

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) M, 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: HALLMARK CARDS INCORPORATED MASTER TRUST MID CAP BLEND
1b Three-digit plan number (PN): 051
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): HALLMARK CARDS, INC. MASTER TRUST, STATE STREET BANK & TRUST, TRUSTEE
2b Employer Identification Number (EIN): 04-3328262
2c Plan Sponsor's telephone number: 816-274-8485
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>HALLMARK BENEFIT PLANS ADVISORY COMMITTEE</p> <p>2501 MCGEE ST. KANSAS CITY, MO 64108</p>	<p>3b Administrator's EIN 43-1669047</p> <p>3c Administrator's telephone number 816-274-5350</p>
<p>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:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>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).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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:

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

<p>a Pension Schedules</p> <p>(1) <input type="checkbox"/> R (Retirement Plan Information)</p> <p>(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary</p> <p>(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary</p> <p>(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____</p> <p>(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)</p>	<p>b General Schedules</p> <p>(1) <input checked="" type="checkbox"/> H (Financial Information)</p> <p>(2) <input type="checkbox"/> I (Financial Information – Small Plan)</p> <p>(3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____</p> <p>(4) <input checked="" type="checkbox"/> C (Service Provider Information)</p> <p>(5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information)</p> <p>(6) <input type="checkbox"/> G (Financial Transaction Schedules)</p>
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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 C (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>	Service Provider 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 HALLMARK CARDS INCORPORATED MASTER TRUST MID CAP BLEND	B Three-digit plan number (PN) ▶	051
C Plan sponsor's name as shown on line 2a of Form 5500 HALLMARK CARDS, INC. MASTER TRUST, STATE STREET BANK & TRUST, TRUSTEE	D Employer Identification Number (EIN) 04-3328262	

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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

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)

JP MORGAN INVESTMENT MANAGENT

13-3200244

(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?
28 27 50	NONE	519211	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)

STATE STREET BANK & TRUST

04-1867446

(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?
50 19 25 99	NONE	52191	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)

EMPOWER ADVISORY GROUP, LLC

84-1532243

(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?
50 26	NONE	25362	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"/>

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.

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

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

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

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) 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)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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>HALLMARK CARDS INCORPORATED MASTER TRUST MID CAP BLEND</u>	B Three-digit plan number (PN)	<u>051</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HALLMARK CARDS, INC. MASTER TRUST, STATE STREET BANK & TRUST, TRUSTEE</u>	D Employer Identification Number (EIN) <u>04-3328262</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: <u>BLACKROCK GROWTH EQUITY FUND T</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST CO</u>		
c EIN-PN <u>86-1246908-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>87623817</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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		BUSINESS PERFORMANCE SAVINGS PLAN OF HALLMARK CARDS, INCORPORATED	
b Name of plan sponsor	HALLMARK CARDS, INC.	c EIN-PN	44-0272180-001

a Plan name		RETAIL SERVICE GROUP SAVINGS PLAN	
b Name of plan sponsor	HALLMARK CARDS, INC.	c EIN-PN	44-0272180-005

a Plan name		HALLMARK AFFILIATES EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	HALLMARK CARDS, INC.	c EIN-PN	44-0272180-006

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

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 HALLMARK CARDS INCORPORATED MASTER TRUST MID CAP BLEND	B Three-digit plan number (PN) ▶ 051
C Plan sponsor's name as shown on line 2a of Form 5500 HALLMARK CARDS, INC. MASTER TRUST, STATE STREET BANK & TRUST, TRUSTEE	D Employer Identification Number (EIN) 04-3328262

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	142	133
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	204139	111232
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1703451	2764847
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	90578935	88086636
(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)	93408363	87623817
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	185895030	178586665
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	264321	141511
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	264321	141511
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	185630709	178445154

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)	78606	
(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)		78606
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1688804	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1688804
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	63996048	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	60761755	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		3234293
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	13208899	
(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)	5730652
(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	20201
d Total income. Add all income amounts in column (b) and enter total.....	2d	23961455

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)	34385
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	519211
(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)	60473
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	614069
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	614069

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	23347386
l Transfers of assets:		
(1) To this plan.....	2l(1)	11376339
(2) From this plan	2l(2)	41909280

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.)		X	
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.)		X	
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.)		X	
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.)	X		
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.)	X		
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 _____.

COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
INTEREST BEARING CASH					
		EURO CURRENCY			
			128.49	136.85	133.05
HZYB	EUR		128.49	136.85	133.05
			128.49	136.85	133.05

COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
CORPORATE STOCKS - COMMON					
		ARCH CAPITAL GROUP LTD			
		COMMON STOCK USD.01			
		12,990.000		639,617.48	1,199,626.50
HZYB	G0450A105	12,990.000		639,617.48	1,199,626.50
		JAZZ PHARMACEUTICALS PLC			
		COMMON STOCK USD.0001			
		5,882.000		913,808.14	724,368.30
HZYB	G50871105	5,882.000		913,808.14	724,368.30
		FLEX LTD			
		COMMON STOCK			
		19,202.000		558,728.46	737,164.78
HZYB	Y2573F102	19,202.000		558,728.46	737,164.78
		ACUITY BRANDS INC			
		COMMON STOCK USD.01			
		3,727.000		670,579.50	1,088,768.51
HZYB	00508Y102	3,727.000		670,579.50	1,088,768.51
		AMERICAN HOMES 4 RENT A			
		REIT USD.01			
		23,538.000		917,418.65	880,791.96
HZYB	02665T306	23,538.000		917,418.65	880,791.96
		CENCORA INC			
		COMMON STOCK USD.01			
		6,840.000		1,071,794.78	1,536,811.20
HZYB	03073E105	6,840.000		1,071,794.78	1,536,811.20
		AMERIPRISE FINANCIAL INC			
		COMMON STOCK USD.01			
		3,668.000		1,035,960.99	1,952,953.24
HZYB	03076C106	3,668.000		1,035,960.99	1,952,953.24
		AMETEK INC			
		COMMON STOCK USD.01			
		7,438.000		1,003,098.23	1,340,773.88
HZYB	031100100	7,438.000		1,003,098.23	1,340,773.88
		AUTOZONE INC			
		COMMON STOCK USD.01			
		329.000		679,865.83	1,053,458.00
HZYB	053332102	329.000		679,865.83	1,053,458.00
		AVALONBAY COMMUNITIES INC			
		REIT USD.01			
		4,357.000		962,511.14	958,409.29
HZYB	053484101	4,357.000		962,511.14	958,409.29
		BAKER HUGHES CO			
		COMMON STOCK USD.0001			
		23,230.000		857,629.34	952,894.60
HZYB	05722G100	23,230.000		857,629.34	952,894.60

COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	BALL CORP	COMMON STOCK			
		10,724.000		528,502.54	591,214.12
HZYB	058498106	10,724.000		528,502.54	591,214.12
	BATH + BODY WORKS INC	COMMON STOCK USD.5			
		15,779.000		666,906.14	611,751.83
HZYB	070830104	15,779.000		666,906.14	611,751.83
	WR BERKLEY CORP	COMMON STOCK USD.2			
		18,709.000		874,429.01	1,094,850.68
HZYB	084423102	18,709.000		874,429.01	1,094,850.68
	BEST BUY CO INC	COMMON STOCK USD.1			
		9,239.000		790,950.21	792,706.20
HZYB	086516101	9,239.000		790,950.21	792,706.20
	BLUE OWL CAPITAL INC	COMMON STOCK USD.0001			
		25,068.000		462,918.27	583,081.68
HZYB	09581B103	25,068.000		462,918.27	583,081.68
	CBRE GROUP INC A	COMMON STOCK USD.01			
		7,112.000		610,524.07	933,734.48
HZYB	12504L109	7,112.000		610,524.07	933,734.48
	CMS ENERGY CORP	COMMON STOCK USD.01			
		17,506.000		1,194,944.82	1,166,774.90
HZYB	125896100	17,506.000		1,194,944.82	1,166,774.90
	COTERRA ENERGY INC	COMMON STOCK USD.1			
		44,721.000		1,228,769.95	1,142,174.34
HZYB	127097103	44,721.000		1,228,769.95	1,142,174.34
	CARLISLE COS INC	COMMON STOCK USD1.0			
		2,824.000		757,933.99	1,041,604.16
HZYB	142339100	2,824.000		757,933.99	1,041,604.16
	CARTER S INC	COMMON STOCK USD.01			
		12,168.000		942,718.13	659,383.92
HZYB	146229109	12,168.000		942,718.13	659,383.92
	CELANESE CORP	COMMON STOCK USD.0001			
		5,017.000		690,352.40	347,226.57
HZYB	150870103	5,017.000		690,352.40	347,226.57
	CONSTELLATION BRANDS INC A	COMMON STOCK USD.01			
		2,675.000		657,359.88	591,175.00
HZYB	21036P108	2,675.000		657,359.88	591,175.00

COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	DARDEN RESTAURANTS INC	COMMON STOCK			
		4,626.000		617,932.77	863,627.94
HZYB	237194105	4,626.000		617,932.77	863,627.94
	DIAMONDBACK ENERGY INC	COMMON STOCK USD.01			
		7,814.000		1,095,340.97	1,280,167.62
HZYB	25278X109	7,814.000		1,095,340.97	1,280,167.62
	DISCOVER FINANCIAL SERVICES	COMMON STOCK USD.01			
		5,092.000		589,807.44	882,087.16
HZYB	254709108	5,092.000		589,807.44	882,087.16
	DOVER CORP	COMMON STOCK USD1.0			
		5,974.000		886,313.99	1,120,722.40
HZYB	260003108	5,974.000		886,313.99	1,120,722.40
	EXPEDIA GROUP INC	COMMON STOCK USD.001			
		5,062.000		688,235.91	943,202.46
HZYB	30212P303	5,062.000		688,235.91	943,202.46
	FIDELITY NATIONAL INFO SERV	COMMON STOCK USD.01			
		12,983.000		836,893.29	1,048,636.91
HZYB	31620M106	12,983.000		836,893.29	1,048,636.91
	FIFTH THIRD BANCORP	COMMON STOCK			
		24,392.000		924,303.34	1,031,293.76
HZYB	316773100	24,392.000		924,303.34	1,031,293.76
	FIRST CITIZENS BCSHS CL A	COMMON STOCK USD1.0			
		609.000		454,346.94	1,286,829.18
HZYB	31946M103	609.000		454,346.94	1,286,829.18
	FORTUNE BRANDS INNOVATIONS I	COMMON STOCK USD.01			
		12,601.000		788,415.44	861,026.33
HZYB	34964C106	12,601.000		788,415.44	861,026.33
	FREEPORT MCMORAN INC	COMMON STOCK USD.1			
		13,727.000		600,968.35	522,724.16
HZYB	35671D857	13,727.000		600,968.35	522,724.16
	GE HEALTHCARE TECHNOLOGY	COMMON STOCK USD.01			
		7,539.000		611,448.94	589,399.02
HZYB	36266G107	7,539.000		611,448.94	589,399.02
	GENERAL MILLS INC	COMMON STOCK USD.1			
		13,443.000		940,776.61	857,260.11
HZYB	370334104	13,443.000		940,776.61	857,260.11

COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

PLAN YEAR ENDING: 12/31/24

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	GENUINE PARTS CO	COMMON STOCK USD1.0			
		8,338.000		1,076,704.90	973,544.88
HZYB	372460105	8,338.000		1,076,704.90	973,544.88
	GLOBUS MEDICAL INC A	COMMON STOCK USD.001			
		11,452.000		675,888.01	947,194.92
HZYB	379577208	11,452.000		675,888.01	947,194.92
	GODADDY INC CLASS A	COMMON STOCK USD.001			
		5,054.000		413,257.11	997,507.98
HZYB	380237107	5,054.000		413,257.11	997,507.98
	GRAPHIC PACKAGING HOLDING CO	COMMON STOCK USD.01			
		16,580.000		466,947.19	450,312.80
HZYB	388689101	16,580.000		466,947.19	450,312.80
	HARTFORD INSURANCE GROUP INC	COMMON STOCK USD.01			
		10,660.000		795,289.38	1,166,204.00
HZYB	416515104	10,660.000		795,289.38	1,166,204.00
	HERSHEY CO/THE	COMMON STOCK USD1.0			
		3,739.000		730,330.78	633,199.65
HZYB	427866108	3,739.000		730,330.78	633,199.65
	HOST HOTELS + RESORTS INC	REIT USD.01			
		35,449.000		666,274.71	621,066.48
HZYB	44107P104	35,449.000		666,274.71	621,066.48
	HUBBELL INC	COMMON STOCK USD.01			
		2,872.000		604,954.68	1,203,052.08
HZYB	443510607	2,872.000		604,954.68	1,203,052.08
	HUMANA INC	COMMON STOCK USD.1666666			
		2,984.000		1,049,307.69	757,070.64
HZYB	444859102	2,984.000		1,049,307.69	757,070.64
	HUNT (JB) TRANSPRT SVCS INC	COMMON STOCK USD.01			
		5,641.000		972,566.11	962,693.06
HZYB	445658107	5,641.000		972,566.11	962,693.06
	IAC INC	COMMON STOCK USD.0001			
		13,374.000		951,867.38	576,954.36
HZYB	44891N208	13,374.000		951,867.38	576,954.36
	ITT INC	COMMON STOCK USD1.0			
		8,002.000		603,865.42	1,143,325.76
HZYB	45073V108	8,002.000		603,865.42	1,143,325.76

COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

PLAN YEAR ENDING: 12/31/24

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	INGERSOLL RAND INC	COMMON STOCK USD.01			
		12,864.000		1,232,506.80	1,163,677.44
HZYB	45687V106	12,864.000		1,232,506.80	1,163,677.44
	INTERNATIONAL PAPER CO	COMMON STOCK USD1.0			
		19,289.000		898,356.72	1,038,133.98
HZYB	460146103	19,289.000		898,356.72	1,038,133.98
	JABIL INC	COMMON STOCK USD.001			
		5,980.000		586,525.73	860,522.00
HZYB	466313103	5,980.000		586,525.73	860,522.00
	KEURIG DR PEPPER INC	COMMON STOCK USD.01			
		23,269.000		828,897.60	747,400.28
HZYB	49271V100	23,269.000		828,897.60	747,400.28
	KROGER CO	COMMON STOCK USD1.0			
		14,000.000		756,649.48	856,100.00
HZYB	501044101	14,000.000		756,649.48	856,100.00
	LABCORP HOLDINGS INC	COMMON STOCK USD.1			
		1,601.000		334,129.15	367,141.32
HZYB	504922105	1,601.000		334,129.15	367,141.32
	LINCOLN ELECTRIC HOLDINGS	COMMON STOCK			
		5,797.000		882,140.79	1,086,763.59
HZYB	533900106	5,797.000		882,140.79	1,086,763.59
	LOEWS CORP	COMMON STOCK USD.01			
		21,722.000		1,384,027.89	1,839,636.18
HZYB	540424108	21,722.000		1,384,027.89	1,839,636.18
	M + T BANK CORP	COMMON STOCK USD.5			
		6,253.000		1,050,056.45	1,175,626.53
HZYB	55261F104	6,253.000		1,050,056.45	1,175,626.53
	MGIC INVESTMENT CORP	COMMON STOCK USD1.0			
		45,202.000		625,297.42	1,071,739.42
HZYB	552848103	45,202.000		625,297.42	1,071,739.42
	MARTIN MARIETTA MATERIALS	COMMON STOCK USD.01			
		1,904.000		697,608.43	983,416.00
HZYB	573284106	1,904.000		697,608.43	983,416.00
	MICROCHIP TECHNOLOGY INC	COMMON STOCK USD.001			
		3,201.000		266,380.03	183,577.35
HZYB	595017104	3,201.000		266,380.03	183,577.35

COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

PLAN YEAR ENDING: 12/31/24

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	MID AMERICA APARTMENT COMM	REIT USD.01			
		4,337.000		745,035.63	670,370.09
HZYB	59522J103	4,337.000		745,035.63	670,370.09
	MOHAWK INDUSTRIES INC	COMMON STOCK USD.01			
		7,075.000		916,192.30	842,844.75
HZYB	608190104	7,075.000		916,192.30	842,844.75
	MOTOROLA SOLUTIONS INC	COMMON STOCK USD.01			
		551.000		118,859.36	254,688.73
HZYB	620076307	551.000		118,859.36	254,688.73
	NISOURCE INC	COMMON STOCK USD.01			
		24,628.000		721,535.04	905,325.28
HZYB	65473P105	24,628.000		721,535.04	905,325.28
	NORTHERN TRUST CORP	COMMON STOCK USD1.666666			
		4,056.000		418,050.61	415,740.00
HZYB	665859104	4,056.000		418,050.61	415,740.00
	ON SEMICONDUCTOR	COMMON STOCK USD.01			
		10,913.000		801,248.55	688,064.65
HZYB	682189105	10,913.000		801,248.55	688,064.65
	P G + E CORP	COMMON STOCK			
		69,049.000		1,190,892.31	1,393,408.82
HZYB	69331C108	69,049.000		1,190,892.31	1,393,408.82
	PACKAGING CORP OF AMERICA	COMMON STOCK USD.01			
		2,581.000		425,015.03	581,060.53
HZYB	695156109	2,581.000		425,015.03	581,060.53
	PARSONS CORP	COMMON STOCK USD1.0			
		6,647.000		611,504.38	613,185.75
HZYB	70202L102	6,647.000		611,504.38	613,185.75
	POST HOLDINGS INC	COMMON STOCK USD.01			
		6,641.000		513,549.29	760,128.86
HZYB	737446104	6,641.000		513,549.29	760,128.86
	PUBLIC SERVICE ENTERPRISE GP	COMMON STOCK			
		6,111.000		441,116.09	516,318.39
HZYB	744573106	6,111.000		441,116.09	516,318.39
	PUBLIC STORAGE	REIT USD.1			
		1,779.000		540,488.88	532,703.76
HZYB	74460D109	1,779.000		540,488.88	532,703.76

COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
		QUEST DIAGNOSTICS INC			
		COMMON STOCK USD.01			
		7,772.000		1,160,852.95	1,172,483.92
HZYB	74834L100	7,772.000		1,160,852.95	1,172,483.92
		RPM INTERNATIONAL INC			
		COMMON STOCK USD.01			
		7,201.000		618,542.47	886,155.06
HZYB	749685103	7,201.000		618,542.47	886,155.06
		RALPH LAUREN CORP			
		COMMON STOCK USD.01			
		4,115.000		460,957.26	950,482.70
HZYB	751212101	4,115.000		460,957.26	950,482.70
		RAYMOND JAMES FINANCIAL INC			
		COMMON STOCK USD.01			
		10,430.000		1,054,676.25	1,620,091.90
HZYB	754730109	10,430.000		1,054,676.25	1,620,091.90
		REGENCY CENTERS CORP			
		REIT USD.01			
		15,080.000		969,379.54	1,114,864.40
HZYB	758849103	15,080.000		969,379.54	1,114,864.40
		REGIONS FINANCIAL CORP			
		COMMON STOCK USD.01			
		47,100.000		987,619.66	1,107,792.00
HZYB	7591EP100	47,100.000		987,619.66	1,107,792.00
		SBA COMMUNICATIONS CORP			
		REIT USD.01			
		2,248.000		451,732.06	458,142.40
HZYB	78410G104	2,248.000		451,732.06	458,142.40
		HENRY SCHEIN INC			
		COMMON STOCK USD.01			
		15,783.000		1,267,448.69	1,092,183.60
HZYB	806407102	15,783.000		1,267,448.69	1,092,183.60
		SILGAN HOLDINGS INC			
		COMMON STOCK USD.01			
		13,423.000		604,798.27	698,667.15
HZYB	827048109	13,423.000		604,798.27	698,667.15
		SNAP ON INC			
		COMMON STOCK USD1.0			
		1,086.000		232,959.01	368,675.28
HZYB	833034101	1,086.000		232,959.01	368,675.28
		BLOCK INC			
		COMMON STOCK USD.0000001			
		8,679.000		597,349.03	737,628.21
HZYB	852234103	8,679.000		597,349.03	737,628.21
		STATE STREET CORP			
		COMMON STOCK USD1.0			
		12,110.000		871,203.75	1,188,596.50
HZYB	857477103	12,110.000		871,203.75	1,188,596.50

COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

PLAN YEAR ENDING: 12/31/24

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	TD SYNNEK CORP	COMMON STOCK USD.001			
		6,607.000		783,410.26	774,868.96
HZYB	87162W100	6,607.000		783,410.26	774,868.96
	TAKE TWO INTERACTIVE SOFTWARE	COMMON STOCK USD.01			
		3,178.000		417,697.92	585,006.24
HZYB	874054109	3,178.000		417,697.92	585,006.24
	TELEDYNE TECHNOLOGIES INC	COMMON STOCK USD.01			
		2,650.000		1,036,068.41	1,229,944.50
HZYB	879360105	2,650.000		1,036,068.41	1,229,944.50
	UL SOLUTIONS INC CLASS A	COMMON STOCK USD.001			
		16,298.000		628,722.11	812,944.24
HZYB	903731107	16,298.000		628,722.11	812,944.24
	US FOODS HOLDING CORP	COMMON STOCK USD.01			
		14,656.000		580,422.80	988,693.76
HZYB	912008109	14,656.000		580,422.80	988,693.76
	UNIVERSAL HEALTH SERVICES B	COMMON STOCK USD.01			
		3,124.000		432,372.53	560,508.08
HZYB	913903100	3,124.000		432,372.53	560,508.08
	VENTAS INC	REIT USD.25			
		10,363.000		569,846.87	610,277.07
HZYB	92276F100	10,363.000		569,846.87	610,277.07
	VERALTO CORP	COMMON STOCK USD.01			
		6,949.000		670,291.92	707,755.65
HZYB	92338C103	6,949.000		670,291.92	707,755.65
	WEC ENERGY GROUP INC	COMMON STOCK USD.01			
		15,146.000		1,509,871.49	1,424,329.84
HZYB	92939U106	15,146.000		1,509,871.49	1,424,329.84
	WARNER MUSIC GROUP CORP CL A	COMMON STOCK			
		22,070.000		683,353.59	684,170.00
HZYB	934550203	22,070.000		683,353.59	684,170.00
	WEYERHAEUSER CO	REIT USD1.25			
		28,542.000		1,085,250.57	803,457.30
HZYB	962166104	28,542.000		1,085,250.57	803,457.30
	WILLIAMS COS INC	COMMON STOCK USD1.0			
		29,571.000		1,035,977.61	1,600,382.52
HZYB	969457100	29,571.000		1,035,977.61	1,600,382.52

COMPOSITE
SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
	WOODWARD INC	COMMON STOCK USD.001455			
		2,410.000		429,148.68	401,072.20
HZYB	980745103	2,410.000		429,148.68	401,072.20
	XCEL ENERGY INC	COMMON STOCK USD2.5			
		17,213.000		1,252,895.71	1,162,221.76
HZYB	98389B100	17,213.000		1,252,895.71	1,162,221.76
	ZEBRA TECHNOLOGIES CORP CL A	COMMON STOCK USD.01			
		2,840.000		742,011.73	1,096,864.80
HZYB	989207105	2,840.000		742,011.73	1,096,864.80
		----- 1,152,844.000		----- 74,880,284.40	----- 88,086,635.54

COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
COMMON/COLLECTIVE TRUSTS					
	STATE STREET BANK + TRUST CO	SHORT TERM INVESTMENT FUND	1.000	12/31/2030	
		2,764,846.52		2,764,846.52	2,764,846.52
HZYB	8611239B5	2,764,846.52		2,764,846.52	2,764,846.52
		-----		-----	-----
		2,764,846.52		2,764,846.52	2,764,846.52

COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE (D) COST	(E) CURRENT VALUE
REGISTERED INVESTMENT COMPANY					
	BLACKROCK INSTL TR CO	MUTUAL FUND			
		8,709,341.776		69,014,096.16	87,623,816.67
HZSC	09260L372	8,709,341.776		69,014,096.16	87,623,816.67
		8,709,341.776		69,014,096.16	87,623,816.67

COMPOSITE
 SCHEDULE H, LINE 4I - SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

PLAN YEAR ENDING: 12/31/24

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	128.490	136.85	133.05
CERTIFICATES OF DEPOSIT	0.000	0.00	0.00
U.S. GOVERNMENT SECURITIES	0.000	0.00	0.00
CORP. DEBT INSTR. - PREFERRED	0.000	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER	0.000	0.00	0.00
CORPORATE STOCKS - PREFERRED	0.000	0.00	0.00
CORPORATE STOCKS - COMMON	1,152,844.000	74,880,284.40	88,086,635.54
PARTN./JOINT VENTURE INTERESTS	0.000	0.00	0.00
REAL ESTATE-INCOME PRODUCING	0.000	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.000	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.000	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.000	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.000	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.000	0.00	0.00
OTHER	0.000	0.00	0.00
COMMON/COLLECTIVE TRUSTS	2,764,846.520	2,764,846.52	2,764,846.52
POOLED SEPARATE ACCOUNTS	0.000	0.00	0.00
103-12 INVESTMENTS	0.000	0.00	0.00
REGISTERED INVESTMENT COMPANY	8,709,341.776	69,014,096.16	87,623,816.67
INSURANCE CO. GENERAL ACCOUNT	0.000	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.000	0.00	0.00
GRAND TOTALS	12,627,160.786	146,659,363.93	178,475,431.78
	=====	=====	=====

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 185,630,709.86

5% OF ASSET VALUE: 9,281,535.49

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET					RATE	MAT DATE		
#PUR	(C) PURCHASE PRICE	#SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS	
COMMON/COLLECTIVE TRUSTS									
8611239B5	STATE STREET BANK + TRUST CO				SHORT TERM INVESTMENT FUND	1.000	12/31/2030		
110	18,808,508.53	140	17,747,113.29	0.00	17,747,113.29	250	36,555,621.82	0.00	
COMMON/COLLECTIVE TRUSTS TOTALS									
110	18,808,508.53	140	17,747,113.29	0.00	17,747,113.29	250	36,555,621.82	0.00	

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 185,630,709.86

5% OF ASSET VALUE: 9,281,535.49

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET				RATE	MAT DATE		
#PUR (C) PURCHASE PRICE	#SALE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS		
REGISTERED INVESTMENT COMPANY								
09260L372	BLACKROCK INSTL TR CO		MUTUAL FUND					
45	4,507,594.98	219	21,443,760.22	0.00	17,548,346.90	264	25,951,355.20	3,895,413.32
REGISTERED INVESTMENT COMPANY TOTALS								
45	4,507,594.98	219	21,443,760.22	0.00	17,548,346.90	264	25,951,355.20	3,895,413.32