

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 2020 MODERATE, 1b Three-digit plan number (PN) 254, 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

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) **R** (Retirement Plan Information)
- (2) **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) **DCG** (Individual Plan Information) – Number Attached _____
- (5) **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 0
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code 0

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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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 2020 MODERATE</u>	B Three-digit plan number (PN)	<u>254</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>83-6725700</u>	

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

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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)	
<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	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	ADVANCED HOME CARE 401K PLAN	
b	Name of plan sponsor	ADVANCED HOME CARE	c EIN-PN 26-3956230-001
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	ALLY GENERAL SOLUTIONS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLY GENERAL SOLUTIONS LLC	c EIN-PN 27-5348098-001
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	ANNA M CHISILENCO RAHO DDS LLC 401K PLAN	
b	Name of plan sponsor	ANNA M CHISILENCO RAHO DDS LLC	c EIN-PN 27-3277567-001
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	BEAUTY TREATS INTERNATIONAL CO INC 401(K) PLAN	
b	Name of plan sponsor	BEAUTY TREATS INTERNATIONAL CO	c EIN-PN 95-4583766-001

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	BEDNAR LANDSCAPING SERVICES 401(K) PLAN	
b	Name of plan sponsor	BEDNAR LANDSCAPING	c EIN-PN 22-3291502-001
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	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	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	CASPER MOUNTAIN DENTAL 401(K) PLAN	
b	Name of plan sponsor	CASPER MOUNTAIN DENTAL PC	c EIN-PN 45-2843023-001
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	COMPOSITION HOSPITALITY LLC 401(K) PLAN	
b	Name of plan sponsor	COMPOSITION HOSPITALITY LLC	c EIN-PN 47-3267925-001
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	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	ESR ELECTRICAL SERVICES INC 401(K) PLAN	
b	Name of plan sponsor	ESR ELECTRICAL SERVICES INC	c EIN-PN 61-1849825-001

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 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 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
a	Plan name FIVE ELEMENTS NATUROPATHIC HEALTH CENTER LLC 401(K) PLAN	
b	Name of plan sponsor FIVE ELEMENTS NATUROPATHIC	c EIN-PN 10-0003532-001
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 GATEWAY ELECTRIC SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GATEWAY ELECTRIC LLC	c EIN-PN 46-4986653-001
a	Plan name GOLD RUSH ENERGY SOLUTIONS 401(K) SAVINGS PLAN & TRUST	
b	Name of plan sponsor GOLD RUSH ENERGY SOLUTIONS	c EIN-PN 81-4620305-001
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 HYBRID SOLUTIONS 401K PLAN	
b	Name of plan sponsor HYBRID SOLUTIONS LLC	c EIN-PN 84-1899972-001
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 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

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	LYONS DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor	LYONS DEVELOPMENT	c EIN-PN 45-5100327-001
a	Plan name	MAJESTIC GRILL INC 401(K) PLAN	
b	Name of plan sponsor	MAJESTIC GRILL INC	c EIN-PN 54-1859258-001
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	MF SUPPLY 401(K) PLAN	
b	Name of plan sponsor	MF SUPPLY	c EIN-PN 26-3341890-001
a	Plan name	MJD MANAGEMENT INC 401(K) PLAN	
b	Name of plan sponsor	MJD MANAGEMENT INC	c EIN-PN 47-2810907-001
a	Plan name	MMV 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN MECHANICAL VENTURES	c EIN-PN 20-8274686-001
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	NILE CITY PHARMACY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	NILE CITY PHARMACY INC	c EIN-PN 82-3377355-001
a	Plan name	PABCO 401(K) PLAN	
b	Name of plan sponsor	PABCO CONSTRUCTION CORP	c EIN-PN 11-2886072-001
a	Plan name	PROFESSIONAL CHOICE RECOVERY INC 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL CHOICE RECOVERY	c EIN-PN 47-0817440-002
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
a	Plan name	ROWLAND TRUCK LINES 401(K) PLAN	
b	Name of plan sponsor	ROWLAND TRUCK LINES INC	c 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.)			
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	SANDPRO 401(K) PLAN	
b	Name of plan sponsor	SANDPRO LLC	c EIN-PN 83-3221483-001
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	SHIRLEYS HARDWARE INC 401(K) PLAN	
b	Name of plan sponsor	SHIRLEYS HARDWARE INC	c EIN-PN 04-2637008-001
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	STRAIGHT LINE FENCE 401(K) PLAN	
b	Name of plan sponsor	STRAIGHT LINE FENCE LLC	c EIN-PN 46-1503803-001
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	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	VICTORY HOME REMODELING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	VICTORY HOME REMODELING	c EIN-PN 83-4263407-001
a	Plan name	WARREN JEWELERS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WARREN JEWELERS INC	c EIN-PN 04-2505598-001

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	ZETA ENERGY 401(K) PLAN	
b Name of plan sponsor	ZETA ENERGY CORP	c EIN-PN 88-2324937-001

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

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

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

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b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 2020 MODERATE	B Three-digit plan number (PN) ▶ 254
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 83-6725700

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	573022	801482
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	171196	253276
(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	744218	1054758
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	203	336
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	203	336
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	744015	1054422

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)	4930	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4930
(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)	40222	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		40222
(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)		22141
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		67293

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)	282	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	563	
(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)		845
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		845

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		66448
l Transfers of assets:			
(1) To this plan.....	2l(1)		362636
(2) From this plan	2l(2)		118677

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 _____.