN KEY DATA & WIRED PRODUCTS	<b>c</b> EIN-PN 82-3049253-001
<b>a</b>	Plan name	TWC GLOBAL INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWC GLOBAL INC	<b>c</b> EIN-PN 88-0876799-001
<b>a</b>	Plan name	UC TECHNOLOGY INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UC TECHNOLOGY INC	<b>c</b> EIN-PN 83-1152206-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>YOURPATH MULTI-MANAGER 2045 MODERATE</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>259</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BENEFIT TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>83-6725700</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b> 0	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b> 3838386	5941061
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b> 78250	186208
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	3916636	6127269
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	980	1867
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	980	1867
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	3915656	6125402

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	2984	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		2984
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	253935	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		253935
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		218747
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		475666

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	1553	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	3105	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		4658
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		4658

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		471008
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		2288851
(2) From this plan .....	<b>2l(2)</b>		550113

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.