Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Annual Return/Report of Employee Benefit Plan** This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	OMB Nos. 1210-0110 1210-0089 **2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [X] a DFE (specify) C

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan STARTRACK RETIREMENT INCOME FUND	**1b** Three-digit plan number (PN) ▶ 169 **1c** Effective date of plan
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) MATRIX TRUST COMPANY 717 17TH STREET SUITE 1300 DENVER, CO 80202	**2b** Employer Identification Number (EIN) 75-3182674 **2c** Plan Sponsor's telephone number 720-264-3782 **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.

SIGN HERE	Filed with authorized/valid electronic signature.	03/16/2026	SCOTT REDMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	03/16/2026	SCOTT REDMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN
	3c Administrator's telephone number
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:	**4b** EIN
a Sponsor's name **c** Plan Name	**4d** PN

5	Total number of participants at the beginning of the plan year	**5**	
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) [ ] Insurance	**(1)** [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	**(2)** [ ] Code section 412(e)(3) insurance contracts
(3) [ ] Trust	**(3)** [ ] Trust
(4) [ ] General assets of the sponsor	**(4)** [ ] 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

- **(1)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached ______
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached ______
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	**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.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan
STARTRACK RETIREMENT INCOME FUND

B Three-digit plan number (PN) ▶ 169

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MATRIX TRUST COMPANY

D Employer Identification Number (EIN)
75-3182674

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)

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):

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	b Name of plan sponsor	c EIN-PN
STEVE HAWKINS, INC 401K TRUST	STEVE HAWKINS, INC	05-0537797-001
DEAN TECHNOLOGY PSP	DEAN TECHNOLOGY	13-3405208-001
BRUCE SCHNEIDER D.D.S. INC. 401K	BRUCE SCHNEIDER D.D.S. INC.	14-1844118-001
COUSINS BAR-B-Q 401K PLAN & TRUST	COUSINS BAR-B-Q	20-0116741-001
ESST 401 (K) PLAN	ESST	20-0245469-001
ABILENE FAMILY MEDICAL ASSOCIATES 401K	ABILENE FAMILY MEDICAL ASSOCIATES	20-0269521-001
R2 FABRICATION 401(K) PLAN	R2 FABRICATION	20-1178187-001
RENEE SNYDER, MD, PA 401K PLAN	RENEE SNYDER, MD, PA	20-2094081-001
HIGH VOLTAGE POWER SOLUTIONS, INC 401K PSP	HIGH VOLTAGE POWER SOLUTIONS, INC	20-2405070-001
BRONCO ROOFING 401K PLAN	BRONCO ROOFING	20-2662995-001
SAMCO CAPITAL MARKETS, INC. 401K PLAN & TR	SAMCO CAPITAL MARKETS, INC.	20-2932662-001
FORT WORTH TEXAS MAGAZINE 401(K)	FORT WORTH TEXAS MAGAZINE	20-3370671-001

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	b Name of plan sponsor	c EIN-PN
OPEIU LOCAL 277 401K PLAN & TRUST	OPEIU LOCAL 279	20-4285385-001
BRUNER AUTO GROUP 401K PSP	BRUNER AUTO GROUP	20-8201840-001
CHRIST'S HAVEN FOR CHILDREN	CHRIST'S HAVEN FOR CHILDREN	23-7164673-002
SIAM LOGISTICS 401(K) PLAN	SIAM LOGISTICS	27-0899277-001
NTKC-DFW, PLLC 401K PLAN AND TRUST	NTKC-DFW, PLLC	27-1050509-001
CROWN PRINTED PRODUCTS & SERVICES, INC 401(K) PLAN	CROWN PRINTED PRODUCTS & SERVICES, INC	27-2090626-001
ST. ELIZABETH FAMILY CARE	ST. ELIZABETH FAMILY CARE	27-3155537-001
DERR & GRUENEWALD CONSTRUCTION 401K PLAN	DERR & GRUENEWALD CONSTRUCTION	35-2475749-001
EYES ON CAMP BOWIE 401K	EYES ON CAMP BOWIE	35-2476945-001
LAW OFFICE OF TOM HALL 401(K) PLAN	LAW OFFICE OF TOM HALL	36-4516842-001
ALL AMERICAN LOGISTICS LLC 401(K)	ALL AMERICAN LOGISTICS LLC	42-1537501-001
SHELBY NELSON, D.D.S., LLC. 401K PLAN	SHELBY NELSON, D.D.S., LLC.	45-4139772-001

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	b Name of plan sponsor	c EIN-PN
STRATEGIC GOVERNMENT RESOURCE 401K PLAN	STRATEGIC GOVERNMENT RESOURCE	46-0501585-001
FORT WORTH INFECTIOUS DISEASE CONSULTANTS	FORT WORTH INFECTIOUS DISEASE CONSULTANTS	47-4692097-001
CRUX TECHNOLOGY AND SECURITY	CRUX TECHNOLOGY AND SECURITY	47-5369761-001
TRINITY BANK 401K PSP	TRINITY BANK	48-1302344-001
STRIC-LAN COMPANIES CORP 401K	STRIC-LAN COMPANIES CORP	72-1087445-002
FIRST NATIONAL BANK & TRUST-CHICKASHA OK	FIRST NATIONAL BANK & TRUST-CHICKASHA OK	73-0181535-002
CHICKASHA NURSING CENTER, INC.401(K) PLAN	CHICKASHA NURSING CENTER, INC.	73-1095960-001
RECTOR & EARGLE PC 401K PLAN	RECTOR & EARGLE PC	74-2797676-001
KLEMENT 401 (K) PLAN	KLEMENT	74-2938731-001
THOMAS PICKETT & COMPANY INC. 401K	THOMAS PICKETT & COMPANY INC.	75-0893951-001
RETIREMENT PLAN FOR EMPLOYEES OF AAPL	AAPL	75-0975500-001
AMERICAN PAINT HORSE ASSOC. 401(K)	AMERICAN PAINT HORSE ASSOC.	75-1104655-002

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	GRACO SUPPLY COMPANY 401 (K) PLAN II		
b Name of plan sponsor	GRACO SUPPLY COMPANY	**c** EIN-PN	75-1246622-001
a Plan name	SEMPCO SURVEYING INC 401K PSP		
b Name of plan sponsor	SEMPCO SURVEYING INC	**c** EIN-PN	75-1249576-001
a Plan name	NORTEX REGIONAL PLANNING COMMISSION 401K		
b Name of plan sponsor	NORTEX REGIONAL PLANNING COMMISSION	**c** EIN-PN	75-1279193-001
a Plan name	APPLIED AVIONICS, INC		
b Name of plan sponsor	APPLIED AVIONICS, INC	**c** EIN-PN	75-1293954-001
a Plan name	FRED PARKER COMPANY, INC 401K PLAN & TRUST		
b Name of plan sponsor	FRED PARKER COMPANY, INC	**c** EIN-PN	75-1364275-001
a Plan name	TANK BUILDERS, INC. 401K PSP		
b Name of plan sponsor	TANK BUILDERS, INC.	**c** EIN-PN	75-1380575-002
a Plan name	RANGER PLANT CONSTRUCTIONAL 401K PLAN		
b Name of plan sponsor	RANGER PLANT CONSTRUCTIONAL	**c** EIN-PN	75-1427425-001
a Plan name	HUITT-ZOLLARS INC EMPLOYEE RETIREMENT PLAN		
b Name of plan sponsor	HUITT-ZOLLARS INC	**c** EIN-PN	75-1500178-001
a Plan name	EMMETT W JOHNSON CO. 401K PLAN		
b Name of plan sponsor	EMMETT W JOHNSON CO.	**c** EIN-PN	75-1525693-001
a Plan name	PURDY-MCGUIRE, INC. 401K PLAN		
b Name of plan sponsor	PURDY-MCGUIRE, INC.	**c** EIN-PN	75-1533409-001
a Plan name	ROGERS & ASSOCIATES 401K PSP		
b Name of plan sponsor	ROGERS & ASSOCIATES	**c** EIN-PN	75-1580611-002
a Plan name	EXCELL MACHINE CO INC		
b Name of plan sponsor	EXCELL MACHINE CO INC	**c** EIN-PN	75-1595988-001

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	b Name of plan sponsor	c EIN-PN
DOUGLAS MARTIN, D.D.S. P.C.	DOUGLAS MARTIN, D.D.S. P.C.	75-1708170-001
METRO POOL CHEMICAL 401K PLAN	METRO POOL CHEMICAL	75-1743515-001
DR.MARY MILAM, MD, PA 401(K) PLAN	DR.MARY MILAM, MD, PA	75-1755030-001
PRITCHARD & ABBOTT INC 401K PLAN	PRITCHARD & ABBOTT INC	75-1782738-003
JAY MILLS CONTRACTING, INC. 401K PLAN	JAY MILLS CONTRACTING, INC.	75-1791626-002
REYNOLDS ASPHALT & CONSTRUCTION 401K I	REYNOLDS ASPHALT & CONSTRUCTION	75-1792271-002
BRYAN EPPSTEIN AND CO PSP	BRYAN EPPSTEIN AND CO	75-1865268-001
WELDON EMPLOYEE 401K PSP TRUST	WELDON EMPLOYEE	75-1956252-001
PRESBYTERIAN NIGHT SHELTER OF TARRANT COUNTY 401(K) PLAN I	PRESBYTERIAN NIGHT SHELTER OF TARRANT COUNTY	75-1985591-001
J BYLER RIVET SUPPLY INC 401K	J BYLER RIVET SUPPLY INC	75-2051363-001
RAY NOTEBOOM PAINT CO 401K PLAN & TRUST	RAY NOTEBOOM PAINT CO	75-2075268-001
R.E. MCCLELLEN CONSTRUCTION INC 401(K)	R.E. MCCLELLEN CONSTRUCTION INC	75-2117119-001

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	TEXAS PIPE WORKS, INC 401(K) PLAN & TRUST			
b Name of plan sponsor	TEXAS PIPE WORKS, INC	**c**	EIN-PN	75-2186535-001
a Plan name	WESTSIDE POOLS & SERVICES, INC. 401K PLAN			
b Name of plan sponsor	WESTSIDE POOLS & SERVICES, INC.	**c**	EIN-PN	75-2332432-001
a Plan name	CUSTOM INFORMATION SERVICES 401K PLAN			
b Name of plan sponsor	CUSTOM INFORMATION SERVICES	**c**	EIN-PN	75-2344804-001
a Plan name	STANLEY D. TURNER, D.D.S., P.C. 401K			
b Name of plan sponsor	STANLEY D. TURNER, D.D.S., P.C.	**c**	EIN-PN	75-2406488-001
a Plan name	WILLBANKS METALS, INC 401(K) PROFIT SHARING PLANS AND TRUST			
b Name of plan sponsor	WILLBANKS METALS, INC	**c**	EIN-PN	75-2436310-002
a Plan name	BALCOM AGENCY 401(K) TRUST			
b Name of plan sponsor	BALCOM AGENCY	**c**	EIN-PN	75-2460739-001
a Plan name	TAYLOR OLSON ADKINS SRALLA ELAM LLP 401K			
b Name of plan sponsor	TAYLOR OLSON ADKINS SRALLA ELAM LLP	**c**	EIN-PN	75-2581437-001
a Plan name	E-MC ELECTRICAL, INC. 401K PLAN AND TRUST			
b Name of plan sponsor	E-MC ELECTRICAL, INC.	**c**	EIN-PN	75-2615235-002
a Plan name	IAC LTD 401K PSP & TRUST			
b Name of plan sponsor	IAC LTD	**c**	EIN-PN	75-2642669-001
a Plan name	CYBERLINK USA 401(K) PLAN			
b Name of plan sponsor	CYBERLINK USA	**c**	EIN-PN	75-2656464-001
a Plan name	FW ALLERGY & ASTHMA ASSOC 401K			
b Name of plan sponsor	FW ALLERGY & ASTHMA ASSOC	**c**	EIN-PN	75-2682338-002
a Plan name	PERMIAN BASIN LOCAL WORKFORCE DEVELOPMENT			
b Name of plan sponsor	PERMIAN BASIN LOCAL WORKFORCE DEVELOPMENT	**c**	EIN-PN	75-2770711-001

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	b Name of plan sponsor	c EIN-PN
METAL WORK PNEUMATICS USA, INC 401K	METAL WORK PNEUMATICS USA, INC	75-2781944-001
JAGEE MANAGEMENT 401K	JAGEE MANAGEMENT	75-2847672-002
GROUT TECH INC. 401(K)	GROUT TECH INC.	75-2862816-001
COASTAL VALVE SALES AND WELLHEAD WORKS 401	COASTAL VALVE SALES AND WELLHEAD WORKS	75-2905313-001
UNION GOSPEL MISSION 401K PLAN & TRUST	UNION GOSPEL MISSION	75-6054677-001
CLEAR FORK CONSTRUCTION 401K PLAN	CLEAR FORK CONSTRUCTION	80-0396544-001
KDI 401 (K) PLAN	KDI	81-2256495-001
INDECA CRUDE XPRESS LLC 401(K) PLAN	INDECA CRUDE XPRESS LLC	81-5430089-001
SNS ERECTORS 401(K) PLAN	SNS ERECTORS	82-1743432-001
DIANA RAULSTON, DDS 401K PLAN & TRUST	DIANA RAULSTON, DDS	82-2800243-001
CLASS 5 CAPITAL INVESTMENTS, LLC	CLASS 5 CAPITAL INVESTMENTS, LLC	83-1175339-001

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 06/01/2024 and ending 05/31/2025

A Name of plan
STARTRACK RETIREMENT INCOME FUND

B Three-digit plan number (PN) ▶ 169

C Plan sponsor's name as shown on line 2a of Form 5500
MATRIX TRUST COMPANY

D Employer Identification Number (EIN)
75-3182674

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	9	10
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2366	4904
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	257168	231142
(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)		
(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)	16475094	14741849
(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	16734637	14977905
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	9404	11321
k Total liabilities (add all amounts in lines 1g through1j)	1k	9404	11321
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	16725233	14966584

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a **Contributions:**			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b **Earnings on investments:**			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	231142	
(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)		231142
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	389035	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		389035
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(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)		399502
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1019679

Expenses

		(a) Amount	(b) Total
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	69189	
(6) Bank or trust company trustee/custodial fees	2i(6)	13179	
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		82368
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		82368

Net Income and Reconciliation

		(a) Amount	(b) Total
k Net income (loss). Subtract line **2j** from line **2d**	2k		937311
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		2695960

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.)	**4a**			
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.)	**4b**			
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.)	**4c**			
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.)	**4d**			
e	Was this plan covered by a fidelity bond?	**4e**			
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
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.)	**4j**			
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l	Has the plan failed to provide any benefit when due under the plan?	**4l**			
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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

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

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

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

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