

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
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: [x] 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 FLORENCE BERNARD - ALTA MILLER SCHOLARSHIP TRUST FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 11/26/1990
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) F BERNARD-A MILLER SCHOLARSHIP TRUST FUND
9602 MARTIN LUTHER KING HWY LANHAM, MD 20706 9602 MARTIN LUTHER KING HWY LANHAM, MD 20706-3488
2b Employer Identification Number (EIN) 52-1701504
2c Plan Sponsor's telephone number 301-731-9101
2d Business code (see instructions) 813000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	22242
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	22242
	<b>6a(2)</b>	22990
	<b>6b</b>	
	<b>6c</b>	
	<b>6d</b>	22990
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**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:  
4K

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> 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)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>FLORENCE BERNARD - ALTA MILLER SCHOLARSHIP TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>F BERNARD-A MILLER SCHOLARSHIP TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>52-1701504</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**MORGAN STANLEY INVESTMENT MANAGEMEN**

**13-3040307**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**BLACKROCK ADVISORS LLC**

**23-2784752**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NOVAK FRANCELLA, LLC

61-1436956

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	10779	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FLORENCE BERNARD - ALTA MILLER SCHOLARSHIP TRUST FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>F BERNARD-A MILLER SCHOLARSHIP TRUST FUND</b>	<b>D</b> Employer Identification Number (EIN) <b>52-1701504</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	31461
<b>(3)</b> Other .....	<b>1b(3)</b>	15031
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	1002289
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	214539
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	66346
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1212018
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	271032
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	3750	
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2323752	2812716
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	903	
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	8841	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	9744	
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2314008	2812716

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	319687	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		319687
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	19218	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	6512	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	3407	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		29137
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	4359	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	10508	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		14867
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	142915	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	140203	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		2712
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	371239	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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)		-1332
<b>c</b> Other income .....	2c		1373
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		737683

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	117231	
(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)		117231
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)	10779	
(5) Investment advisory and investment management fees .....	2i(5)	6938	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)	104027	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		121744
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		238975

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		498708
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		
(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: **NOVAK FRANCELLA, LLC**

(2) EIN: **61-1436956**

**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
<b>a</b> 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.)		X	
<b>b</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.)		X	
<b>c</b> 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.)		X	
<b>d</b> 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.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		100000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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?		X	
<b>h</b> 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?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.		X	

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

**FLORENCE BERNARD - ALTA MILLER  
SCHOLARSHIP TRUST FUND**

FINANCIAL STATEMENTS

DECEMBER 31, 2024

**FLORENCE BERNARD - ALTA MILLER  
SCHOLARSHIP TRUST FUND**

**FINANCIAL STATEMENTS WITH SUPPLEMENTAL INFORMATION**

**DECEMBER 31, 2024 AND 2023**

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## INDEPENDENT AUDITOR'S REPORT

To the Trustees of the  
Florence Bernard - Alta Miller  
Scholarship Trust Fund

### Opinion

We have audited the financial statements of the Florence Bernard - Alta Miller Scholarship Fund (the Fund), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all Fund amendments; administering the Fund; and determining that the Fund's transactions that are presented and disclosed in the financial statements are in conformity with the Fund's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Fund's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Fund's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Report on Supplemental Information**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule of Assets Held at End of Year is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplemental Schedule of Assets Held at End of Year represents supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Supplemental information is the responsibility of the Fund's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental information, we evaluated whether the supplemental information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Novak Francella LLC*

Columbia, Maryland  
July 16, 2025

**FLORENCE BERNARD - ALTA MILLER  
SCHOLARSHIP TRUST FUND**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

DECEMBER 31, 2024 AND 2023

	2024	2023
<b>ASSETS</b>		
<b>INVESTMENTS</b>		
Common stock	\$ 208,966	\$ 219,633
Common stock - private equity	1,003,052	673,712
Corporate bonds	66,346	72,971
United States Government and Government Agency obligations	214,539	186,484
Interest bearing cash	769,207	630,983
Mutual funds	271,032	247,069
Total investments	2,533,142	2,030,852
<b>RECEIVABLES</b>		
Contributions	31,461	38,892
Due from related party	12,756	-
Accrued interest	2,275	1,976
Total receivables	46,492	40,868
<b>INVENTORY</b>		
	-	3,750
<b>CASH</b>		
	233,082	248,282
Total assets	2,812,716	2,323,752
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES</b>		
Account payable	-	903
Due to related party	-	8,841
Total liabilities	-	9,744
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<b>\$ 2,812,716</b>	<b>\$ 2,314,008</b>

See accompanying notes to financial statements.

**FLORENCE BERNARD - ALTA MILLER  
SCHOLARSHIP TRUST FUND**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
<b>ADDITIONS</b>		
Investment income		
Net appreciation in fair value of investments	\$ 372,619	\$ 69,825
Interest and dividends	44,004	19,029
	416,623	88,854
Less: investment fees	(6,938)	(6,342)
Net investment income	409,685	82,512
Contributions	319,687	308,340
Sale of merchandise - net of cost \$3,750 and \$3,125	(2,518)	5,486
Other income	3,891	5,000
Total additions	730,745	401,338
<b>DEDUCTIONS</b>		
Benefits paid		
Scholarship awards	117,231	104,392
Administrative expenses		
Accounting fees	10,779	9,422
Banquet costs	98,644	-
Printing and postage	3,866	4,480
Miscellaneous	1,517	25,058
Total administrative expenses	114,806	38,960
Total deductions	232,037	143,352
<b>NET INCREASE</b>	498,708	257,986
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>		
Beginning of year	2,314,008	2,056,022
End of year	\$ 2,812,716	\$ 2,314,008

See accompanying notes to financial statements.

**FLORENCE BERNARD - ALTA MILLER  
SCHOLARSHIP TRUST FUND**

**NOTES TO FINANCIAL STATEMENTS**

DECEMBER 31, 2024 AND 2023

**NOTE 1. DESCRIPTION OF THE FUND**

The Florence Bernard - Alta Miller Scholarship Trust Fund (the Fund), was established in 1990. The Fund was formed to provide aid for children of members of the related International Association of Heat and Frost Insulators and Allied Workers (the Association), who have been accepted at or are enrolled in a university or junior college. The recipients of the scholarship award are chosen at random from a pool of eligible applicants who have completed the required application criteria.

**ANNUAL AWARDS DATA**

<u>Year</u>	<u>\$ Amount</u>	<u># of participants</u>
1991	18,000	18
1992	19,000	19
1993	21,000	21
1994	20,000	20
1995	16,000	16
1996	19,000	19
1997	25,000	25
1998	27,000	27
1999	23,416	24
2000	27,574	28
2001	37,000	39
2002	34,000	34
2003	83,500	84
2004	57,000	57
2005	33,000	33
2006	21,000	21
2007	20,000	20
2008	20,000	20
2009	22,000	22
2010	16,000	16
2011	27,000	27
2012	19,000	19
2013	120,000	22
2014	109,700	23
2015	102,000	22
2016	98,500	22
2017	125,000	25
2018	105,000	21

**NOTE 1. DESCRIPTION OF THE FUND (continued)**

<u>Year</u>	<u>\$ Amount</u>	<u># of participants</u>
2019	110,212	22
2020	110,000	22
2021	120,000	24
2022	88,016	21
2023	104,392	21
2024	117,231	23

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Method of Accounting** - The financial statements have been prepared using the accrual basis of accounting.

**Valuation of Investments and Recognition of Income** - Common stock, mutual funds and certain United States Government and Government Agency obligations are carried at fair value which generally represents reported market value or the net asset value of the fund as of the last business day of the year. The investment in common stock - private equity - ULLICO is carried at estimated fair value based on year-end book value as reported by ULLICO. Corporate bonds and certain United States Government and Government Agency obligations are valued using pricing models that maximize the use of observable inputs for similar securities, including yields, credit ratings and broker quotes, if available. Interest bearing cash is valued at cost which approximates fair value.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) of investments includes the Fund's gains and losses on investments bought and sold as well as held during the year.

**Inventory** - Inventory is reflected on the statements of net assets available for benefits using the first-in-first-out method. The Fund sells custom wrist watches to the Association's members with the Association emblem for the price of \$125 each. Of the amount paid for each watch approximately \$37 is a tax-deductible contribution to the Fund. All sales are handled directly through the watch retailer.

**Funding Policy and Revenue Recognition** - Contributions to the Fund are remitted by local unions each month based on a per hour rate applied to hours worked by the Association's members under collective bargaining agreements require under the Association's Constitution.

Contributions due but not paid at year end are recorded as contributions receivable. The Fund believes that the receivables are fully collectible, therefore, no allowance for credit losses is recorded.

**Estimates** - The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

**NOTE 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued)**

**Benefit payments** - Scholarship payments are recorded when paid by the Fund. These payments are recorded as benefits paid in the accompanying statements of changes in net assets available for benefits.

**NOTE 3. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Basis of Fair Value Measurement:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Fund has the ability to access.

Level 2 - Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2024 and 2023, there were no transfers in or out of levels 1, 2, or 3.

There have been no changes in valuation methodologies used at December 31, 2024 and 2023.

**NOTE 3. FAIR VALUE MEASUREMENTS (continued)**

	Fair Value Measurements at December 31, 2024			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 208,966	\$ 208,966	\$ -	\$ -
Common stock - private equity	1,003,052	-	-	1,003,052
Corporate bonds	66,346	-	66,346	-
U.S. Government and Government				
Agency obligations	214,539	-	214,539	-
Interest bearing cash	769,207	769,207	-	-
Mutual funds	271,032	271,032	-	-
Total	<u>\$ 2,533,142</u>	<u>\$ 1,249,205</u>	<u>\$ 280,885</u>	<u>\$ 1,003,052</u>

	Level 3 Fair Value Measurements - December 31, 2024						
	Beginning Balance	Transfers to Level 2	Realized gains (losses)	Unrealized gains (losses)	Purchases	Sales	Ending balance
Common stock - private equity	\$ 673,712	\$ -	\$ -	\$ 329,340	\$ -	\$ -	\$ 1,003,052
	<u>\$ 673,712</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 329,340</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,003,052</u>

	Fair Value Measurements at December 31, 2023			
	Total	Level 1	Level 2	Level 3
Common stock	\$ 219,633	\$ 219,633	\$ -	\$ -
Common stock - private equity	673,712	-	-	673,712
Corporate bonds	72,971	-	72,971	-
U.S. Government and Government				
Agency obligations	186,484	-	186,484	-
Interest bearing cash	630,983	630,983	-	-
Mutual fund	247,069	247,069	-	-
Total	<u>\$ 2,030,852</u>	<u>\$ 1,097,685</u>	<u>\$ 259,455</u>	<u>\$ 673,712</u>

	Level 3 Fair Value Measurements - December 31, 2023						
	Beginning Balance	Transfers to Level 2	Realized gains (losses)	Unrealized gains (losses)	Purchases	Sales	Ending balance
Common stock - private equity	\$ 694,434	\$ -	\$ -	\$ (20,722)	\$ -	\$ -	\$ 673,712
	<u>\$ 694,434</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ (20,722)</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 673,712</u>

#### **NOTE 4. TAX STATUS**

The Fund received a determination letter dated October 6, 1995 detailing that they are tax exempt under Internal Revenue Code Section 501(a) as an exempt organization described by section 501(c)(3). The Fund has specifically been designated as a "private foundation" per Section 509(a) of the Internal Revenue Code because the benefits are not open to the public. Accordingly, the Fund does not have any federal income tax obligations.

Accounting principles generally accepted in the United States of America require Fund management to evaluate tax positions taken by the Fund and recognize a tax liability if the Fund has taken an uncertain position that, more likely than not, would not be sustained upon examination by the U.S. Federal, state, or local taxing authorities. The Fund is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Typically, fund tax years will remain open for three years; however, this may differ depending upon the circumstances of the Fund.

#### **NOTE 5. PRIORITIES UPON TERMINATION**

In the event that the Fund terminates by resolution of the Trustees, the Trustees shall apply the fund to pay or provide for payment of any and all obligations of the Fund and of the Trustees, as in their judgment they may deem advisable. Upon dissolution, assets shall be distributed for one or more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. The Trustees shall continue as Trustees for the purpose of winding up the affairs of the trust and may take any action with regard to any contract or contracts which may be required. Upon disbursal of the entire Fund, the Trustees shall be discharged of their duties, obligations, powers, and rights.

#### **NOTE 6. RELATED PARTY TRANSACTIONS**

The Association's General Fund (the General Fund), receives dues and assessment income from local unions and makes estimated payments on a monthly basis to other funds. At the close of the fiscal year, the General Fund performs an analysis to determine the amounts due to or from the other related Funds. As of December 31, 2024, the General Fund owed \$13,721 to the Fund. As of December 31, 2023, the Fund owed \$8,944 to the General Fund.

The General Fund paid certain expenses on behalf of the Fund. During the years ended December 31, 2024 and 2023, \$4,521 and \$4,840 respectively, was remitted to the General Fund for reimbursement. As of December 31, 2024 and 2023, the Fund owed \$964 and \$103, respectively, to the General Fund.

**NOTE 7. RISKS AND UNCERTAINTIES**

The Fund invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

**NOTE 8. SUBSEQUENT EVENTS**

The Fund has evaluated subsequent events through July 16, 2025, the date the financial statements were available to be issued, and they have been evaluated in accordance with relevant accounting standards.

**SUPPLEMENTAL INFORMATION**

**FLORENCE BERNARD - ALTA MILLER  
SCHOLARSHIP TRUST FUND**

**SCHEDULE OF ASSETS HELD AT END OF YEAR**

DECEMBER 31, 2024

Form 5500, Schedule H, Line 4i

EIN: 52-1701504  
Plan No. 501

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
	Maturity Description	Date	Rate	Value or Shares		
	<u>Common stock:</u>					
Abbot Labs	N/A	N/A	N/A	18	\$ 1,908	\$ 2,036
Abbvie Inc SHS	N/A	N/A	N/A	9	1,374	1,599
Accenture Plc Shs	N/A	N/A	N/A	5	1,544	1,759
Akamai Tech	N/A	N/A	N/A	8	792	765
Albany Intl CRP New Cl A	N/A	N/A	N/A	6	490	480
Albemarle Corp	N/A	N/A	N/A	6	1,413	516
Alibaba Group Holding Lt	N/A	N/A	N/A	6	1,150	509
Alphabet Inc Shs Cl A	N/A	N/A	N/A	14	1,946	2,650
Alphabet Inc Shs Cl C	N/A	N/A	N/A	12	1,711	2,285
Amazon Com Inc	N/A	N/A	N/A	24	3,358	5,265
American Express Company	N/A	N/A	N/A	6	928	1,781
Analog Devices Inc	N/A	N/A	N/A	9	1,494	1,912
Ansys Inc	N/A	N/A	N/A	3	1,005	1,012
Aon Plc Reg Shs	N/A	N/A	N/A	6	1,882	2,155
Archrock Inc	N/A	N/A	N/A	61	467	1,518
Arrow electronics	N/A	N/A	N/A	7	797	792
AT&T Inc	N/A	N/A	N/A	15	856	342
Autodesk Inc	N/A	N/A	N/A	8	2,374	2,365
Bio Rad Labs Cl A	N/A	N/A	N/A	3	1,468	986
Block Inc	N/A	N/A	N/A	9	734	765
Boeing Company	N/A	N/A	N/A	30	5,696	5,310
Borg Warner Inc	N/A	N/A	N/A	21	790	668
Box Inc	N/A	N/A	N/A	32	821	1,011
BXP Inc	N/A	N/A	N/A	12	1,029	892
Cabot Corp	N/A	N/A	N/A	9	507	822
CBRE Group Inc	N/A	N/A	N/A	13	1,296	1,707
Centene Corp	N/A	N/A	N/A	12	779	727
CF Inds Hldgs Inc	N/A	N/A	N/A	15	891	1,280
Charles River Labs Intl	N/A	N/A	N/A	5	1,050	923
Chubb Ltd	N/A	N/A	N/A	6	1,164	1,658
Cigna Corp Reg Shs	N/A	N/A	N/A	10	2,392	2,761
Cirrus Logic Inc	N/A	N/A	N/A	8	654	797
Citigroup Inc Com New	N/A	N/A	N/A	19	960	1,337
Comcast Corp	N/A	N/A	N/A	96	1,881	3,603
Conmed Corp com	N/A	N/A	N/A	10	919	684
ConocoPhillips	N/A	N/A	N/A	23	2,139	2,281
Copt Defense Properties	N/A	N/A	N/A	21	568	650
D R Horton Inc	N/A	N/A	N/A	5	404	699
Darden Restaurants Inc	N/A	N/A	N/A	5	683	933
Deere Co	N/A	N/A	N/A	1	340	424
Diageo Plc Spnd Adr	N/A	N/A	N/A	10	1,625	1,271
Diodes Inc	N/A	N/A	N/A	7	642	432

(a)	(b)	(c)			(d)	(e)
	Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value
		Description	Maturity Date	Rate	Value or Shares	
		<u>Common stock (continued):</u>				
	Disney (Walt) Co Com Stk		N/A	N/A	19	\$ 2,294
	Dominion Energy Inc		N/A	N/A	37	\$ 1,993
	Duke Energy Corp		N/A	N/A	18	1,939
	Eastman Chemical Co		N/A	N/A	9	822
	Eaton Corp Plc		N/A	N/A	4	1,327
	Expeditors Int Wash Inc		N/A	N/A	8	886
	Exxon Mobil Corp		N/A	N/A	22	2,485
	FactSet Resh Sys Inc		N/A	N/A	2	871
	First Cash Hldgs Inc		N/A	N/A	6	590
	Form Factor Inc		N/A	N/A	18	708
	Gatx Corporation		N/A	N/A	9	866
	Genl Dynamics Corp com		N/A	N/A	7	1,595
	Hexcel Corp		N/A	N/A	13	731
	Hologic Inc		N/A	N/A	13	949
	Houlihan Lokey Inc		N/A	N/A	8	807
	Huntington Ingalls Inds Inc		N/A	N/A	3	609
	Illinois Tool Works Inc		N/A	N/A	5	1,100
	Illumina Inc		N/A	N/A	5	1,486
	Insperty Inc		N/A	N/A	9	1,062
	Intuitive Surgical Inc		N/A	N/A	2	705
	Johnson and Johnson		N/A	N/A	12	1,928
	JPMorgan Chase & Co		N/A	N/A	14	2,186
	Kenvue Inc		N/A	N/A	57	1,312
	KKR & Co Inc		N/A	N/A	11	738
	Kla Corp		N/A	N/A	2	684
	Lowe's Company		N/A	N/A	6	1,334
	Marriott Intl Inc New A		N/A	N/A	6	1,028
	Marsh & McLennan Cos Inc		N/A	N/A	7	1,180
	McKesson Corporation		N/A	N/A	5	1,424
	Meta Platforms Inc		N/A	N/A	10	1,175
	Microsoft Corp		N/A	N/A	8	2,455
	Middleby Corp		N/A	N/A	6	833
	Mondelez International		N/A	N/A	20	1,421
	Monolith Power Systems		N/A	N/A	1	530
	Monster Beverage SHS		N/A	N/A	33	1,446
	Moog Inc Cl A		N/A	N/A	7	560
	Morgan Stanley		N/A	N/A	16	1,588
	Myriad Genetics Inc		N/A	N/A	30	927
	NASDAQ OMX Group		N/A	N/A	17	1,082
	Nestle S A Rep RG Sh		N/A	N/A	13	1,694
	Netflix Com Inc		N/A	N/A	5	924
	Nike Inc		N/A	N/A	9	679
	Novartis Adr		N/A	N/A	8	635
	Novo Nordisk A S ADR		N/A	N/A	14	827
	Nvidia		N/A	N/A	55	1,107
	Nxp Semiconductors N.V.		N/A	N/A	5	1,075
	On Semiconductor Crp		N/A	N/A	12	599
	Oracle Corp		N/A	N/A	23	2,137
	Paccar Inc		N/A	N/A	19	1,811
	Papa Johns Intl Inc		N/A	N/A	17	1,236
	Paypal Holdings Inc Shs		N/A	N/A	9	960
	Penn Entertainment Inc		N/A	N/A	18	808
	PepsiCo Inc		N/A	N/A	10	1,640
	Pfizer Inc		N/A	N/A	235	8,546

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
Description	Maturity Date	Rate	Value or Shares			
<u>Common stock (continued):</u>						
Progressive Crp Ohio	N/A	N/A	13	\$ 1,373	\$ 3,115	
Prologis Inc	N/A	N/A	17	2,029	1,797	
QualComm Inc	N/A	N/A	7	899	1,075	
Qiagen NV REG SHS	N/A	N/A	19	883	846	
Raymond James Finl Inc	N/A	N/A	9	886	1,398	
Regeneron Pharmactcls	N/A	N/A	2	1,322	1,425	
Reinsurance Group America	N/A	N/A	7	845	1,495	
Republic Services Inc	N/A	N/A	5	648	1,006	
Roche Hldg Ltds	N/A	N/A	17	801	593	
Rtx Corp	N/A	N/A	14	1,160	1,620	
Ryder Systems Inc	N/A	N/A	9	797	1,412	
Salesforce.com Inc	N/A	N/A	8	2,227	2,675	
SBA Communications Corp	N/A	N/A	4	1,188	815	
SEI Inv Co PA	N/A	N/A	12	736	990	
Shopify Inc Cl A	N/A	N/A	19	1,068	2,020	
Smith A O Corp Del	N/A	N/A	15	1,036	1,023	
Snap On Inc	N/A	N/A	4	817	1,358	
Sonoco Products Co	N/A	N/A	15	893	733	
Southern Company	N/A	N/A	22	1,386	1,811	
Starbucks Corp	N/A	N/A	13	1,267	1,186	
Target Corp	N/A	N/A	6	827	811	
Teledyne Tech Inc	N/A	N/A	3	1,347	1,392	
Tesla Inc	N/A	N/A	17	2,624	6,865	
Thermo Fisher Scientific Inc	N/A	N/A	2	1,127	1,040	
Union Pacific Corp	N/A	N/A	8	1,912	1,824	
Valmont Industries	N/A	N/A	3	819	920	
Vertex Pharmaceuticals Inc	N/A	N/A	5	1,140	2,014	
Viatis Inc	N/A	N/A	21	332	261	
Visa Inc Cl A SHRS	N/A	N/A	13	2,792	4,109	
Warner Bros Discovery Inc Series A	N/A	N/A	3	222	32	
Webster Finl Cp Pv	N/A	N/A	16	859	884	
Wec Energy Group Inc	N/A	N/A	9	795	846	
WEX Inc	N/A	N/A	5	1,038	877	
Wintrust Finl Cp III	N/A	N/A	7	962	873	
Woodward Inc	N/A	N/A	7	768	1,165	
Workday Inc	N/A	N/A	3	852	774	
Yum Brands Inc	N/A	N/A	5	615	671	
Yum China Holding Inc	N/A	N/A	6	331	289	
Total common stock				168,526	208,966	
<u>Common stock - private equity:</u>						
Ullico Class A	N/A	N/A	20,910	592,191	1,003,052	
<u>United States Government and Government Agency obligations:</u>						
Federal National Mortgage Association	05/15/29	6.250 %	6,000	7,186	6,443	
FHLMC RA 5391	01/01/51	3.000	1,000	713	709	
FHLMC SD 8168	01/01/51	3.000	17,000	12,345	10,068	
FHLMC SD 8213	01/01/52	3.000	1,000	739	732	
FNMA PMA4599	01/01/52	3.000	1,000	761	733	
FHLMC SD 8242	01/01/52	3.000	3,000	2,212	2,252	
FNMA PMA4842	01/01/52	5.500	12,000	10,143	9,960	
FHLMC SD8438	01/01/24	5.500	2,000	1,846	1,839	

(a)	(b)	(c)			(d)	(e)
Issuer, Borrower	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value			Cost	Current Value	
Description	Maturity Date	Rate	Value or Shares			
<u>United States Government and Government Agency obligations (continued):</u>						
U.S. Treasury Note	02/15/25	2.000 %	13,000	\$ 12,948	\$ 12,963	
U.S. Treasury Note	09/15/27	3.375	13,000	12,818	12,704	
U.S. Treasury Note	03/31/28	3.625	20,000	20,048	19,588	
U.S. Treasury Note	10/31/29	4.000	19,000	18,636	18,680	
U.S. Treasury Note	06/30/30	3.750	20,000	19,543	19,348	
U.S. Treasury Note	08/15/30	0.625	13,000	11,942	10,557	
U.S. Treasury Note	02/15/32	1.875	13,000	12,373	10,934	
U.S. Treasury Note	05/15/32	2.875	13,000	12,056	11,675	
U.S. Treasury Note	02/15/33	3.500	19,000	18,074	17,676	
U.S. Treasury Note	05/15/33	3.375	13,000	12,598	11,947	
U.S. Treasury Bond	11/15/40	1.375	13,000	11,444	8,046	
U.S. Treasury Bond	02/15/42	2.375	13,000	9,978	9,254	
U.S. Treasury Bond	05/15/49	2.875	26,000	30,284	18,431	
Total United States Government and Government Agency obligations				238,687	214,539	
<u>Corporate bonds:</u>						
Anheuser-Busch InBev Fin Company	02/01/46	4.900	10,000	12,078	9,042	
BP Capital Markets PL Company	09/19/27	3.279	13,000	13,430	12,568	
JPMorgan Chase & Co	01/23/35	Var	19,000	19,103	18,879	
US Bancorp	06/12/34	Var	19,000	13,714	13,252	
Wells Fargo & Company	10/23/26	3.000	13,000	13,202	12,605	
Total corporate bonds				71,527	66,346	
<u>Interest bearing cash:</u>						
Bank of Labor	N/A	N/A	706,291	706,291	706,291	
Citibank NA	N/A	N/A	44,268	44,268	44,268	
Merrill Lynch	N/A	N/A	18,648	18,648	18,648	
Total interest bearing				769,207	769,207	
<u>Mutual funds:</u>						
BlackRock Allocation Target Shares Series C	N/A	N/A	9,941	106,209	88,573	
BlackRock Allocation Target Shares Series M	N/A	N/A	15,364	144,310	126,442	
BlackRock Allocation Target Shares Series S	N/A	N/A	1,140	10,584	10,477	
iShares MSCI EAFE	N/A	N/A	187	14,499	14,139	
iShares U.S. Real Estate	N/A	N/A	101	10,542	9,399	
MSIF Global Growth Portfolio Class A	N/A	N/A	677	12,542	22,002	
Total mutual funds				298,686	271,032	
Total investments				\$ 2,138,824	\$ 2,533,142	

**THE FINANCIAL STATEMENTS WILL BE PLACED IN THE  
ATTACHMENT FOR THE ACCOUNTANT'S OPINION**

SEE ACCOUNTANT'S OPINION FOR SCHEDULE  
OF ASSETS HELD

<b>Form 5500</b> Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b> 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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210 - 0110 1210 - 0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	<input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here	<input type="checkbox"/> ▶
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here	<input type="checkbox"/> ▶

<b>Part II Basic Plan Information</b> - enter all requested information											
<b>1a</b> Name of plan <b>FLORENCE BERNARD - ALTA MILLER SCHOLARSHIP TRUST FUND</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">501</td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td style="text-align: center;">11/26/1990</td> </tr> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td style="text-align: center;">52-1701504</td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number</td> <td style="text-align: center;">301 731-9101</td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td style="text-align: center;">813000</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	501	<b>1c</b> Effective date of plan	11/26/1990	<b>2b</b> Employer Identification Number (EIN)	52-1701504	<b>2c</b> Plan Sponsor's telephone number	301 731-9101	<b>2d</b> Business code (see instructions)	813000
<b>1b</b> Three-digit plan number (PN) ▶	501										
<b>1c</b> Effective date of plan	11/26/1990										
<b>2b</b> Employer Identification Number (EIN)	52-1701504										
<b>2c</b> Plan Sponsor's telephone number	301 731-9101										
<b>2d</b> Business code (see instructions)	813000										
<b>2a</b> 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) <b>F BERNARD-A MILLER SCHOLARSHIP TRUST FUND</b>  9602 MARTIN LUTHER KING HWY  LANHAM MD 20706											

**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		8-25-25	ROBERT REAP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number
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<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	22,242
<b>6</b> 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).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year	<b>6a(1)</b>	22,242
<b>a(2)</b> Total number of active participants at the end of the plan year	<b>6a(2)</b>	22,990
<b>b</b> Retired or separated participants receiving benefits	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits	<b>6c</b>	
<b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c	<b>6d</b>	22,990
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	<b>6e</b>	
<b>f</b> Total. Add lines 6d and 6e	<b>6f</b>	
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	<b>6g(1)</b>	
<b>(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<b>6h</b>	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<b>7</b>	

**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:

**4K**

<b>9a</b> 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 checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> 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 checked="" 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) - Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information - Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) - Number Attached _____ (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (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 \_\_\_\_\_