

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

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>YOURPATH MULTI-MANAGER 2030 MODERATE</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>256</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>09/11/2025</u>	<u>PATRICIA MUTISO</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 MULTI-MANAGER 2030 MODERATE</u>	B Three-digit plan number (PN)	<u>256</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)

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)

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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACCESS MEDICAL DEVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACCESS MEDICAL DEVICES INC	c EIN-PN 45-3078002-001
a	Plan name	ADOPTION CLINICAL SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	ADOPTION CLINICAL SERVICES LLC	c EIN-PN 88-1649389-001
a	Plan name	AGES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AUTOMATIC GATE EQUIPMENT &	c EIN-PN 43-2073862-001
a	Plan name	AIR QUALITY ASSESSORS OF FLORIDA 401(K) PLAN	
b	Name of plan sponsor	THE KIDWELL GROUP LLC	c EIN-PN 27-4340670-002
a	Plan name	ALL ELITE WRESTLING 401(K) PLAN	
b	Name of plan sponsor	ALL ELITE WRESTLING LLC	c EIN-PN 83-2985486-001
a	Plan name	ALLGOOD UNIFIED SERVICES 401(K) PLAN	
b	Name of plan sponsor	ALLGOOD UNIFIED SERVICES	c EIN-PN 58-1632155-001
a	Plan name	ANAHEIM LODGING GROUP INC 401(K) PLAN	
b	Name of plan sponsor	ANAHEIM LODGING	c EIN-PN 20-3103023-001
a	Plan name	ANTHONY JAMES PARTNERS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ANTHONY JAMES PARTNERS LLC	c EIN-PN 20-8601204-001
a	Plan name	ARCHER DELVANIA HAZLETON 401K PLAN	
b	Name of plan sponsor	ARCHER DAY INC	c EIN-PN 22-2876164-001
a	Plan name	ARKO VEAL COMPANY INC 401(K) PLAN	
b	Name of plan sponsor	ARKO VEAL COMPANY INC	c EIN-PN 58-2392478-001
a	Plan name	ASPHALT DOCTORS 401(K) PLAN	
b	Name of plan sponsor	ASPHALT DOCTORS	c EIN-PN 45-2211210-001
a	Plan name	ASSURED ENGINEERING CONCEPTS LLC 401(K) PLAN	
b	Name of plan sponsor	ASSURED ENGINEERING CONCEPTS	c EIN-PN 26-3665434-001

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 BASEY CONSTRUCTION SERVICES LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BASEY CONSTRUCTION SERVICES	c EIN-PN 45-1660082-001
a	Plan name BEAUTY TREATS INTERNATIONAL CO INC 401(K) PLAN	
b	Name of plan sponsor BEAUTY TREATS INTERNATIONAL CO	c EIN-PN 95-4583766-001
a	Plan name BEST HOME CARE INC 401(K) PLAN	
b	Name of plan sponsor BEST HOME CARE INC	c EIN-PN 27-0444354-001
a	Plan name BLACKSHEARS II ALUMINUM INC 401(K) PLAN	
b	Name of plan sponsor BLACKSHEARS II ALUMINUM	c EIN-PN 59-2054309-001
a	Plan name BOOMERANG CAPITAL PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor BOOMERANG CAPITAL PARTNERS LLC	c EIN-PN 20-4748933-001
a	Plan name BOYS AND GIRLS CLUB OF HERNANDO COUNTY 401(K) PLAN	
b	Name of plan sponsor BOYS AND GIRLS CLUB OF	c EIN-PN 59-3550575-001
a	Plan name BRACKEN COUNTY WATER DISTRICT 457(B) PLAN	
b	Name of plan sponsor BRACKEN COUNTY WATER DISTRICT	c EIN-PN 61-0651413-001
a	Plan name BRUNOS ROLLOFF INC 401(K) PLAN	
b	Name of plan sponsor BRUNOS ROLLOFF INC	c EIN-PN 04-3476765-001
a	Plan name CALIFORNIA LODGING GROUP INC 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA LODGING GROUP INC	c EIN-PN 84-4112141-001
a	Plan name CALLCO INC 401(K) PLAN	
b	Name of plan sponsor CALLCO INC	c EIN-PN 26-0181682-001
a	Plan name CAR-MEL PRODUCTS INC 401(K) PLAN	
b	Name of plan sponsor D&F CONSOLIDATED INC D/B/A	c EIN-PN 27-0366697-001
a	Plan name CATALYST CONSTRUCTION SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor CATALYST CONSTRUCTION	c EIN-PN 84-4423493-001

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 CENTURY CARPET & CREATIVE FLOORS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTURY CARPET & CREATIVE FLOOR	c EIN-PN 42-1577850-001
a	Plan name CHAMBERS THEORY LLC 401(K) PLAN	
b	Name of plan sponsor CHAMBERS THEORY LLC	c EIN-PN 82-4224390-001
a	Plan name CHANNEL MARKER BUILDERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHANNEL MARKER BUILDERS LLC	c EIN-PN 81-3409231-001
a	Plan name CHEETAH CAPITAL MANAGEMENT PE LLC DBA NARDCO HEATING AND AIR 401(K) PLAN	
b	Name of plan sponsor CHEETAH CAPITAL MANAGEMENT PE	c EIN-PN 86-1696956-001
a	Plan name COASTAL RV 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COASTAL RV CENTER LLC	c EIN-PN 45-4340630-001
a	Plan name COMPOSITION HOSPITALITY LLC 401(K) PLAN	
b	Name of plan sponsor COMPOSITION HOSPITALITY LLC	c EIN-PN 47-3267925-001
a	Plan name CORE GLASS AND GLAZING INC 401(K) PLAN	
b	Name of plan sponsor CORE GLASS AND GLAZING INC	c EIN-PN 82-4109958-001
a	Plan name COTY MARINE INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COTY MARINE INC	c EIN-PN 22-2795964-001
a	Plan name DBDRIVEN.NET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DBDRIVEN.NET LLC	c EIN-PN 26-0262585-001
a	Plan name DIGITAL IGNITE 401(K) PLAN	
b	Name of plan sponsor DIGITAL IGNITE	c EIN-PN 82-4462591-001
a	Plan name DINMORE ENGINEERING PLLC 401(K) PLAN	
b	Name of plan sponsor DINMORE ENGINEERING PLLC	c EIN-PN 47-4113838-001
a	Plan name DIRECT CONVEYORS LLC 401(K) PLAN	
b	Name of plan sponsor DIRECT CONVEYORS LLC	c EIN-PN 31-7346777-001

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 DOGGIE DOOS 401(K) PLAN	
b	Name of plan sponsor DOGGIE DOOS SPA & RETREAT	c EIN-PN 47-2311081-001
a	Plan name DRACE CONSTRUCTION CORP 401(K) PLAN	
b	Name of plan sponsor DRACE CONSTRUCTION CORP	c EIN-PN 20-3990122-001
a	Plan name DRV INC 401(K) PLAN	
b	Name of plan sponsor DRV INC	c EIN-PN 25-1508577-001
a	Plan name DYNAMIC BUSINESS GROUP INC 401(K) PLAN	
b	Name of plan sponsor DYNAMIC BUSINESS	c EIN-PN 83-0909553-001
a	Plan name ELSA HOUSING AUTHORITY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor ELSA HOUSING AUTHORITY	c EIN-PN 74-1487313-001
a	Plan name EMPIRE MOTORS 401(K) PLAN	
b	Name of plan sponsor EMPIRE MOTORS INC	c EIN-PN 06-1162891-001
a	Plan name EPIC NATION 401(K) PLAN	
b	Name of plan sponsor A&R RESTAURANT HOLDINGS LLC	c EIN-PN 83-1939928-001
a	Plan name ESR ELECTRICAL SERVICES INC 401(K) PLAN	
b	Name of plan sponsor ESR ELECTRICAL SERVICES INC	c EIN-PN 61-1849825-001
a	Plan name ETHOS HEALTH GROUP MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ETHOS HEALTH GROUP MANAGEMENT	c EIN-PN 82-4923496-001
a	Plan name EVOLUTION CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor EVOLUTION CONSULTANTS LLC	c EIN-PN 20-5011117-001
a	Plan name FIELD HOME CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIELD HOME CARE LLC	c EIN-PN 46-0540676-001
a	Plan name FILTHY FOOD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FILTHY FOOD	c EIN-PN 27-1059202-001

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	FIT2FUNCTION-PILATES INC 401(K) PLAN	
b	Name of plan sponsor	FIT2FUNCTION-PILATES INC	c EIN-PN 83-1577975-001
a	Plan name	FLYING BULL INTERNET LLC 401(K) PLAN	
b	Name of plan sponsor	FLYING BULL INTERNET LLC	c EIN-PN 92-0245789-001
a	Plan name	FRANCO TRUCKING INC. 401(K) PLAN	
b	Name of plan sponsor	FRANCO TRUCKING INC	c EIN-PN 45-2544121-001
a	Plan name	FREEDOM HILL CONSTRUCTION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FREEDOM HILL CONSTRUCTION	c EIN-PN 88-0665328-001
a	Plan name	GECKO SOLUTIONS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GECKO SOLUTIONS INC	c EIN-PN 20-3625801-001
a	Plan name	HALDER INC USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HALDER INC	c EIN-PN 39-1999703-001
a	Plan name	HOME PRIDE 401(K) PLAN	
b	Name of plan sponsor	HOME PRIDE LLC	c EIN-PN 82-1595785-001
a	Plan name	HOWE FREIGHTWAYS INC RETIREMENT PLAN	
b	Name of plan sponsor	HOWE FREIGHTWAYS INC	c EIN-PN 36-3739954-001
a	Plan name	HOYT & BERENYI LLC 401(K) PLAN	
b	Name of plan sponsor	HOYT & BERENYI LLC	c EIN-PN 26-3891295-001
a	Plan name	I-BEAM SLIDING DOORS 401(K) PLAN	
b	Name of plan sponsor	I-BEAM SLIDING DOORS	c EIN-PN 20-2166030-001
a	Plan name	INDY PUBLIC SAFETY FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	INDY PUBLIC SAFETY FOUNDATION	c EIN-PN 46-2975046-001
a	Plan name	INSPIRED DENTAL 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	KIM VY C PHAM DMD PLLC DBA	c EIN-PN 81-5463734-001

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	IQA METAL INC 401(K) PLAN	
b	Name of plan sponsor	IQA METAL INC	c EIN-PN 81-1611707-001
a	Plan name	J & J SHOP LLC 401(K) PLAN	
b	Name of plan sponsor	J & J SHOP LLC	c EIN-PN 46-2433656-001
a	Plan name	J&L HEAT TREATING SERVICE INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	J&L HEAT TREATING	c EIN-PN 87-4046407-001
a	Plan name	JDK ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor	JDK ENTERPRISES LLC	c EIN-PN 11-3834934-001
a	Plan name	JENNY QIAN SHEEN DDS 401(K) PLAN	
b	Name of plan sponsor	JENNY QIAN SHEEN DDS 401(K) PL	c EIN-PN 87-2140844-001
a	Plan name	JOHN ANDRADE INSURANCE AGENCY INC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	JOHN ANDRADE INSURANCE AGENCY	c EIN-PN 05-0285308-002
a	Plan name	JOSEPH P SINATRA DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR JOSEPH P SINATRA	c EIN-PN 38-3894118-001
a	Plan name	KNA CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	KNA CONTRACTING LLC	c EIN-PN 83-4078531-001
a	Plan name	KONNECT HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	KONNECT HOLDINGS LLC	c EIN-PN 83-2606231-001
a	Plan name	L & I PLUMBING INC 401(K) PLAN	
b	Name of plan sponsor	L & I PLUMBING INC	c EIN-PN 82-3780019-001
a	Plan name	L E WHITFORD LLC 401(K) PLAN	
b	Name of plan sponsor	L E WHITFORD LLC	c EIN-PN 06-0847509-001
a	Plan name	LAFLEUR ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	R & S LAFLEUR LLC DBA LAFLEUR	c EIN-PN 04-3477194-001

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	LEADING MDS 401(K) PLAN	
b	Name of plan sponsor	LEADING HEALTHCARE PLLC	c EIN-PN 84-3155279-001
a	Plan name	LIGHT CAN HELP YOU 401(K) PLAN	
b	Name of plan sponsor	DAVID K WARFEL LIGHTING DESIGN	c EIN-PN 47-3013071-001
a	Plan name	LOWCOUNTRY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	THE WARING MILLS GROUP LLC	c EIN-PN 87-3228405-001
a	Plan name	LYWOOD ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	LYWOOD ELECTRIC INC	c EIN-PN 52-1144568-001
a	Plan name	MANOA VALLEY VETERINARY CLINIC LLC 401 (K) PLAN	
b	Name of plan sponsor	MANOA VALLEY VETERINARY CLINIC	c EIN-PN 86-1579288-001
a	Plan name	MAURO V DIBENEDETTO DMD PC 401(K) PLAN	
b	Name of plan sponsor	MAURO V DIBENEDETTO DMD PC	c EIN-PN 47-5259510-001
a	Plan name	MAYER MANAGEMENT INC 401(K) PLAN	
b	Name of plan sponsor	MAYER MANAGEMENT	c EIN-PN 35-1336182-001
a	Plan name	MF ENGINEERING CO INC 401(K) PLAN	
b	Name of plan sponsor	MF ENGINEERING CO INC	c EIN-PN 05-0385920-001
a	Plan name	MICHAEL MILLER INSURANCE AGENCY INC 401(K) PLAN	
b	Name of plan sponsor	MICHAEL MILLER INSURANCE	c EIN-PN 83-0362917-001
a	Plan name	MJ DATACORP 401(K) PLAN	
b	Name of plan sponsor	MJ DATACORP LTD	c EIN-PN 05-0501729-002
a	Plan name	MMV 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN MECHANICAL VENTURES	c EIN-PN 20-8274686-001
a	Plan name	MONARCH COMPANY LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MONARCH COMPANY LLC	c EIN-PN 26-3659887-001

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	MULTI-PRO 401(K) PLAN	
b	Name of plan sponsor	MULTI-PRO ROOF	c EIN-PN 81-4428074-001
a	Plan name	MUTUAL ESCROW CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MUTUAL ESCROW CORPORATION	c EIN-PN 33-0984002-001
a	Plan name	MYRIAD FORCE LLC 401(K) PLAN	
b	Name of plan sponsor	MYRIAD FORCE LLC	c EIN-PN 92-1057467-001
a	Plan name	NANCY ROBERTSON PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	NANCY ROBERTSON THERAPY LLC	c EIN-PN 82-2872982-001
a	Plan name	NELSON P DALY DDS 401(K) PLAN	
b	Name of plan sponsor	NELSON P DALY DDS LLC	c EIN-PN 20-1880227-001
a	Plan name	NORTHWEST RESCUE EMERGENCY MEDICAL SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NORTHWEST RESCUE EMERGENCY	c EIN-PN 46-2635547-001
a	Plan name	OAHU VETERINARY CLINIC LLC 401(K) PLAN	
b	Name of plan sponsor	OAHU VETERINARY CLINIC	c EIN-PN 81-5353634-001
a	Plan name	PABCO 401(K) PLAN	
b	Name of plan sponsor	PABCO CONSTRUCTION CORP	c EIN-PN 11-2886072-001
a	Plan name	PALMEIRA HOME HEALTH PLAN	
b	Name of plan sponsor	MGVB CORPORATE SERVICES	c EIN-PN 81-3925363-001
a	Plan name	PIEDMONT MEDICAL SUPPLY INC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PIEDMONT MEDICAL SUPPLY INC	c EIN-PN 56-1535715-001
a	Plan name	PINNACLE CARE HOLDING LLC 401(K) PLAN	
b	Name of plan sponsor	PINNACLE CARE HOLDING LLC	c EIN-PN 82-1637627-001
a	Plan name	PMGG LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PMGG LLC	c EIN-PN 83-2894520-001

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	POSITIVE ENERGY ELECTRICAL LLC 401(K) PLAN
b	Name of plan sponsor	POSITIVE ENERGY ELECTRICAL
c	EIN-PN	47-2987161-001
a	Plan name	POUND OF CURE LLC 401(K) PLAN
b	Name of plan sponsor	POUND OF CURE LLC
c	EIN-PN	87-3645012-001
a	Plan name	PREMIER MOTOR GROUP 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	PREMIER MOTOR GROUP
c	EIN-PN	27-2393736-001
a	Plan name	PRO WORLD INC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	PRO WORLD INC
c	EIN-PN	22-2036592-001
a	Plan name	PROFESSIONAL CHOICE RECOVERY INC 401(K) PLAN
b	Name of plan sponsor	PROFESSIONAL CHOICE RECOVERY
c	EIN-PN	47-0817440-002
a	Plan name	PROFESSIONAL DELIVERY SERVICE 401(K) PLAN
b	Name of plan sponsor	PROFESSIONAL DELIVERY SERVICE
c	EIN-PN	83-1809407-001
a	Plan name	R MCCARTHY CONSULTING INC 401(K) PLAN
b	Name of plan sponsor	R MCCARTHY CONSULTING INC
c	EIN-PN	46-3173471-001
a	Plan name	RADAS INC 401K PLAN
b	Name of plan sponsor	RADAS INC
c	EIN-PN	22-3130704-001
a	Plan name	RAMCO SOLUTIONS LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	RAMCO SOLUTIONS LLC
c	EIN-PN	85-2652426-001
a	Plan name	REAL PROPERTY PARTNERS LLC 401K PLAN
b	Name of plan sponsor	REAL PROPERTY PARTNERS LLC
c	EIN-PN	85-1880406-001
a	Plan name	RISE ENERGY SERVICES LLC 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	RISE ENERGY SERVICES LLC
c	EIN-PN	86-3847521-001
a	Plan name	RIVER CITY EDUCATION ORGANIZATION INC 401(K) PLAN
b	Name of plan sponsor	RIVER CITY EDUCATION ORGANIZAT
c	EIN-PN	46-2612875-001

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 ROCKET POP 401(K) PLAN	
b	Name of plan sponsor GROUND ZERO MEDIA SERVICES INC	c EIN-PN 54-2029997-001
a	Plan name ROWLAND TRUCK LINES 401(K) PLAN	
b	Name of plan sponsor ROWLAND TRUCK LINES INC	c EIN-PN 26-4090971-001
a	Plan name RPS BARGE COMPANY INC 401K PLAN	
b	Name of plan sponsor RPS BARGE COMPANY INC	c EIN-PN 93-2781872-001
a	Plan name SANDOW CONSTRUCTION INC. 401(K) PLAN	
b	Name of plan sponsor SANDOW CONSTRUCTION INC.	c EIN-PN 45-3156775-001
a	Plan name SCOTTS LABOR LEASING INC 401(K) PLAN	
b	Name of plan sponsor SCOTTS LABOR LEASING INC	c EIN-PN 33-0710480-001
a	Plan name SE2S 401(K) PLAN	
b	Name of plan sponsor STRATEGIC ENTERPRISE SUPPORT	c EIN-PN 47-4613812-001
a	Plan name SELLERS FINANCIAL 401K PLAN	
b	Name of plan sponsor SELLERS FINANCIAL SERVICES	c EIN-PN 20-3444825-001
a	Plan name SHM LLC DBA SWAN VIEW MEDICAL SUPPLY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SHM LLC DBA SWAN VIEW MEDICAL	c EIN-PN 20-2432625-001
a	Plan name SJA PROVISIONS INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SJA PROVISIONS INC	c EIN-PN 56-2189448-001
a	Plan name SOLID 10 CONTRACTING 401(K) PLAN	
b	Name of plan sponsor SOLID 10 CONTRACTING LLC	c EIN-PN 83-3250320-001
a	Plan name SOUTHWEST COMPANIES LTD 401(K) PLAN	
b	Name of plan sponsor SOUTHWEST COMPANIES LTD	c EIN-PN 74-2712714-001
a	Plan name STEPHENS INSURANCE RETIREMENT PLAN	
b	Name of plan sponsor BYRON CLAY STEPHENS DBA	c EIN-PN 76-0527632-001

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	TAYLOR GARDNER GUTTERS & EXTERIORS LLC 401(K) PLAN	
b	Name of plan sponsor	TAYLOR GARDNER GUTTERS	c EIN-PN 83-4339739-001
a	Plan name	THE GUTIERREZ LAW FIRM INC 401(K) PLAN	
b	Name of plan sponsor	GUTIERREZ LAW FIRM INC (THE)	c EIN-PN 74-2335951-001
a	Plan name	THE MATTHEWS HOUSE 401(K) PLAN	
b	Name of plan sponsor	LIVE THE VICTORY INC DBA THE	c EIN-PN 20-2894339-001
a	Plan name	TOMO SUSHI 401(K) PLAN	
b	Name of plan sponsor	TOMO SUSHI & TERIYAKI INC	c EIN-PN 46-3719600-001
a	Plan name	TRAVIS INC PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAVIS INC	c EIN-PN 22-3163789-001
a	Plan name	TRI MODAL AND DECOY 401(K) PLAN	
b	Name of plan sponsor	TRI MODAL DISTRIBUTION	c EIN-PN 95-3726166-001
a	Plan name	TRISTATE AIR CONDITIONING INC 401(K) PLAN	
b	Name of plan sponsor	TRISTATE AIR CONDITIONING	c EIN-PN 26-1453199-001
a	Plan name	TURN KEY DATA & WIRED PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor	TURN KEY DATA & WIRED PRODUCTS	c EIN-PN 82-3049253-001
a	Plan name	TWC GLOBAL INC 401(K) PLAN	
b	Name of plan sponsor	TWC GLOBAL INC	c EIN-PN 88-0876799-001
a	Plan name	UNIVERSITY DERMATOLOGY & SKIN CANCER CENTER 401(K) PLAN	
b	Name of plan sponsor	PATRICK D RETTERBUSH MD LLC	c EIN-PN 81-3352260-001
a	Plan name	VAN KIRK WEALTH ADVISORS LLC 401(K) PLAN	
b	Name of plan sponsor	VAN KIRK WEALTH ADVISORS LLC	c EIN-PN 46-5560892-001
a	Plan name	VITTORIA BIOTHERAPEUTICS INC 401(K) PLAN	
b	Name of plan sponsor	VITTORIA BIOTHERAPEUTICS	c EIN-PN 86-3850050-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan YOURPATH MULTI-MANAGER 2030 MODERATE	B Three-digit plan number (PN) ▶ 256
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6725700

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	1
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	2820142	3749444
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	496875	721069
(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	3317017	4470514
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	914	1453
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	914	1453
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	3316103	4469061

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)	14170	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		14170
(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)	183009	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		183009
(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)		122673
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		319852

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)	1226	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	2452	
(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)		3678
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3678

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		316174
l Transfers of assets:			
(1) To this plan.....	2l(1)		1795807
(2) From this plan	2l(2)		959023

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 _____.