

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 <h2 style="text-align: center;">2023</h2> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

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

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 <u>KERR GROUP, INC. RETIREMENT INCOME PLAN I</u>	1b	Three-digit plan number (PN) ▶	<u>018</u>
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) <u>KERR GROUP, LLC</u> <u>P.O. BOX 959</u> <u>EVANSVILLE, IN 47706-0959</u>	1c	Effective date of plan	<u>10/15/1998</u>
	2b	Employer Identification Number (EIN)	<u>95-0898810</u>
	2c	Plan Sponsor's telephone number	<u>812-424-2904</u>
	2d	Business code (see instructions)	<u>326100</u>

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.	07/14/2025	JUSTINE MURPHY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> 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: a Sponsor's name PLIANT, LLC c Plan Name KERR GROUP, INC. RETIREMENT INCOME PLAN I	4b EIN 95-0898810	4d PN 018
	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.....	6a(1)	0
	6a(2)	0
	6b	278
	6c	47
	6d	325
	6e	80
	6f	405
	6g(1)	
6g(2)		
6h		0
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:
1A 1I 3H

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) <input checked="" type="checkbox"/> Insurance	(1) <input checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

a Pension Schedules

- (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) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 2
- (4) **C** (Service Provider Information)
- (5) **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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan KERR GROUP, INC. RETIREMENT INCOME PLAN I		B Three-digit plan number (PN) ▶	018
C Plan sponsor's name as shown on line 2a of Form 5500 KERR GROUP, LLC		D Employer Identification Number (EIN) 95-0898810	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	00000	AC-157	39	10/01/2003	09/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 3823
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AXA EQUITABLE LIFE ASSURANCE CO **PO BOX 4998**
SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	3823	ADMINISTRATIVE FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	56096
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	13385
▶ INVESTMENT INCOME AND UNREALIZED GAIN/LOSS		
(6) Total additions	7c(6)	13385
d Total of balance and additions (add lines 7b and 7c(6))	7d	69481
e Deductions:		
	7e(1)	5369
	7e(2)	3823
	7e(3)	
	7e(4)	
(5) Total deductions	7e(5)	9192
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	60289

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan KERR GROUP, INC. RETIREMENT INCOME PLAN I		B Three-digit plan number (PN) ▶ 018
C Plan sponsor's name as shown on line 2a of Form 5500 KERR GROUP, LLC		D Employer Identification Number (EIN) 95-0898810

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	0000	AC-165	3	10/01/2023	09/30/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 634
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

EQUITABLE LIFE ASSURANCE COMPANY **PO BOX 4998**
SYRACUSE, NY 13221

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	634	ADMINISTRATIVE FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	10771
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account.....	7c(4)	
(5) Other (specify below)	7c(5)	2446
▶ INVESTMENT INCOME AND UNREALIZED GAIN/LOSS		
(6) Total additions	7c(6)	2446
d Total of balance and additions (add lines 7b and 7c(6))	7d	13217
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	395
(2) Administration charge made by carrier	7e(2)	634
(3) Transferred to separate account.....	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	1029
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	12188

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received		9a(1)	
(2) Increase (decrease) in amount due but unpaid.....		9a(2)	
(3) Increase (decrease) in unearned premium reserve		9a(3)	
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....		9b(1)	
(2) Increase (decrease) in claim reserves		9b(2)	
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention	9c(1)(H)		0
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	
10 Nonexperience-rated contracts:			
a Total premiums or subscription charges paid to carrier		10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount		10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>KERR GROUP, INC. RETIREMENT INCOME PLAN I</u>	B Three-digit plan number (PN) ▶	<u>018</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>KERR GROUP, LLC</u>	D Employer Identification Number (EIN) <u>95-0898810</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>		
2	Assets:		
	a Market value	2a	<u>11998641</u>
	b Actuarial value	2b	<u>12516743</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>370</u>	<u>7812299</u>
	b For terminated vested participants	<u>78</u>	<u>3075825</u>
	c For active participants	<u>0</u>	<u>0</u>
	d Total	<u>448</u>	<u>10888124</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	<u>5.03 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>115000</u>
	c Target normal cost	6c	<u>115000</u>

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		
	Signature of actuary	<u>07/14/2025</u>
	<u>KAREN KIM</u>	Date
	Type or print name of actuary	<u>23-07275</u>
	<u>CBIZ</u>	Most recent enrollment number
	Firm name	<u>267-800-1587</u>
	<u>1845 WALNUT STREET</u> <u>10TH FLOOR</u> <u>PHILADELPHIA, PA 19103</u>	Telephone number (including area code)
	Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	101963
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	101963
10	Interest on line 9 using prior year's actual return of <u>8.96</u> %	0	9136
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	111099

Part III Funding Percentages			
14	Funding target attainment percentage	14	113.93 %
15	Adjusted funding target attainment percentage	15	114.96 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.38 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
Totals ▶			18(b)	0	18(c)	0	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 0
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
26 Demographic and benefit information		
a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	115000	
b Excess assets, if applicable, but not greater than line 31a	31b	115000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021

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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **10/01/2023** and ending **09/30/2024**

A Name of plan KERR GROUP, INC. RETIREMENT INCOME PLAN I	B Three-digit plan number (PN) ▶	018
C Plan sponsor's name as shown on line 2a of Form 5500 KERR GROUP, LLC	D Employer Identification Number (EIN) 95-0898810	

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

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(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)

CBIZ BENEFITS AND INSURANCE SERVICE

31-1582098

(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?
11	NONE	23975	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)

FIFTH THIRD BANK

31-0676865

(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?
25	NONE	11229	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)

HARDING, SHYMANSKI & CO.

35-1346211

(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?
10	NONE	10300	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

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(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: THOMAS GRAHAM	b EIN: 31-1582098
c Position: ENROLLED ACTUARY	
d Address: 1845 WALNUT STREET 10TH FLOOR PHILADELPHIA, PA 19103	e Telephone: 215-587-0700

Explanation: ACTUARY LEFT THE FIRM.

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 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.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan KERR GROUP, INC. RETIREMENT INCOME PLAN I	B Three-digit plan number (PN) ▶ 018
C Plan sponsor's name as shown on line 2a of Form 5500 KERR GROUP, LLC	D Employer Identification Number (EIN) 95-0898810

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	53540	56353
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	364982	819986
(2) U.S. Government securities	1c(2)	1978334	2166592
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	5819106	5824346
(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)	1100424	1738137
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	66867	72477
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	2615388	1353890
(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	11998641	12031781
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
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	11998641	12031781

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)	31931	
(B) U.S. Government securities	2b(1)(B)	24989	
(C) Corporate debt instruments	2b(1)(C)	209239	
(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)		266159
(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)	66408	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		66408
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	4441527	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4424747	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		16780
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	652817	
(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)		294303
c Other income	2c		15831
d Total income. Add all income amounts in column (b) and enter total	2d		1312298

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1185625	
(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)		1185625
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)	564	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)	10300	
(5) Investment advisory and investment management fees	2i(5)	11229	
(6) Bank or trust company trustee/custodial fees	2i(6)	4457	
(7) Actuarial fees	2i(7)	23975	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	43008	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		93533
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1279158

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		33140
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

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: **HARDING SHYMANSKI & COMPANY PSC**

(2) EIN: **35-1346211**

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.)		X	
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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 540922.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>KERR GROUP, INC. RETIREMENT INCOME PLAN I</u>	B Three-digit plan number (PN) ▶	<u>018</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>KERR GROUP, LLC</u>	D Employer Identification Number (EIN) <u>95-0898810</u>	

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 31-0676865 13-5570651

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	1
--	---	---

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. Increase Decrease Both No

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

a Name of contributing employer _____

b EIN _____ **c** Dollar amount contributed by employer _____

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: Hourly Weekly Unit of production Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)	14a	
b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	14c	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment.....

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
 Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
 0-5 years 5-10 years 10-15 years 15 years or more

20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? Yes No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:
 Yes.
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.
 No. Other. Provide explanation.....

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.

***KERR GROUP, INC.
RETIREMENT INCOME PLAN I***

Financial Report

September 30, 2024

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Independent Auditor's Report

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INDEPENDENT AUDITOR'S REPORT



**HARDING, SHYMANSKI
& COMPANY, P.S.C.**

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Retirement Plans Committee
Kerr Group, Inc. Retirement Income Plan I

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the financial statements of the Kerr Group, Inc. Retirement Income Plan I (Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of September 30, 2024 and 2023, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated Plan benefits as of September 30, 2023, the related statement of changes in accumulated Plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from qualified institutions as of and for the years ended September 30, 2024 and 2023, stating that the certified investment information from the Trustee, as described in Note 5 to the financial statements, is complete and accurate and that the certified investment information from the Custodian, as described in Note 5 to the financial statements is complete and accurate to the best of their knowledge and belief.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

INDEPENDENT AUDITOR'S REPORT (CONTINUED)



Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Emphasis of Matter – Plan Termination

As described in Note 12 to the financial statements, an amendment to the Plan was made subsequent to September 30, 2024 to terminate the Plan. Our opinion has not been modified with respect to this matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued.

Management is also responsible for maintaining a current Plan instrument, including all Plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)



Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and; therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with U.S. GAAP.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Other Matters

Supplemental Schedules Required by ERISA



The supplemental schedules of assets (held at end of year) and of reportable transactions as of September 30, 2024 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Wardig, Skymanski & Company, P.S.C.

Evansville, Indiana
July 14, 2025

KERR GROUP, INC. RETIREMENT INCOME PLAN I

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
September 30, 2024 and 2023

	2024	2023
ASSETS		
Investments at fair value	\$ 11,902,952	\$ 11,878,234
Investments at contract value	<u>79,240</u>	<u>88,663</u>
Total investments	11,982,192	11,966,897
Receivables:		
Accrued income	<u>56,353</u>	<u>53,540</u>
Net assets available for benefits	<u>\$ 12,038,545</u>	<u>\$ 12,020,437</u>

See accompanying notes to the financial statements.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended September 30, 2024 and 2023

	2024	2023
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 963,010	\$ 721,240
Interest and dividends	<u>334,256</u>	<u>329,886</u>
Total additions	<u>1,297,266</u>	<u>1,051,126</u>
Deductions		
Benefits paid to participants	1,185,625	1,108,405
Administrative expenses	<u>93,533</u>	<u>141,417</u>
Total deductions	<u>1,279,158</u>	<u>1,249,822</u>
Net increase (decrease)	18,108	(198,696)
Beginning of year	<u>12,020,437</u>	<u>12,219,133</u>
End of year	<u>\$ 12,038,545</u>	<u>\$ 12,020,437</u>

See accompanying notes to the financial statements.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

STATEMENT OF ACCUMULATED PLAN BENEFITS

September 30, 2023

Actuarial present value of accumulated Plan benefits

Vested benefits:

Participants and beneficiaries currently receiving payments

\$ 7,499,983

Other participants

3,010,902

Total actuarial present value of accumulated Plan benefits

\$ 10,510,885

See accompanying notes to the financial statements.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Year Ended September 30, 2023

Actuarial present value of accumulated Plan benefits at beginning of period	<u>\$ 12,444,733</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated (including gains/losses)	(1,419,970)
Interest accumulation	594,527
Benefits paid	<u>(1,108,405)</u>
Net decrease	<u>(1,933,848)</u>
Actuarial present value of accumulated Plan benefits at end of period	<u><u>\$ 10,510,885</u></u>

See accompanying notes to the financial statements.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 1 – Plan Description

The following description of the Kerr Group, Inc. (Company) Retirement Income Plan I (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan sponsored by the Company covering all eligible employees of the Company. Effective June 3, 2005, Berry Plastics Corporation acquired the Company. The Plan covers employees at the following plants: Summit, Millville, Waxahachie, Maywood, Wilson, Lancaster, Dunkirk, Sand Springs, Santa Ana, Plainfield, Arlington, and Chicago. Effective April 14, 2017, Berry Plastics Corporation changed its name to Berry Global, Inc.

Effective October 14, 1998, the Plan was frozen for all employees. Participants will not accrue any additional retirement benefits under the Plan after that date but they will remain entitled to all benefits which have accrued under the Plan. They will also continue to earn service credit in order to satisfy any vesting or eligibility for early retirement requirements.

Effective October 15, 1998, the Plan Sponsor approved a resolution and Plan amendment in which the Kerr Group, Inc. Retirement Income Plan was effectively split into three separate pension plans: the Retirement Income Plan (covering active union employees), the Retirement Income Plan I (covering certain union employees currently receiving pension benefits and terminated employees with deferred vested benefit status), and the Retirement Income Plan II (covering active nonunion employees).

The Retirement Plans Committee (Committee) is responsible for oversight of the Plan. The Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance and reports to the Berry Global, Inc. Board of Managers.

The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code (IRC) and similar state laws. The Plan is subject to the provisions of ERISA. This Plan has a divided interest in a trust agreement covering more than one plan.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount at such times as the Committee determines which would meet or exceed the annual ERISA minimum funding requirement. The amount of the contribution to the Plan and the determination of the estimated accrued obligation for pension benefits are based on various assumptions made by an independent actuary as discussed in Note 3.

As there were no minimum funding requirements under ERISA for the years ended September 30, 2024 and 2023, the Company did not make any contributions to the Plan.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS
September 30, 2024 and 2023

Note 1 – Plan Description (Continued)

Pension Benefits

The benefits provided by the Plan include normal retirement and death benefits. The Plan provides pension benefits to participants currently receiving pension benefits and terminated employees with deferred vested status. The Plan incorporates a number of sub-plans covering participants at various locations. Participants are eligible for monthly pension benefit payments at retirement age, normally 65, equal to an amount, as defined, based on the accrued benefit as of the date of the Plan freeze. Employees may elect to receive their pension benefits in the form of a lump-sum, joint and survivor annuity, life, or level life income. Whenever the employment of a participant terminates for reasons other than early retirement, normal retirement, death, disability, or total and permanent disability, the participant is entitled to the value of their mandatory contribution benefits account, plus a percentage, based on years of service, of their accrued retirement benefits account.

The Plan permits early retirement at a reduced benefit when a participant attains at least age 50 and their combined age plus years of service equals or exceeds 80.

If an eligible employee terminates before five years of service is rendered or before age 65, notwithstanding early retirement, the employee is not entitled to any pension benefits from the Plan.

Participants should refer to the Plan agreement for a complete description of the benefit payment options available.

Supplemental Benefit

Certain locations provide for a supplemental pension benefit to assist employees in paying premiums for medical insurance. Participants should refer to the Plan agreement for a complete description of the benefit.

Death and Disability Benefits

A participant whose employment with all participating and affiliated companies is severed due to a participant's total and permanent disability prior to the earlier of when the participant attains age 65 or ceases to be disabled, shall continue to earn service credits in order to satisfy any vesting requirements and be entitled to receive retirement benefit under the Plan agreement.

Upon death of the participant, under the joint and survivor annuity and pre-retirement survivor annuity, beneficiaries will receive benefits as prescribed in the Plan agreement.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 2 – Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared under the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated Plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the advisors, Trustee, and Custodian. See Note 6 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Certain expenses incurred in connection with general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, investment related expenses are included in net appreciation in fair value of investments.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 3 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service that employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on the accrued benefit as of the date of the Plan freeze. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated benefits, as determined by an independent actuary from CBIZ Benefits and Insurance Services, is that amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant methods and assumptions underlying the actuarial computations of accumulated benefits as of October 1, 2023 are as follows:

Life Expectancy of Participants	Pri-2012 Amount-Weighted Blue Collar Mortality Tables with generational projection from 2012 using Scale MP-2021
Retirement Age Assumptions	Age 63
Assumed Discount Rates	5%
Assumed Asset Valuation Method	Three-year averaging of market value
Assumed Average Rates of Return	5%
Assumed Actuarial Cost Method	The present value of total accumulated benefits represents the present value of the benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the interest rate.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 3 – Actuarial Present Value of Accumulated Plan Benefits (Continued)

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of October 1, 2023. Had the valuation been completed as of September 30, there would be no material differences.

Note 4 – Plan Termination

The Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits for participants, or their beneficiaries, who have been receiving payments for at least three years, or were eligible to retire for that three-year period and would have received benefits if they had retired. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) up to the applicable limitations (discussed subsequently).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

To the extent that funds are available, benefits will be paid in full in each of the previously-mentioned distribution categories. If sufficient funds are not available to pay all the benefits in a category, then benefits in that category will be paid on a pro rata basis.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 4 – Plan Termination (Continued)

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC.

After all liabilities have been satisfied, the Company is entitled to the balance of the trust fund, if any. As described in Note 12, subsequent to September 30, 2024, an amendment to terminate the Plan was approved with an effective termination date of March 15, 2025.

Note 5 – Summary of Certified Financial Data by the Trustee and Custodian

The following is a summary of the Plan's financial information as of September 30, 2024 and 2023, and for the years then ended, included throughout the Plan's financial statements and supplemental schedules that were prepared by or derived from information provided by Fifth Third Bank, the Trustee, and Equitable Holdings, Inc. (Equitable), the Custodian, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that the following investments at fair value are complete and accurate. The Plan administrator has also obtained certifications from the Custodian that the following investments at contract value are complete and accurate to the best of their knowledge and belief. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedules related to the following assets:

<u>Net Assets Available for Benefits Held by Trustee and Custodian</u>	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 11,902,952	\$ 11,878,234
Investments at contract value	79,240	88,663
Accrued income	56,353	53,540
	<u>\$ 12,038,545</u>	<u>\$ 12,020,437</u>
 <u>Statements of Changes in Net Assets Available for Benefits</u>		
Investment income		
Net appreciation in fair value of investments	\$ 963,010	\$ 721,240
Interest and dividends	334,256	329,886
	<u>\$ 1,297,266</u>	<u>\$ 1,051,126</u>

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 6 – Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under the Financial Accounting Standards Board ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following are descriptions of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the years ended September 30, 2024 and 2023.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund: Valued at the daily closing price as reported by the fund. Money market funds held by the Plan are open-end money market funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The money market funds held by the Plan are deemed to be actively traded.

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 6 – Fair Value Measurements (Continued)

Corporate, municipal, and treasury bonds: Valued at the closing price reported on the active market on which the individual bond securities are traded.

The following table sets forth by level, within the fair value hierarchy, the fair value measurements as of September 30, 2024 and 2023:

	Fair Value Measurements as of September 30, 2024			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,738,136	\$ 0	\$ 0	\$ 1,738,136
Money market fund	819,985	0	0	819,985
Common stock	1,353,890	0	0	1,353,890
Corporate, municipal, and treasury bonds	7,990,941	0	0	7,990,941
Investments at fair value	<u>\$ 11,902,952</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 11,902,952</u>

	Fair Value Measurements as of September 30, 2023			
	Level 1	Level 2	Level 3	Total
Mutual funds	\$ 1,100,423	\$ 0	\$ 0	\$ 1,100,423
Money market fund	364,980	0	0	364,980
Common stock	2,615,388	0	0	2,615,388
Corporate, municipal, and treasury bonds	7,797,443	0	0	7,797,443
Investments at fair value	<u>\$ 11,878,234</u>	<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 11,878,234</u>

Note 7 – Fully Benefit-Responsive Investment Contracts

The Plan has entered into two traditional fully benefit-responsive guaranteed investment contracts with Equitable. Equitable maintains the contributions in two general accounts. These contracts meet the fully benefit-responsive investment contract criteria and; therefore, are reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. The accounts are credited with earnings on the underlying investments and charged for withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than four percent. The crediting rate is reviewed on a quarterly basis for resetting. The contract cannot be terminated before the scheduled maturity date.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 7 – Fully Benefit-Responsive Investment Contracts (Continued)

The Plan's ability to receive amounts due in accordance with fully benefit-responsive investment contracts is dependent on the third-party issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

Certain events might limit the ability of the Plan to transact at contract value with the contract issuer. These events may be different under each contract. Examples of such events include the following:

1. The failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA;
2. Premature termination of the contracts;
3. Amendments to the Plan Documents (including complete or partial Plan termination or merger with another Plan);
4. Changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions;
5. Bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the Plan.

No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contracts with the Plan and settle at an amount different from contract value. Those events may be different under each contract. Examples of such events include the following:

1. An uncured violation of the Plan's investment guidelines;
2. A breach of material obligation under the contract;
3. A material misrepresentation;
4. A material amendment to the agreements without the consent of the issuer.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 8 – Related Party Transactions and Party-in-Interest Transactions

Certain Plan investments including common stock of an affiliated company and insurance contracts are managed by Fifth Third Bank and Equitable, respectively. Fifth Third Bank and Equitable, the Trustee and Custodian as defined by the Plan, generate transactions that qualify as party-in-interest transactions. Fees paid by the Plan for the Trustee's and Custodian's services for the years ended September 30, 2024 and 2023 amounted to \$15,052 and \$15,586, respectively. Fees paid to other service providers, which are also considered party-in-interest transactions for the years ended September 30, 2024 and 2023 amounted to \$34,275 and \$52,100, respectively.

The Company provides certain administrative services at no cost to the Plan.

Note 9 – Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by letter dated January 23, 2017, that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and; therefore, believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing authorities; however, there are currently no audits for any tax periods in progress.

Note 10 – Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS

September 30, 2024 and 2023

Note 11 – Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at September 30, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 12,038,545	\$ 12,020,437
Differences in:		
Fully benefit-responsive investment contracts measured at fair value on Form 5500	<u>(6,764)</u>	<u>(21,796)</u>
Net assets available for benefits per Form 5500	<u>\$ 12,031,781</u>	<u>\$ 11,998,641</u>

The following is a reconciliation of the net increase to net assets available for benefits per the financial statements for the year ended September 30, 2024 to Form 5500:

Net increase in net assets available for benefits per the financial statements	\$ 18,108
Differences in:	
Fully benefit-responsive investment contracts measured at fair value on Form 5500	<u>15,032</u>
Net increase in net assets available for benefits per Form 5500	<u>\$ 33,140</u>

KERR GROUP, INC. RETIREMENT INCOME PLAN I

NOTES TO FINANCIAL STATEMENTS
September 30, 2024 and 2023

Note 12 – Subsequent Events

On December 31, 2024, the Plan Sponsor approved and executed a formal amendment terminating the Kerr Group, Inc. Retirement Income Plan I, effective March 15, 2025, in accordance with ERISA and applicable IRS guidance. The termination Amendment also includes updated provisions to reflect the compliance deadlines related to the SECURE Act 1.0 and 2.0, the CARES Act, and other statutory changes. The Plan administrator is authorized to take all necessary steps to implement the termination, including the purchase of annuity contracts for participants in pay status and the offer of lump-sum or annuity options to participants not yet receiving benefits. The Plan termination is subject to IRS and PBGC approval; as of the date of the financial statements, the Plan had not yet received approval from the IRS and PBGC and; therefore, the Plan had not yet terminated.

Additionally, on April 30, 2025, Berry Global Group, Inc., which is a significant investment holding of the Plan and is the parent company of Berry Global, Inc., was acquired by Amcor plc in an all-stock transaction. As a result, all Berry Global Group, Inc. common stock held by the Plan, which had a fair value of \$1,353,890 as of September 30, 2024, was converted into Amcor plc common stock at an exchange ratio of 7.25 Amcor plc shares for each Berry Global Group, Inc. share. This change does not affect the total fair value of Plan assets as of September 30, 2024. The Amcor plc shares remain subject to the Plan's liquidation strategy and will be reflected in the Plan's investment activity and financial statements for the 2025 Plan year.

The Plan has evaluated subsequent events through July 14, 2025, the date the financial statements were available to be issued.

--- SUPPLEMENTAL SCHEDULES ---

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Investments at Fair Value				
Adobe Inc.	Corporate Bond, Interest rate - 4.95%, through April 4, 2034	\$ 74,854	\$ 78,208	
Ally Finl Inc.	Corporate Bond, Interest rate - 2.20%, through November 2, 2028	84,300	76,471	
Amazon.com, Inc.	Corporate Bond, Interest rate - 1.5%, through June 3, 2030	151,866	131,232	
American Express Co.	Corporate Bond, Interest rate - variable through February 16, 2028 or Option Call February 16, 2027	65,098	66,247	
Apple Inc.	Corporate Bond, Interest rate - 2.2%, through September 11, 2029	92,269	83,415	
Austin, Texas	Municipal Bond, Interest rate - 4.0% through September 1, 2027	172,972	146,040	
Bank of New York Mellon Co.	Corporate Bond, Interest rate - variable through February 1, 2034 or Option Call February 1, 2033	67,444	70,468	
Bank of America Corp	Corporate Bond, Interest rate - variable through October 20, 2032	82,673	87,684	
Bank of America Commercial	Corporate Bond, Interest rate - 3.705%, through September 15, 2048	75,047	78,908	
Berkshire Hathaway Financial Corp	Corporate Bond, Interest rate - 1.85%, through March 12, 2030	157,376	134,381	
Blackrock Inc.	Corporate Bond, Interest rate - 5.0%, through March 14, 2034	85,047	88,596	
Capital One Financial Corp	Corporate Bond, Interest rate - variable through February 1, 2030 or Option Call February 1, 2029	70,186	72,491	
Caterpillar Financial Services Corp	Corporate Bond, Interest rate - 5.0%, through May 14, 2027	24,973	25,693	
Cincinnati Ohio Water Systems	Municipal Bond, Interest rate - 1.83%, through December 1, 2031	61,857	64,983	
Citigroup Inc	Corporate Bond, Interest rate - variable through January 29, 2031	80,898	72,886	
Columbus, Ohio	Municipal Bond, Interest rate - 3.647%, through April 1, 2031	59,804	59,024	
Comcast Corp	Corporate Bond, Interest rate - 5.25%, through November 7, 2025	44,988	45,484	
Conoco Phillips	Corporate Bond, Interest rate - 5.05%, through September 15, 2033	44,913	46,574	

See independent auditor's report.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Investments at Fair Value				
Consumers Energy	Corporate Bond, Interest rate - 4.65%, through March 1, 2028	\$ 89,833	\$ 91,495	
D.R. Horton Inc.	Corporate Bond, Interest rate - 1.4%, through October 15, 2027	149,570	138,852	
Duke Energy Florida, LLC	Corporate Bond, Interest rate - 1.75%, through June 15, 2030	84,074	74,258	
Enbridge Inc	Corporate Bond, Interest rate - 2.5%, through January 15, 2025	83,358	79,402	
Fannie Mae	Corporate Bond, Interest rate - 2.499%, through September 25, 2026	44,420	41,191	
Fannie Mae	Corporate Bond, Interest rate - variable through February 25, 2027	95,141	83,769	
Fannie Mae	Corporate Bond, Interest rate - 3.273%, through February 25, 2029	214,242	185,032	
Fannie Mae	Corporate Bond, Interest rate - 1.435%, through October 25, 2029	137,375	122,762	
FHLMC Multifamily Structured	Corporate Bond, Interest rate - 3.0%, through September 25, 2029	49,382	52,654	
Ford Credit Floorplan Master Owner Trust A	Corporate Bond, Interest rate - 1.06%, through September 15, 2027	144,953	140,459	
Freddie Mac	Corporate Bond, Interest rate - 3.116%, through July 25, 2025	76,650	79,010	
Freddie Mac	Corporate Bond, Interest rate - 3.444%, through December 25, 2027	52,847	44,371	
Freddie Mac	Corporate Bond, Interest rate - 3.78%, through October 25, 2028	78,467	64,549	
Freddie Mac	Corporate Bond, Interest rate - variable, through July 25, 2029	75,702	76,535	
Freddie Mac	Corporate Bond, Interest rate - 1.487%, through November 25, 2030	175,088	146,958	
General Motors FINL Co, Inc.	Corporate Bond, Interest rate - 1.2%, through October 15, 2024	79,256	79,870	
Grand Traverse County Michigan Taxable	Municipal Bond, Interest rate - 2.05%, through September 1, 2031	80,000	69,268	
Gwinnett Georgia Development Authority	Municipal Bond, Interest rate - 3.49% through September 1, 2028	170,443	143,952	

See independent auditor's report.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Investments at Fair Value				
John Deere Cap Corporation	Corporate Bond, Interest rate - 2.0%, through June 17, 2031	\$ 64,906	\$ 56,732	
JPMorgan Chase & Co	Corporate Bond, Interest rate - variable through October 15, 2030	162,246	138,962	
Kimco Realty Corporation	Corporate Bond, Interest rate 2.7%, through October 1, 2030	74,638	77,237	
Lennar Corporation SR GLBL NT	Corporate Bond, Interest rate - 4.75%, through November 29, 2027	80,921	70,903	
Lilly Eli & Co.	Corporate Bond, Interest rate - 4.7%, through February 27, 2033	59,872	61,726	
Lilly Eli & Co. SR NT	Corporate Bond, Interest rate - 2.75%, through June 1, 2025	95,755	89,024	
Lowe's Company, Inc. SR NT	Corporate Bond, Interest rate - 4.4%, through September 8, 2025	70,313	69,969	
Marriot International, Inc.	Corporate Bond, Interest rate - 5.55%, through October 15, 2028	59,621	62,771	
Masco Corporation SR GLBL NT	Corporate Bond, Interest rate - 2.0%, through February 15, 2031	64,657	56,124	
Mastercard, Inc. NT	Corporate Bond, Interest rate - 4.875%, through May 9, 2034	44,523	46,550	
Michigan State	Municipal Bond, Interest rate - 1.75% through May 15, 2031 or Option Call May 15, 2030	38,547	39,271	
Morgan Stanley	Corporate Bond, Interest rate - variable through January 22, 2031	85,262	73,271	
Nextera Energy CAP Holdings Inc.	Corporate Bond, Interest rate - 4.45%, through June 20, 2025	24,994	24,970	
Nissan Auto Lease	Corporate Bond, Interest rate - 5.52%, through January 15, 2026	55,707	55,712	
Northrop Grumman Corp	Corporate Bond, Interest rate - 4.6%, through February 1, 2029	64,937	65,967	
Oregon State	Municipal Bond, Interest rate - 2.496%, through November 1, 2031	58,421	58,703	
Pennsylvania State University	Municipal Bond, Interest rate - 1.645% through September 1, 2025	171,544	161,291	
Pepsico Inc. SR NT	Corporate Bond, Interest rate - 1.95%, through October 21, 2031	84,831	73,819	

See independent auditor's report.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Investments at Fair Value				
PNC Financial Services Group Inc.	Corporate Bond, Interest rate - 2.55% through January 22, 2030 or Option Call October 22, 2029	\$ 162,932	\$ 137,582	
Procter & Gamble Co	Corporate Bond, Interest rate - 4.55%, through January 29, 2034	45,000	46,478	
Qualcomm Inc.	Corporate Bond, Interest rate - 3.45%, through May 20, 2025	177,591	164,061	
Regions Financial Corporation New SR NT	Corporate Bond, Interest rate - 1.8%, through August 12, 2028	85,054	76,760	
Schwab Charles Corp.	Corporate Bond, Interest rate - 3.0%, through March 10, 2025	173,342	163,700	
Sycamore Ohio Country School District	Municipal Bond, Interest rate - 5.85%, through December 1, 2028	80,542	79,389	
Synchrony Card Issuance TR	Corporate Bond, Interest rate - 3.37%, through April 15, 2028	79,993	79,402	
Texas Instruments Inc	Corporate Bond, Interest rate - 4.6%, through February 8, 2029	34,963	35,907	
T-Mobile USA Inc.	Corporate Bond, Interest rate - 5.2%, through January 15, 2033	39,729	41,450	
Toronto Dominion Bank	Corporate Bond, Interest rate - 0.75%, through January 6, 2026	39,941	38,324	
Toyota Motor Corp	Corporate Bond, Interest rate - 5.4%, through November 20, 2026	65,070	66,869	
Truist Financial Corp	Corporate Bond, Interest rate - 1.125% through August 3, 2027 or Option Call June 3, 2027	88,140	82,702	
United Airlines, Inc	Corporate Bond, Interest rate - 5.875% through October 15, 2027	54,480	56,454	
United States Treasury Note	Treasury Bond, 3.5%, through February 15, 2033	256,345	260,384	
United States Treasury Note	Treasury Bond, 0.375%, through September 30, 2027	307,148	318,472	
United States Treasury Note	Treasury Bond, 1.25%, through August 15, 2031	371,448	371,499	
United States Treasury Note	Treasury Bond, 4.125%, through January 31, 2025	382,828	384,334	
United States Treasury Note	Treasury Bond, 4.25%, through October 15, 2025	326,076	330,967	

See independent auditor's report.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
<u>Investments at Fair Value</u>				
United States Treasury Note	Treasury Bond, 1.375%, through November 15, 2031	\$ 399,169	\$ 415,339	
United States Treasury Note	Treasury Bond, 3.875%, through August 15, 2034	85,587	85,598	
U.S. Bancorp	Corporate Bond, Interest rate - 3.0% through July 30, 2029 or Option Call April 30, 2029	90,723	79,863	
Verizon Master Trust	Corporate Bond, Interest rate - 5.34%, through April 22, 2030	84,981	87,374	
Wal-Mart Stores, Inc.	Corporate Bond, Interest rate - 1.8%, through September 22, 2031	94,663	82,621	
World OMNI Auto Receivables TR	Corporate Bond, Interest rate - 3.68%, through September 15, 2028	79,984	79,238	
* Berry Global Group, Inc. Common Stock	Common Stock	422,655	1,353,890	
Federated Government Obligations Premier	Money Market Fund	819,985	819,985	
Vanguard Short-Term Bond Index	Mutual Fund	485,633	492,835	
Vanguard S&P 500	Mutual Fund	984,303	1,245,301	
			<u>\$ 11,902,952</u>	

See independent auditor's report.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
	<u>Investments at Contract Value</u>			
*	The Equitable Life Insurance - #157 Group Annuity Contract	Guaranteed investment contract	**	\$ 65,960
*	The Equitable Life Insurance - #165 Group Annuity Contract	Guaranteed investment contract	**	<u>13,280</u>
				<u>79,240</u>
	Total investments per financial statement			<u>11,982,192</u>
	Fully benefit-responsive investment contracts measured at fair value on Form 5500			<u>(6,764)</u>
	Total investments per Form 5500			<u>\$ 11,975,428</u>

* Party-in-interest

** Cost basis information is not available.

See independent auditor's report.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

September 30, 2024

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Transaction Expense	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
<i>Series of transactions in excess of five percent of Plan assets</i>							
Issuer	Berry Global Group, Inc	\$ 0	\$ 1,436,123	\$ 708	\$ 473,863	\$ 1,436,123	\$ 961,552
Issuer	Vanguard S&P 500 ETF	618,214	0	48	618,262	618,214	0
Issuer	Vanguard S&P 500 ETF	0	185,146	16	143,496	185,146	41,634
Issuer	Federated Government Obligations Premier	2,098,316	0	0	2,098,316	2,098,316	0
Issuer	Federated Government Obligations Premier	0	1,643,311	0	1,643,311	1,643,311	0

See independent auditor's report.

SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the month that includes the valuation date (October).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.82%	4.75%
Segment 2:	4.59%	5.00%
Segment 3:	4.63%	5.74%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.03%. For the prior Plan Year, the EIR was 5.18%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2022	5.00%	5.92%	5.00%
2021	5.00%	6.11%	5.00%

The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan's investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.

Funding Administrative Expenses Administrative expenses of \$115,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

Funding Mortality §430(h) Static Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Distributions subject to §417(e) are valued in accordance with 1.430(d)-1(f)(4)(iii), and using the Applicable Mortality beginning with the expected date of benefit commencement.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

T-8 Rates of Withdrawal from the Pension Actuary's Handbook as illustrated below:

Age	Rate
25	11.6242%
40	9.3957%
55	1.7264%

An experience analysis with respect to termination was not performed. As a result, the current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

Not applicable.

Retirement Rates

Active Retirements are assumed to occur at age 63.
Terminated Vested Retirements are assumed to occur at Normal Retirement Age.

An experience analysis with respect to retirement was not performed. As a result, the current assumption has been selected based on observations of recent retirements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Spousal Assumptions

65% of males and 65% of females are assumed to be married.

Wives are assumed to be 3 years younger than their husbands.

An experience analysis with respect to spousal information was not performed. As a result, the current assumption has been selected based on observations of recent spousal information, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Form of Payment

All benefits are assumed to be paid in the Normal Form defined under the terms of the Plan.

An experience analysis with respect to form of payment was not performed. As a result, the current assumption has been selected based on observations of recent form of payment elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

**Vested Terminated
Participants Past Normal
Retirement Age**

Vested terminated benefits are actuarially increased from normal retirement age to the earlier of age at valuation date or age 71. For vested terminated participants past age 71, a retroactive payment for missed annuity payments from age 71 to the valuation date, with interest, is assumed to be paid one year from the valuation date. This methodology corresponds to administrative practice.

**Changes in non-required
funding assumptions since
the prior valuation**

None.

SUMMARY OF METHODS

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Asset Method

Fair Value of Assets as of the measurement dates.

Funding Actuarial Value of Assets Method

The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

September 30, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Transaction Expense	(f) Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Net Gain
Issuer	Berry Global Group, Inc	\$ 0	\$ 1,436,123	\$ 708	\$ 473,863	\$ 1,436,123	\$ 961,552
Issuer	Vanguard S&P 500 ETF	618,214	0	48	618,262	618,214	0
Issuer	Vanguard S&P 500 ETF	0	185,146	16	143,496	185,146	41,634
Issuer	Federated Government Obligations Premier	2,098,316	0	0	2,098,316	2,098,316	0
Issuer	Federated Government Obligations Premier	0	1,643,311	0	1,643,311	1,643,311	0

Series of transactions in excess of five percent of Plan assets

See independent auditor's report.

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No 1210-0110</small> 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

▶ **Round off amounts to nearest dollar.**
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan KERR GROUP, INC. RETIREMENT INCOME PLAN I	B Three-digit plan number (PN) ▶	018
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF KERR GROUP, LLC	D Employer Identification Number (EIN) 95-0898810	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2023</u>			
2 Assets:			
a Market value.....	2a	11,998,641	
b Actuarial value.....	2b	12,516,743	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	370	7,812,299	7,812,299
b For terminated vested participants.....	78	3,075,825	3,075,825
c For active participants.....	0	0	0
d Total.....	448	10,888,124	10,888,124
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	5.03%	
6 Target normal cost			
a Present value of current plan year accruals.....	6a	0	
b Expected plan-related expenses.....	6b	115,000	
c Target normal cost.....	6c	115,000	

Statement by Enrolled Actuary
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	KAREN KIM	<i>KKK</i>	
	Signature of actuary		07/14/2025
	Karen Kim		Date
	Type or print name of actuary		2307275
			Most recent enrollment number
CBIZ			267-800-1587
	Firm name		Telephone number (including area code)
1845 Walnut Street			
10th Floor			
Philadelphia PA 19103			
	Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	101,963
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	101,963
10	Interest on line 9 using prior year's actual return of <u>8.96%</u>	0	9,136
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year).....		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.18%</u>		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	c Total available at beginning of current plan year to add to prefunding balance.....		0
	d Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	111,099

Part III Funding Percentages			
14	Funding target attainment percentage.....	14	113.93%
15	Adjusted funding target attainment percentage.....	15	114.96%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	105.38%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
Totals ▶			18(b)	0	18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? Yes No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? Yes No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 5.00 %	3rd segment: 5.74 %	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	------------------------	---

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 0

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years.....	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c).....	31a	115,000
b Excess assets, if applicable, but not greater than line 31a	31b	115,000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

SCHEDULE SB ATTACHMENT

Line 22 - Description of Weighted Average Retirement Age

Plan Name: Kerr Group, Inc. Retirement Income Plan I

Plan EIN/PN: 95-0898810/018

Valuation Date: October 1, 2023

There are no longer any active participants in the plan as of October 1, 2023; therefore, the weighted average retirement age is no longer applicable.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Effective Date of Plan	April 1, 1934
Plan Year	October 1 – September 30
Employer Identification Number	95-0898810
Plan Number	018
Entry Date	January 1 st or July 1 st
Eligibility Requirements	Since the plan is frozen, eligibility requirements are not provided. Frozen effective October 15, 1998.
Year of Service	Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours.
Company Contributions	Amount required to meet annual funding standards of IRS, as determined by the plan actuary.
Participant Contributions	None allowed.
Normal Retirement Benefits	Eligibility at attainment of age 65. Since plan is frozen, benefit formulas are not provided.
Early Retirement Benefits	Eligible upon attainment of age 55 and 10 years of Vesting Service.

Benefit will be determined by a participant's normal retirement benefit, actuarially reduced in accordance with the following table:

Age on Annuity Start Date	Reduction Factor
64	11.40%
63	21.30%
62	29.90%
61	37.40%
60	44.00%
59	49.80%
58	54.90%
57	59.40%
56	63.40%
55	66.69%

See attached chart for variations in sub-plan details.

Delayed Retirement Benefits

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event, he will receive, at actual retirement, his benefit actuarially adjusted for late retirement.

Termination of Employment

Years of Vesting Service	Percent Vested
Less than 5	0%
5 or more	100%

Participants may elect to receive his vested interest at any time on or after age 55. Such benefit will be reduced for early commencement.

Death Benefits

Death after age 55 and 10 Years of Vesting Service while employed or if terminated while eligible for retirement: 50% of the monthly benefit payable as a Life Annuity payable at participant's Normal Retirement Date. Spouse can elect a reduced benefit to commence at an earlier date.

Death prior to age 55: 50% of the benefit that would have been paid at participant's Normal Retirement Date as an actuarially equivalent Joint and 50% Survivor annuity. Spouse can elect a reduced benefit to commence earlier. Spouse can elect to defer the benefit until the date the participant would have attained age 65. The participant and respective spouse may waive this death benefit, in which case no death benefit is payable. If this is not waived, then all benefits (Normal, Early, Disability) are adjusted for the period of coverage after age 35 or if later, date participant becomes vested. The period of coverage ends at date of death, eligibility for Automatic Survivor Annuity, or subsequent waiver. Reduction is in accordance with the following table:

Coverage while age	Reduction per year
35-40	0.03%
40-45	0.05%
45-50	0.15%
50-55	0.30%
55-60	0.60%
60-65	0.80%
over 65	0.00%

Please see attached chart for variations in sub-plan details.

Disability Benefits

If a participant retires from active employment with at least 10 years of cumulative service due to total and permanent disability, then accrued benefit will be payable immediately, subject to suspension if no longer considered disabled. Please see attached chart for variations in sub-plan details.

Normal Form of Benefit The Normal Form of Payment is an annuity paid in monthly installments for life, or if married, an actuarially equivalent Joint & 50% Survivor Annuity payable for the participant's life with 50% (66 2/3% if covered by Local 190 contract) of benefit continuing to eligible spouse upon participant's death. If the participant (or both if married) die before 72 monthly payments have been made, the designated beneficiary will receive the balance of guaranteed payments. This can be elected by an unmarried participant or a married participant with a non-spouse contingent annuitant (except Local 190).

Optional Forms of Benefit The options are:

- 1) A reduced benefit to be paid during the participant's lifetime with 75% or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death (unless covered by Local 190 contract).
- 2) A reduced benefit to be paid for 120 months certain and thereafter for life (if covered by Local 190).
- 3) A lump sum benefit if the value is less than \$5,000.
- 4) Level income option (for participants other than those whose accrued benefit under the Summit A&M Hourly Plan or an employee covered by the Local 190 Contract). Benefit is adjusted (in accordance with the plan table) both before and after age 62, so that the total paid from the plan and Social Security are equal, both before and after Social Security benefits may commence.

Additional Information The above description is a summary only; for additional details, reference should be made to the formal Plan Document.

**Addendum to Summary of Principal Plan Provisions – Variations
 (continued)**

	<u>Summit Hourly Plan (02)</u>	<u>Glass, Kerr and Plainfield Hourly Plans (03,04,05,08,09,10,11,12)</u>
Early Retirement Age and Service	Age 62 or Age 55 w/20 Yrs of Service	Age 60 or Age 55 w/ 10 Yrs of Service or Plant Closing w/ 30 Yrs of Service
Reduction Factor for Early Retirement	Monthly Retirement income actuarially reduced by:	Monthly Retirement income reduced at 6% per year for each year benefit commences prior to age 60. (No reduction if at least age 55 w/30 Yrs of Service or if termination is due to plant closing)
	Age on Annuity Reduction Start Date Factor	
	61 7.30%	
	60 13.90%	
	59 19.80%	
	58 25.20%	
	57 30.00%	
	56 34.50%	
	55 38.50%	
Disability Benefit and when payable	10 Yrs of Service Required Benefit Payable Immediately	10 Yrs of Service Required Benefit Payable Immediately
Reduction Factor for Disability Benefit	None	None
Automatic Pre-Retirement Survivor Requirements	At death, active participants who attained age 62 or age 55 with 10 Years of Service; or who had terminated employment after age 55 while eligible for retirement	At death, active participant who attained age 60 or age 55 with 10 Years of Service; or who had terminated employment after age 55 while eligible for retirement
Automatic Pre-Retirement Survivor Annuity Amount	50% of accrued benefit reduced for early retirement	50% of accrued benefit payable immediately without reduction

**Addendum to Summary of Principal Plan Provisions – Variations
(continued)**

	<u>Maywood Hourly Plan (06)</u>	<u>Closure Hourly Plan 13,14)</u>
Early Retirement Age and Service	Age 60 or age 55 10 Yrs of Service	Age 55 10 Yrs of Service
Reduction Factor for Early Retirement	Monthly Retirement income reduced if under age 60 or under age 55 w/ 30 years, by ½ of 1% for each month benefit commences prior to age 60 (if satisfied service but not age for early retirement, reduction from age 65).	Monthly Retirement income reduced at 6% per year for each year benefit commences prior to age 60.
Disability Benefit and when payable	10 Yrs of Service Required Benefit Payable Immediately	10 Yrs of Service Required Benefit Payable Immediately
Reduction Factor for Disability Benefit	None	No reduction except by any disability benefit payments received under other plans except federal Social Security
Automatic Pre-Retirement Survivor Requirements	At death, active participants who attained age 60 or age 50 with 10 Years of Service; or who had terminated employment after age 55 while eligible for retirement	At death, active participant who attained age 55; or who had terminated employment after age 55 while eligible for retirement
Automatic Pre-Retirement Survivor Annuity Amount	50% of accrued benefit payable immediately without reduction	50% of accrued benefit reduced for early retirement

**Addendum to Summary of Principal Plan Provisions – Variations
 (continued)**

	<u>Chicago Hourly Plan (16)</u>	<u>Maywood Salaried Plan</u>
Early Retirement Age and Service	Age 60 or age 55 10 Yrs of Service	Age 55 10 Yrs of Service
Reduction Factor for Early Retirement	Monthly Retirement income reduced by 5 1/3% per year for each year benefit commences prior to age 65 (6 2/3% if not at least age 62). For certain participants, there is a supplemental benefit of \$200 payable up to date of death or attainment of age 62.	Monthly Retirement income reduced by: Age on Annuity Start Date Reduction Factor 64 8.00% 63 15.20% 62 21.60% 61 27.30% 60 32.40% 59 37.10% 58 41.30% 57 45.10% 56 48.60% 55 51.80%
Disability Benefit and when payable	15 Yrs of Service Required Benefit Payable Immediately	Payments no earlier than age 55
Reduction Factor for Disability Benefit	Benefit: Yrs of Service times Disability Pension Rate (before 3/4/91 – \$8.25 after 3/4/91 - \$9.25)	Actuarially reduced from age 65
Automatic Pre-Retirement Survivor Requirements	At death, active participants who attained age 60 with 10 Yrs of Service or age 55 with 15 Years of Service; or had terminated employment after age 55 while eligible for retirement	At death, active participant who attained age 55 with 20 Years of Service; or who had terminated employment after age 55 while eligible for retirement
Automatic Pre-Retirement Survivor Annuity Amount	50% of accrued benefit reduced for early retirement	50% of accrued benefit reduced for early retirement

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Investments at Fair Value				
Adobe Inc.	Corporate Bond, Interest rate - 4.95%, through April 4, 2034	\$ 74,854	\$ 78,208	
Ally Finl Inc.	Corporate Bond, Interest rate - 2.20%, through November 2, 2028	84,300	76,471	
Amazon.com, Inc.	Corporate Bond, Interest rate - 1.5%, through June 3, 2030	151,866	131,232	
American Express Co.	Corporate Bond, Interest rate - variable through February 16, 2028 or Option Call February 16, 2027	65,098	66,247	
Apple Inc.	Corporate Bond, Interest rate - 2.2%, through September 11, 2029	92,269	83,415	
Austin, Texas	Municipal Bond, Interest rate - 4.0% through September 1, 2027	172,972	146,040	
Bank of New York Mellon Co.	Corporate Bond, Interest rate - variable through February 1, 2034 or Option Call February 1, 2033	67,444	70,468	
Bank of America Corp	Corporate Bond, Interest rate - variable through October 20, 2032	82,673	87,684	
Bank of America Commercial	Corporate Bond, Interest rate - 3.705%, through September 15, 2048	75,047	78,908	
Berkshire Hathaway Financial Corp	Corporate Bond, Interest rate - 1.85%, through March 12, 2030	157,376	134,381	
Blackrock Inc.	Corporate Bond, Interest rate - 5.0%, through March 14, 2034	85,047	88,596	
Capital One Financial Corp	Corporate Bond, Interest rate - variable through February 1, 2030 or Option Call February 1, 2029	70,186	72,491	
Caterpillar Financial Services Corp	Corporate Bond, Interest rate - 5.0%, through May 14, 2027	24,973	25,693	
Cincinnati Ohio Water Systems	Municipal Bond, Interest rate - 1.83%, through December 1, 2031	61,857	64,983	
Citigroup Inc	Corporate Bond, Interest rate - variable through January 29, 2031	80,898	72,886	
Columbus, Ohio	Municipal Bond, Interest rate - 3.647%, through April 1, 2031	59,804	59,024	
Comcast Corp	Corporate Bond, Interest rate - 5.25%, through November 7, 2025	44,988	45,484	
Conoco Phillips	Corporate Bond, Interest rate - 5.05%, through September 15, 2033	44,913	46,574	

See independent auditor's report.

KERR GROUP, INC. RETIREMENT INCOME PLAN I

PLAN SPONSOR: KERR GROUP, LLC

PLAN SPONSOR EIN: 95-0898810

PLAN NUMBER: 018

ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Investments at Fair Value				
Consumers Energy	Corporate Bond, Interest rate - 4.65%, through March 1, 2028	\$ 89,833	\$ 91,495	
D.R. Horton Inc.	Corporate Bond, Interest rate - 1.4%, through October 15, 2027	149,570	138,852	
Duke Energy Florida, LLC	Corporate Bond, Interest rate - 1.75%, through June 15, 2030	84,074	74,258	
Enbridge Inc	Corporate Bond, Interest rate - 2.5%, through January 15, 2025	83,358	79,402	
Fannie Mae	Corporate Bond, Interest rate - 2.499%, through September 25, 2026	44,420	41,191	
Fannie Mae	Corporate Bond, Interest rate - variable through February 25, 2027	95,141	83,769	
Fannie Mae	Corporate Bond, Interest rate - 3.273%, through February 25, 2029	214,242	185,032	
Fannie Mae	Corporate Bond, Interest rate - 1.435%, through October 25, 2029	137,375	122,762	
FHLMC Multifamily Structured	Corporate Bond, Interest rate - 3.0%, through September 25, 2029	49,382	52,654	
Ford Credit Floorplan Master Owner Trust A	Corporate Bond, Interest rate - 1.06%, through September 15, 2027	144,953	140,459	
Freddie Mac	Corporate Bond, Interest rate - 3.116%, through July 25, 2025	76,650	79,010	
Freddie Mac	Corporate Bond, Interest rate - 3.444%, through December 25, 2027	52,847	44,371	
Freddie Mac	Corporate Bond, Interest rate - 3.78%, through October 25, 2028	78,467	64,549	
Freddie Mac	Corporate Bond, Interest rate - variable, through July 25, 2029	75,702	76,535	
Freddie Mac	Corporate Bond, Interest rate - 1.487%, through November 25, 2030	175,088	146,958	
General Motors FINL Co, Inc.	Corporate Bond, Interest rate - 1.2%, through October 15, 2024	79,256	79,870	
Grand Traverse County Michigan Taxable	Municipal Bond, Interest rate - 2.05%, through September 1, 2031	80,000	69,268	
Gwinnett Georgia Development Authority	Municipal Bond, Interest rate - 3.49% through September 1, 2028	170,443	143,952	

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ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Investments at Fair Value				
John Deere Cap Corporation	Corporate Bond, Interest rate - 2.0%, through June 17, 2031	\$ 64,906	\$ 56,732	
JPMorgan Chase & Co	Corporate Bond, Interest rate - variable through October 15, 2030	162,246	138,962	
Kimco Realty Corporation	Corporate Bond, Interest rate 2.7%, through October 1, 2030	74,638	77,237	
Lennar Corporation SR GLBL NT	Corporate Bond, Interest rate - 4.75%, through November 29, 2027	80,921	70,903	
Lilly Eli & Co.	Corporate Bond, Interest rate - 4.7%, through February 27, 2033	59,872	61,726	
Lilly Eli & Co. SR NT	Corporate Bond, Interest rate - 2.75%, through June 1, 2025	95,755	89,024	
Lowe's Company, Inc. SR NT	Corporate Bond, Interest rate - 4.4%, through September 8, 2025	70,313	69,969	
Marriot International, Inc.	Corporate Bond, Interest rate - 5.55%, through October 15, 2028	59,621	62,771	
Masco Corporation SR GLBL NT	Corporate Bond, Interest rate - 2.0%, through February 15, 2031	64,657	56,124	
Mastercard, Inc. NT	Corporate Bond, Interest rate - 4.875%, through May 9, 2034	44,523	46,550	
Michigan State	Municipal Bond, Interest rate - 1.75% through May 15, 2031 or Option Call May 15, 2030	38,547	39,271	
Morgan Stanley	Corporate Bond, Interest rate - variable through January 22, 2031	85,262	73,271	
Nextera Energy CAP Holdings Inc.	Corporate Bond, Interest rate - 4.45%, through June 20, 2025	24,994	24,970	
Nissan Auto Lease	Corporate Bond, Interest rate - 5.52%, through January 15, 2026	55,707	55,712	
Northrop Grumman Corp	Corporate Bond, Interest rate - 4.6%, through February 1, 2029	64,937	65,967	
Oregon State	Municipal Bond, Interest rate - 2.496%, through November 1, 2031	58,421	58,703	
Pennsylvania State University	Municipal Bond, Interest rate - 1.645% through September 1, 2025	171,544	161,291	
Pepsico Inc. SR NT	Corporate Bond, Interest rate - 1.95%, through October 21, 2031	84,831	73,819	

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KERR GROUP, INC. RETIREMENT INCOME PLAN I

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ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
Investments at Fair Value				
PNC Financial Services Group Inc.	Corporate Bond, Interest rate - 2.55% through January 22, 2030 or Option Call October 22, 2029	\$ 162,932	\$ 137,582	
Procter & Gamble Co	Corporate Bond, Interest rate - 4.55%, through January 29, 2034	45,000	46,478	
Qualcomm Inc.	Corporate Bond, Interest rate - 3.45%, through May 20, 2025	177,591	164,061	
Regions Financial Corporation New SR NT	Corporate Bond, Interest rate - 1.8%, through August 12, 2028	85,054	76,760	
Schwab Charles Corp.	Corporate Bond, Interest rate - 3.0%, through March 10, 2025	173,342	163,700	
Sycamore Ohio Country School District	Municipal Bond, Interest rate - 5.85%, through December 1, 2028	80,542	79,389	
Synchrony Card Issuance TR	Corporate Bond, Interest rate - 3.37%, through April 15, 2028	79,993	79,402	
Texas Instruments Inc	Corporate Bond, Interest rate - 4.6%, through February 8, 2029	34,963	35,907	
T-Mobile USA Inc.	Corporate Bond, Interest rate - 5.2%, through January 15, 2033	39,729	41,450	
Toronto Dominion Bank	Corporate Bond, Interest rate - 0.75%, through January 6, 2026	39,941	38,324	
Toyota Motor Corp	Corporate Bond, Interest rate - 5.4%, through November 20, 2026	65,070	66,869	
Truist Financial Corp	Corporate Bond, Interest rate - 1.125% through August 3, 2027 or Option Call June 3, 2027	88,140	82,702	
United Airlines, Inc	Corporate Bond, Interest rate - 5.875% through October 15, 2027	54,480	56,454	
United States Treasury Note	Treasury Bond, 3.5%, through February 15, 2033	256,345	260,384	
United States Treasury Note	Treasury Bond, 0.375%, through September 30, 2027	307,148	318,472	
United States Treasury Note	Treasury Bond, 1.25%, through August 15, 2031	371,448	371,499	
United States Treasury Note	Treasury Bond, 4.125%, through January 31, 2025	382,828	384,334	
United States Treasury Note	Treasury Bond, 4.25%, through October 15, 2025	326,076	330,967	

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ATTACHMENT TO SCHEDULE H, PART IV, LINE 4i

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

September 30, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value	
<u>Investments at Fair Value</u>				
United States Treasury Note	Treasury Bond, 1.375%, through November 15, 2031	\$ 399,169	\$ 415,339	
United States Treasury Note	Treasury Bond, 3.875%, through August 15, 2034	85,587	85,598	
U.S. Bancorp	Corporate Bond, Interest rate - 3.0% through July 30, 2029 or Option Call April 30, 2029	90,723	79,863	
Verizon Master Trust	Corporate Bond, Interest rate - 5.34%, through April 22, 2030	84,981	87,374	
Wal-Mart Stores, Inc.	Corporate Bond, Interest rate - 1.8%, through September 22, 2031	94,663	82,621	
World OMNI Auto Receivables TR	Corporate Bond, Interest rate - 3.68%, through September 15, 2028	79,984	79,238	
* Berry Global Group, Inc. Common Stock	Common Stock	422,655	1,353,890	
Federated Government Obligations Premier	Money Market Fund	819,985	819,985	
Vanguard Short-Term Bond Index	Mutual Fund	485,633	492,835	
Vanguard S&P 500	Mutual Fund	984,303	1,245,301	
			<u>\$ 11,902,952</u>	

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