

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: MFS HERITAGE TRUST COMPANY COLLECTIVE INVESTMENT TRUST - MFS INTERNATIONAL EQUITY FUND
1b Three-digit plan number (PN): 013
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): MFS HERITAGE TRUST COMPANY
2b Employer Identification Number (EIN): 57-1187281
2c Plan Sponsor's telephone number: 617-954-5000
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. 2. Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. 3. Filed with authorized/valid electronic signature, Signature of DFE, Date (09/28/2025), Name (KASEY PHILLIPS).

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MFS HERITAGE TRUST COMPANY COLLECTIVE INVESTMENT TRUST - MFS INTERNATIONAL EQUITY FUND</u>	B Three-digit plan number (PN)	<u>013</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MFS HERITAGE TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>57-1187281</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>SHORT TERM INVESTMENT COMPANY</u>	
b Name of sponsor of entity listed in (a):	<u>STATE STREET BANK & TRUST COMPANY</u>	
c EIN-PN <u>04-0025081-000</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>65131209</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SAINT-GOBAIN RETIREMENT INCOME PLAN	
b	Name of plan sponsor	SAINT-GOBAIN CORPORATION	c EIN-PN 23-2615170-004
a	Plan name	BRUNSWICK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BRUNSWICK CORPORATION	c EIN-PN 36-0848180-154
a	Plan name	BRUNSWICK REWARDS PLAN	
b	Name of plan sponsor	BRUNSWICK CORPORATION	c EIN-PN 36-0848180-170
a	Plan name	HERO DVO LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HERO DVO LLC	c EIN-PN 47-2855247-001
a	Plan name	J.C. PENNEY CORPORATION, INC. SAFE HARBOR 401(K) SAVINGS PLAN	
b	Name of plan sponsor	J.C. PENNEY CORPORATION	c EIN-PN 04-3227926-005
a	Plan name	JACKSON NATIONAL LIFE INSURANCE COMPANY DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	JACKSON NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 38-1659835-001
a	Plan name	RYERSON SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	RYERSON, INC.	c EIN-PN 36-1717960-005
a	Plan name	FINRA SAVINGS PLUS PLAN	
b	Name of plan sponsor	FINRA	c EIN-PN 53-0088710-003
a	Plan name	NAVISTAR, INC. MASTER TRUST	
b	Name of plan sponsor	NAVISTAR INC.	c EIN-PN 36-1264810-001
a	Plan name	PPG INDUSTRIES, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	PPG INDUSTRIES, INC.	c EIN-PN 25-0730780-384
a	Plan name	INVESTORS BANK PENSION PLAN	
b	Name of plan sponsor	CITIZENS FINANCIAL GROUP INC.	c EIN-PN 05-0412693-004
a	Plan name	UNUM GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UNUM GROUP	c EIN-PN 62-1598430-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CENTERWELL HOME HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HUMANA INC.	c EIN-PN 61-0647538-009
a	Plan name	FAMILY PHYSICIANS GROUP 401(K) PLAN	
b	Name of plan sponsor	HUMANA INC.	c EIN-PN 61-0647538-008
a	Plan name	HUMANA PARTNERSHIP SAVINGS PLAN	
b	Name of plan sponsor	HUMANA INC.	c EIN-PN 61-0647538-006
a	Plan name	HUMANA PUERTO RICO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUMANA INC.	c EIN-PN 61-0647538-004
a	Plan name	HUMANA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUMANA INC.	c EIN-PN 61-0647538-002
a	Plan name	MCCI GROUP HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	HUMANA INC.	c EIN-PN 61-0647538-007
a	Plan name	THE DEFINED CONTRIBUTION PLAN (PLAN A) OF CBERA	
b	Name of plan sponsor	COOPERATIVE BANKS EMPLOYEE RETIREMENT ASSOCIATION	c EIN-PN 04-6035593-333
a	Plan name	ICON CLINICAL RESEARCH, LLC 401(K) PLAN	
b	Name of plan sponsor	ICON CLINICAL RESEARCH, LLC	c EIN-PN 23-2689156-001
a	Plan name	MARSH & MCLENNAN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	MARSH & MCLENNAN COMPANIES, INC.	c EIN-PN 36-2668272-001
a	Plan name	MERCEDES-BENZ USA LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MERCEDES-BENZ USA LLC	c EIN-PN 22-2375138-002
a	Plan name	APTIV CORPORATION SAVINGS TRUST	
b	Name of plan sponsor	APTIV CORPORATION	c EIN-PN 27-0791190-001
a	Plan name	NEPC, LLC PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	NEPC LLC	c EIN-PN 26-1429809-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BOMBARDIER US 401(K) PLANS MASTER TRUST	
b	Name of plan sponsor	BOMBARDIER AEROSPACE (HOLDINGS) USA INC	c EIN-PN 46-7500178-001
a	Plan name	FOSTER FARMS GROUP PENSION PLAN	
b	Name of plan sponsor	FOSTER POULTRY FARMS LLC	c EIN-PN 94-2382364-003
a	Plan name	MOTOROLA SOLUTIONS RETIREMENT TRUST	
b	Name of plan sponsor	MOTOROLA SOLUTIONS, INC.	c EIN-PN 47-1471035-001
a	Plan name	PPL SERVICES CORPORATION MASTER TRUST	
b	Name of plan sponsor	PPL SERVICES CORPORATION	c EIN-PN 23-3041441-007
a	Plan name	WINDSTREAM PENSION PLAN	
b	Name of plan sponsor	WINDSTREAM SERVICES, LLC	c EIN-PN 85-2049794-001
a	Plan name	401(K) SAVINGS PLAN FOR THE EMPLOYEES OF EVRAZ NA	
b	Name of plan sponsor	EVRAZ, INC. NORTH AMERICAN	c EIN-PN 94-0506370-008
a	Plan name	THE EVRAZ INC. 401(K) PLAN MASTER TRUST	
b	Name of plan sponsor	EVRAZ, INC. NORTH AMERICAN	c EIN-PN 94-0506370-009
a	Plan name	AMC NETWORKS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RAINBOW MEDIA HOLDINGS LLC	c EIN-PN 11-3342870-001
a	Plan name	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	c EIN-PN 35-1044585-001
a	Plan name	CALIFORNIA WATER SERVICE COMPANY SAVINGS PLAN	
b	Name of plan sponsor	CALIFORNIA WATER SERVICE COMPANY	c EIN-PN 94-0362795-004
a	Plan name	CKE SAVINGS PLAN	
b	Name of plan sponsor	CKE RESTAURANTS HOLDINGS, INC.	c EIN-PN 90-0941003-001
a	Plan name	FARM CREDIT BENEFITS ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	FARM CREDIT BENEFITS ALLIANCE	c EIN-PN 47-3297339-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HASBRO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HASBRO, INC.	c EIN-PN 05-0155090-004
a	Plan name NORTHWESTERN ENERGY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NORTHWESTERN CORPORATION	c EIN-PN 46-0172280-103
a	Plan name SMITH & NEPHEW U.S. SAVINGS PLAN	
b	Name of plan sponsor SMITH & NEPHEW, INC.	c EIN-PN 51-0123924-008
a	Plan name CEDARS-SINAI HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor CEDARS-SINAI MEDICAL CENTER	c EIN-PN 95-1644600-002
a	Plan name ANALOG DEVICES INC THE INVESTMENT PARTNERSHIP PLAN	
b	Name of plan sponsor ANALOG DEVICES INC	c EIN-PN 04-2348234-003
a	Plan name CLECO POWER LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor CLECO POWER LLC	c EIN-PN 72-0244480-003
a	Plan name RALEY'S GROUP PENSION PLAN	
b	Name of plan sponsor RALEY'S	c EIN-PN 94-1316611-011
a	Plan name RALEY'S PENSION PLAN	
b	Name of plan sponsor RALEY'S	c EIN-PN 94-1316611-010
a	Plan name AB COLLECTIVE INVESTMENT TRUST SERIES - AB MULTI-MANAGER RETIREMENT	
b	Name of plan sponsor AB TRUST COMPANY LLC	c EIN-PN 04-6948485-041
a	Plan name MARATHON PETROLEUM RETIREMENT PLAN	
b	Name of plan sponsor MARATHON PETROLEUM COMPANY LP	c EIN-PN 31-1537655-101
a	Plan name XCEL ENERGY INC. MASTER PENSION TRUST	
b	Name of plan sponsor XCEL ENERGY INC.	c EIN-PN 90-1071182-010
a	Plan name CURTISS-WRIGHT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor CURTISS-WRIGHT CORPORATION	c EIN-PN 13-0612970-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KOHLER CO. 401(K) MASTER TRUST	
b	Name of plan sponsor	KOHLER CO.	c EIN-PN 39-0402810-012
a	Plan name	NETJETS AVIATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NETJETS INC.	c EIN-PN 31-0682096-001
a	Plan name	NETJETS INC. 401(K) PLAN	
b	Name of plan sponsor	NETJETS INC.	c EIN-PN 51-0383060-001
a	Plan name	TRANSOCEAN U.S. SAVINGS PLAN	
b	Name of plan sponsor	TRANSOCEAN INC.	c EIN-PN 66-0582307-002
a	Plan name	VIRGINIA HOSPITAL CENTER 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA HOSPITAL CENTER ARLINGTON HEALTH SYSTEM	c EIN-PN 54-0505989-002
a	Plan name	ALASKA AIR GROUP, INC. ALASKASAVER PLAN	
b	Name of plan sponsor	ALASKA AIR GROUP, INC.	c EIN-PN 91-1292054-010
a	Plan name	ALASKA AIRLINES, INC. COPS, MRP & DISPATCH 401(K)	
b	Name of plan sponsor	ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-013
a	Plan name	ALASKA AIRLINES, INC. FLIGHT ATTENDANT 401(K)	
b	Name of plan sponsor	ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-012
a	Plan name	BMW SAVINGS PLAN	
b	Name of plan sponsor	BMW OF NORTH AMERICA, LLC	c EIN-PN 22-2139469-002
a	Plan name	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE, INC. 401(K) INVESTMENT AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE, INC.	c EIN-PN 95-2775732-001
a	Plan name	HORIZON AIR SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	HORIZON AIR INDUSTRIES, INC.	c EIN-PN 91-1201373-002
a	Plan name	THE NORTHERN TRUST COMPANY THRIFT-INCENTIVE PLAN	
b	Name of plan sponsor	THE NORTHERN TRUST COMPANY	c EIN-PN 36-1561860-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CFG PENSION PLAN	
b	Name of plan sponsor	CITIZENS FINANCIAL GROUP, INC.	c EIN-PN 05-0412693-001
a	Plan name	DALLAS COUNTY HOSPITAL DISTRICT RETIREMENT INCOME PLAN	
b	Name of plan sponsor	DALLAS COUNTY HOSPITAL DISTRICT	c EIN-PN 80-0497066-002
a	Plan name	DELL INC. 401(K) PLAN TRUST	
b	Name of plan sponsor	DELL INC	c EIN-PN 74-2487834-001
a	Plan name	KNOWABLE INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RELX INC.	c EIN-PN 83-3400242-001
a	Plan name	RELX INC US SALARY INVESTMENT PLAN	
b	Name of plan sponsor	RELX INC.	c EIN-PN 52-1471842-005
a	Plan name	STARBUCKS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	STARBUCKS CORPORATION	c EIN-PN 91-1325671-001
a	Plan name	TD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TD BANK HOLDING COMPANY	c EIN-PN 01-0437984-003
a	Plan name	WESTROCK COMPANY 401(K) RETIREMENT SAVINGS PLAN TRUST	
b	Name of plan sponsor	WESTROCK COMPANY	c EIN-PN 46-6182151-001
a	Plan name	TOYOTA MOTOR NORTH AMERICA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TOYOTA MOTOR NORTH AMERICA	c EIN-PN 95-3141669-002
a	Plan name	ALLIANT ENERGY CORPORATION MASTER RETIREMENT TRUST	
b	Name of plan sponsor	ALLIANT ENERGY CORPORATE SERVICES, INC.	c EIN-PN 39-1914946-001
a	Plan name	HAWORTH MASTER PENSION TRUST ONE HAWORTH CENTER	
b	Name of plan sponsor	HAWORTH INTERNATIONAL, LTD	c EIN-PN 38-2101981-006
a	Plan name	JONES DAY DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor	JONES DAY	c EIN-PN 46-7282554-009

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name JONES DAY DEFINED CONTRIBUTION MASTER TRUST - CUSTOM TARGET DATE FOF	
b	Name of plan sponsor JONES DAY	c EIN-PN 46-7282554-009
a	Plan name SAVINGS PLAN FOR HOURLY EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.	
b	Name of plan sponsor OCEAN SPRAY CRANBERRIES, INC.	c EIN-PN 04-1215610-007
a	Plan name SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.	
b	Name of plan sponsor OCEAN SPRAY CRANBERRIES, INC.	c EIN-PN 04-1215610-006
a	Plan name FLUOR CORPORATION MASTER RETIREMENT TRUST	
b	Name of plan sponsor FLUOR CORPORATION	c EIN-PN 33-0414495-001
a	Plan name HPE NON-US EQUITY FUND	
b	Name of plan sponsor MERCER TRUST COMPANY LLC	c EIN-PN 82-3727158-031
a	Plan name INTERNATIONAL ALL CAP EQUITY FUND OF THE AMERICAN BAR ASSOCIATION MEMBERS/MTC COLLECTIVE TRUST	
b	Name of plan sponsor MERCER TRUST COMPANY LLC	c EIN-PN 04-6691601-017
a	Plan name KEYSIGHT TECHNOLOGIES, INC. MASTER TRUST	
b	Name of plan sponsor KEYSIGHT TECHNOLOGIES INC.	c EIN-PN 46-7492138-011
a	Plan name KINDER MORGAN RETIREMENT PLAN TRUST	
b	Name of plan sponsor KINDER MORGAN INC.	c EIN-PN 80-0682103-006
a	Plan name KINDER MORGAN SAVINGS PLAN	
b	Name of plan sponsor KINDER MORGAN INC.	c EIN-PN 80-0682103-002
a	Plan name NNPP CONTRACTOR DB MASTER TRUST	
b	Name of plan sponsor FLUOR MARINE PROPULSION LLC	c EIN-PN 32-6255146-001
a	Plan name NNPP CONTRACTOR DC MASTER PLAN	
b	Name of plan sponsor FLUOR MARINE PROPULSION LLC	c EIN-PN 35-7220852-001
a	Plan name THE COCA-COLA COMPANY MASTER TRUST FOR 401(K) PLAN	
b	Name of plan sponsor THE COCA-COLA COMPANY	c EIN-PN 58-0628465-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name WESTINGHOUSE ELECTRIC COMPANY MASTER TRUST	
b	Name of plan sponsor WESTINGHOUSE ELECTRIC COMPANY	c EIN-PN 52-2140933-009
a	Plan name ACNA 401(K) PLAN	
b	Name of plan sponsor ATLAS COPCO NORTH AMERICA LLC	c EIN-PN 20-5024915-002
a	Plan name KPMG PARTNER PENSION PLAN	
b	Name of plan sponsor KPMG LLP	c EIN-PN 13-5565207-018
a	Plan name KPMG PENSION PLAN	
b	Name of plan sponsor KPMG LLP	c EIN-PN 13-5565207-016
a	Plan name A.T. KEARNEY, INC. 401(K) AND PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor A.T. KEARNEY, INC.	c EIN-PN 75-2608565-002
a	Plan name ALTICE USA 401(K) SAVINGS PLAN	
b	Name of plan sponsor CSC HOLDINGS, LLC	c EIN-PN 27-0726696-010
a	Plan name ELEVANCE HEALTH 401(K) PLAN	
b	Name of plan sponsor ATH HOLDING COMPANY, LLC	c EIN-PN 11-3713086-003
a	Plan name BEST BUY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEST BUY CO., INC.	c EIN-PN 55-0805038-002
a	Plan name BIMBO BAKERIES USA DEFINED CONTRIBUTION SAVINGS PLAN MASTER	
b	Name of plan sponsor BIMBO BAKERIES INC.	c EIN-PN 61-1621204-200
a	Plan name CAREMORE MEDICAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CAREMORE MEDICAL GROUP, INC.	c EIN-PN 14-1943214-001
a	Plan name CARMAX, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CARMAX, INC.	c EIN-PN 54-1821055-003
a	Plan name DIVERSIFIED BUSINESS GROUP PEO 401(K) PLAN	
b	Name of plan sponsor CAREMORE MEDICAL GROUP OF TENNESSEE, P.C.	c EIN-PN 46-1282653-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GAPSHARE 401(K) PLAN	
b	Name of plan sponsor	GAP, INC.	c EIN-PN 94-1697231-001
a	Plan name	GAPSHARE PUERTO RICO PLAN	
b	Name of plan sponsor	GAP, INC.	c EIN-PN 94-1697231-002
a	Plan name	H & R BLOCK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	H & R BLOCK MANAGEMENT INC.	c EIN-PN 43-1632589-002
a	Plan name	HYDRO EXTRUSION USA, LLC SAVINGS PLAN	
b	Name of plan sponsor	HYDRO EXTRUSION USA, LLC	c EIN-PN 58-2216096-001
a	Plan name	INSTRUMENTARIUM SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	DATEX-OHMEDA, INC.	c EIN-PN 22-3029570-004
a	Plan name	ITI 401(K) PLAN	
b	Name of plan sponsor	INSTRUMENT TRANSFORMERS, LLC	c EIN-PN 59-1582077-002
a	Plan name	KRAFT HEINZ DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor	KRAFT HEINZ FOODS COMPANY	c EIN-PN 25-0542520-027
a	Plan name	LM WIND POWER BLADES INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LM WIND POWER BLADES (USA) INC.	c EIN-PN 27-2183494-001
a	Plan name	MACQUARIE HOLDINGS (USA) INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MACQUARIE HOLDINGS (USA) INC.	c EIN-PN 13-3789912-001
a	Plan name	MOSAIC MASTER TRUST	
b	Name of plan sponsor	THE MOSAIC COMPANY	c EIN-PN 83-2016637-001
a	Plan name	MOTIVA 401(K) AND SAVINGS PLAN	
b	Name of plan sponsor	MOTIVA ENTERPRISES, LLC	c EIN-PN 76-0262490-004
a	Plan name	NORDSON EMPLOYEES' SAVINGS TRUST PLAN	
b	Name of plan sponsor	NORDSON CORPORATION	c EIN-PN 34-0590250-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NORDSON HOURLY-RATED EMPLOYEES SAVINGS TRUST PLAN	
b	Name of plan sponsor	NORDSON CORPORATION	c EIN-PN 34-0590250-015
a	Plan name	ROBINSON COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	CH ROBINSON COMPANY, INC.	c EIN-PN 41-1956721-001
a	Plan name	HEALTHNOW NEW YORK INC. ELECTIVE 401(K) PLAN	
b	Name of plan sponsor	HIGHMARK HEALTH	c EIN-PN 16-1105741-008
a	Plan name	HIGHMARK INVESTMENT PLAN MASTER TRUST	
b	Name of plan sponsor	HIGHMARK HEALTH	c EIN-PN 45-3674900-335
a	Plan name	JM FAMILY ASSOCIATES' PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	JM FAMILY AUTOMOTIVE LLC	c EIN-PN 59-1390794-003
a	Plan name	JONES DAY DEFINED BENEFIT MASTER TRUST - PENSION PLAN	
b	Name of plan sponsor	JONES DAY	c EIN-PN 34-6556769-002
a	Plan name	JONES DAY DEFINED BENEFIT MASTER TRUST- QUALIFIED DEFINED BENEFIT PLAN	
b	Name of plan sponsor	JONES DAY	c EIN-PN 34-6556769-008
a	Plan name	IMERYS 401(K) PLAN FOR BARGAINING EMPLOYEES	
b	Name of plan sponsor	IMERYS USA INC.	c EIN-PN 23-2617050-004
a	Plan name	IMERYS USA 401(K) PLAN	
b	Name of plan sponsor	IMERYS USA INC.	c EIN-PN 23-2617050-003
a	Plan name	MONEYGRAM INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	MONEYGRAM INTERNATIONAL INC	c EIN-PN 16-1690064-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF AETNA INC. MASTER TRUST	
b	Name of plan sponsor	AETNA INC.	c EIN-PN 23-2229683-003
a	Plan name	THE RETIREMENT BENEFIT TRUST OF THE R.R. DONNELLEY & SONS CO.	
b	Name of plan sponsor	R.R. DONNELLEY & SONS COMPANY	c EIN-PN 36-6031950-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ELEVANCE HEALTH PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor ATH HOLDING COMPANY, LLC	c EIN-PN 66-0771535-001
a	Plan name CDM SMITH INC. CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor CDM SMITH INC.	c EIN-PN 04-2473650-002
a	Plan name FEDERAL AGRICULTURAL MORTGAGE CORPORATION 401(K) PLAN	
b	Name of plan sponsor FEDERAL AGRICULTURAL MORTGAGE CORPORATION	c EIN-PN 52-1578738-001
a	Plan name FORT WAYNE ORTHOPAEDICS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor FORT WAYNE ORTHOPAEDICS, LLC	c EIN-PN 35-1893082-001
a	Plan name HBC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HBC US HOLDINGS LLC	c EIN-PN 99-0372181-001
a	Plan name EMPLOYEE SAVINGS PLAN OF KOPPERS INC. AND SUBSIDIARIES	
b	Name of plan sponsor KOPPERS INC.	c EIN-PN 25-1588399-001
a	Plan name KOPPERS INC. SAVINGS PLAN FOR UNION HOURLY EMPLOYEES	
b	Name of plan sponsor KOPPERS INC.	c EIN-PN 25-1588399-004
a	Plan name 401(K) RETIREMENT PLAN FOR EMPLOYEES OF MATHER	
b	Name of plan sponsor MATHER	c EIN-PN 36-2233542-003
a	Plan name MCKESSON CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCKESSON CORPORATION	c EIN-PN 94-3207296-002
a	Plan name SAVINGS AND SUPPLEMENTAL RETIREMENT PLAN OF NOVANT HEALTH, INC.	
b	Name of plan sponsor NOVANT HEALTH, INC.	c EIN-PN 56-1376950-002
a	Plan name THE MANITOWOC COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE MANITOWOC COMPANY, INC.	c EIN-PN 39-0448110-001
a	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF WELLMARK, INC. TRUST	
b	Name of plan sponsor WELLMARK, INC.	c EIN-PN 35-2772844-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACUSHNET COMPANY 401(K) PLAN	
b	Name of plan sponsor	ACUSHNET COMPANY	c EIN-PN 04-2591836-010
a	Plan name	ALMATIS, INC. SAVINGS PLAN	
b	Name of plan sponsor	ALMATIS, INC.	c EIN-PN 30-0222885-001
a	Plan name	CONSUMERS ENERGY COMPANY EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	CONSUMERS ENERGY COMPANY	c EIN-PN 38-0442310-002
a	Plan name	ONCOR THRIFT PLAN	
b	Name of plan sponsor	ONCOR ELECTRIC DELIVERY CO.	c EIN-PN 75-2967830-002
a	Plan name	PEABODY INVESTMENTS CORP. EMPLOYEE RETIREMENT ACCOUNT	
b	Name of plan sponsor	PEABODY INVESTMENTS CORP.	c EIN-PN 20-0480084-003
a	Plan name	PEABODY SOUTHEAST MINING - UMW 401(K) PLAN	
b	Name of plan sponsor	PEABODY SOUTHEAST MINING, LLC	c EIN-PN 61-1901165-001
a	Plan name	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	c EIN-PN 32-0255508-334
a	Plan name	SUNCOR ENERGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SUNCOR ENERGY (U.S.A) INC.	c EIN-PN 51-0403125-001
a	Plan name	UNITED AIRLINES PILOT RETIREMENT ACCOUNT PLAN TRUST	
b	Name of plan sponsor	UNITED AIRLINES, INC.	c EIN-PN 74-2099724-202
a	Plan name	VISTRA THRIFT PLAN	
b	Name of plan sponsor	VISTRA OPERATIONS CO.	c EIN-PN 36-4833461-001
a	Plan name	WOOD MACKENZIE, INC. 401(K) PLAN	
b	Name of plan sponsor	WOOD MACKENZIE, INC.	c EIN-PN 01-0564533-001
a	Plan name	PENSION PLAN OF GENERAL ATOMICS	
b	Name of plan sponsor	GENERAL ATOMICS	c EIN-PN 95-3735102-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RECOLOGY DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	RECOLOGY, INC.	c EIN-PN 94-2922974-003
a	Plan name	REX HOSPITAL, INC. PENSION PLAN	
b	Name of plan sponsor	REX HOSPITAL, INC.	c EIN-PN 56-1509260-001
a	Plan name	MFS INTERNATIONAL EQUITY FUND; GREAT GRAY TRUST COMPANY, LLC, TTEE	
b	Name of plan sponsor	GREAT GRAY TRUST COMPANY, LLC	c EIN-PN 38-4139822-616
a	Plan name	CIM GROUP, L.P. 401K PLAN	
b	Name of plan sponsor	CIM GROUP, L.P.	c EIN-PN 95-4799326-001
a	Plan name	BRIGHTSPEED 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CONNECT HOLDING II LLC (D/B/A BRIGHTSPEED)	c EIN-PN 87-3811759-001
a	Plan name	DISCOVERY ENERGY 401(K) MASTER TRUST	
b	Name of plan sponsor	DISCOVERY ENERGY, LLC	c EIN-PN 99-0486805-001
a	Plan name	IMI 401(K) PLAN	
b	Name of plan sponsor	IMI AMERICAS LLC	c EIN-PN 84-0858329-004
a	Plan name	MAYALL HURLEY 401K PLAN	
b	Name of plan sponsor	MAYALL HURLEY, A PROFESSIONAL CORPORATION	c EIN-PN 94-2190545-002
a	Plan name	STEIN SPERLING BENNETT DE JONG DRISCOLL PC 401(K) PLAN	
b	Name of plan sponsor	STEIN SPERLING BENNETT DE JONG DRISCOLL PC	c EIN-PN 52-1129904-001
a	Plan name	LYONDELLBASELL MASTER TRUST	
b	Name of plan sponsor	LYONDELL CHEMICAL COMPANY	c EIN-PN 13-7073479-009
a	Plan name	MARS U.S. DEFINED CONTRIBUTION TRUST	
b	Name of plan sponsor	MARS, INCORPORATED	c EIN-PN 22-1594774-005
a	Plan name	BMO 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BMO FINANCIAL CORP.	c EIN-PN 51-0275712-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	THE FOX MASTER TRUST	c	EIN-PN	
b	Name of plan sponsor	FOX CORPORATION	c	EIN-PN	83-2290306-004
a	Plan name	TAKEDA PHARMACEUTICALS U.S.A., INC. PUERTO RICO SAVINGS AND RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	TAKEDA PHARMACEUTICALS U.S.A., INC.	c	EIN-PN	13-4013710-002
a	Plan name	TAKEDA PHARMACEUTICALS U.S.A., INC. SAVINGS AND RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	TAKEDA PHARMACEUTICALS U.S.A., INC.	c	EIN-PN	13-4013710-001
a	Plan name	THE CLOROX COMPANY 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	THE CLOROX COMPANY	c	EIN-PN	31-0595760-001
a	Plan name	THE CLOROX COMPANY EE RETIREMENT INVESTMENT PLAN FOR PUERTO RICO	c	EIN-PN	
b	Name of plan sponsor	THE CLOROX COMPANY	c	EIN-PN	31-0595760-007
a	Plan name	THE IMAGINE GROUP 401(K) SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	THE IMAGINE GROUP	c	EIN-PN	41-1612906-001
a	Plan name	TRANSAMERICA 401(K) RETIREMENT SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	TRANSAMERICA CORPORATION	c	EIN-PN	42-1484983-003
a	Plan name	RYDER SYSTEM, INC. 401(K) SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	RYDER SYSTEM, INC.	c	EIN-PN	59-0739250-005
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MFS HERITAGE TRUST COMPANY COLLECTIVE INVESTMENT TRUST - MFS INTERNATIONAL EQUITY FUND	B Three-digit plan number (PN) ▶ 013
C Plan sponsor's name as shown on line 2a of Form 5500 MFS HERITAGE TRUST COMPANY	D Employer Identification Number (EIN) 57-1187281

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	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	199924024
		83183327
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	35185936
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	5865766392
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	6100876352	6860895240
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	183011456	6934915
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	183011456	6934915
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5917864896	6853960325

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)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	154973411	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		154973411
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	1011913335	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	978020249	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	98144259	
(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)	2899241
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	-2356951
d Total income. Add all income amounts in column (b) and enter total	2d	287553046

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	49679
(5) Investment advisory and investment management fees	2i(5)	30543893
(6) Bank or trust company trustee/custodial fees	2i(6)	720302
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	218903
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	31532777
j Total expenses. Add all expense amounts in column (b) and enter total	2j	31532777

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	256020269
l Transfers of assets:		
(1) To this plan	2l(1)	2674494152
(2) From this plan	2l(2)	1994418992

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Plan Name	MFS Heritage Trust Company Collective Investment Trust - MFS International Equity Fund
Plan Sponsor EIN	57-1187281
Plan #	013
Plan Year Ending	12/31/2024
Schedule, Line/Part	Schedule D, Part II

The below named participating funds are not reported on Schedule D Part II of the **MFS Heritage Trust Company Collective Investment Trust - MFS International Equity Fund** Form 5500, as they do not have a three-digit plan number. Historically, such plans were reported with a blank plan number along with an attachment explaining the reason for the blank entry. Upon suggestion of a Department of Labor representative, we have removed these entries from Schedule D, Part II in its entirety.

Plan Name	Plan/Plan Sponsor EIN
KENT COUNTY EMPLOYEE RETIREMENT PROGRAM	51-6000145
THE MINISTERS AND MISSIONARIES BENEFIT BOARD OF AMERICAN BAPTIST CHURCHES	13-1628182
OMAHA PUBLIC POWER DISTRICT RETIREMENT PLAN	47-6135228
HOWARD COUNTY MASTER TRUST	52-6000965
TRINITY HEALTH PENSION PLAN	38-2513841
WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY DEFERRED COMPENSATION PLAN	52-0847040

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: MFS Heritage Trust Company Collective Investment Trust - MFS International Equity Fund
1b Three-digit plan number (PN): 013
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): MFS Heritage Trust Company
2b Employer Identification Number (EIN): 57-1187281
2c Plan Sponsor's telephone number: (617) 954-5000
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes signature of Kasey Phillips dated 09/29/2025.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

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

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

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

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

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____
