

<p style="text-align: center;"><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-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 style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) C

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

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

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

**D** Check box if filing under:  Form 5558  automatic extension  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><b>1a</b> Name of plan <u>RELiance TRUST INSTITUTIONAL RETIREMENT TRUST, SERIES FOUR</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>004</u></p>
<p><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) <u>RELiance TRUST COMPANY</u></p> <p><u>201 17TH STREET NW</u> <u>SUITE 1000</u> <u>ATLANTA, GA 30363</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>46-7425989</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>800-749-0752</u></p> <p><b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2025</u>	<u>JONATHAN CHAMPION</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<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>
<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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <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:

<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 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 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 type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" 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 D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan 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 <u>RELiance TRUST INSTITUTIONAL RETIREMENT TRUST, SERIES FOUR</u>	<b>B</b> Three-digit plan number (PN)	<u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RELiance TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>46-7425989</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	HURT DECKARD MAY PLLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	HURT DECKARD MAY PLLC CASH BALANCE PLAN	<b>c</b> EIN-PN 61-1334376-002
<b>a</b>	Plan name	DJD CREATIVE LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	DJD CREATIVE LLC CASH BALANCE PLAN	<b>c</b> EIN-PN 46-3478909-003
<b>a</b>	Plan name	CENTRAL ARKANSAS ENDODONTICS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL ARKANSAS ENDODONTICS CASH BALANCE PLAN	<b>c</b> EIN-PN 71-0773751-001
<b>a</b>	Plan name	LAW FIRM OF KRISSMAN SILVER CASH BALANCE	
<b>b</b>	Name of plan sponsor	LAW FIRM OF KRISSMAN SILVER CASH BALANCE	<b>c</b> EIN-PN 81-0819780-001
<b>a</b>	Plan name	DAILY CARE LLC DBA DAILY CARE HOSPITALISTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DAILY CARE LLC DBA DAILY CARE HOSPITALISTS RETIREMENT PLAN	<b>c</b> EIN-PN 46-1712095-001
<b>a</b>	Plan name	D ANDREA PROVISIONS CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	D ANDREA PROVISIONS CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 80-0661164-001
<b>a</b>	Plan name	BENNETT A THOMAS DDS PC CASH BALANCE	
<b>b</b>	Name of plan sponsor	BENNETT A THOMAS DDS PC CASH BALANCE	<b>c</b> EIN-PN 54-1563819-002
<b>a</b>	Plan name	VOYA RETIREMENT INS & ANNUITY COMP	
<b>b</b>	Name of plan sponsor	VOYA RETIREMENT INS & ANNUITY COMP	<b>c</b> EIN-PN 71-0294708-001
<b>a</b>	Plan name	EMERYVILLE OCCUPATIONAL MEDICALCENTER INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	EMERYVILLE OCCUPATIONAL MEDICALCENTER INC CASH BALANCE PLAN	<b>c</b> EIN-PN 35-2180301-002
<b>a</b>	Plan name	CUNEO GILBERT & LADUCA LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CUNEO GILBERT & LADUCA LLC CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 13-4250162-002
<b>a</b>	Plan name	GERALD R MOELLERS CASH BALANCE PLA	
<b>b</b>	Name of plan sponsor	GERALD R MOELLERS CASH BALANCE PLA	<b>c</b> EIN-PN 42-1347342-001
<b>a</b>	Plan name	IMPERIAL PRIMARY CARE MEDICAL GROUP	
<b>b</b>	Name of plan sponsor	IMPERIAL PRIMARY CARE MEDICAL GROUP	<b>c</b> EIN-PN 33-0937078-001

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.)	
<b>a</b>	Plan name NEPHROLOGY ASSOCIATES OF CENTRAL KY CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor NEPHROLOGY ASSOCIATES OF CENTRAL KY CASH BALANCE PLAN	<b>c</b> EIN-PN 61-1379420-002
<b>a</b>	Plan name PHATMOJO LLC CASH BALANCE PENSION P	
<b>b</b>	Name of plan sponsor PHATMOJO LLC CASH BALANCE PENSION P	<b>c</b> EIN-PN 82-2376022-002
<b>a</b>	Plan name CHARLESTON NEPHROLOGY ASSOC LLC 401K	
<b>b</b>	Name of plan sponsor CHARLESTON NEPHROLOGY ASSOC LLC 401K	<b>c</b> EIN-PN 58-2468480-002
<b>a</b>	Plan name EXPERIOR CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor EXPERIOR CASH BALANCE PLAN	<b>c</b> EIN-PN 20-0267232-001
<b>a</b>	Plan name METROPOLITAN CARDIOLOGY CONSULTANTS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor METROPOLITAN CARDIOLOGY CONSULTANTS CASH BALANCE PLAN	<b>c</b> EIN-PN 41-1787141-003
<b>a</b>	Plan name MOHS MICROGRAPHIC AND SKIN SURGERY PLLC CASH BALANCE PENSION	
<b>b</b>	Name of plan sponsor MOHS MICROGRAPHIC AND SKIN SURGERY PLLC CASH BALANCE PENSION	<b>c</b> EIN-PN 27-5099347-002
<b>a</b>	Plan name THE FLAGSHIP TECHNOLOGIES CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor THE FLAGSHIP TECHNOLOGIES CASH BALANCE PLAN	<b>c</b> EIN-PN 41-1821997-001
<b>a</b>	Plan name DAVIS WANG PLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor DAVIS WANG PLC CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 20-0359406-002
<b>a</b>	Plan name THREE CROWNS LLP CASH BALANCE PENSIONPLAN	
<b>b</b>	Name of plan sponsor THREE CROWNS LLP CASH BALANCE PENSIONPLAN	<b>c</b> EIN-PN 46-5270483-003
<b>a</b>	Plan name THE ROBERTSON MECHANICAL & ELECTRICAL COMPANY INC CASH BALANCE	
<b>b</b>	Name of plan sponsor THE ROBERTSON MECHANICAL & ELECTRICAL COMPANY INC CASH BALANCE	<b>c</b> EIN-PN 61-1244209-002
<b>a</b>	Plan name CHICAGO ATLANTIC ADVISERS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor CHICAGO ATLANTIC ADVISERS CASH BALANCE PLAN	<b>c</b> EIN-PN 45-0404698-002
<b>a</b>	Plan name GRIGORIAN & ASSOCIATES INC.CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor GRIGORIAN & ASSOCIATES INC.CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 81-4886611-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ST. JUDE HERITAGE MEDICAL GROUP CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	ST. JUDE HERITAGE MEDICAL GROUP CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 33-0562468-003
<b>a</b>	Plan name	PATRIOT BLUEPRINTING SYSTEMS LLC C	
<b>b</b>	Name of plan sponsor	PATRIOT BLUEPRINTING SYSTEMS LLC C	<b>c</b> EIN-PN 41-2106523-001
<b>a</b>	Plan name	H M PROVIDERS INC CASH BALANCE PP	
<b>b</b>	Name of plan sponsor	H M PROVIDERS INC CASH BALANCE PP	<b>c</b> EIN-PN 87-3230520-002
<b>a</b>	Plan name	COMMUNITY PHYSICIANS GROUP INC CAASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY PHYSICIANS GROUP INC CAASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 85-2554629-002
<b>a</b>	Plan name	SAM BAKURI DMD LLC CASH BALANCE PEN	
<b>b</b>	Name of plan sponsor	SAM BAKURI DMD LLC CASH BALANCE PEN	<b>c</b> EIN-PN 81-2453292-002
<b>a</b>	Plan name	ONLY ESCROW CASH BAL PENSION PLAN	
<b>b</b>	Name of plan sponsor	ONLY ESCROW CASH BAL PENSION PLAN	<b>c</b> EIN-PN 26-0734597-002
<b>a</b>	Plan name	EYE CLINIC & OPTICS UNLTD CASH BAL PLAN	
<b>b</b>	Name of plan sponsor	EYE CLINIC & OPTICS UNLTD CASH BAL PLAN	<b>c</b> EIN-PN 72-0680677-002
<b>a</b>	Plan name	JOHN MANISCALCO ARCHITECTURE CBP	
<b>b</b>	Name of plan sponsor	JOHN MANISCALCO ARCHITECTURE CBP	<b>c</b> EIN-PN 26-0014906-002
<b>a</b>	Plan name	ASHLAR MECHANICAL CORPORATION CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ASHLAR MECHANICAL CORPORATION CASH BALANCE PLAN	<b>c</b> EIN-PN 11-2689180-001
<b>a</b>	Plan name	CAPITAL AREA PEDIATRICS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL AREA PEDIATRICS CASH BALANCE PLAN	<b>c</b> EIN-PN 20-1963697-002
<b>a</b>	Plan name	HIGH COUNTRY DENTISTRY CASH BALANCE	
<b>b</b>	Name of plan sponsor	HIGH COUNTRY DENTISTRY CASH BALANCE	<b>c</b> EIN-PN 46-5342063-001
<b>a</b>	Plan name	BONFIRE VENTURES MANAGEMENT INC CBP	
<b>b</b>	Name of plan sponsor	BONFIRE VENTURES MANAGEMENT INC CBP	<b>c</b> EIN-PN 85-4371767-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	B&W INDUSTRIAL SALESINC.CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	B&W INDUSTRIAL SALESINC.CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 95-4545213-001
<b>a</b>	Plan name	VERTEX ENERGY INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	VERTEX ENERGY INC CASH BALANCE PLAN	<b>c</b> EIN-PN 94-3439569-002
<b>a</b>	Plan name	LANCIANO & ASSOCIATES LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	LANCIANO & ASSOCIATES LLC CASH BALANCE PLAN	<b>c</b> EIN-PN 20-1486975-001
<b>a</b>	Plan name	PAIN AND HEALING INSTITUTE CASH BAL	
<b>b</b>	Name of plan sponsor	PAIN AND HEALING INSTITUTE CASH BAL	<b>c</b> EIN-PN 90-0940389-002
<b>a</b>	Plan name	SOUTHWEST CENTER FOR ORAL & FACIAL SURGERY INC CASH BALANCE PENS PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST CENTER FOR ORAL & FACIAL SURGERY INC CASH BALANCE PENS PLAN	<b>c</b> EIN-PN 64-0822719-004
<b>a</b>	Plan name	R DOUGLAS VANDERPOOL MDP A CASH BALANCE	
<b>b</b>	Name of plan sponsor	R DOUGLAS VANDERPOOL MDP A CASH BALANCE	<b>c</b> EIN-PN 36-4305792-001
<b>a</b>	Plan name	MARK C TINDALL DDS MS PA CASH BAL PLAN	
<b>b</b>	Name of plan sponsor	MARK C TINDALL DDS MS PA CASH BAL PLAN	<b>c</b> EIN-PN 36-4566144-002
<b>a</b>	Plan name	ATLAS GASKETS INC CASH BALANCE	
<b>b</b>	Name of plan sponsor	ATLAS GASKETS INC CASH BALANCE	<b>c</b> EIN-PN 06-1809220-002
<b>a</b>	Plan name	CENTRAL STRIPING SERVICE INC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL STRIPING SERVICE INC CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 94-2604920-002
<b>a</b>	Plan name	NEW ALBANY OB GYN PCCASH BALANCE FUND	
<b>b</b>	Name of plan sponsor	NEW ALBANY OB GYN PCCASH BALANCE FUND	<b>c</b> EIN-PN 26-1626335-002
<b>a</b>	Plan name	NEW ALBANY OB GYN PCCASH BALANCE FUND	
<b>b</b>	Name of plan sponsor	NEW ALBANY OB GYN PCCASH BALANCE FUND	<b>c</b> EIN-PN 26-1626335-002
<b>a</b>	Plan name	PIRIN CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	PIRIN CASH BALANCE PLAN	<b>c</b> EIN-PN 20-2844947-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BAYSIDE INTERIORS INC CASH BALANCE	
<b>b</b>	Name of plan sponsor	BAYSIDE INTERIORS INC CASH BALANCE	<b>c</b> EIN-PN 94-2931095-002
<b>a</b>	Plan name	J KEVIN INGRAM INC CASH BAL PENSION PLAN	
<b>b</b>	Name of plan sponsor	J KEVIN INGRAM INC CASH BAL PENSION PLAN	<b>c</b> EIN-PN 26-1127911-002
<b>a</b>	Plan name	IN FORM DESIGN INC CASH BALANCE PENSION	
<b>b</b>	Name of plan sponsor	IN FORM DESIGN INC CASH BALANCE PENSION	<b>c</b> EIN-PN 30-0135574-002
<b>a</b>	Plan name	JEDIDIAH GASS DDS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	JEDIDIAH GASS DDS CASH BALANCE PLAN	<b>c</b> EIN-PN 93-1327669-001
<b>a</b>	Plan name	SIOUXLAND WOMENS HEALTH CARE PC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SIOUXLAND WOMENS HEALTH CARE PC CASH BALANCE PLAN	<b>c</b> EIN-PN 42-1145060-003
<b>a</b>	Plan name	DCSI DERMATOLOGY CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	DCSI DERMATOLOGY CASH BALANCE PLAN	<b>c</b> EIN-PN 46-3024222-001
<b>a</b>	Plan name	COMPREHENSIVE NEUROINTERVENTIONAL SPECIALIST 401K CASH BALANCE PENSION PLA	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE NEUROINTERVENTIONAL SPECIALIST 401K CASH BALANCE PENSION	<b>c</b> EIN-PN 84-3863764-001
<b>a</b>	Plan name	VETERINARY EMERGENCY CENTER OF MANCHESTER CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	VETERINARY EMERGENCY CENTER OF MANCHESTER CASH BALANCE PLAN	<b>c</b> EIN-PN 88-2073967-002
<b>a</b>	Plan name	ECONOMY PLUMBING & SHEET METAL INC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	ECONOMY PLUMBING & SHEET METAL INC CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 99-0090771-004
<b>a</b>	Plan name	METROPOLITAN CARDIOLOGY CONSULTANTS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	METROPOLITAN CARDIOLOGY CONSULTANTS CASH BALANCE PLAN	<b>c</b> EIN-PN 41-1787141-003
<b>a</b>	Plan name	MCC CASH BALANCE PORTFOLIO 2 MODERATE	
<b>b</b>	Name of plan sponsor	MCC CASH BALANCE PORTFOLIO 2 MODERATE	<b>c</b> EIN-PN 41-1787141-003
<b>a</b>	Plan name	MALA A BRITTO DDS PC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	MALA A BRITTO DDS PC CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 20-2985053-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MODERN DERMATOLOGY 401K PLAN	
<b>b</b>	Name of plan sponsor	MODERN DERMATOLOGY 401K PLAN	<b>c</b> EIN-PN 47-2750505-002
<b>a</b>	Plan name	WILLIAMS INDUSTRIAL SERVICE INC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	WILLIAMS INDUSTRIAL SERVICE INC CASH BALANCE PLAN	<b>c</b> EIN-PN 34-1134656-002
<b>a</b>	Plan name	MK VIRGINIA CONSULTANTS LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	MK VIRGINIA CONSULTANTS LLC CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 82-5308322-001
<b>a</b>	Plan name	VOYA RETIREMENT INS & ANNUITY COMP	
<b>b</b>	Name of plan sponsor	VOYA RETIREMENT INS & ANNUITY COMP	<b>c</b> EIN-PN 71-0294708-001
<b>a</b>	Plan name	BLITZ FOOTCARE PLLCCASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	BLITZ FOOTCARE PLLCCASH BALANCE PLAN	<b>c</b> EIN-PN 46-0725167-002
<b>a</b>	Plan name	VANGUARD HEALTHCARE STAFFING LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	VANGUARD HEALTHCARE STAFFING LLC CASH BALANCE PLAN	<b>c</b> EIN-PN 47-4425026-001
<b>a</b>	Plan name	LAW OFFICES OF JAMES H WOOD CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF JAMES H WOOD CASH BALANCE PLAN	<b>c</b> EIN-PN 46-4269026-001
<b>a</b>	Plan name	MOOR INSIGHTS & STRATEGY CASH BALANCE	
<b>b</b>	Name of plan sponsor	MOOR INSIGHTS & STRATEGY CASH BALANCE	<b>c</b> EIN-PN 45-3869326-001
<b>a</b>	Plan name	KRAMER ALBERTI LIM & TONKOVICH LLP	
<b>b</b>	Name of plan sponsor	KRAMER ALBERTI LIM & TONKOVICH LLP	<b>c</b> EIN-PN 27-4466017-001
<b>a</b>	Plan name	EMPIRE MEDICAL LLC PENSION PLAN & TRUST	
<b>b</b>	Name of plan sponsor	EMPIRE MEDICAL LLC PENSION PLAN & TRUST	<b>c</b> EIN-PN 27-2987805-003
<b>a</b>	Plan name	ORION INTERIORS CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	ORION INTERIORS CASH BALANCE PLAN	<b>c</b> EIN-PN 20-8244240-001
<b>a</b>	Plan name	MID SOUTH ELEVATOR LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	MID SOUTH ELEVATOR LLC CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 26-1127911-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CHARLES R SUGIYAMA DDS CASH BAL PENS PLN	
<b>b</b>	Name of plan sponsor	CHARLES R SUGIYAMA DDS CASH BAL PENS PLN	<b>c</b> EIN-PN 99-0322756-002
<b>a</b>	Plan name	DAVIS WANG PLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor	DAVIS WANG PLC CASH BALANCE PENSION PLAN	<b>c</b> EIN-PN 20-0359406-002
<b>a</b>	Plan name	NIELSEN CONSTRUCTION CALIFORNIA INC DEFINED BENEFIT PENSION PLAN	
<b>b</b>	Name of plan sponsor	NIELSEN CONSTRUCTION CALIFORNIA INC DEFINED BENEFIT PENSION PLAN	<b>c</b> EIN-PN 61-1440111-001
<b>a</b>	Plan name	BENNETT A THOMAS DDS PC CASH BALANCE	
<b>b</b>	Name of plan sponsor	BENNETT A THOMAS DDS PC CASH BALANCE	<b>c</b> EIN-PN 54-1563819-002
<b>a</b>	Plan name	THE FLAGSHIP TECHNOLOGIES CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	THE FLAGSHIP TECHNOLOGIES CASH BALANCE PLAN	<b>c</b> EIN-PN 41-1821997-002
<b>a</b>	Plan name	LEAD BUILDERS INC CASH BALANCEPLAN	
<b>b</b>	Name of plan sponsor	LEAD BUILDERS INC CASH BALANCEPLAN	<b>c</b> EIN-PN 65-1206055-003
<b>a</b>	Plan name	KAPLIN STEWART MELOFF REITER & STEIN PC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	KAPLIN STEWART MELOFF REITER & STEIN PC CASH BALANCE PLAN	<b>c</b> EIN-PN 23-2866254-002
<b>a</b>	Plan name	SILVER AND ARSHT CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	SILVER AND ARSHT CASH BALANCE PLAN	<b>c</b> EIN-PN 77-0020008-002
<b>a</b>	Plan name	AMD INC CASH BALANCE PLAN 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMD INC CASH BALANCE PLAN 401K PROFIT SHARING PLAN	<b>c</b> EIN-PN 11-3428926-001
<b>a</b>	Plan name	CT CHARLTON AND ASSOCIATES INC CASH BALANCE	
<b>b</b>	Name of plan sponsor	CT CHARLTON AND ASSOCIATES INC CASH BALANCE	<b>c</b> EIN-PN 38-2690793-002
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<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>RELIANCE TRUST INSTITUTIONAL RETIREMENT TRUST, SERIES FOUR</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>RELIANCE TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>46-7425989</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>a</b> Total noninterest-bearing cash .....	<b>1a</b>	771263	802933
<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>		
<b>(3)</b> Other .....	<b>1b(3)</b>	2783430	563115
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3686620	1928732
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	21460848	25321445
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	31572540	26006892
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	4126464	4982003
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<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>	29129344	27327742
<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>	1281749	1554153

<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>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	94812258	88487015
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	4801293	51037
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	4801293	51037
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	90010965	88435978

**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>		
<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>		
<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>	113146	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1628328	
<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>		1741474
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	287633	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1575383	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1863016
(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>	52403666	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	51162428	
<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>		1241238
<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>	-936984	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-936984

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1279885
<b>c</b> Other income .....	<b>2c</b>		64619
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		5253248

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	14844	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	393653	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		408497
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		408497

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		4844751
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		25576514
(2) From this plan .....	<b>2l(2)</b>		31996252

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<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.)			
<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.)			
<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.)			
<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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<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?			
<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?			
<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?			
<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.)			
<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.)			
<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?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<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.			

**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 \_\_\_\_\_.