

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 THE SCOTT FETZER COMPANY COLLECTIVE INVESTMENT TRUST, 1b Three-digit plan number (PN) 015, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) THE SCOTT FETZER COMPANY, 2b Employer Identification Number (EIN) 47-0691256, 2c Plan Sponsor's telephone number 440-892-3000, 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.

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	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 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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 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) (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 <u> 0 </u> (4) <input checked="" 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 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 THE SCOTT FETZER COMPANY COLLECTIVE INVESTMENT TRUST	B Three-digit plan number (PN) ▶	015
C Plan sponsor's name as shown on line 2a of Form 5500 THE SCOTT FETZER COMPANY	D Employer Identification Number (EIN) 47-0691256	

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

KEYBANK NATIONAL ASSOCIATION

34-0797057

(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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(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>THE SCOTT FETZER COMPANY COLLECTIVE INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>015</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE SCOTT FETZER COMPANY</u>	D Employer Identification Number (EIN) <u>47-0691256</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:		
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)

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 THE SCOTT FETZER PENSION PLAN

b Name of plan sponsor THE SCOTT FETZER COMPANY **c** EIN-PN 47-0691256-098

a Plan name THE SCOTT FETZER PENSION PLAN FOR HOURLY EMPLOYEES OF ADALET

b Name of plan sponsor ADALET/SCOTT FETZER COMPANY **c** EIN-PN 47-0691259-002

a Plan name THE SCOTT FETZER PENSION PLAN FOR HOURLY EMPLOYEES OF WAYNE

b Name of plan sponsor WAYNE/SCOTT FETZER COMPANY **c** EIN-PN 47-0691267-065

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 THE SCOTT FETZER COMPANY COLLECTIVE INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 THE SCOTT FETZER COMPANY	D Employer Identification Number (EIN) 47-0691256

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
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	0 61695
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5609216 16279134
(2) U.S. Government securities	1c(2)	74149 60233
(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)	0 3940808
(B) Common	1c(4)(B)	77368666 68768196
(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)	
(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	83052031	89110066
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	83052031	89110066

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)	719287	
(B) U.S. Government securities.....	2b(1)(B)	4480	
(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)		723767
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	26400	
(B) Common stock.....	2b(2)(B)	106975	
(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)		133375
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	24195184	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	24105165	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		90019
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	12466008	
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13413169

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)		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)		
(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)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13413169
l Transfers of assets:			
(1) To this plan.....	2l(1)		282229
(2) From this plan	2l(2)		7637363

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 _____.



Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

5% Report by Asset - Single Transaction

Valuation: \$83,026,381.38

Threshold: \$4,151,319.07

Base Currency: USD

Tran Type Settle Date	Asset Description	Asset Number Units/Par Portfolio Number	Purchase Cost/ Sale Proceeds	Broker Commission Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market
Sale 04/03/2024	T-MOBILE US INC COM	872590104 -95,000.0000 0993689.1	15,431,543.54	950.00 123.46	-10,641,197.00	-15,231,350.00	200,193.54
Purchase 04/03/2024	FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES	3140000V3 15,431,543.5400 0993689.1	15,431,543.54	0.00 0.00	15,431,543.54	15,431,543.54	0.00

End of Schedule



Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

5% Report by Asset - Aggregate Transactions

Asset Number		Asset Description	Purchase Cost/ Sale Proceeds	Valuation:	Broker	Other Expense	Threshold:	Previous	Base Currency:	Net Gain/Loss
Tran Type	Settle Dt	Units/Par		\$83,026,381.38	Commission		\$4,151,319.07	Annual Market	USD	on Market
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES								
Sale	01/02/2024	-475,894.9800	475,894.98		0.00	0.00		-475,894.98		0.00
Sale	01/04/2024	-4,178.0900	4,178.09		0.00	0.00		-4,178.09		0.00
Purchase	01/08/2024	169.9900	169.99		0.00	0.00		169.99		0.00
Sale	01/12/2024	-12,218.1800	12,218.18		0.00	0.00		-12,218.18		0.00
Purchase	01/16/2024	736.6400	736.64		0.00	0.00		736.64		0.00
Sale	01/18/2024	-187.1100	187.11		0.00	0.00		-187.11		0.00
Purchase	01/22/2024	189.3600	189.36		0.00	0.00		189.36		0.00
Sale	01/25/2024	-34,906.7000	34,906.70		0.00	0.00		-34,906.70		0.00
Sale	01/29/2024	-1,500.0000	1,500.00		0.00	0.00		-1,500.00		0.00
Sale	02/01/2024	-480,451.4200	480,451.42		0.00	0.00		-480,451.42		0.00
Purchase	02/02/2024	152.9200	152.92		0.00	0.00		152.92		0.00
Sale	02/05/2024	-4,263.0400	4,263.04		0.00	0.00		-4,263.04		0.00
Sale	02/08/2024	-3,099.8800	3,099.88		0.00	0.00		-3,099.88		0.00
Sale	02/12/2024	-21,493.3300	21,493.33		0.00	0.00		-21,493.33		0.00
Sale	02/15/2024	-19,250.7500	19,250.75		0.00	0.00		-19,250.75		0.00
Sale	02/16/2024	-21,530.3300	21,530.33		0.00	0.00		-21,530.33		0.00
Purchase	02/20/2024	1,834.8500	1,834.85		0.00	0.00		1,834.85		0.00
Sale	02/28/2024	-59,425.8100	59,425.81		0.00	0.00		-59,425.81		0.00
Sale	03/01/2024	-483,294.5000	483,294.50		0.00	0.00		-483,294.50		0.00
Sale	03/05/2024	-13,481.9100	13,481.91		0.00	0.00		-13,481.91		0.00
Sale	03/07/2024	-153.2700	153.27		0.00	0.00		-153.27		0.00
Purchase	03/14/2024	61,867.5400	61,867.54		0.00	0.00		61,867.54		0.00
Purchase	03/15/2024	742.8400	742.84		0.00	0.00		742.84		0.00
Purchase	03/20/2024	481.6200	481.62		0.00	0.00		481.62		0.00
Purchase	03/22/2024	297.9900	297.99		0.00	0.00		297.99		0.00
Sale	03/25/2024	-56,209.3300	56,209.33		0.00	0.00		-56,209.33		0.00



Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

5% Report by Asset - Aggregate Transactions (Continued)

Asset Number		Asset Description Units/Par	Purchase Cost/ Sale Proceeds	Valuation: \$83,026,381.38		Threshold: \$4,151,319.07		Base Currency: USD	
Tran Type	Settle Dt			Broker Commission	Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market	
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES							
Sale	03/29/2024	-298,986.8400	298,986.84	0.00	0.00	-298,986.84	-298,986.84	0.00	
Sale	04/01/2024	-483,048.5300	483,048.53	0.00	0.00	-483,048.53	-483,048.53	0.00	
Purchase	04/03/2024	15,431,543.5400	15,431,543.54	0.00	0.00	15,431,543.54	15,431,543.54	0.00	
Sale	04/08/2024	-7,641.0600	7,641.06	0.00	0.00	-7,641.06	-7,641.06	0.00	
Purchase	04/09/2024	25,500.0000	25,500.00	0.00	0.00	25,500.00	25,500.00	0.00	
Sale	04/15/2024	-47,469.3500	47,469.35	0.00	0.00	-47,469.35	-47,469.35	0.00	
Purchase	04/19/2024	118.9500	118.95	0.00	0.00	118.95	118.95	0.00	
Purchase	04/22/2024	493.4000	493.40	0.00	0.00	493.40	493.40	0.00	
Sale	04/26/2024	-605.5700	605.57	0.00	0.00	-605.57	-605.57	0.00	
Sale	05/01/2024	-441,171.6100	441,171.61	0.00	0.00	-441,171.61	-441,171.61	0.00	
Sale	05/02/2024	-6,213.2200	6,213.22	0.00	0.00	-6,213.22	-6,213.22	0.00	
Sale	05/08/2024	-1,479.1200	1,479.12	0.00	0.00	-1,479.12	-1,479.12	0.00	
Purchase	05/15/2024	8,023.6700	8,023.67	0.00	0.00	8,023.67	8,023.67	0.00	
Sale	05/16/2024	-709.4600	709.46	0.00	0.00	-709.46	-709.46	0.00	
Purchase	05/20/2024	481.2100	481.21	0.00	0.00	481.21	481.21	0.00	
Sale	05/21/2024	-24,641.6500	24,641.65	0.00	0.00	-24,641.65	-24,641.65	0.00	
Sale	05/28/2024	-4,201.1800	4,201.18	0.00	0.00	-4,201.18	-4,201.18	0.00	
Sale	06/03/2024	-418,107.5400	418,107.54	0.00	0.00	-418,107.54	-418,107.54	0.00	
Sale	06/05/2024	-81,560.8600	81,560.86	0.00	0.00	-81,560.86	-81,560.86	0.00	
Sale	06/06/2024	-1,507.0400	1,507.04	0.00	0.00	-1,507.04	-1,507.04	0.00	
Sale	06/11/2024	-253,636.3800	253,636.38	0.00	0.00	-253,636.38	-253,636.38	0.00	
Purchase	06/14/2024	1,759,896.0500	1,759,896.05	0.00	0.00	1,759,896.05	1,759,896.05	0.00	
Purchase	06/17/2024	783.0900	783.09	0.00	0.00	783.09	783.09	0.00	
Sale	06/18/2024	-60,047.7200	60,047.72	0.00	0.00	-60,047.72	-60,047.72	0.00	
Purchase	06/20/2024	1,355.2600	1,355.26	0.00	0.00	1,355.26	1,355.26	0.00	



Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

5% Report by Asset - Aggregate Transactions (Continued)

Asset Number		Asset Description Units/Par	Purchase Cost/ Sale Proceeds	Valuation: \$83,026,381.38		Threshold: \$4,151,319.07	Base Currency: USD	
Tran Type	Settle Dt			Broker Commission	Other Expense		Book Value	Previous Annual Market
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES						
Purchase	06/21/2024	78.1000	78.10	0.00	0.00	78.10	78.10	0.00
Sale	06/24/2024	-23,001.3300	23,001.33	0.00	0.00	-23,001.33	-23,001.33	0.00
Sale	07/01/2024	-417,674.9700	417,674.97	0.00	0.00	-417,674.97	-417,674.97	0.00
Sale	07/05/2024	-11,321.8600	11,321.86	0.00	0.00	-11,321.86	-11,321.86	0.00
Sale	07/08/2024	-7,674.0000	7,674.00	0.00	0.00	-7,674.00	-7,674.00	0.00
Sale	07/10/2024	-2,916.4800	2,916.48	0.00	0.00	-2,916.48	-2,916.48	0.00
Purchase	07/15/2024	1,063.6000	1,063.60	0.00	0.00	1,063.60	1,063.60	0.00
Purchase	07/16/2024	25,500.0000	25,500.00	0.00	0.00	25,500.00	25,500.00	0.00
Purchase	07/22/2024	483.2400	483.24	0.00	0.00	483.24	483.24	0.00
Purchase	07/23/2024	493.8000	493.80	0.00	0.00	493.80	493.80	0.00
Sale	07/29/2024	-37,492.0000	37,492.00	0.00	0.00	-37,492.00	-37,492.00	0.00
Sale	08/01/2024	-413,639.8000	413,639.80	0.00	0.00	-413,639.80	-413,639.80	0.00
Purchase	08/07/2024	255.1200	255.12	0.00	0.00	255.12	255.12	0.00
Purchase	08/15/2024	7,552.5600	7,552.56	0.00	0.00	7,552.56	7,552.56	0.00
Sale	08/19/2024	-11,586.4600	11,586.46	0.00	0.00	-11,586.46	-11,586.46	0.00
Purchase	08/20/2024	652.9600	652.96	0.00	0.00	652.96	652.96	0.00
Sale	08/21/2024	-8,000.0000	8,000.00	0.00	0.00	-8,000.00	-8,000.00	0.00
Sale	08/22/2024	-197.4700	197.47	0.00	0.00	-197.47	-197.47	0.00
Sale	08/29/2024	-93.6100	93.61	0.00	0.00	-93.61	-93.61	0.00
Sale	09/03/2024	-413,373.4900	413,373.49	0.00	0.00	-413,373.49	-413,373.49	0.00
Sale	09/06/2024	-580.5500	580.55	0.00	0.00	-580.55	-580.55	0.00
Sale	09/11/2024	-1,500.0000	1,500.00	0.00	0.00	-1,500.00	-1,500.00	0.00
Purchase	09/16/2024	194,344.3100	194,344.31	0.00	0.00	194,344.31	194,344.31	0.00
Purchase	09/18/2024	134.4900	134.49	0.00	0.00	134.49	134.49	0.00
Sale	09/19/2024	-878.1400	878.14	0.00	0.00	-878.14	-878.14	0.00



Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

5% Report by Asset - Aggregate Transactions (Continued)

Asset Number		Asset Description Units/Par	Purchase Cost/ Sale Proceeds	Valuation: \$83,026,381.38		Threshold: \$4,151,319.07	Base Currency: USD	
Tran Type	Settle Dt			Broker Commission	Other Expense		Book Value	Previous Annual Market
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES						
Purchase	09/20/2024	437.1000	437.10	0.00	0.00	437.10	437.10	0.00
Sale	09/23/2024	-16,595.0000	16,595.00	0.00	0.00	-16,595.00	-16,595.00	0.00
Sale	09/25/2024	-226,121.0000	226,121.00	0.00	0.00	-226,121.00	-226,121.00	0.00
Sale	09/30/2024	-3,061.1500	3,061.15	0.00	0.00	-3,061.15	-3,061.15	0.00
Purchase	10/01/2024	73,419.9100	73,419.91	0.00	0.00	73,419.91	73,419.91	0.00
Sale	10/02/2024	-488,126.0700	488,126.07	0.00	0.00	-488,126.07	-488,126.07	0.00
Sale	10/08/2024	-12,640.0700	12,640.07	0.00	0.00	-12,640.07	-12,640.07	0.00
Sale	10/15/2024	-14,287.1900	14,287.19	0.00	0.00	-14,287.19	-14,287.19	0.00
Purchase	10/21/2024	437.9300	437.93	0.00	0.00	437.93	437.93	0.00
Purchase	10/23/2024	25,265.7000	25,265.70	0.00	0.00	25,265.70	25,265.70	0.00
Sale	10/28/2024	-15,547.0800	15,547.08	0.00	0.00	-15,547.08	-15,547.08	0.00
Sale	10/31/2024	-94,880.0000	94,880.00	0.00	0.00	-94,880.00	-94,880.00	0.00
Sale	11/01/2024	-420,293.0700	420,293.07	0.00	0.00	-420,293.07	-420,293.07	0.00
Purchase	11/07/2024	105.1800	105.18	0.00	0.00	105.18	105.18	0.00
Sale	11/08/2024	-259.1000	259.10	0.00	0.00	-259.10	-259.10	0.00
Purchase	11/15/2024	7,671.6300	7,671.63	0.00	0.00	7,671.63	7,671.63	0.00
Sale	11/20/2024	-29,241.1200	29,241.12	0.00	0.00	-29,241.12	-29,241.12	0.00
Purchase	11/21/2024	26,655.2100	26,655.21	0.00	0.00	26,655.21	26,655.21	0.00
Sale	11/26/2024	-49,164.0000	49,164.00	0.00	0.00	-49,164.00	-49,164.00	0.00
Sale	11/29/2024	-739.9800	739.98	0.00	0.00	-739.98	-739.98	0.00
Sale	12/02/2024	-428,728.1300	428,728.13	0.00	0.00	-428,728.13	-428,728.13	0.00
Purchase	12/04/2024	80.3100	80.31	0.00	0.00	80.31	80.31	0.00
Purchase	12/12/2024	571.3400	571.34	0.00	0.00	571.34	571.34	0.00
Purchase	12/16/2024	824.8600	824.86	0.00	0.00	824.86	824.86	0.00
Sale	12/17/2024	-5,922.5900	5,922.59	0.00	0.00	-5,922.59	-5,922.59	0.00



Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

5% Report by Asset - Aggregate Transactions (Continued)

Asset Number		Asset Description	Purchase Cost/ Sale Proceeds	Valuation:	Broker Commission	Other Expense	Threshold:	Previous Annual Market	Base Currency: USD	Net Gain/Loss on Market
Tran Type	Settle Dt	Units/Par		\$83,026,381.38			\$4,151,319.07			
3140000V3		FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES								
Purchase	12/20/2024	451.0700	451.07		0.00	0.00	451.07	451.07		0.00
Sale	12/23/2024	-12,559.2400	12,559.24		0.00	0.00	-12,559.24	-12,559.24		0.00
Sale	12/30/2024	-569.3500	569.35		0.00	0.00	-569.35	-569.35		0.00

65 Issue Sales

39 Issue Purchases

Asset Number		Asset Description	Purchase Cost/ Sale Proceeds	Valuation:	Broker Commission	Other Expense	Threshold:	Previous Annual Market	Base Currency: USD	Net Gain/Loss on Market
Tran Type	Settle Dt	Units/Par		\$83,026,381.38			\$4,151,319.07			
872590104		T-MOBILE US INC COM								
Sale	04/03/2024	-95,000.0000	15,431,543.54		950.00	123.46	-10,641,197.00	-15,231,350.00		200,193.54

1 Issue Sales

End of Schedule



Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

5% Report by Broker - Aggregate Transactions for Securities

Valuation: \$83,026,381.38

Threshold: \$4,151,319.07

Base Currency: USD

Tran Type Settle Date	Broker/Party Asset Description	Asset Number Units/Par	Purchase Cost/ Sale Proceeds	Broker Commission Other Expense	Book Value	Previous Annual Market	Net Gain/Loss on Market
Merrill Lynch,Pierce,Fenner & Smith Inc.							
Sale 04/03/2024	T-MOBILE US INC COM	872590104 -95,000.0000	15,431,543.54	950.00 123.46	-10,641,197.00	-15,231,350.00	200,193.54
End of Broker/Party							

End of Schedule



Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
January 01, 2024 - December 31, 2024

5% Report by Broker - Aggregate Transactions for Non-Securities

No activity this period based on a beginning valuation of \$83,026,381.38 and a transaction threshold of \$4,151,319.07.



THE SCOTT FETZER COMPANY COLLECTIVE INVESTMENT TRUST
 EIN: 47-0691256 PN: 015
 SCHEDULE H 4(i) SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Equity						
Common Stock						
AMAZON COM INC COM 0993689.1	023135106 0.00% 70,000.0000	219.390 15,357,300.00	Level1 17.25%	 82.21 0.00	5,754,621.05 10,635,800.00	9,602,678.95 4,721,500.00
DAVITA INC 0993689.1	23918K108 0.00% 200,000.0000	149.550 29,910,000.00	Level1 33.59%	 52.17 0.00	10,433,899.72 20,952,000.00	19,476,100.28 8,958,000.00
SIRIUSXM HOLDINGS INC COM 0993689.1	829933100 4.74% 167,500.0000	22.800 3,819,000.00	Level1 4.29%	 28.21 0.00	4,725,711.43 5,756,000.00	-906,711.43 -1,937,000.00
VERISIGN INC COM 0993689.1	92343E102 0.00% 95,100.0000	206.960 19,681,896.00	Level1 22.10%	 48.31 0.00	4,594,604.34 19,586,796.00	15,087,291.66 95,100.00
Total Common Stock		68,768,196.00	77.23%	N/A 0.00	25,508,836.54 56,930,596.00	43,259,359.46 11,837,600.00
Non-US Common Stock						
AON PLC FGN COM CL A 0993689.1	G0403H108 0.75% 10,000.0000	359.160 3,591,600.00	Level1 4.03%	 227.23 0.00	2,272,297.00 2,910,200.00	1,319,303.00 681,400.00
LIBERTY LATIN AMERICA LTD FGN COM CL A 0993689.1	G9001E102 0.00% 54,907.0000	6.360 349,208.52	Level n/a 0.39%	 34.36 0.00	1,886,810.75 401,370.17	-1,537,602.23 -52,161.65
Total Non-US Common Stock		3,940,808.52	4.43%	N/A 0.00	4,159,107.75 3,311,570.17	-218,299.23 629,238.35



THE SCOTT FETZER COMPANY COLLECTIVE INVESTMENT TRUST
 EIN: 47-0691256 PN: 015
 SCHEDULE H 4(i) SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Total Equity		72,709,004.52	81.65%	N/A 0.00	29,667,944.29 60,242,166.17	43,041,060.23 12,466,838.35
Fixed Income						
Government Mortgage Back						
FREDDIE MAC GOLD POOL C63675 DTD 02/01/02 6.50% DUE 02/01/32 0993689.1	31287PCL5 6.34%	102.448	Level2			
	23,249.9400	23,819.10	0.03%	145.69 125.94	33,873.00 24,227.35	-10,053.90 -408.25
FREDDIE MAC GOLD POOL C01364 DTD 06/01/02 6.50% DUE 06/01/32 0993689.1	31292HQR8 6.33%	102.652	Level2			
	17,143.5000	17,598.15	0.02%	122.90 92.86	21,068.95 17,744.55	-3,470.80 -146.40
GOVERNMENT NATL MTG ASSN II POOL 2958 DTD 08/01/00 8.000% DUE 08/20/30 0993689.1	36202DJB8 7.68%	104.160	Level2			
	18,064.0243	18,815.49	0.02%	727.37 120.43	131,392.04 19,091.69	-112,576.55 -276.20
Total Government Mortgage Back		60,232.74	0.07%	N/A 339.23	186,333.99 61,063.59	-126,101.25 -830.85
Total Fixed Income		60,232.74	0.07%	N/A 339.23	186,333.99 61,063.59	-126,101.25 -830.85
Cash and Cash Equivalents						
Money Market Funds						
FEDERATED GOVERNMENT OBLIGATIONS INSTITUTIONAL SHARES 0993689.1	3140000V3 4.34%	1.000	Level n/a			
	16,279,133.9000	16,279,133.90	18.28%	1.00 61,355.41	16,279,133.90 16,279,133.90	0.00 0.00



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 EIN: 47-0691256 PN: 015
 SCHEDULE H 4(i) SCHEDULE OF ASSETS
 (HELD AT END OF YEAR)

Account Statement

SCOTT FETZER COLL INV FD CONS 0993689
 January 01, 2024 - December 31, 2024

Detailed Schedule of Holdings - Principal Assets (Continued)

Base Currency: USD

Security Description Portfolio Number	Asset Number Yield on Market Units/Par	Unit Price Price Date Market Value	FV Level* % of MV	Avg Unit Cost Accrued Income	Book Value Revalued Cost	Unrealized Gain/Loss On Book Value On Revalued Cost
Total Money Market Funds		16,279,133.90	18.28%	N/A 61,355.41	16,279,133.90 16,279,133.90	0.00 0.00
Total Cash and Cash Equivalents		16,279,133.90	18.28%	N/A 61,355.41	16,279,133.90 16,279,133.90	0.00 0.00
Net Holdings		89,048,371.16	100.00%	N/A 61,694.64	46,133,412.18 76,582,363.66	42,914,958.98 12,466,007.50
Total Holdings Principal Assets		\$89,048,371.16	100.00%	N/A \$61,694.64	\$46,133,412.18 \$76,582,363.66	\$42,914,958.98 \$12,466,007.50
Total Holdings		\$89,048,371.16			\$46,133,412.18 \$76,582,363.66	\$42,914,958.98 \$12,466,007.50
Accrued Income On						
Principal Holdings		61,694.64		61,694.64	61,694.64	
Total Accrued Income		61,694.64		61,694.64	61,694.64	
Total Holdings with Accrued Income		\$89,110,065.80			\$46,195,106.82 \$76,644,058.30	\$42,914,958.98 \$12,466,007.50