

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 06/01/2024 and ending 05/31/2025

- 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: STRATEGIC ROADMAP AGGRESSIVE FUND
1b Three-digit plan number (PN): 267
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): MATRIX TRUST COMPANY
2b Employer Identification Number (EIN): 75-3182674
2c Plan Sponsor's telephone number: 720-264-3782
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, Date, Name. Rows for plan administrator, 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 _____ (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 _____

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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan <u>STRATEGIC ROADMAP AGGRESSIVE FUND</u>	B Three-digit plan number (PN)	<u>267</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MATRIX TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>75-3182674</u>	

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

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	FLEUR DENTISTRY, LLP 401K RET	
b	Name of plan sponsor	FLEUR DENTISTRY, LLP	c EIN-PN 01-0722305-001
a	Plan name	TEKPLAN SOLUTIONS 401(K)	
b	Name of plan sponsor	TEKPLAN SOLUTIONS	c EIN-PN 04-3636689-001
a	Plan name	MARTHA MORELAND DDS 401K PLAN	
b	Name of plan sponsor	MARTHA MORELAND DDS	c EIN-PN 20-0519029-001
a	Plan name	OGDEN DENTAL PRACTICE, PLC 401	
b	Name of plan sponsor	OGDEN DENTAL PRACTICE, PLC	c EIN-PN 20-1316766-001
a	Plan name	PETRZELKA & BREITBACH 401K PL	
b	Name of plan sponsor	PETRZELKA & BREITBACH	c EIN-PN 20-1593730-001
a	Plan name	ROCK ISLAND CAPITAL, 401K PLAN	
b	Name of plan sponsor	ROCK ISLAND CAPITAL	c EIN-PN 20-2464104-001
a	Plan name	JOHNSON & BLANTON LLC 401(K)	
b	Name of plan sponsor	JOHNSON & BLANTON LLC	c EIN-PN 20-4027407-001
a	Plan name	THE VROMAN GROUP 401K SH PLAN	
b	Name of plan sponsor	THE VROMAN GROUP	c EIN-PN 20-4498454-001
a	Plan name	BAKER MANUFACTURING 401K	
b	Name of plan sponsor	BAKER MANUFACTURING	c EIN-PN 20-4668380-001
a	Plan name	ROTH LAW OFFICE 401(K) PLAN	
b	Name of plan sponsor	ROTH LAW OFFICE	c EIN-PN 20-5105086-001
a	Plan name	KINDLE COMMUNICATIONS LLC 401K	
b	Name of plan sponsor	KINDLE COMMUNICATIONS LLC	c EIN-PN 26-3203695-001
a	Plan name	OLYMPIC WALL 401(K) PSP	
b	Name of plan sponsor	OLYMPIC WALL	c EIN-PN 27-1287348-001

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	SEXTON FORD SALES, INC. 401(K)	
b	Name of plan sponsor	SEXTON FORD SALES, INC.	c EIN-PN 36-2228100-001
a	Plan name	WERMER, ROGERS, DORAN & RUZON	
b	Name of plan sponsor	WERMER, ROGERS, DORAN & RUZON	c EIN-PN 36-2416552-001
a	Plan name	VYTENIS LIETUVNINKAS PSP	
b	Name of plan sponsor	VYTENIS LIETUVNINKAS	c EIN-PN 36-3733068-002
a	Plan name	EDWARD JAQUAYS LAW OFFICE 401K	
b	Name of plan sponsor	EDWARD JAQUAYS LAW OFFICE	c EIN-PN 36-3810574-001
a	Plan name	GAMMA TECHNOLOGIES INC RET PLN	
b	Name of plan sponsor	GAMMA TECHNOLOGIES INC	c EIN-PN 36-3959691-001
a	Plan name	ILLINOIS CTR PAIN & REHAB 401K	
b	Name of plan sponsor	ILLINOIS CTR PAIN & REHAB	c EIN-PN 37-1404312-001
a	Plan name	VAN ERT ELECTRIC CO 401K PLAN	
b	Name of plan sponsor	VAN ERT ELECTRIC CO	c EIN-PN 39-1033261-003
a	Plan name	SCHARINE GROUP 401K PLAN & TR	
b	Name of plan sponsor	SCHARINE GROUP	c EIN-PN 39-1130948-001
a	Plan name	BIDDICK I PSP & TRUST	
b	Name of plan sponsor	BIDDICK I	c EIN-PN 39-1193677-001
a	Plan name	ORAL & MAXILLOFACIAL EE PS PLN	
b	Name of plan sponsor	ORAL & MAXILLOFACIAL	c EIN-PN 39-1193991-002
a	Plan name	RURAL ROUTE 1 II PSP & T	
b	Name of plan sponsor	RURAL ROUTE 1 II	c EIN-PN 39-1556540-001
a	Plan name	BEACON TECHNOLOGIES, INC. 401K	
b	Name of plan sponsor	BEACON TECHNOLOGIES, INC.	c EIN-PN 39-1943383-001

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	QUALITY CELLULAR 401(K) PSP&T	
b	Name of plan sponsor	QUALITY CELLULAR	c EIN-PN 39-2013431-001
a	Plan name	ACCORDE ORTHODONTICS 401K PLAN	
b	Name of plan sponsor	ACCORDE ORTHODONTICS	c EIN-PN 41-1539681-001
a	Plan name	CAPRA BANK 401(K) PLAN	
b	Name of plan sponsor	CAPRA BANK	c EIN-PN 42-0630006-001
a	Plan name	SIMMONS PERRINE PLC 401K PSP	
b	Name of plan sponsor	SIMMONS PERRINE PLC	c EIN-PN 42-0665669-002
a	Plan name	SISTERS OF CHARITY OF BVM 403B	
b	Name of plan sponsor	SISTERS OF CHARITY OF BVM	c EIN-PN 42-0680320-003
a	Plan name	ANDERSON WEBER INC 401(K) PLAN	
b	Name of plan sponsor	ANDERSON WEBER INC	c EIN-PN 42-0782245-001
a	Plan name	UNITED CONTRACTORS INC DAVIS	
b	Name of plan sponsor	UNITED CONTRACTORS INC	c EIN-PN 42-0822018-001
a	Plan name	IN TOLERANCE 401(K) PLAN	
b	Name of plan sponsor	IN TOLERANCE	c EIN-PN 42-0868786-002
a	Plan name	MONTICELLO VETERINARY 401(K)	
b	Name of plan sponsor	MONTICELLO VETERINARY	c EIN-PN 42-0956134-003
a	Plan name	RADIOLOGY GROUP, PC, SC 401(K)	
b	Name of plan sponsor	RADIOLOGY GROUP, PC, SC	c EIN-PN 42-0981876-002
a	Plan name	FUERSTE EYE CLINIC 401(K) PLAN	
b	Name of plan sponsor	FUERSTE EYE CLINIC	c EIN-PN 42-0983552-001
a	Plan name	IOWA PATHOLOGY ASSOC. PC 401K	
b	Name of plan sponsor	IOWA PATHOLOGY ASSOC. PC	c EIN-PN 42-0995885-002

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	T.A.S.C., INC. 401(K) PSP	
b	Name of plan sponsor	T.A.S.C., INC.	c EIN-PN 42-1018273-002
a	Plan name	MIDWESTERN TRADING, INC. 401K	
b	Name of plan sponsor	MIDWESTERN TRADING, INC.	c EIN-PN 42-1021663-002
a	Plan name	MUELLER-YURGAE ASSOCIATES, INC	
b	Name of plan sponsor	MUELLER-YURGAE ASSOCIATES, INC	c EIN-PN 42-1034361-001
a	Plan name	GREAT RIVER ORAL & MAX ASSOC	
b	Name of plan sponsor	GREAT RIVER ORAL & MAX ASSOC	c EIN-PN 42-1056006-002
a	Plan name	PROF PROPERTY MGMT, INC. 401K	
b	Name of plan sponsor	PROF PROPERTY MGMT, INC.	c EIN-PN 42-1071056-001
a	Plan name	DISCOVERY LIVING INC 401K	
b	Name of plan sponsor	DISCOVERY LIVING INC	c EIN-PN 42-1082773-001
a	Plan name	IOWA KIDNEY PHYSICIANS PC	
b	Name of plan sponsor	IOWA KIDNEY PHYSICIANS PC	c EIN-PN 42-1091337-003
a	Plan name	GARY W. CLEM DBA ALMACO RET PL	
b	Name of plan sponsor	GARY W. CLEM DBA ALMACO	c EIN-PN 42-1092106-001
a	Plan name	DORAN & DORAN , P.C. 401(K)	
b	Name of plan sponsor	DORAN & DORAN , P.C.	c EIN-PN 42-1103280-001
a	Plan name	PAISLEY TRUCKING INC 401K RET	
b	Name of plan sponsor	PAISLEY TRUCKING INC	c EIN-PN 42-1111990-001
a	Plan name	RANDY'S CARPET & INT. 401(K) S	
b	Name of plan sponsor	RANDY'S CARPET & INT.	c EIN-PN 42-1125168-001
a	Plan name	CLARK, BUTLER, WALSH & HAMANN	
b	Name of plan sponsor	CLARK, BUTLER, WALSH & HAMANN	c EIN-PN 42-1172003-002

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	KINSETH HOTEL CORP 401K	
b	Name of plan sponsor	KINSETH HOTEL CORP	c EIN-PN 42-1185734-001
a	Plan name	AIR-CON MECHANICAL CORP. 401K	
b	Name of plan sponsor	AIR-CON MECHANICAL CORP.	c EIN-PN 42-1204748-001
a	Plan name	PSB CORP EE STOCK OWNERSHIP PL	
b	Name of plan sponsor	PSB CORP	c EIN-PN 42-1224953-001
a	Plan name	CITY SUPPLY CORPORATION RET PL	
b	Name of plan sponsor	CITY SUPPLY CORPORATION	c EIN-PN 42-1233954-002
a	Plan name	BERTHEL FISHER & CO EES 401K	
b	Name of plan sponsor	BERTHEL FISHER & CO	c EIN-PN 42-1254805-002
a	Plan name	MOBILITY R.V., INC. 401(K) PSP	
b	Name of plan sponsor	MOBILITY R.V., INC.	c EIN-PN 42-1331147-001
a	Plan name	OB-GYN ASSOCIATES	
b	Name of plan sponsor	OB-GYN ASSOCIATES	c EIN-PN 42-1352693-001
a	Plan name	CROSS MED LABORATORIES PS 401K	
b	Name of plan sponsor	CROSS MED LABORATORIES	c EIN-PN 42-1365887-002
a	Plan name	FOOT & ANKLE SPEC OF IOWA 401K	
b	Name of plan sponsor	FOOT & ANKLE SPEC OF IOWA	c EIN-PN 42-1399192-001
a	Plan name	MCDERMOTT OIL COMPANY PSP	
b	Name of plan sponsor	MCDERMOTT OIL COMPANY	c EIN-PN 42-1427654-001
a	Plan name	PLATINUM SUPP INS 401K PLAN	
b	Name of plan sponsor	PLATINUM SUPP INS	c EIN-PN 42-1446538-001
a	Plan name	SKOPEC & CROUCH 401(K) PLAN	
b	Name of plan sponsor	SKOPEC & CROUCH	c EIN-PN 42-1459542-001

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	STEELE CAPITAL MGMT. 401K
b	Name of plan sponsor	STEELE CAPITAL MGMT.
c	EIN-PN	42-1460565-001
a	Plan name	TRI-STATE FAMILY PRACTICE 401K
b	Name of plan sponsor	TRI-STATE FAMILY PRACTICE
c	EIN-PN	42-1462387-002
a	Plan name	FREDD J HAAS LAW OFFICES PSP
b	Name of plan sponsor	FRED WEBER, INC.
c	EIN-PN	42-1466845-001
a	Plan name	PARAGON EE SOLUTIONS 401K PL
b	Name of plan sponsor	PARAGON EE SOLUTIONS
c	EIN-PN	42-1473095-001
a	Plan name	TWI OF DUBUQUE, INC. 401K PLAN
b	Name of plan sponsor	TWI OF DUBUQUE, INC.
c	EIN-PN	42-1486813-001
a	Plan name	FAMILY DENTISTRY 401(K) PLAN
b	Name of plan sponsor	FAMILY DENTISTRY
c	EIN-PN	42-1490778-001
a	Plan name	BLU TRACK 401(K) PLAN
b	Name of plan sponsor	BLU TRACK
c	EIN-PN	42-1508838-001
a	Plan name	POTHITAKIS LAW FIRM 401(K) PL
b	Name of plan sponsor	POTHITAKIS LAW FIRM
c	EIN-PN	42-1524578-001
a	Plan name	DENTAL ASSOCIATES INC 401(K)
b	Name of plan sponsor	DENTAL ASSOCIATES INC
c	EIN-PN	45-0311650-001
a	Plan name	JAY B GRAPHICS, INC. 401K PLAN
b	Name of plan sponsor	JAY B GRAPHICS, INC.
c	EIN-PN	46-3811498-001
a	Plan name	ARPS RED E MIX, INC.401(K) PSP
b	Name of plan sponsor	ARPS RED E MIX, INC.
c	EIN-PN	47-0484884-001
a	Plan name	HAROLD K SCHOLZ CO 401K PSP
b	Name of plan sponsor	HAROLD K SCHOLZ CO
c	EIN-PN	47-0542046-001

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	TZB & RJB ENTERPRISES 401K PLN	
b	Name of plan sponsor	TZB & RJB ENTERPRISES	c EIN-PN 47-0861720-001
a	Plan name	FIT & FRESH, INC. 401K PLAN	
b	Name of plan sponsor	FIT & FRESH, INC.	c EIN-PN 47-3258848-001
a	Plan name	MSP INDUSTRIES LLC	
b	Name of plan sponsor	MSP INDUSTRIES LLC	c EIN-PN 47-4810628-001
a	Plan name	ANESTHESIA CONSULTANTS 401(K)	
b	Name of plan sponsor	ANESTHESIA CONSULTANTS	c EIN-PN 48-0788380-002
a	Plan name	NEW COVENANT BIBLE CHURCH 401K	
b	Name of plan sponsor	NEW COVENANT BIBLE CHURCH	c EIN-PN 51-0139200-002
a	Plan name	CHRIS FOIX, DDS, P.C 401K PLAN	
b	Name of plan sponsor	CHRIS FOIX, DDS, P.C.	c EIN-PN 68-0547860-001
a	Plan name	KUNKEL & ASSOCIATES INC 401K P	
b	Name of plan sponsor	KUNKEL & ASSOCIATES INC	c EIN-PN 68-0558586-001
a	Plan name	GRONEN ENTITIES 401K RET PLAN	
b	Name of plan sponsor	GRONEN ENTITIES	c EIN-PN 80-0016469-001
a	Plan name	WESTERN RANCH SUPPLY CO. PSP	
b	Name of plan sponsor	WESTERN RANCH SUPPLY CO.	c EIN-PN 81-0246182-001
a	Plan name	TURNER SEED CO RET SAV PLAN	
b	Name of plan sponsor	TURNER SEED CO	c EIN-PN 81-0710868-001
a	Plan name	CONVERGENCE PARTNERS 401K PSP	
b	Name of plan sponsor	CONVERGENCE PARTNERS	c EIN-PN 81-1525789-001
a	Plan name	DR. DAVE 401(K) PLAN	
b	Name of plan sponsor	DR. DAVE	c EIN-PN 81-1768759-001

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	IOWA SENIOR 401(K) PEP	
b Name of plan sponsor	IOWA SENIOR	c EIN-PN 81-3799174-001

a Plan name	RIVER CITY LOGISTICS 401(K)	
b Name of plan sponsor	RIVER CITY LOGISTICS	c EIN-PN 83-2786007-001

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

a Plan name		
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.	<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 06/01/2024 and ending 05/31/2025	
A Name of plan STRATEGIC ROADMAP AGGRESSIVE FUND	B Three-digit plan number (PN) 267
C Plan sponsor's name as shown on line 2a of Form 5500 MATRIX TRUST COMPANY	D Employer Identification Number (EIN) 75-3182674

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	45270	103336
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	29933	223185
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	282971	352333
(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)	145528706	162749222
(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	145886880	163428076
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	58406	120314
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	58406	120314
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	145828474	163307762

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)	352333	
(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)		352333
(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)	2932681	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2932681
(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)		12408525
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		15693539

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)	10978	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	61665	
(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)		72643
j Total expenses. Add all expense amounts in column (b) and enter total	2j		72643

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15620896
l Transfers of assets:			
(1) To this plan	2l(1)		1858392
(2) From this plan	2l(2)		

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 _____.