

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: HAMILTON CAPITAL DYNAMIC EQUITY
1b Three-digit plan number (PN): 217
1c Effective date of plan: 07/14/2020
2a Plan sponsor's name (employer, if for a single-employer plan): HAND BENEFITS & TRUST COMPANY
2b Employer Identification Number (EIN): 74-2008758
2c Plan Sponsor's telephone number: 713-460-1000
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 rows 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 checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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>HAMILTON CAPITAL DYNAMIC EQUITY</u>	B Three-digit plan number (PN)	<u>217</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>74-2008758</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):		
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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	3SG PLUS LLC 401K PLAN	
b	Name of plan sponsor	3SG US LLC	c EIN-PN 46-5504877-001
a	Plan name	ADVANTAGE HEALTH REHABILITATION CENTERS 401K PLAN	
b	Name of plan sponsor	ADVANTAGE HEALTH REHABILITATION CENTERS	c EIN-PN 31-1370371-001
a	Plan name	ALR CONSULTANTS 401K PLAN	
b	Name of plan sponsor	ALR CONSULTANTS	c EIN-PN 87-3515769-001
a	Plan name	ALR CONSULTANTS CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	ALR CONSULTANTS	c EIN-PN 87-3515769-001
a	Plan name	ANN K HAMILTON 401K PLAN TRUST	
b	Name of plan sponsor	ANN HAMILTON	c EIN-PN 31-1375493-001
a	Plan name	ANNEHURST VETERINARY HOSP 401K	
b	Name of plan sponsor	ANNEHURST VETERINARY HOSP	c EIN-PN 31-1315786-001
a	Plan name	ANTHONY LORDO DDS LLC 401K PLAN	
b	Name of plan sponsor	ANTHONY LORDO DDS LLC	c EIN-PN 56-2571674-001
a	Plan name	ARBOR VIEW FAMILY MEDICINE INC 401K PSP	
b	Name of plan sponsor	ARBOR VIEW FAMILY MEDICINE INC	c EIN-PN 27-7014669-001
a	Plan name	ASSETGENIE INC 401K	
b	Name of plan sponsor	ASSETGENIE INC	c EIN-PN 04-3523567-001
a	Plan name	BASSETT CAPITALITAL LLC CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	BASSETT CAPITALITAL LLC	c EIN-PN 83-3391874-001
a	Plan name	BEHAL SAMPSON DIETZ INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BEHAL SAMON DIETZ INC	c EIN-PN 31-1213350-001
a	Plan name	BHM CPA GROUP INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	BHM CPA GROUP INC	c EIN-PN 31-1413363-001

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	BOSS DISPLAY CORPORATION 401KK	
b	Name of plan sponsor	BOSS DISAY CORPORATION	c EIN-PN 31-0947164-001
a	Plan name	BRICELANDKOLP AND WILLMANN DENTAL 401K PLAN	
b	Name of plan sponsor	BRICELOLP WILLMANN DENTAL	c EIN-PN 85-4272106-001
a	Plan name	BUILT TO LEAD LLC 401K PLAN FBO CHESTER E SCOTT	
b	Name of plan sponsor	BUILT TO LEAD LLC FBO CHESTER E SCOTT	c EIN-PN 59-3764544-001
a	Plan name	BUILT TO LEAD LLC 401K PLAN FBO MELISSA M SCOTT	
b	Name of plan sponsor	BUILT TO LEAD LLC FBO MELISSA M SCOTT	c EIN-PN 59-3764544-001
a	Plan name	CAMELOT DENTAL ASSOCIATES EMPLOYEE PSP	
b	Name of plan sponsor	CAMELOT DENTAL ASSOCIATES EMOYEE	c EIN-PN 31-1037466-001
a	Plan name	CARCORP INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	CARCORP INC	c EIN-PN 31-1304392-001
a	Plan name	CHARLES C SPIELMAN PSP	
b	Name of plan sponsor	CHARLES C SPIELMAN	c EIN-PN 22-3885880-001
a	Plan name	CHRISTOPHER J HERRICK DDS LLC 401K PSP	
b	Name of plan sponsor	CHRISTOPHER J HERRIC DDS LLC	c EIN-PN 32-0397275-001
a	Plan name	CJS HEATING AND AIR 401K RETIREMENT PLAN	
b	Name of plan sponsor	CJS HEATING AIR	c EIN-PN 31-1606411-001
a	Plan name	COLORADO DENTAL ARTS 401K PLAN	
b	Name of plan sponsor	COLORADO DENTAL ARTS	c EIN-PN 84-3400838-001
a	Plan name	COLUMBUS CLUB 401K PLAN	
b	Name of plan sponsor	COLUMBUS CLUB	c EIN-PN 31-4153030-001
a	Plan name	COLUMBUS CLUB RABBI TRUST AGREEMENT UA DTD 10114	
b	Name of plan sponsor	COLUMBUS CLUB RABBI UA DTD 10114	c EIN-PN 31-4153030-001

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	COLUMBUS WOMENS WELLNESS LLC 401K PLAN	
b	Name of plan sponsor	COLUMBUS WOMENS WELLNESS LLC	c EIN-PN 46-5571599-001
a	Plan name	CONANT HEALTHCARE LLC DBA AESTHETIC PARTNERS 401K PLAN	
b	Name of plan sponsor	CONANT HEALTHCARE LLC DBA AESTHETIC PARTNERS	c EIN-PN 84-3286910-001
a	Plan name	COOK ORTHODONTICS 401K PLAN	
b	Name of plan sponsor	COO ORTHODONTICS	c EIN-PN 86-1211457-001
a	Plan name	COSMETIC AND PLASTIC SURGERY OF COLUMBUS INC 401K PLAN	
b	Name of plan sponsor	COSMETIC ASTIC SURGERY OF COLUMBUS INC	c EIN-PN 31-1102109-003
a	Plan name	CREEKSIDE FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	CREESIDE FAMILY DENTAL	c EIN-PN 47-5121690-001
a	Plan name	CYNTHIA M SACHS 401K PSP	
b	Name of plan sponsor	CYNTHIA M SACHS	c EIN-PN 06-1696545-001
a	Plan name	DAVID R GINN DDS 401K PSP	
b	Name of plan sponsor	DAVID R GINN DDS	c EIN-PN 26-4661981-001
a	Plan name	DAVISON ORTHODONTICS 401K PLAN	
b	Name of plan sponsor	DAVISON ORTHODONTICS	c EIN-PN 46-3674594-001
a	Plan name	DELAWARE VALLEY RETIREMENT INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	DELAWARE VALLEY INC	c EIN-PN 20-2055473-001
a	Plan name	DESIGN GROUP INC ARCHITECTS	
b	Name of plan sponsor	DESIGN GROUP INC ARCHITECTS	c EIN-PN 31-0810142-001
a	Plan name	DOVE VALLEY DENTISTRY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DOVE VALLEY DENTISY	c EIN-PN 26-1157554-001
a	Plan name	DRS PIKE AND VALEGA PC 401K PSP	
b	Name of plan sponsor	DRS PIE VALEGA PC	c EIN-PN 01-0565207-001

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	DUBLIN FAMILY DENTAL 401K PSP
b	Name of plan sponsor	DUBLIN FAMILY DENTAL
c	EIN-PN	20-2481363-001
a	Plan name	EDWARD FILANGERI EXCELLENCE IN DENTISTRY 401K PLAN
b	Name of plan sponsor	EDWARD FILANGERI EXCELLENCE IN DENTISY
c	EIN-PN	27-3539983-001
a	Plan name	EPI EMPLOYEES RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	EPI EMOYEES
c	EIN-PN	72-1533403-001
a	Plan name	FINNEY FAMILY DENTAL INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	FINNEY FAMILY DENTAL INC
c	EIN-PN	46-4217927-001
a	Plan name	GARRETT FAMILY DENTISTRY LLC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	GART FAMILY DENTISY LLC
c	EIN-PN	83-4029949-001
a	Plan name	GEORGE MIGHION AND DNG PRACTICE 401K
b	Name of plan sponsor	GEORGE MIGHION DNG PRACTICE
c	EIN-PN	75-3182674-001
a	Plan name	GEOTECHNICAL CONSULTANTS INC
b	Name of plan sponsor	GEOTECHNICAL CONSULTANTS INC
c	EIN-PN	31-0960791-001
a	Plan name	GREEN DENTAL INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	GREEN DENTAL INC
c	EIN-PN	35-1575172-003
a	Plan name	GREENTREE DENTAL GROUP 401K PLAN UA DTD 05012018
b	Name of plan sponsor	GREENEE DENTAL GROUP UA DTD 05012018
c	EIN-PN	31-1153391-001
a	Plan name	GREENTREE DENTAL GROUP ROTH 401K PLAN
b	Name of plan sponsor	GREENEE DENTAL GROUP ROTH
c	EIN-PN	31-1153391-001
a	Plan name	GROVE CITY FAMILY DENTISTRY INC
b	Name of plan sponsor	GROVE CITY FAMILY DENTISY INC
c	EIN-PN	31-1663264-001
a	Plan name	H HERBERT POSTLE DDS DENTAL GROUP INC 401K PLAN
b	Name of plan sponsor	H HERBERT POSTLE DDS DENTAL GROUP INC
c	EIN-PN	31-1606892-001

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	HAMILTON CAPITALITAL LLC 401K PLAN	
b	Name of plan sponsor	HAMILTON CAPITALITAL LLC	c EIN-PN 83-3000171-001
a	Plan name	HARLEY E HOUGHTON DDS 401K	
b	Name of plan sponsor	HARLEY E HOUGHTON DDS	c EIN-PN 35-1950099-001
a	Plan name	HINES LITTLE SMILES LLC 401K	
b	Name of plan sponsor	HINES LITTLE SMILES LLC	c EIN-PN 27-0410719-001
a	Plan name	HOTT FAMILY DENTISTRY LLC 401K PSP	
b	Name of plan sponsor	HOTT FAMILY DENTISY LLC	c EIN-PN 87-1823879-001
a	Plan name	HUGHES DENTAL GROUP LLC 401K PSP	
b	Name of plan sponsor	HUGHES DENTAL GROUP LLC	c EIN-PN 84-3531344-001
a	Plan name	IMPROVE IT HOME PSP	
b	Name of plan sponsor	IMPROVE IT HOME	c EIN-PN 31-1278446-001
a	Plan name	JEFFREY FISHER DDS ASSOCIATES 401K PSP	
b	Name of plan sponsor	JEFFREY FISHER DDS ASSOCIATES	c EIN-PN 82-1072885-001
a	Plan name	JENNIFER J MILLER DDS DOD 401K PLAN	
b	Name of plan sponsor	JENNIFER J MILLER DDS DOD	c EIN-PN 82-1382547-001
a	Plan name	JOSEPH J CUSUMANO DDS DAVID R STUVER DDS PC PSP	
b	Name of plan sponsor	JOSEPH J CUSUMANO DDS DAVID R STUVER DDS PC	c EIN-PN 54-0882894-001
a	Plan name	JS BROWN COMPANY 401K PSP	
b	Name of plan sponsor	JS BROWN COMPANY	c EIN-PN 31-1165411-001
a	Plan name	JULIE D KINSLER DDS LLC 401K PSP	
b	Name of plan sponsor	JULIE D INSLER DDS LLC	c EIN-PN 87-4262886-001
a	Plan name	KEEP IT SIMPLE SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	EPP IT SIME SOLUTIONS LLC	c EIN-PN 84-1924439-001

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	KEVIN P JONES INDIVIDUAL CASH BALANCE PLAN	
b	Name of plan sponsor	EVIN P JONES INDIVIDUAL	c EIN-PN 47-4686326-001
a	Plan name	KILE LOVELL DENTAL LLC 401K	
b	Name of plan sponsor	ILE LOVELL DENTAL LLC	c EIN-PN 47-2956126-001
a	Plan name	KURT RUPENTHAL DDS LLC 401K PLAN	
b	Name of plan sponsor	URT RUPENTHAL DDS LLC	c EIN-PN 35-2209025-001
a	Plan name	LASER DENTISTRY OF NORTH JERSEY LLC RET PLN	
b	Name of plan sponsor	LASER DENTISY OF NORTH JERSEY LLC	c EIN-PN 04-3688053-001
a	Plan name	LEADER PROMOTIONS 401K PLAN 2603	
b	Name of plan sponsor	LEADER PROMOTIONS 401K PLAN 2603	c EIN-PN 45-0404698-001
a	Plan name	LELAND C WILHOITE DDS PC 401K PSP	
b	Name of plan sponsor	LEL C WILHOITE DDS PC	c EIN-PN 20-0099737-001
a	Plan name	LISA E MEYERS DDS LLC	
b	Name of plan sponsor	LISA E MEYERS DDS LLC	c EIN-PN 45-2524759-001
a	Plan name	MARK J HAGELE DDS PSP UA DTD JAN 1 1993	
b	Name of plan sponsor	MAR J HAGELE DDS UA DTD JAN 1 1993	c EIN-PN 33-0587340-001
a	Plan name	MARKETING MOTIVATORS INC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MARKETING MOTIVATORS INC EMOYEES	c EIN-PN 35-1924484-001
a	Plan name	MARTINEZ DENTISTRY 401K PSP	
b	Name of plan sponsor	MARTINEZ DENTISY	c EIN-PN 87-3980597-001
a	Plan name	MASSUCCI LAW GROUP LLC 401K PLAN	
b	Name of plan sponsor	MASSUCCI LAW GROUP LLC	c EIN-PN 81-1656692-001
a	Plan name	MBH LLC 401K PLAN FBO JUDSON MILLHON JR	
b	Name of plan sponsor	MBH LLC FBO JUDSON MILLHON JR	c EIN-PN 82-3305451-001

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	MBH LLC 401K PLAN FBO LESLIE MILLHON	
b	Name of plan sponsor	MBH LLC FBO LESLIE MILLHON	c EIN-PN 82-3305451-001
a	Plan name	MILLER BAHNSON LAW LLC 401K PSP	
b	Name of plan sponsor	MILLER BAHNSON LAW LLC	c EIN-PN 83-1210081-001
a	Plan name	MKSK INC 401K SAVINGS AND PSP CO FASCORE LLC	
b	Name of plan sponsor	MKSK INC AND FASCORE LLC	c EIN-PN 83-2731940-001
a	Plan name	MONROEVILLE DENTAL ASSOCIATES 401K PLAN	
b	Name of plan sponsor	MONROEVILLE DENTAL ASSOCIATES	c EIN-PN 20-5359402-001
a	Plan name	NEAL PATEL DDS INC 401K RETIREMENT PLAN DTD 1112	
b	Name of plan sponsor	NEAL PATEL DDS INC DTD 1112	c EIN-PN 20-8419149-001
a	Plan name	NOLES FAMILY DENTAL 401K RETIREMENT PLAN	
b	Name of plan sponsor	NOLES FAMILY DENTAL	c EIN-PN 81-0693817-001
a	Plan name	OLENTANGY EYE LASER ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor	OLENTANGY EYE LASER ASSOCIATES INC	c EIN-PN 51-0520194-001
a	Plan name	PACIFIC POOLS INC PSP TRUST	
b	Name of plan sponsor	PACIFIC POOLS INC	c EIN-PN 31-1163161-001
a	Plan name	PARALLEL TECHNOLOGIES INC EMPLOYEE STOCK OWNERSHIP AND 401K PLAN	
b	Name of plan sponsor	PARALLEL TECHNOLOGIES INC EMOYEE STOC OWNERSHIP	c EIN-PN 31-1106611-001
a	Plan name	PARKVIEW FAMILY DENTISTRY PC 401K PSP UAD 1106	
b	Name of plan sponsor	PARVIEW FAMILY DENTISY PC UAD 1106	c EIN-PN 20-4115056-001
a	Plan name	PHINNEY INDUSTRIAL ROOFING INC RET PLN	
b	Name of plan sponsor	PHINNEY INDUSIAL ROOFING INC	c EIN-PN 34-1478040-001
a	Plan name	PHINNEY INDUSTRIAL SERVICE RET PLN	
b	Name of plan sponsor	PHINNEY INDUSIAL SERVICE	c EIN-PN 26-1519796-001

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	PITTSBURGH FAMILY PRACTICE LLC 401K PSP	
b Name of plan sponsor	PITTSBURGH FAMILY PRACTICE LLC	c EIN-PN 23-2942941-001
a Plan name	POLARIS FAMILY DENTISTRY 401K PSP UA DTD 05012018	
b Name of plan sponsor	POLARIS FAMILY DENTISY	c EIN-PN 82-1941588-001
a Plan name	POSITIVE FOUNDRY 401K PLAN	
b Name of plan sponsor	POSITIVE FOUNDRY	c EIN-PN 81-4333488-001
a Plan name	PREMIER UROLOGY CORP 401K PSP	
b Name of plan sponsor	PREMIER UROLOGY CORP	c EIN-PN 26-2347273-001
a Plan name	RAYMOND A SHERIDAN DDS INC 401K PSP	
b Name of plan sponsor	RAYMOND A SHERIDAN DDS INC	c EIN-PN 47-2740711-001
a Plan name	REIDER FAMILY DENTISTRY 401K PSP	
b Name of plan sponsor	REIDER FAMILY DENTISY	c EIN-PN 85-3795234-001
a Plan name	ROGERS KRAJNAK ARCHITECTS 401K	
b Name of plan sponsor	ROGERS RAJNA ARCHITECTS	c EIN-PN 31-1756400-001
a Plan name	ROTH CONSTRUCTION COLUMBUS CO 401K PSP	
b Name of plan sponsor	ROTH CONSTRUCTION COLUMBUS CO	c EIN-PN 34-1850849-001
a Plan name	SAM SHIHAB ASSOCIATES LLC 401K PLAN	
b Name of plan sponsor	SAM SHIHAB ASSOCIATES LLC	c EIN-PN 27-0631150-001
a Plan name	SCOTT J FERGUSON DDS PROFIT SHARING PLAN	
b Name of plan sponsor	SCOTT J FERGUSON DDS	c EIN-PN 38-3187575-001
a Plan name	SIGNATURE CABINETRY 401K PLAN	
b Name of plan sponsor	SIGNATURE CABINEY	c EIN-PN 31-1371398-001
a Plan name	SLECHTER DENTAL CARE LLC 401K PROFIT SHARING PLAN	
b Name of plan sponsor	SLECHTER DENTAL CARE LLC	c EIN-PN 04-6106444-001

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	SPECTRUM DENTAL 401K PLAN	
b	Name of plan sponsor	SPECUM DENTAL	c EIN-PN 45-5281727-001
a	Plan name	SPEES FAMILY DENTISTRY 401K PLAN	
b	Name of plan sponsor	SPEES FAMILY DENTISY	c EIN-PN 35-1937273-001
a	Plan name	SPRINGER DENTAL CARE LLC 401K PSP	
b	Name of plan sponsor	SPRINGER DENTAL CARE LLC	c EIN-PN 82-2932172-001
a	Plan name	SUBMARINE HOUSE 401K PLAN	
b	Name of plan sponsor	SUBMARINE HOUSE	c EIN-PN 30-0830009-001
a	Plan name	THE BLUE SWING LLC 401K PLAN	
b	Name of plan sponsor	THE BLUE SWING LLC	c EIN-PN 20-1162608-001
a	Plan name	THE DOWELL DENTAL GROUP 401K	
b	Name of plan sponsor	THE DOWELL DENTAL GROUP	c EIN-PN 34-1711240-001
a	Plan name	THORWALD HOLDINGS INC 401K PSP	
b	Name of plan sponsor	THORWALD HOLDINGS INC	c EIN-PN 26-0437343-001
a	Plan name	TIMOTHY C LONG 401K PSP	
b	Name of plan sponsor	TIMOTHY C LONG	c EIN-PN 20-3244349-001
a	Plan name	TIMOTHY J SAUBER DDS 401K PLAN	
b	Name of plan sponsor	TIMOTHY J SAUBER DDS	c EIN-PN 27-1917674-001
a	Plan name	TODD WHITLOCK DDS LLC RP	
b	Name of plan sponsor	TODD WHITLOC DDS LLC RP	c EIN-PN 35-1775770-001
a	Plan name	VOYLES FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	VOYLES FAMILY DENTAL	c EIN-PN 81-0700304-001
a	Plan name	WAYNE T KINNEY DDS PC PSP	
b	Name of plan sponsor	WAYNE T INNEY DDS PC	c EIN-PN 35-1968596-001

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.	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 HAMILTON CAPITAL DYNAMIC EQUITY	B Three-digit plan number (PN) ▶ 217
C Plan sponsor's name as shown on line 2a of Form 5500 HAND BENEFITS & TRUST COMPANY	D Employer Identification Number (EIN) 74-2008758

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	5062122 114715
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14271600 540414
(2) U.S. Government securities	1c(2)	85558724 94246353
(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)	1063335 85457406
(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)	76905216 15511426
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	182860997	195870314
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4642979	167483
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4642979	167483
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	178218018	195702831

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)	4005814	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4005814
(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)	3198230	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3198230
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	430223221	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	426826936	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3396285
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2055436	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12655765

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)		
(5) Investment advisory and investment management fees	2i(5)	150325	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	59783	
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		210108
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		210108

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12445657
l Transfers of assets:			
(1) To this plan.....	2l(1)		69535514
(2) From this plan	2l(2)		64496358

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 _____.