| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110<br>1210-0089 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2024**<br>**This Form is Open to Public Inspection** |

## 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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

☐ a single-employer plan ☒ a DFE (specify) C

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

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

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

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

☐ special extension (enter description)

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
RETIREMENT ADVOCATE FUNDS CONSERVATIVE

**1b** Three-digit plan number (PN) ▶ 218

**1c** Effective date of plan

**2a** Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

MATRIX TRUST COMPANY

717 17TH STREET, SUITE 1300
DENVER, CO 80202

**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.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 03/16/2026 | SCOTT REDMAN |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 03/16/2026 | SCOTT REDMAN |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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**v. 240311**

**3a** Plan administrator's name and address ☒ Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

**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 | **6a(1)** | |
| **a(2)** | Total number of active participants at the end of the plan year | **6a(2)** | |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | |
| **d** | Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** | Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** | Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** | Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**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) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust
(4) ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust
(4) ☐ General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

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

Receipt Confirmation Code______________________

# SCHEDULE D
# (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# 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

**2024**

**This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

**A** Name of plan
RETIREMENT ADVOCATE FUNDS CONSERVATIVE

**B** Three-digit plan number (PN) ▶ 218

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
MATRIX TRUST COMPANY

**D** Employer Identification Number (EIN)
75-3182674

## 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)

**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):

| | | |
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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) |

**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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|---|---|---|
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**b** Name of sponsor of entity listed in (a):

| | | |
|---|---|---|
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**For Paperwork Reduction Act Notice, see the Instructions for Form 5500.**

**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):

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

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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) |

## 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 SRFB LLC 401(K) PLAN

**b** Name of plan sponsor SRFB LLC **c** EIN-PN 03-0491580-001

**a** Plan name MONETA GROUP SALARY SVGS PLAN

**b** Name of plan sponsor MONETA GROUP **c** EIN-PN 20-1903821-001

**a** Plan name USSEC 401(K) PLAN

**b** Name of plan sponsor USSEC **c** EIN-PN 20-2462213-001

**a** Plan name D & D DISTRIBUTORS NON-UN 401K

**b** Name of plan sponsor D & D DISTRIBUTORS **c** EIN-PN 20-3258724-005

**a** Plan name HERRING IMPACT GROUP 401(K) PS

**b** Name of plan sponsor HERRING IMPACT GROUP **c** EIN-PN 26-0392325-001

**a** Plan name CRESTVIEW/KEMCO 401(K) RET PL

**b** Name of plan sponsor CRESTVIEW/KEMCO **c** EIN-PN 26-0480921-001

**a** Plan name MOCAP, LLC RET SVGS PLAN

**b** Name of plan sponsor MOCAP, LLC **c** EIN-PN 27-4331238-001

**a** Plan name TRIAD BANK 401K PLAN

**b** Name of plan sponsor TRIAD BANK **c** EIN-PN 34-2033556-002

**a** Plan name HUSCH BLACKWELL STRATEGY 401K

**b** Name of plan sponsor HUSCH BLACKWELL STRATEGY **c** EIN-PN 35-2612034-001

**a** Plan name NEWGROUND RETIREMENT SAVINGS

**b** Name of plan sponsor NEWGROUND **c** EIN-PN 36-4264767-001

**a** Plan name CARROLLTON BANK EES 401(K) PS

**b** Name of plan sponsor CARROLLTON BANK **c** EIN-PN 37-0207180-001

**a** Plan name COMMERCIAL TRANSPORT INC 401K

**b** Name of plan sponsor COMMERCIAL TRANSPORT INC **c** EIN-PN 37-0225015-003

## **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 DEMOULIN BROTHERS & COMPANY RE

**b** Name of plan sponsor DEMOULIN BROTHERS & COMPANY **c** EIN-PN 37-0244250-003

**a** Plan name HERTZBERG-NEW METHOD INCORP EE

**b** Name of plan sponsor HERTZBERG-NEW METHOD INCORP **c** EIN-PN 37-1001726-001

**a** Plan name SORLING NORTHRUP HANNA ET AL

**b** Name of plan sponsor SORLING NORTHRUP HANNA ET AL **c** EIN-PN 37-1019389-001

**a** Plan name QUICK SUPPLY CO. EES 401K PLAN

**b** Name of plan sponsor QUICK SUPPLY CO. **c** EIN-PN 42-0722975-001

**a** Plan name BAYARD, INC. 401(K) PLAN

**b** Name of plan sponsor BAYARD, INC. **c** EIN-PN 42-1558009-002

**a** Plan name GREENBRIAR HILLS CNTRY CLUB PL

**b** Name of plan sponsor GREENBRIAR HILLS CNTRY CLUB **c** EIN-PN 43-0300764-001

**a** Plan name DEFERRED COMP & SAV SAL EE

**b** Name of plan sponsor DEFERRED COMP & SAV SAL **c** EIN-PN 43-0319840-002

**a** Plan name CRESCENT PARTS & EQUIPMENT CO.

**b** Name of plan sponsor CRESCENT PARTS & EQUIPMENT CO. **c** EIN-PN 43-0610548-001

**a** Plan name EVANS AND DIXON, LLC 401K PL

**b** Name of plan sponsor EVANS AND DIXON, LLC **c** EIN-PN 43-0611994-002

**a** Plan name DANUSER MACHINE CO. SVGS PLAN

**b** Name of plan sponsor DANUSER MACHINE CO. **c** EIN-PN 43-0620147-002

**a** Plan name FRED WEBER, INC. PS AND 401K

**b** Name of plan sponsor FRED WEBER, INC. **c** EIN-PN 43-0626545-004

**a** Plan name THE DANIEL & HENRY CO SALARY

**b** Name of plan sponsor THE DANIEL & HENRY CO **c** EIN-PN 43-0634945-003

## 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 SHERWOOD FOREST CAMP INC. RET
**b** Name of plan sponsor SHERWOOD FOREST CAMP INC.
**c** EIN-PN 43-0653401-001

**a** Plan name BOHN & DAWSON EES 401K PSP
**b** Name of plan sponsor BOHN & DAWSON
**c** EIN-PN 43-0668730-002

**a** Plan name GERSHMAN INVESTMENT CORP EMP
**b** Name of plan sponsor GERSHMAN INVESTMENT CORP
**c** EIN-PN 43-0710608-001

**a** Plan name TACONY CORPORATION RET PLAN
**b** Name of plan sponsor TACONY CORPORATION
**c** EIN-PN 43-0742269-004

**a** Plan name GCRE 401(K) PLAN
**b** Name of plan sponsor GCRE
**c** EIN-PN 43-0763769-001

**a** Plan name TELLE TIRE RETIREMENT PSP
**b** Name of plan sponsor TELLE TIRE
**c** EIN-PN 43-0783301-001

**a** Plan name CAMBRIDGE ENGINEERING EES 401K
**b** Name of plan sponsor CAMBRIDGE ENGINEERING
**c** EIN-PN 43-0794560-001

**a** Plan name NB WEST CONTRACTING PSP & TR
**b** Name of plan sponsor NB WEST CONTRACTING
**c** EIN-PN 43-0794720-001

**a** Plan name ST. LOUIS CREMATION 401K PLAN
**b** Name of plan sponsor ST. LOUIS CREMATION
**c** EIN-PN 43-0820801-001

**a** Plan name SHAPIRO SALES - IBT LOCAL 401K
**b** Name of plan sponsor SHAPIRO SALES - IBT LOCAL
**c** EIN-PN 43-0836237-003

**a** Plan name STARRCO EMPLOYEES SAVINGS PLAN
**b** Name of plan sponsor STARRCO
**c** EIN-PN 43-0861342-001

**a** Plan name DELTA DENTAL PLN MISSOURI 401K
**b** Name of plan sponsor DELTA DENTAL PLN MISSOURI
**c** EIN-PN 43-0908943-002

## 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 | LAWSON SCREEN PRODUCTS 401K | | |
| **b** Name of plan sponsor | LAWSON SCREEN PRODUCTS | **c** EIN-PN | 43-0950416-002 |
| **a** Plan name | GRIMCO, INC 401K & PS PLAN | | |
| **b** Name of plan sponsor | GRIMCO, INC | **c** EIN-PN | 43-0955083-001 |
| **a** Plan name | SPIRTAS COMPANY 401K PLAN | | |
| **b** Name of plan sponsor | SPIRTAS COMPANY | **c** EIN-PN | 43-0978974-001 |
| **a** Plan name | CODE CONSULTANTS 401(K) PSP | | |
| **b** Name of plan sponsor | CODE CONSULTANTS | **c** EIN-PN | 43-1000336-001 |
| **a** Plan name | SIMPSON MATERIALS COMPANY 401K | | |
| **b** Name of plan sponsor | SIMPSON MATERIALS COMPANY | **c** EIN-PN | 43-1029443-001 |
| **a** Plan name | P & A DRYWALL SUPPLY, INC 401K | | |
| **b** Name of plan sponsor | P & A DRYWALL SUPPLY, INC | **c** EIN-PN | 43-1034297-002 |
| **a** Plan name | SCHROEDER & TREMAYNE 401K PLAN | | |
| **b** Name of plan sponsor | SCHROEDER & TREMAYNE | **c** EIN-PN | 43-1084178-002 |
| **a** Plan name | BRANCH METAL PRCSNG CORP PSP&T | | |
| **b** Name of plan sponsor | BRANCH METAL PRCSNG CORP | **c** EIN-PN | 43-1169286-001 |
| **a** Plan name | ALLERGY CONSULTANTS 401K PSP | | |
| **b** Name of plan sponsor | ALLERGY CONSULTANTS | **c** EIN-PN | 43-1201813-001 |
| **a** Plan name | NATIONAL CART CO. INC. 401(K) | | |
| **b** Name of plan sponsor | NATIONAL CART CO. INC. | **c** EIN-PN | 43-1205100-003 |
| **a** Plan name | C.A.P.S. INC. PSP | | |
| **b** Name of plan sponsor | C.A.P.S. INC. | **c** EIN-PN | 43-1243682-001 |
| **a** Plan name | KOHNER PROPERTIES, INC. | | |
| **b** Name of plan sponsor | KOHNER PROPERTIES, INC. | **c** EIN-PN | 43-1259595-001 |

## 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 ANOVA 401(K) SAVINGS PLAN

**b** Name of plan sponsor ANOVA

**c** EIN-PN 43-1262275-001

**a** Plan name SUBURBAN INDUSTRIAL PKG 401K

**b** Name of plan sponsor SUBURBAN INDUSTRIAL PKG

**c** EIN-PN 43-1325375-001

**a** Plan name MONTGOMERY BANK 401(K) PLAN

**b** Name of plan sponsor MONTGOMERY BANK

**c** EIN-PN 43-1350414-001

**a** Plan name MID-MISSOURI ANESTHESIA PS

**b** Name of plan sponsor MID-MISSOURI ANESTHESIA

**c** EIN-PN 43-1383899-001

**a** Plan name HOFFMANN BROS HEAT & AIR 401K

**b** Name of plan sponsor HOFFMANN BROS HEAT & AIR

**c** EIN-PN 43-1474224-001

**a** Plan name FOOTWEAR UNLMTD INC EES 401K

**b** Name of plan sponsor FOOTWEAR UNLMTD INC

**c** EIN-PN 43-1522771-002

**a** Plan name HYMAN LTD PROFIT SHARING PLAN

**b** Name of plan sponsor HYMAN LTD

**c** EIN-PN 43-1535045-001

**a** Plan name CDG ENGINEERS, INC RET SAV PL

**b** Name of plan sponsor CDG ENGINEERS, INC

**c** EIN-PN 43-1593696-001

**a** Plan name BEHR,MCCARTER, ET AL 401K PSP

**b** Name of plan sponsor BEHR,MCCARTER, ET AL

**c** EIN-PN 43-1601162-001

**a** Plan name TECHNOLOGY PARTNERS INC 401(K)

**b** Name of plan sponsor TECHNOLOGY PARTNERS INC

**c** EIN-PN 43-1680520-001

**a** Plan name NORTHWEST INFECTIOUS DISEASE

**b** Name of plan sponsor NORTHWEST INFECTIOUS DISEASE

**c** EIN-PN 43-1700580-001

**a** Plan name EFC INTERNATIONAL 401K PLAN

**b** Name of plan sponsor EFC INTERNATIONAL

**c** EIN-PN 43-1706259-001

## **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 SNYDER ENGINEERING RET SVGS PL

**b** Name of plan sponsor SNYDER ENGINEERING **c** EIN-PN 43-1802354-001

**a** Plan name NORTHSTAR MANAGEMENT CO 401K

**b** Name of plan sponsor NORTHSTAR MANAGEMENT CO **c** EIN-PN 43-1832643-001

**a** Plan name M. L. P. 401(K) PLAN

**b** Name of plan sponsor M. L. P. **c** EIN-PN 43-1852949-001

**a** Plan name TUETH KEENEY ET AL 401(K) PSP

**b** Name of plan sponsor TUETH KEENEY ET AL **c** EIN-PN 43-1879275-001

**a** Plan name SARAH A. SMITH, DDS PSP

**b** Name of plan sponsor SARAH A. SMITH, DDS **c** EIN-PN 43-1891089-001

**a** Plan name ORTHOPEDIC CTR OF ST. L. 401K

**b** Name of plan sponsor ORTHOPEDIC CTR OF ST. LOUIS **c** EIN-PN 43-1903482-003

**a** Plan name FOX SMITH, LLC 401K PLAN

**b** Name of plan sponsor FOX SMITH, LLC **c** EIN-PN 43-1922931-001

**a** Plan name UNIFIED DEVELOPMENT, INC PSP

**b** Name of plan sponsor UNIFIED DEVELOPMENT, INC **c** EIN-PN 43-1970539-001

**a** Plan name GSI 401(K) PLAN

**b** Name of plan sponsor GSI **c** EIN-PN 45-2516019-001

**a** Plan name SAUTER SULLIVAN, LLC 401K PSP

**b** Name of plan sponsor SAUTER SULLIVAN, LLC **c** EIN-PN 46-0499630-001

**a** Plan name STOKES DISTRIB NON-UNION 401K

**b** Name of plan sponsor STOKES DISTRIB **c** EIN-PN 46-0664106-002

**a** Plan name STONEMAIER, LLC 401(K) PLAN

**b** Name of plan sponsor STONEMAIER, LLC **c** EIN-PN 46-1338877-002

## 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 NEWLEAF SYMBIOTICS RET SVGS PL

**b** Name of plan sponsor NEWLEAF SYMBIOTICS **c** EIN-PN 46-1650895-001

**a** Plan name TOWN AND COUNTRY CROSSING 401K

**b** Name of plan sponsor TOWN AND COUNTRY CROSSING **c** EIN-PN 46-4660425-001

**a** Plan name CENTRAL STATES WATER RES RET

**b** Name of plan sponsor CENTRAL STATES WATER RES **c** EIN-PN 46-4754176-001

**a** Plan name COVERCRESS INC. 401(K) PLAN

**b** Name of plan sponsor COVERCRESS INC. **c** EIN-PN 47-3764874-001

**a** Plan name PEDIATRIC DENTISTRY OF SUNSET

**b** Name of plan sponsor PEDIATRIC DENTISTRY OF SUNSET **c** EIN-PN 47-5541911-001

**a** Plan name EXLINE INC PS/401K PLAN

**b** Name of plan sponsor EXLINE INC **c** EIN-PN 48-1143335-001

**a** Plan name KIAWAH ISLAND COMM 401K PS

**b** Name of plan sponsor KIAWAH ISLAND COMM **c** EIN-PN 57-0713010-001

**a** Plan name AW HEALTH CARE 401K RET SVNGS

**b** Name of plan sponsor AW HEALTH CARE **c** EIN-PN 71-0868310-001

**a** Plan name WOODARD CLN & RESTORATN 401K

**b** Name of plan sponsor WOODARD CLN & RESTORATN **c** EIN-PN 81-4551699-002

**a** Plan name M1 BANCSHARES INC 401K PSP

**b** Name of plan sponsor M1 BANCSHARES INC **c** EIN-PN 82-1788822-001

**a** Plan name HENLEY FORGE 401(K) PLAN

**b** Name of plan sponsor HENLEY FORGE **c** EIN-PN 82-3263606-001

**a** Plan name BASEROCK PARTNERS 401(K) PLAN

**b** Name of plan sponsor BASEROCK PARTNERS **c** EIN-PN 86-2357845-001

## 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 MISSIONWIRED 401K PLAN

**b** Name of plan sponsor MISSIONWIRED

**c** EIN-PN 87-0784424-001

**a** Plan name REIFERS,HOLMES & PETERS RET PL

**b** Name of plan sponsor REIFERS,HOLMES & PETERS

**c** EIN-PN 90-0433777-002

**a** Plan name MAGNETIC HOLDINGS

**b** Name of plan sponsor MAGNETIC HOLDINGS

**c** EIN-PN 04-2782740-001

**a** Plan name H-J ENTERPRISES

**b** Name of plan sponsor H-J ENTERPRISES

**c** EIN-PN 43-0925854-001

**a** Plan name MII 401(K) PLAN

**b** Name of plan sponsor MII

**c** EIN-PN 43-1531931-010

**a** Plan name THE NEWBERRY GROUP

**b** Name of plan sponsor THE NEWBERRY GROUP

**c** EIN-PN 43-1755637-001

**a** Plan name BEER NUTS, INC 401 (K)

**b** Name of plan sponsor BEER NUTS, INC

**c** EIN-PN 37-0728557-001

**a** Plan name WISCONSIN LIFT TRUCKS SALARY SAVINGS PLAN

**b** Name of plan sponsor WISCONSIN LIFT TRUCKS

**c** EIN-PN 39-1052980-005

**a** Plan name MINNESOTA LIFE OPEN ARCHITECT

**b** Name of plan sponsor MINNESOTA LIFE OPEN ARCHITECT

**c** EIN-PN 41-0417830-001

**a** Plan name R.G. BRINKMANN COMPANY PROFIT SHARING PLAN AND TRUST

**b** Name of plan sponsor R.G. BRINKMANN COMPANY

**c** EIN-PN 43-1321222-001

**a** Plan name ARCO/MURRAY GROUP PSP

**b** Name of plan sponsor ARCO/MURRAY GROUP

**c** EIN-PN 43-1615415-001

**a** Plan name SPELLMAN BRADY & COMPANY 401(K) PROFIT SHARING PLAN

**b** Name of plan sponsor SPELLMAN BRADY & COMPANY

**c** EIN-PN 43-1701829-001

## 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 PINE LAWN DENTAL 401(K) PLAN

**b** Name of plan sponsor PINE LAWN DENTAL **c** EIN-PN 45-2638254-001

**a** Plan name SALINA VORTEX EMPLOYEES RETIREMENT PLAN

**b** Name of plan sponsor SALINA VORTEX **c** EIN-PN 48-0864772-001

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

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**b** Name of plan sponsor **c** EIN-PN

**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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# 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**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

**A** Name of plan
RETIREMENT ADVOCATE FUNDS CONSERVATIVE

**B** Three-digit plan number (PN) ▶ 218

**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.

| **Assets** | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | **1a** | 188 | 83 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | **1b(1)** | | |
| **(2)** Participant contributions | **1b(2)** | | |
| **(3)** Other | **1b(3)** | 13796 | 27471 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | **1c(1)** | 315972 | 293890 |
| **(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)** | 23161044 | 20712428 |
| **(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)** | 7686661 | 8587674 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | **1c(14)** | | |
| **(15)** Other | **1c(15)** | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(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** | 31177661 | 29621546 |

### Liabilities

| | | | |
|---|---|---|---|
| **g** Benefit claims payable | **1g** | | |
| **h** Operating payables | **1h** | | |
| **i** Acquisition indebtedness | **1i** | | |
| **j** Other liabilities | **1j** | 15808 | 29314 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | **1k** | 15808 | 29314 |

### Net Assets

| | | | |
|---|---|---|---|
| **l** Net assets (subtract line 1k from line 1f) | **1l** | 31161853 | 29592232 |

## 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)** | 293890 | |
| **(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)** | | 293890 |
| **(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)** | 18670 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | **2b(2)(D)** | | 18670 |
| **(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)** | | 0 |
| **(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)** | | 0 |

| | | **(a)** Amount | **(b)** Total |
|---|---|---|---|
| **(6)** Net investment gain (loss) from common/collective trusts | **2b(6)** | | 1217105 |
| **(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)** | | 686249 |
| **c** Other income | **2c** | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | **2d** | | 2215914 |

### 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)** | 1092 | |
| **(5)** Investment advisory and investment management fees | **2i(5)** | | |
| **(6)** Bank or trust company trustee/custodial fees | **2i(6)** | 9595 | |
| **(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)** | | 10687 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | **2j** | | 10687 |

### Net Income and Reconciliation

| | | | |
|---|---|---|---|
| **k** Net income (loss). Subtract line **2j** from line **2d** | **2k** | | 2205227 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | **2l(1)** | | |
| **(2)** From this plan | **2l(2)** | | 3774848 |

## 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.) | **4a** | | | |
| **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.) | **4b** | | | |
| **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.) | **4c** | | | |
| **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.) | **4d** | | | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | | | |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | | |
| **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? | **4g** | | | |
| **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? | **4h** | | | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | | | |
| **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.) | **4j** | | | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **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. | **4n** | | | |

**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 ____________________.