

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: RELIANCE TRUST INSTITUTIONAL RETIREMENT TRUST SERIES ELEVEN
1b Three-digit plan number (PN): 011
1c Effective date of plan: 02/15/2018
2a Plan sponsor's name (employer, if for a single-employer plan): RELIANCE TRUST COMPANY
2b Employer Identification Number (EIN): 82-6253445
2c Plan Sponsor's telephone number: 800-749-0752
2d Business code (see instructions): 000000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%; text-align: right;">0</td> </tr> </table>	5	0																		
5	0																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">6a(1)</td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>	6a(1)		6a(2)	0	6b		6c		6d	0	6e		6f	0	6g(1)		6g(2)		6h	
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6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																			
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>RELiance TRUST INSTITUTIONAL RETIREMENT TRUST SERIES ELEVEN</u>	B Three-digit plan number (PN)	<u>011</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RELiance TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>82-6253445</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ABBVIE PENSION PLAN TRUST	
b	Name of plan sponsor	ABBVIE INC.	c EIN-PN 32-0375147-004
a	Plan name	ALASKA UNITED FOOD & COMMERCIAL WORKERS PENSION FUND	
b	Name of plan sponsor	AK UFCW PENSION FUND BOT	c EIN-PN 91-6123694-001
a	Plan name	ALLNEX USA INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	ALLNEX USA INC.	c EIN-PN 37-1705164-001
a	Plan name	ALSTOM TRANSPORTATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ALSTOM TRANSPORT HOLDING US INC.	c EIN-PN 20-3999346-009
a	Plan name	AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	AMERICAN FED OF GOV EMPLOYEES	c EIN-PN 53-0025740-001
a	Plan name	HONDA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN HONDA MOTOR COMPANY, INC.	c EIN-PN 95-2041006-335
a	Plan name	AMERIPRISE FINANCIAL 401(K) PLAN	
b	Name of plan sponsor	AMERIPRISE FINANCIAL, INC.	c EIN-PN 13-3180631-001
a	Plan name	AMGEN RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	AMGEN INC.	c EIN-PN 95-3540776-001
a	Plan name	AUTOKINITON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AUTOKINITON US HOLDINGS, INC.	c EIN-PN 82-5285212-001
a	Plan name	NOG-E HOURLY EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	BABCOCK & WILCOX NUCLEAR OPS GRP	c EIN-PN 26-1523776-001
a	Plan name	BEAM SUNTORY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BEAM SUNTORY INC.	c EIN-PN 13-3295276-001
a	Plan name	BEAUMONT HEALTH MASTER RETIREMENT TRUST	
b	Name of plan sponsor	BEAUMONT HEALTH	c EIN-PN 47-4896200-100

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CEMENT MASONS AND PLASTERERS JOINT PENSION PLAN	
b	Name of plan sponsor BOT CEMENT MASON & PLASTER JNT PEN	c EIN-PN 88-0135696-001
a	Plan name CLUB EMPLOYEES PENSION FUND	
b	Name of plan sponsor BOT CLUB EMPLOYEES PENSION FUND	c EIN-PN 13-6188273-001
a	Plan name ELECTRIC CONTRACTORS ASSOC & LOCAL UNION 134 IBEW JT PENS TR OF CHI	
b	Name of plan sponsor BOT ELE CONT A&L 134 IBEW JT PN TR	c EIN-PN 51-6030753-001
a	Plan name CHICAGO SYMPHONY ORCHESTRA PENSION PLAN	
b	Name of plan sponsor BOT OF CHI SYMPHONY ORCH PEN PL	c EIN-PN 36-2859355-001
a	Plan name BUILDING SERVICE 32BJ PENSION FUND	
b	Name of plan sponsor BOT OF THE BLDG SVC 32BJ PEN FUND	c EIN-PN 13-1879376-001
a	Plan name SERVICE EMPLOYEES INTL UNION LOC 32BJ DIST 36 BLDG OP PENSION TRUST	
b	Name of plan sponsor BOT SEIU LOC32BJ, DIS 36 BOLR PEN	c EIN-PN 23-6546776-001
a	Plan name SOUTHWEST CARPENTERS ANNUITY FUND	
b	Name of plan sponsor BOT SW CARPENTERS ANNUITY FUND	c EIN-PN 88-0135694-002
a	Plan name BWXT THRIFT PLAN	
b	Name of plan sponsor BWXT INVESTMENT COMPANY	c EIN-PN 72-1172705-002
a	Plan name CLARKS AMERICAS, INC. SAVINGS PLAN	
b	Name of plan sponsor C & J CLARK AMERICA, INC.	c EIN-PN 23-2051236-002
a	Plan name CEDARS-SINAI HEALTH SYSTEM DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor CEDARS-SINAI MEDICAL CENTER	c EIN-PN 95-1644600-001
a	Plan name CENTERPOINT ENERGY, INC. MASTER RETIREMENT TRUST	
b	Name of plan sponsor CENTERPOINT ENERGY, INC.	c EIN-PN 74-0694415-101
a	Plan name CHEWY 401(K) PLAN	
b	Name of plan sponsor CHEWY, INC.	c EIN-PN 90-1020167-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COLGATE-PALMOLIVE RETIREMENT TRUST	
b	Name of plan sponsor COLGATE-PALMOLIVE COMPANY	c EIN-PN 13-3191533-100
a	Plan name CONSTRUCTION LABORERS PENSION TRUST OF GREATER ST.	
b	Name of plan sponsor CONST LAB PEN TRST OF GR STL TTEES	c EIN-PN 43-6142465-001
a	Plan name CONSTRUCTION INDUSTRY LABORERS PENSION FUND	
b	Name of plan sponsor CONSTRUCTION IND LABORERS PEN FUND	c EIN-PN 43-6060737-001
a	Plan name CUMMINS PENSION PLAN	
b	Name of plan sponsor CUMMINS INC.	c EIN-PN 35-0257090-001
a	Plan name DANAHER 401K PLAN	
b	Name of plan sponsor DANAHER CORPORATION	c EIN-PN 59-1995548-002
a	Plan name DANAHER CORPORATION & SUBSIDIARIES PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor DANAHER CORPORATION	c EIN-PN 59-1995548-014
a	Plan name DCGT AS TTEE AND OR CUST FBO PLIC VARIOUS RETIREMENT PLANS	
b	Name of plan sponsor DCGT AS TTEE&CUST FBO PLIC VAR RT	c EIN-PN 51-0099493-010
a	Plan name DELTA MASTER TRUST	
b	Name of plan sponsor DELTA AIR LINES, INC.	c EIN-PN 36-6751614-007
a	Plan name DOVER CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DOVER CORPORATION	c EIN-PN 53-0257888-030
a	Plan name EMPOWER TRUST FBO ALLEGHENY FINANCIAL GROUP LTD 401K	
b	Name of plan sponsor EMPR TR FBO ALLEGHENY FIN LTD 401K	c EIN-PN 84-1455663-001
a	Plan name EMPOWER TRUST FBO AUTOKINITON RETIREMENT SAVINGS PL	
b	Name of plan sponsor EMPR TR FBO AUTO RET SAVINGS PLAN	c EIN-PN 84-1455663-001
a	Plan name EMPOWER TRUST FBO CITY OF JACKSONVILLE	
b	Name of plan sponsor EMPR TR FBO CITY OF JACKSONVILLE	c EIN-PN 84-1455663-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EMPOWER TRUST FBO CITY OF JACKSONVILLE PUBLIC SAFETY	
b	Name of plan sponsor	EMPR TR FBO CITY OF JAX PUB SAFETY	c EIN-PN 84-1455663-001
a	Plan name	HOSPITALITY VENTURES 401(K) PLAN	
b	Name of plan sponsor	HOSPITALITY VENTURES, LLC	c EIN-PN 20-1103957-001
a	Plan name	INDIANA STATE POLICE DEPARTMENT GROUP TR	
b	Name of plan sponsor	INDIANA STATE POLICE DEPT GROUP TR	c EIN-PN 45-5480253-
a	Plan name	INFOSYS LIMITED TAX SAVING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INFOSYS LIMITED	c EIN-PN 58-1760235-001
a	Plan name	INFOSYS LIMITED TAX SAVINGS 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	INFOSYS LIMITED	c EIN-PN 58-1760235-002
a	Plan name	INTERNATIONAL FOUNDATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	INTL FDN OF EMPLOYEE BENEFIT PLANS	c EIN-PN 39-1034021-003
a	Plan name	JIM BEAM BRANDS COMPANY UNION 401(K) PLAN	
b	Name of plan sponsor	JIM BEAM BRANDS CO.	c EIN-PN 13-2581196-006
a	Plan name	JPMORGAN CHASE RETIREMENT PLAN	
b	Name of plan sponsor	JPMORGAN CHASE BANK NATIONAL ASSOC	c EIN-PN 13-4994650-001
a	Plan name	KELLOGG COMPANY MASTER RETIREMENT TRUST	
b	Name of plan sponsor	KELLOGG CO MASTER RETIREMENT TRUST	c EIN-PN 36-6151099-004
a	Plan name	KOMATSU AMERICA CORP. SAVINGS PLAN	
b	Name of plan sponsor	KOMATSU AMERICA CORP	c EIN-PN 94-1715128-002
a	Plan name	KOMATSU AMERICA CORP 401K DEF SAVINGS PL FOR UNION HOURLY EE, PEORIA	
b	Name of plan sponsor	KOMATSU AMERICA CORP.	c EIN-PN 94-1715128-003
a	Plan name	KOMATSU AMERICA CORP. TARGET BENEFIT/DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	KOMATSU AMERICA CORP.	c EIN-PN 94-1715128-006

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	KOMATSU MINING CORP. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KOMATSU MINING CORP.	c EIN-PN 39-1566457-005
a	Plan name	KORN FERRY	
b	Name of plan sponsor	KORN FERRY	c EIN-PN 93-6653849-005
a	Plan name	KORN FERRY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KORN FERRY	c EIN-PN 95-2623879-003
a	Plan name	KORN FERRY INTERIM STAFF PROFESSIONALS (ISP) 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KORN FERRY	c EIN-PN 95-2623879-004
a	Plan name	MAHLE 401(K) PLAN	
b	Name of plan sponsor	MAHLE INDUSTRIES, INCORPORATED	c EIN-PN 58-2431334-004
a	Plan name	MAINEGENERAL HEALTH PENSION PLAN	
b	Name of plan sponsor	MAINEGENERAL HEALTH	c EIN-PN 04-3369649-004
a	Plan name	MEKETA INVESTMENT GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MEKETA INVESTMENT GROUP, INC.	c EIN-PN 04-2659023-001
a	Plan name	METROPOLITAN PIER & EXPOSITION AUTHORITY	
b	Name of plan sponsor	METRO PIER & EXPOSITION AUTHORITY	c EIN-PN 46-4779469-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SOUTH NASSAU COMMUNITIES HOSPITAL	
b	Name of plan sponsor	MOUNT SINAI SOUTH NASSAU	c EIN-PN 11-1352310-001
a	Plan name	NATIONAL FINANCIAL SERVICES LLC FMTC AS TRSTEE FBO PIEDMONT HEALTHC	
b	Name of plan sponsor	NATL FIN SVC FMTC TTE FBO PMT HLTH	c EIN-PN 04-3523567-
a	Plan name	NATIONAL FINANCIAL SERVICES LLC FMTC AS TRUSTEE FBO SCHWAN INTL	
b	Name of plan sponsor	NATL FIN SVC FMTC TTE FBO SWN INTL	c EIN-PN 04-3523567-
a	Plan name	NATIONAL FINANCIAL SERVICES LLC FMTC AS TRUSTEE FBO TYSON FOODS	
b	Name of plan sponsor	NATL FIN SVC FMTC TTE FBO TYSON FD	c EIN-PN 04-3523567-

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name NATIONAL FINANCIAL SERVICES LLC FMTC AS TRUSTEE FBO DANAHER	
b	Name of plan sponsor NATL FIN SVC LLC FMTC TTE FBO DNHR	c EIN-PN 04-3523567-
a	Plan name NATIONAL FINANCIAL SERVICES LLC STATE STREET BANK TRUST CO	
b	Name of plan sponsor NATL FIN SVC SS BANK TRUST CO	c EIN-PN 04-3523567-
a	Plan name NYLIC RETIREMENT PLAN	
b	Name of plan sponsor NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-005
a	Plan name NYLIC RETIREMENT PLAN	
b	Name of plan sponsor NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-005
a	Plan name NISOURCE INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NISOURCE INC	c EIN-PN 35-2108964-005
a	Plan name THE NT CO AS TRUSTEE FBO VANGUARD MUTUAL FUNDS SERVICES WB32	
b	Name of plan sponsor NT CO AS TTE FBO VNGRD MF SVC WB32	c EIN-PN 36-1561860-007
a	Plan name PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)	
b	Name of plan sponsor PARAMOUNT GLOBAL	c EIN-PN 04-2949533-002
a	Plan name PHILLIPS 66 RETIREMENT PLAN	
b	Name of plan sponsor PHILLIPS 66 COMPANY	c EIN-PN 37-1652702-001
a	Plan name PIEDMONT HEALTHCARE, INC. 401(K) TOMORROWPLAN	
b	Name of plan sponsor PIEDMONT HEALTHCARE, INC.	c EIN-PN 58-1503902-003
a	Plan name PRESTONWOOD COUNTRY CLUB, INC. 401(K) PLAN	
b	Name of plan sponsor PRESTONWOOD COUNTRY CLUB, INC.	c EIN-PN 56-1750016-001
a	Plan name PRINCIPAL CORE PLUS BOND SEPARATE ACCOUNT	
b	Name of plan sponsor PRINCIPAL LIFE INSURANCE COMPANY	c EIN-PN 42-0127290-005
a	Plan name THE QUEST DIAGNOSTICS PROFIT SHARING PLAN	
b	Name of plan sponsor QUEST DIAG CLINICAL LAB, INC.	c EIN-PN 38-2084239-333

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	RETIREMENT AND SAVINGS PLAN	c EIN-PN 66-0719242-002
a	Plan name	SCHINDLER ELEVATOR CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SCHINDLER ELEVATOR CORPORATION	c EIN-PN 34-1270056-002
a	Plan name	SOUTHEASTERN FREIGHT LINES RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	SOUTHEASTERN FREIGHT LINES, INC.	c EIN-PN 57-0301199-002
a	Plan name	STATE OF WYOMING TTEE FBO THE WRS DCP	
b	Name of plan sponsor	STATE OF WY TTEE FBO THE WRS DCP	c EIN-PN 83-0208667-
a	Plan name	STERICYCLE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STERICYCLE, INC.	c EIN-PN 36-3640402-003
a	Plan name	STERICYCLE, INC. P. R. SAVINGS PLAN	
b	Name of plan sponsor	STERICYCLE, INC.	c EIN-PN 36-3640402-004
a	Plan name	TARKETT 401(K) PLAN	
b	Name of plan sponsor	TARKETT FINANCE INC.	c EIN-PN 52-2066880-007
a	Plan name	TEXAS HOSPITAL ASSOCIATION EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	TEXAS HOSPITAL ASSOCIATION	c EIN-PN 74-1362741-001
a	Plan name	THE CLARKS COMPANIES, NA 1165(E) PLAN	
b	Name of plan sponsor	THE CLARKS COS, NA 1165(E) PLAN	c EIN-PN 23-2051236-003
a	Plan name	THE HERSHEY COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE HERSHEY COMPANY	c EIN-PN 23-0691590-010
a	Plan name	THE HOME DEPOT MASTER TRUST	
b	Name of plan sponsor	THE HOME DEPOT MASTER TRUST	c EIN-PN 36-1561860-007
a	Plan name	THE NEW YORK PHILHARMONIC ORCHESTRA PENSION PLAN	
b	Name of plan sponsor	THE PHILHARMONIC-SYMPH SOC OF NY	c EIN-PN 13-1664054-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE PUBLIC HEALTH TRUST OF MIAMI - DADE	
b	Name of plan sponsor	THE PUBLIC HEALTH TR OF MIAMI-DADE	c EIN-PN 59-1713947-
a	Plan name	TRACTOR SUPPLY COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRACTOR SUPPLY COMPANY	c EIN-PN 13-3139732-001
a	Plan name	CONSTELLATION SOFTWARE (U.S.A.) INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRAPEZE SOFTWARE GROUP, INC.	c EIN-PN 98-0358175-001
a	Plan name	MASSACHUSETTS SERVICE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	TRUSTEES OF MA SERVICE EE' PEN PL	c EIN-PN 04-6344921-001
a	Plan name	TYSON 401(K)	
b	Name of plan sponsor	TYSON 401(K)	c EIN-PN 36-2089049-004
a	Plan name	TYSON FOODS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TYSON FOODS, INC.	c EIN-PN 71-0225165-004
a	Plan name	UTAH TRANSIT AUTH EMPLOYEE RETIREMENT PL	
b	Name of plan sponsor	UTAH TRANSIT AUTH EMPLOYEE RET PL	c EIN-PN 82-3943084-
a	Plan name	VERALTO CORPORATION & SUBSIDIARIES SAVINGS PLAN	
b	Name of plan sponsor	VERALTO CORPORATION	c EIN-PN 92-1941413-001
a	Plan name	VANGUARD FIDUCIARY TRUST COMPANY FBO NUCLEAR FUEL SERVICES INC 401K	
b	Name of plan sponsor	VG FD TR CO FBO NUCL FUEL SVC 401K	c EIN-PN 23-2186884-333
a	Plan name	VANGUARD FIDUCIARY TRUST COMPANY FBO RETIREMENT PLAN OF RTI	
b	Name of plan sponsor	VGUARD FD TR CO FBO RET PL OF RTI	c EIN-PN 23-2186884-333
a	Plan name	WILLIS TOWERS WATSON SAVINGS PLAN TRUST	
b	Name of plan sponsor	WILLIS TOWERS WATSON US LLC	c EIN-PN 53-0181291-007
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RELIANCE TRUST INSTITUTIONAL RETIREMENT TRUST SERIES ELEVEN	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 RELIANCE TRUST COMPANY	D Employer Identification Number (EIN) 82-6253445

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1670856	2850718
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	63921769	31189566
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	188362244	172618720
(B) Common	1c(4)(B)	3954549511	3782799257
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	80696331	105271643
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4289200711	4094729904
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	87888855	15516533
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	87888855	15516533
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4201311856	4079213371

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	30118497	
(B) Common stock.....	2b(2)(B)	100304968	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	8991169	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	5187052952	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4481176432	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-515769161	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-2392222
d Total income. Add all income amounts in column (b) and enter total.....	2d	327129771

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	61301
(5) Investment advisory and investment management fees	2i(5)	21616308
(6) Bank or trust company trustee/custodial fees	2i(6)	2172087
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	25067
(11) Other expenses.....	2i(11)	952064
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	24826827
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	24826827

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	302302944
l Transfers of assets:		
(1) To this plan.....	2l(1)	834310246
(2) From this plan	2l(2)	1258711675

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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.)

B This return/report is: a single-employer plan a DFE (specify) C
 the first return/report the final return/report
 an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program
 special extension (enter description)

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

Part II Basic Plan Information - enter all requested information

<p>1a Name of plan</p> <p>RELIANCE TRUST INSTITUTIONAL RETIREMENT TRUST SERIES ELEVEN</p>	<p>1b Three-digit plan number (PN) ▶ <u>011</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)</p> <p>RELIANCE TRUST COMPANY</p> <p>201 17TH STREET NW SUITE 1000 ATLANTA, GA 30363</p>	<p>1c Effective date of plan <u>02/15/2018</u></p> <p>2b Employer Identification Number (EIN) <u>82-6253445</u></p> <p>2c Plan Sponsor's telephone number <u>800-749-0752</u></p> <p>2d Business code (see instructions) <u>000000</u></p>

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

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

SIGN HERE			
	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	<i>Stephanie Smith</i>	10/14/2025	STEPHANIE SMITH
	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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 82-6253445 3c Administrator's telephone number 800-749-0752
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																																	
5 Total number of participants at the beginning of the plan year	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	5		0																														
5		0																																
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>6a(1)</td> <td>Total number of active participants at the beginning of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2)</td> <td>Total number of active participants at the end of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b</td> <td>Retired or separated participants receiving benefits</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td>Other retired or separated participants entitled to future benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td>Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e</td> <td>Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td>Total. Add lines 6d and 6e.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(1)</td> <td>Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td>Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td>Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)	Total number of active participants at the beginning of the plan year	0	6a(2)	Total number of active participants at the end of the plan year	0	6b	Retired or separated participants receiving benefits	0	6c	Other retired or separated participants entitled to future benefits.	0	6d	Subtotal. Add lines 6a(2), 6b, and 6c.	0	6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0	6f	Total. Add lines 6d and 6e.	0	6g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	0	6g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0	6h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	7		0																														
7		0																																

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)																								
<table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table>	(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	<table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>General assets of the sponsor</td> </tr> </table>	(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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(4)	<input type="checkbox"/>	General assets of the sponsor																							
(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																							

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

a Pension Schedules	b General Schedules																																	
<table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:90%;">R (Retirement Plan Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>DCG (Individual Plan Information) - Number Attached _____</td> </tr> <tr> <td>(5)</td> <td><input type="checkbox"/></td> <td>MEP (Multiple-Employer Retirement Plan Information)</td> </tr> </table>	(1)	<input type="checkbox"/>	R (Retirement Plan Information)	(2)	<input type="checkbox"/>	MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(3)	<input type="checkbox"/>	SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(4)	<input type="checkbox"/>	DCG (Individual Plan Information) - Number Attached _____	(5)	<input type="checkbox"/>	MEP (Multiple-Employer Retirement Plan Information)	<table style="width:100%;"> <tr> <td style="width:5%;">(1)</td> <td style="width:5%;"><input checked="" type="checkbox"/></td> <td style="width:90%;">H (Financial Information)</td> </tr> <tr> <td>(2)</td> <td><input type="checkbox"/></td> <td>I (Financial Information - Small Plan)</td> </tr> <tr> <td>(3)</td> <td><input type="checkbox"/></td> <td>A (Insurance Information) - Number Attached _____</td> </tr> <tr> <td>(4)</td> <td><input type="checkbox"/></td> <td>C (Service Provider Information)</td> </tr> <tr> <td>(5)</td> <td><input checked="" type="checkbox"/></td> <td>D (DFE/Participating Plan Information)</td> </tr> <tr> <td>(6)</td> <td><input type="checkbox"/></td> <td>G (Financial Transaction Schedules)</td> </tr> </table>	(1)	<input checked="" type="checkbox"/>	H (Financial Information)	(2)	<input type="checkbox"/>	I (Financial Information - Small Plan)	(3)	<input type="checkbox"/>	A (Insurance Information) - Number Attached _____	(4)	<input type="checkbox"/>	C (Service Provider Information)	(5)	<input checked="" type="checkbox"/>	D (DFE/Participating Plan Information)	(6)	<input type="checkbox"/>	G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____