

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

<p>1a Name of plan <u>INTERNATIONAL FUND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>005</u></p>
<p>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) <u>RUSSELL INVESTMENTS TRUST COMPANY</u> <u>COMMINGLED EMPLOYEE BENEFIT FUNDS TRUST</u> <u>1301 SECOND AVENUE, 18TH FLOOR</u> <u>SEATTLE, WA 98101</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>91-1117282</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>800-455-3782</u></p> <hr/> <p>2d Business code (see instructions)</p>

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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/07/2024</u>	<u>ROSS ERICKSON</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor RUSSELL INVESTMENTS TRUST COMPANY 1301 SECOND AVENUE, 18TH FLOOR SEATTLE, WA 98101	3b Administrator's EIN 91-1116938 3c Administrator's telephone number 800-455-3782																				
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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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>INTERNATIONAL FUND</u>	B Three-digit plan number (PN) ▶	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RUSSELL INVESTMENTS TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>91-1117282</u>	

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	APA-THE ENGINEERED WOOD ASSOCIATION EMPLOYEES PENSION TRUST	
b	Name of plan sponsor	APA-THE ENGINEERED WOOD ASSOCIATION	c EIN-PN 91-0202372-001
a	Plan name	AVAYA, INC. PENSION PLAN	
b	Name of plan sponsor	AVAYA INC.	c EIN-PN 22-3713430-002
a	Plan name	THE AVAYA, INC. PENSION PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	AVAYA INC.	c EIN-PN 22-3713430-001
a	Plan name	BAY MEDICAL CENTER PENSION PLAN	
b	Name of plan sponsor	BAY HEALTH FOUNDATION	c EIN-PN 59-6001475-001
a	Plan name	BRITISH AIRWAYS PLC PENSION PLAN (USA)	
b	Name of plan sponsor	BRITISH AIRWAYS PLC	c EIN-PN 13-1546240-001
a	Plan name	CHRYSLER FINANCIAL PENSION PLAN	
b	Name of plan sponsor	TD AUTO FINANCE, LLC	c EIN-PN 20-2614244-001
a	Plan name	CHRYSLER FINANCIAL SALARIED EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	TD AUTO FINANCE, LLC	c EIN-PN 20-2614244-002
a	Plan name	PENSION AGREEMENT BETWEEN CHRYSLER FINANCIAL AND UNITED AUTO WORKERS	
b	Name of plan sponsor	TD AUTO FINANCE, LLC	c EIN-PN 20-2614244-003
a	Plan name	CONVERGYS CORPORATION PENSION PLAN	
b	Name of plan sponsor	CONVERGYS CORPORATION	c EIN-PN 31-1598292-001
a	Plan name	BERRIEN COUNTY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	COUNTY OF BERRIEN	c EIN-PN 38-6000191-001
a	Plan name	DIEBOLD, INCORPORATED PENSION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	DIEBOLD NIXDORF INCORPORATED	c EIN-PN 34-0183970-008
a	Plan name	DIEBOLD NIXDORF, INCORPORATED U.S. PENSION PLAN	
b	Name of plan sponsor	DIEBOLD NIXDORF INCORPORATED	c EIN-PN 34-0183970-001

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	RETIREMENT INCOME PLAN FOR EMPLOYEES OF EL PASO ELECTRIC COMPANY	
b	Name of plan sponsor	EL PASO ELECTRIC COMPANY	c EIN-PN 74-0607870-001
a	Plan name	ESCO CORPORATION PENSION PLAN	
b	Name of plan sponsor	ESCO CORPORATION	c EIN-PN 93-0989423-002
a	Plan name	RUSSELL RETIREMENT PLAN	
b	Name of plan sponsor	FRANK RUSSELL COMPANY	c EIN-PN 91-1175091-002
a	Plan name	GREATER WISCONSIN MULTI-EMPLOYER RETIREMENT INCOME PLAN	
b	Name of plan sponsor	GREATER WISCONSIN EMPLOYER-UNION PENSION TRUST PLAN	c EIN-PN 39-6188024-001
a	Plan name	HAWAIIAN AIRLINES, INC. PENSION PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	HAWAIIAN AIRLINES, INC.	c EIN-PN 99-0042880-004
a	Plan name	HAWAIIAN AIRLINES, INC. PENSION PLAN FOR EMPLOYEES REPRESENTED BY THE	
b	Name of plan sponsor	HAWAIIAN AIRLINES, INC.	c EIN-PN 99-0042880-003
a	Plan name	RETIREMENT PLAN FOR PILOTS OF HAWAIIAN AIRLINES, INC	
b	Name of plan sponsor	HAWAIIAN AIRLINES, INC.	c EIN-PN 99-0042880-002
a	Plan name	KANSAS CITY AREA TRANSPORTATION AUTHORITY UNION EMPLOYEES FUNDED PENSI	
b	Name of plan sponsor	KANSAS CITY MO AREA TRANSPORTATION AUTHORITY	c EIN-PN 43-0992477-001
a	Plan name	LOUISIANA SHERIFFS PENSION & RELIEF FUND	
b	Name of plan sponsor	LOUISIANA SHERIFFS PENSION & RELIEF FUND	c EIN-PN 72-6001981-999
a	Plan name	LOZIER CORPORATION PENSION PLAN FOR JOPLIN PRODUCTION EMPLOYEES AND TR	
b	Name of plan sponsor	LOZIER CORPORATION	c EIN-PN 47-0463247-004
a	Plan name	LOZIER CORPORATION PENSION PLAN FOR SCOTTSBORO PRODUCTION EMPLOYEES AN	
b	Name of plan sponsor	LOZIER CORPORATION	c EIN-PN 47-0463247-003
a	Plan name	LOZIER CORPORATION PENSION PLAN TRUST	
b	Name of plan sponsor	LOZIER CORPORATION	c EIN-PN 47-0463247-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	MASSACHUSETTS BAY TRANSPORTATION AUTHORITY POLICE ASSOCIATION RETIREME
b	Name of plan sponsor	MBTA POLICE ASSOCIATION RETIREMENT PLAN
c	EIN-PN	42-2323989-002
a	Plan name	MERCEDES-BENZ USA, LLC PENSION PLAN
b	Name of plan sponsor	MERCEDES-BENZ USA, LLC
c	EIN-PN	22-2375138-001
a	Plan name	PENSION PLAN FOR HOURLY-RATED EMPLOYEES OF NEWMONT
b	Name of plan sponsor	NEWMONT MINING CORPORATION
c	EIN-PN	13-2526652-002
a	Plan name	PENSION PLAN OF NEWMONT
b	Name of plan sponsor	NEWMONT MINING CORPORATION
c	EIN-PN	13-2526652-001
a	Plan name	ORORA PORT I LONG TERM GROWTH
b	Name of plan sponsor	ORORA NORTH AMERICA
c	EIN-PN	95-1683793-001
a	Plan name	ORORA PORT II CONSERVATIVE GROWTH
b	Name of plan sponsor	ORORA NORTH AMERICA
c	EIN-PN	95-1683793-002
a	Plan name	ORORA PORT IV AGGRESSIVE GROWTH
b	Name of plan sponsor	ORORA NORTH AMERICA
c	EIN-PN	95-1683793-004
a	Plan name	PACCAR INC RETIREMENT PLAN
b	Name of plan sponsor	PACCAR INC
c	EIN-PN	91-0351110-001
a	Plan name	PETERBILT (NASHVILLE)-LOCAL 1832 UAW RETIREMENT INCOME PLAN
b	Name of plan sponsor	PACCAR INC
c	EIN-PN	91-0351110-030
a	Plan name	ALL INTERNATIONAL MARKETS FUND
b	Name of plan sponsor	RITC CEBFT
c	EIN-PN	91-1117282-020
a	Plan name	GLOBAL BALANCED FUND
b	Name of plan sponsor	RITC CEBFT
c	EIN-PN	91-1117282-022
a	Plan name	SAKS FIFTH AVENUE PENSION PLAN
b	Name of plan sponsor	SAKS INCORPORATED
c	EIN-PN	13-1256625-003

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	GROSSMONT HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor	SHARP HEALTHCARE	c EIN-PN 95-6077327-001
a	Plan name	SHARPSAVER RETIREMENT PLAN	
b	Name of plan sponsor	SHARP HEALTHCARE	c EIN-PN 95-6077327-003
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SOUTHWEST GAS CORPORATION	
b	Name of plan sponsor	SOUTHWEST GAS CORPORATION	c EIN-PN 88-0085720-001
a	Plan name	STONEHAM RETIREMENT SYSTEM	
b	Name of plan sponsor	STONEHAM CONTRIBUTORY RET SYS	c EIN-PN 04-2621527-001
a	Plan name	JOURNAL COMMUNICATIONS, INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	THE E.W. SCRIPPS COMPANY	c EIN-PN 20-0020198-001
a	Plan name	SCRIPPS PENSION PLAN-ALBUQUERQUE PUBLISHING COMPANY	
b	Name of plan sponsor	THE E.W. SCRIPPS COMPANY	c EIN-PN 85-0377498-002
a	Plan name	SCRIPPS PENSION PLAN-JOURNAL PUBLISHING COMPANY	
b	Name of plan sponsor	THE E.W. SCRIPPS COMPANY	c EIN-PN 85-0448553-002
a	Plan name	SALARIED EMPLOYEES' RETIREMENT PLAN OF THE EASTERN COMPANY	
b	Name of plan sponsor	THE EASTERN COMPANY	c EIN-PN 60-0330020-001
a	Plan name	THE EASTERN COMPANY PENSION PLAN FOR HOURLY-RATED EMPLOYEES OF THE EBE	
b	Name of plan sponsor	THE EASTERN COMPANY	c EIN-PN 06-0330020-005
a	Plan name	THE EASTERN COMPANY PENSION PLAN FOR HOURLY-RATED EMPLOYEES OF THE FRA	
b	Name of plan sponsor	THE EASTERN COMPANY	c EIN-PN 06-0330020-006
a	Plan name	THE EASTERN COMPANY PENSION PLAN FOR HOURLY-RATED EMPLOYEES OF THE ILL	
b	Name of plan sponsor	THE EASTERN COMPANY	c EIN-PN 06-0330020-008
a	Plan name	THE GRAHAM COMPANIES PENSION PLAN	
b	Name of plan sponsor	THE GRAHAM COMPANIES	c EIN-PN 65-0127392-001

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	BODINE ALUMINUM INC. PENSION PLAN	
b Name of plan sponsor	TOYOTA MOTOR MANUFACTURING MO	c EIN-PN 43-1537447-003

a Plan name	WSGR CASH BALANCE RETIREMENT PLAN	
b Name of plan sponsor	WSGR	c EIN-PN 94-2451946-005

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> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A Name of plan INTERNATIONAL FUND	B Three-digit plan number (PN) 005
C Plan sponsor's name as shown on line 2a of Form 5500 RUSSELL INVESTMENTS TRUST COMPANY	D Employer Identification Number (EIN) 91-1117282

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 6552872	9323087
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 41044168	35545482
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 26915000	51101000
(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) 23661119	17155516
(B) Common	1c(4)(B) 1307262932	1168134021
(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) 746225	1894075
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 1825475	6320768

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	1408007791	1289473949
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	15856777	6529399
k Total liabilities (add all amounts in lines 1g through 1j)	1k	15856777	6529399
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1392151014	1282944550

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)	2496718	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	421423	
(D) Loans (other than to participants)	2b(1)(D)	119775	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3037916
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	37561243	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		37561243
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1613863429	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1587185363	
(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)	136758005	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		204035230

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)	43567	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)	241482	
(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)	109141	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		394190
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		394190

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		203641040
l Transfers of assets:			
(1) To this plan.....	2l(1)		87572558
(2) From this plan.....	2l(2)		400420062

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:

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.

	Yes	No	Amount
4a			
4b			
4c			
4d			
4e			
4f			
4g			
4h			
4i			
4j			
4k			
4l			
4m			
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 _____.