

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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
 - special extension (enter description)
 - the DFVC program
- 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 HYBRID 2035 MODERATE	1b Three-digit plan number (PN) ▶ <u>168</u>
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	1c Effective date of plan 2b Employer Identification Number (EIN) <u>83-6725700</u> 2c Plan Sponsor's telephone number <u>913-319-0380</u> 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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/26/2025	SHERRI KENT
	Signature of DFE	Date	Enter name of individual signing as 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																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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6g(1)																					
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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>YOURPATH HYBRID 2035 MODERATE</u>	B Three-digit plan number (PN)	<u>168</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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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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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):

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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)

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	ALPINE LEGAL GROUP 401(K) PLAN	
b	Name of plan sponsor	ALPINE LEGAL GROUP	c EIN-PN 45-5222346-001
a	Plan name	ANDREW M HAYES DDS MSD LLC 401(K) PLAN	
b	Name of plan sponsor	MDISP/ANDREW M HAYES DDS MSD	c EIN-PN 46-5507000-001
a	Plan name	ARCHITECTURAL DIVISION 8 401(K) PLAN	
b	Name of plan sponsor	ARCHITECTURAL DIVISION 8	c EIN-PN 74-2579332-001
a	Plan name	ASHLEY CONSTRUCTION INC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ASHLEY CONSTRUCTION INC	c EIN-PN 61-1056190-001
a	Plan name	ATLANTIC REFRIGERATION EQUIPMENT COMPANY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ATLANTIC REFRIGERATION	c EIN-PN 23-1421817-001
a	Plan name	B.J.'S CONSUMER'S CHOICE PEST CONTROL INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	B.J.S CONSUMERS CHOICE PEST	c EIN-PN 94-2909805-001
a	Plan name	BAHR BROTHERS MANUFACTURING INC 401(K) PLAN	
b	Name of plan sponsor	BAHR BROTHERS MANUFACTURING	c EIN-PN 35-1058130-001
a	Plan name	BEHAVIORAL HEALTH SOLUTIONS OF SOUTH TEXAS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BEHAVIORAL HEALTH SOLUTIONS OF	c EIN-PN 74-2648885-001
a	Plan name	BRANDTRUST INC 401(K) PLAN	
b	Name of plan sponsor	BRANDTRUST INC	c EIN-PN 36-4246090-001
a	Plan name	BROADWAY IN CHICAGO LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	BROADWAY IN CHICAGO LLC	c EIN-PN 36-4374676-001
a	Plan name	BROWN COUNTY APPRAISAL DISTRICT 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	BROWN COUNTY APPRAISAL	c EIN-PN 75-1678337-001
a	Plan name	BROWN DAWSON FLICK FUNERAL HOME INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BROWN DAWSON FLICK FUNERAL	c EIN-PN 26-2735458-001

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	BRUCE KISELSTEIN LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRUCE KISELSTEIN LTD	c EIN-PN 36-3765916-001
a	Plan name	BUSH INFOTECH GROUP INC (BIG) DBA KRISTINE FALLON ASSOCIATES INC 401(K) PLAN	
b	Name of plan sponsor	BUSH INFOTECH GROUP INC (BIG)	c EIN-PN 36-3884510-001
a	Plan name	CEMENT COUNCIL OF TEXAS 401(K) PLAN	
b	Name of plan sponsor	CEMENT COUNCIL OF TEXAS	c EIN-PN 74-2472984-001
a	Plan name	CIRCUIT WORKS CORPORATION PROFIT SHARING AND 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CIRCUIT WORKS CORPORATION	c EIN-PN 36-3630933-001
a	Plan name	CITY OF WARSAW 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CITY OF WARSAW	c EIN-PN 35-6001227-001
a	Plan name	D & H ALTERNATIVE RISK SOLUTIONS INC 401(K) PLAN	
b	Name of plan sponsor	D & H ALTERNATIVE RISK	c EIN-PN 22-3445435-001
a	Plan name	DAILY & ROSEN DDS LLC 401(K) PLAN	
b	Name of plan sponsor	MDISP/DAILY & ROSEN DDS LLC	c EIN-PN 20-3916187-001
a	Plan name	DENTAL 32 LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MDISP/DENTAL 32 LLC 401(K) RET	c EIN-PN 82-3321215-001
a	Plan name	DEREK R KAELIN DDS LLC DBA JAMES RIVER DENTAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MDISP/DEREK R KAELIN DDS LLC D	c EIN-PN 27-4602114-001
a	Plan name	DO-RITE CONSTRUCTION & EXCAVATION 401(K) PLAN	
b	Name of plan sponsor	HBRP/DO-RITE CONSTRUCTION & EX	c EIN-PN 83-3665939-001
a	Plan name	DOYLE & WACHTSTETTER INC 401(K) PLAN	
b	Name of plan sponsor	DOYLE & WACHTSTETTER INC	c EIN-PN 71-0881203-001
a	Plan name	DR KIRBY KAVANAUGH DDS DBA ZONA ROSA 401K P/S PLAN	
b	Name of plan sponsor	MDISP/DR KIRBY KAVANAUGH DDS	c EIN-PN 43-1712321-001

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	DR MARY ELLEN HELMKAMP LLC 401(K) PLAN	
b	Name of plan sponsor	MDISP/DR MARY ELLEN HELMKAMP	c EIN-PN 45-5566366-001
a	Plan name	ENDODONTICS OF THE OZARKS 401(K) PLAN	
b	Name of plan sponsor	MDISP/ENDODONTICS OF THE OZARK	c EIN-PN 81-1447415-001
a	Plan name	ERIC TOLLIVER DDS LLC 401(K) PLAN	
b	Name of plan sponsor	MDISP/ERIC TOLLIVER DDS LLC	c EIN-PN 47-2439635-001
a	Plan name	EVANS RENTAL INC 401(K) PLAN	
b	Name of plan sponsor	EVANS RENTAL INC	c EIN-PN 72-1174979-001
a	Plan name	EYECARE-EYEWEAR ASSOCIATES P C SAFE-HARBOR 401(K) PROFIT SHARING PLAN AND TRUST PLAN	
b	Name of plan sponsor	EYECARE-EYEWEAR ASSOCIATES	c EIN-PN 04-2727326-001
a	Plan name	FOSTER & ELDRIDGE LLP 401(K) PLAN	
b	Name of plan sponsor	FOSTER & ELDRIDGE LLP	c EIN-PN 20-0633922-001
a	Plan name	FRANK SUPPLY CO 401(K) PLAN	
b	Name of plan sponsor	RED SMITH SALES INC DBA FRANK	c EIN-PN 74-2059040-001
a	Plan name	FREEDOM HEALTH SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	MDISP/FREEDOM HEALTH SYSTEMS 4	c EIN-PN 87-2052723-001
a	Plan name	GEROULDS PROFESSIONAL PHARMACY INC 401(K) PLAN	
b	Name of plan sponsor	GEROULDS PROFESSIONAL	c EIN-PN 16-0793272-003
a	Plan name	HASSE CONSTRUCTION COMPANY INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HASSE CONSTRUCTION COMPANY INC	c EIN-PN 36-2364802-002
a	Plan name	HBCP/ MOCHIX INC 401(K) PLAN	
b	Name of plan sponsor	HBCP/MOCHIX INC 401(K) PLAN	c EIN-PN 46-1789925-333
a	Plan name	HBCP/ACCOUNTING PLUS OF COLUMBIA INC 401(K) PLAN	
b	Name of plan sponsor	HBCP/ACCOUNTING PLUS OF COLUMB	c EIN-PN 06-1650270-333

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	HOME CARE ALLIANCE INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HOME CARE ALLIANCE INC RETIREM	c EIN-PN 43-1595139-001
a	Plan name	HSP DIRECT 401(K) PLAN	
b	Name of plan sponsor	HSP DIRECT LLC	c EIN-PN 54-2039701-001
a	Plan name	INDEPENDENCE FAMILY AND COSMETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	MDISP/ INDEPENDENCE FAMILY AND	c EIN-PN 47-2625550-001
a	Plan name	JODY B VANCE DDS MC PC 401(K) PLAN	
b	Name of plan sponsor	MDISP/JODY B VANCE DDS MC PC 4	c EIN-PN 43-1737477-001
a	Plan name	JOHNSTON G P INC EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JCT SOLUTIONS INC	c EIN-PN 22-2166826-001
a	Plan name	LANDERHAVEN DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	LANDERHAVEN DENTAL ASSOCIATES	c EIN-PN 34-1334819-001
a	Plan name	LEOMINSTER NEWS 401(K)	
b	Name of plan sponsor	LEOMINSTER NEWS INC	c EIN-PN 04-2770052-002
a	Plan name	LOVING 401(K) PLAN	
b	Name of plan sponsor	THE LOVING GROUP LLC	c EIN-PN 27-0664188-001
a	Plan name	MELVIN T WHEELER & SONS INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MELVIN T WHEELER & SONS INC	c EIN-PN 20-2050291-001
a	Plan name	MONTALVO INSURANCE AGENCY INC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	MONTALVO INSURANCE AGENCY INC	c EIN-PN 74-2143288-001
a	Plan name	MVP PLUMBING CORP 401(K) PLAN	
b	Name of plan sponsor	MVP PLUMBING CORP	c EIN-PN 36-4116470-001
a	Plan name	NORTHAMPTON COUNTRY CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NORTHAMPTON COUNTRY CLUB	c EIN-PN 24-0554040-001

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	NU TEC ROOFING CONTRACTORS LLC 401(K) PLAN	
b	Name of plan sponsor	NU TEC ROOFING CONTRACTORS LLC	c EIN-PN 35-2114307-003
a	Plan name	PANTHER AIR LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	PANTHER AIR LLC	c EIN-PN 46-4431684-001
a	Plan name	PARAGON 360 LLC 401(K) PLAN	
b	Name of plan sponsor	PARAGON 360 LLC	c EIN-PN 43-1906177-333
a	Plan name	RHYC LLC 401(K) PLAN	
b	Name of plan sponsor	HBCP/RHYC LLC 401(K) PLAN	c EIN-PN 46-1885601-333
a	Plan name	RIVERO GORDIMER & COMPANY PA PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RIVERO GORDIMER & COMPANY PA	c EIN-PN 59-3040705-001
a	Plan name	ROCKWOOD FAMILY DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	MDISP/ROCKWOOD FAMILY DENTAL R	c EIN-PN 81-5456131-001
a	Plan name	SHEET METAL SPECIALTIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHEET METAL SPECIALTIES INC	c EIN-PN 83-0319664-001
a	Plan name	SIEGE TECHNOLOGIES LLC 401(K) PLAN	
b	Name of plan sponsor	SIEGE TECHNOLOGIES LLC	c EIN-PN 27-0264695-002
a	Plan name	SOUTHEAST MACOMB SANITARY DISTRICT DEFERRED COMP PLAN	
b	Name of plan sponsor	SE MACOMB DISTRICT	c EIN-PN 38-6019655-001
a	Plan name	SYMTECH CORPORATION 401K SAVING PLAN	
b	Name of plan sponsor	SYMTECH CORPORATION	c EIN-PN 94-3132345-001
a	Plan name	TESIS BIOSCIENCES 401(K) PLAN	
b	Name of plan sponsor	TESIS BIOSCIENCES	c EIN-PN 82-3124944-001
a	Plan name	TMI ENTERPRISE LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	L & B HOLDINGS LLC	c EIN-PN 72-1019330-001

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	TOSIE DENTAL LLC 401(K) PLAN	
b Name of plan sponsor	MDISP/TOSIE DENTAL LLC 401(K)	c EIN-PN 88-3971673-001

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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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 HYBRID 2035 MODERATE	B Three-digit plan number (PN) ▶ 168
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)	4899
		3477
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)	13860277
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	1350534
(15) Other.....	1c(15)	14642633
		1669999

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	15215710	16316109
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3248	3406
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3248	3406
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	15212462	16312703

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)	33933	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		33933
(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)	537305	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		537305
(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)		1087527
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1658765

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)	2563	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	9633	
(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)		12196
j Total expenses. Add all expense amounts in column (b) and enter total	2j		12196

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1646569
l Transfers of assets:			
(1) To this plan	2l(1)		1828692
(2) From this plan	2l(2)		2375020

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 _____.