

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: MERCER ACTIVE INTERMEDIATE CREDIT FIXED INCOME PORTFOLIO
1b Three-digit plan number (PN): 048
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): MERCER TRUST COMPANY LLC
2b Employer Identification Number (EIN): 85-2621954
2c Plan Sponsor's telephone number: 617-943-5590
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: Label (SIGN HERE), Signature, Date, and Name. Rows include: Filed with authorized/valid electronic signature, Signature of plan administrator, Signature of employer/plan sponsor, and Signature of DFE.

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

Form 5500 (2024) v. 240311

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

**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:

<b>9a</b> 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	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>MERCER ACTIVE INTERMEDIATE CREDIT FIXED INCOME PORTFOLIO</u>	<b>B</b> Three-digit plan number (PN) <u>048</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MERCER TRUST COMPANY LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>85-2621954</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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.)	
<b>a</b>	Plan name AM GENERAL HOURLY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AM GENERAL LLC	<b>c</b> EIN-PN 03-0448255-005
<b>a</b>	Plan name AM GENERAL LLC UAW RETIREMENT INCOME PLAN	
<b>b</b>	Name of plan sponsor AM GENERAL LLC	<b>c</b> EIN-PN 03-0448255-001
<b>a</b>	Plan name AM GENERAL SALARIED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AM GENERAL LLC	<b>c</b> EIN-PN 03-0448255-012
<b>a</b>	Plan name APL RETIREMENT ACCOUNT PLAN (NBU)	
<b>b</b>	Name of plan sponsor APL (AMERICA) LLC	<b>c</b> EIN-PN 81-4033925-001
<b>a</b>	Plan name BANGOR HYDRO ELECTRIC COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor VERSANT POWER	<b>c</b> EIN-PN 01-0024370-001
<b>a</b>	Plan name BAXALTA INCORPORATED AND SUBSIDIARIES PENSION PLAN	
<b>b</b>	Name of plan sponsor TAKEDA PHARMACEUTICALS NORTH AMERICA, INC	<b>c</b> EIN-PN 13-4013710-003
<b>a</b>	Plan name BIC CONSUMER PRODUCTS MANUFACTURING CO., INC. LOCAL UNION 134L PENSION PLAN	
<b>b</b>	Name of plan sponsor BIC CORPORATION	<b>c</b> EIN-PN 06-0735597-001
<b>a</b>	Plan name BIC CORPORATION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor BIC CORPORATION	<b>c</b> EIN-PN 06-0735597-002
<b>a</b>	Plan name BORDEN DAIRY PENSION PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor BORDEN DAIRY COMPANY	<b>c</b> EIN-PN 47-4211619-006
<b>a</b>	Plan name CAPITAL ONE DEFINED BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor CAPITAL ONE	<b>c</b> EIN-PN 54-1719854-001
<b>a</b>	Plan name CLARK EQUIPMENT COMPANY RETIREMENT PLAN (PLAN 50)	
<b>b</b>	Name of plan sponsor DOOSAN BOBCAT NORTH AMERICA, INC.	<b>c</b> EIN-PN 38-0425350-050
<b>a</b>	Plan name CLEARWATER PAPER CORP MASTER TRUST	
<b>b</b>	Name of plan sponsor CLEARWATER PAPER CORPORATION	<b>c</b> EIN-PN 20-3594554-051

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COATS AMERICAN, INC.	
<b>b</b>	Name of plan sponsor	COATS AMERICAN, INC.	<b>c</b> EIN-PN 13-4924750-002
<b>a</b>	Plan name	CUBIC CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor	CUBIC CORPORATION	<b>c</b> EIN-PN 95-1678055-002
<b>a</b>	Plan name	DAYTON POWER AND LIGHT RETIREMENT INCOME TRUST	
<b>b</b>	Name of plan sponsor	AES SERVICES INC.	<b>c</b> EIN-PN 31-0649116-001
<b>a</b>	Plan name	DIRECTV BARGAINED PENSION PLAN	
<b>b</b>	Name of plan sponsor	DIRECTV ENTERTAINMENT HOLDINGS LLC	<b>c</b> EIN-PN 86-2430702-001
<b>a</b>	Plan name	OAK RIDGE RESERVATION CLEANUP CONTRACT PENSION PLAN FOR GRANDFATHERED EMPLOYEES	
<b>b</b>	Name of plan sponsor	UCOR LLC	<b>c</b> EIN-PN 85-2867528-335
<b>a</b>	Plan name	EDGEWELL PERSONAL CARE COMPANY DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	EDGEWELL PERSONAL CARE COMPANY	<b>c</b> EIN-PN 43-1863181-001
<b>a</b>	Plan name	EMD SERONO EMPLOYEES RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor	EMD SERONO INC.	<b>c</b> EIN-PN 06-1040874-001
<b>a</b>	Plan name	EMPLOYEES OF AES NY L.L.C. TRUST	
<b>b</b>	Name of plan sponsor	AES SERVICES INC.	<b>c</b> EIN-PN 25-1834216-001
<b>a</b>	Plan name	EMPLOYEES PLAN OF INDIANAPOLIS POWER & LIGHT	
<b>b</b>	Name of plan sponsor	AES SERVICES INC.	<b>c</b> EIN-PN 35-1357665-001
<b>a</b>	Plan name	HOUGHTON MIFFLIN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOUGHTON MIFFLIN HARCOURT PUBLISHING COMPANY	<b>c</b> EIN-PN 04-1456030-001
<b>a</b>	Plan name	HUSSMANN PENSION PLAN FOR CERTAIN PARTICIPANTS WITH FROZEN BENEFITS	
<b>b</b>	Name of plan sponsor	HUSSMANN CORPORATION	<b>c</b> EIN-PN 43-0156220-045
<b>a</b>	Plan name	IDEX CORPORATION MASTER TRUST	
<b>b</b>	Name of plan sponsor	IDEX CORPORATION MASTER TRUST	<b>c</b> EIN-PN 36-3555336-065

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.)	
<b>a</b>	Plan name ISUZU COMPANIES RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor ISUZU NORTH AMERICA CORPORATION	<b>c</b> EIN-PN 33-6029611-001
<b>a</b>	Plan name ITG BRANDS, LLC RETIREMENT ALLOWANCE PLAN FOR HOURLY RATED AND/OR PIECEWORK EMPLOYEES	
<b>b</b>	Name of plan sponsor ITG BRANDS, LLC	<b>c</b> EIN-PN 94-2994213-004
<b>a</b>	Plan name LAW COMPANIES GROUP, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor WSP USA ENVIRONMENT & INFRASTRUCTURE INC.	<b>c</b> EIN-PN 91-1641772-006
<b>a</b>	Plan name LEWIS CENTER PENSION PLAN	
<b>b</b>	Name of plan sponsor VOLVO GROUP NORTH AMERICA LLC	<b>c</b> EIN-PN 58-2431188-006
<b>a</b>	Plan name MACK UAW PENSION PLAN	
<b>b</b>	Name of plan sponsor MACK TRUCKS INC	<b>c</b> EIN-PN 22-1582040-004
<b>a</b>	Plan name MAINE PUBLIC SERVICE COMPANY PENSION PLAN	
<b>b</b>	Name of plan sponsor VERSANT POWER	<b>c</b> EIN-PN 01-0024370-005
<b>a</b>	Plan name NC TRANSACTION INC. MASTER TRUST	
<b>b</b>	Name of plan sponsor NEWS CORP.	<b>c</b> EIN-PN 46-1138762-002
<b>a</b>	Plan name NEENAH EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor NEENAH, INC.	<b>c</b> EIN-PN 20-1308307-001
<b>a</b>	Plan name NEENAH FORMER EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor NEENAH NORTHEAST, LLC	<b>c</b> EIN-PN 54-1684641-002
<b>a</b>	Plan name NEW AVON CO PERSONAL RETIREMENT ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor THE AVON COMPANY	<b>c</b> EIN-PN 81-1144649-002
<b>a</b>	Plan name NEW JOHNSONVILLE ELECTROLYTIC MANGANESE PLANT PENSION PLAN OF VIBRANTZ SPECIALTY PRODUCTS LLC	
<b>b</b>	Name of plan sponsor VIBRANTZ SPECIALTY PRODUCTS LLC	<b>c</b> EIN-PN 52-1272156-006
<b>a</b>	Plan name NORTHWESTERN ENERGY SD/NE PENSION PLAN	
<b>b</b>	Name of plan sponsor NORTHWESTERN CORPORATION	<b>c</b> EIN-PN 46-0172280-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NOVELIS TERRE HAUTE HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor	NOVELIS CORPORATION	<b>c</b> EIN-PN 41-2098321-042
<b>a</b>	Plan name	NOVELIS WARREN HOURLY PENSION PLAN	
<b>b</b>	Name of plan sponsor	NOVELIS CORPORATION	<b>c</b> EIN-PN 41-2098321-003
<b>a</b>	Plan name	PBF ENERGY PENSION PLAN	
<b>b</b>	Name of plan sponsor	PBF HOLDING COMPANY LLC	<b>c</b> EIN-PN 27-2198168-001
<b>a</b>	Plan name	PIXELLE SPECIALTY SOLUTIONS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PIXELLE SPECIALTY SOLUTIONS, LLC	<b>c</b> EIN-PN 83-1623694-001
<b>a</b>	Plan name	PMC BUSINESS PENSION PLAN	
<b>b</b>	Name of plan sponsor	LAND NEWCO, INC.	<b>c</b> EIN-PN 86-2641661-001
<b>a</b>	Plan name	POLYONE CORPORATION MASTER TRUST	
<b>b</b>	Name of plan sponsor	AVIENT CORPORATION	<b>c</b> EIN-PN 34-1932233-001
<b>a</b>	Plan name	RET PLAN FOR EMPLOYEES OF CHARLES STARK DRAPER LABORATORY	
<b>b</b>	Name of plan sponsor	CHARLES STARK DRAPER LABORATORY, INC.	<b>c</b> EIN-PN 04-2505372-002
<b>a</b>	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF SCHAEFFLER GROUP USA, INC	
<b>b</b>	Name of plan sponsor	SCHAEFFLER GROUP USA	<b>c</b> EIN-PN 57-0517596-001
<b>a</b>	Plan name	RETIREMENT PLAN FOR KOPPERS INC.	
<b>b</b>	Name of plan sponsor	KOPPERS INC.	<b>c</b> EIN-PN 25-1588399-003
<b>a</b>	Plan name	MATIV HOLDINGS, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor	MATIV HOLDINGS, INC.	<b>c</b> EIN-PN 62-1612879-001
<b>a</b>	Plan name	SHURE INCORPORATED EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHURE INCORPORATED	<b>c</b> EIN-PN 36-2060824-002
<b>a</b>	Plan name	SOCIETE GENERALE PENSION PLAN	
<b>b</b>	Name of plan sponsor	SOCIETE GENERALE	<b>c</b> EIN-PN 52-1128875-003

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.)	
<b>a</b>	Plan name <b>STOLT-NIELSEN US PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STOLT-NIELSEN USA INC.</b>	<b>c</b> EIN-PN <b>13-1932470-001</b>
<b>a</b>	Plan name <b>SUPERIOR REFINING COMPANY DEFINED BENEFIT PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUPERIOR REFINING COMPANY LLC</b>	<b>c</b> EIN-PN <b>80-0744653-300</b>
<b>a</b>	Plan name <b>TARKETT RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TARKETT ENTERPRISES INC.</b>	<b>c</b> EIN-PN <b>74-2706630-001</b>
<b>a</b>	Plan name <b>THE CHRIST HOSPITAL PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CHRIST HOSPITAL</b>	<b>c</b> EIN-PN <b>31-0538525-008</b>
<b>a</b>	Plan name <b>THE CONSOL ENERGY INC EMPLOYEE RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONSOL ENERGY INC</b>	<b>c</b> EIN-PN <b>82-1954058-001</b>
<b>a</b>	Plan name <b>THE LEXMARK RETIREMENT GROWTH ACCOUNT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEXMARK INTERNATIONAL INC.</b>	<b>c</b> EIN-PN <b>06-1308215-001</b>
<b>a</b>	Plan name <b>THE RETIREMENT PLAN FOR EMPLOYEES OF THE UNITED STATES OFFICES OF LLOYDS BANK PLC</b>	
<b>b</b>	Name of plan sponsor <b>LLOYDS BANK PLC</b>	<b>c</b> EIN-PN <b>13-3321516-001</b>
<b>a</b>	Plan name <b>TRANSAMERICA PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRANSAMERICA CORPORATION</b>	<b>c</b> EIN-PN <b>42-1484983-002</b>
<b>a</b>	Plan name <b>UNITED STATES SUGAR CORP. RETIREMENT INCOME PLAN</b>	
<b>b</b>	Name of plan sponsor <b>UNITED STATES SUGAR CORPORATION</b>	<b>c</b> EIN-PN <b>59-0490750-002</b>
<b>a</b>	Plan name <b>VIBRANTZ CORPORATION PENSION PLAN FOR LEGACY EMPLOYEES</b>	
<b>b</b>	Name of plan sponsor <b>VIBRANTZ CORPORATION</b>	<b>c</b> EIN-PN <b>34-0217820-007</b>
<b>a</b>	Plan name <b>VIBRANTZ SPECIALTY PRODUCTS LLC BALTIMORE PLANT BARGAINING UNIT EMPLOYEES PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VIBRANTZ SPECIALTY PRODUCTS LLC</b>	<b>c</b> EIN-PN <b>52-1272156-003</b>
<b>a</b>	Plan name <b>VINSON &amp; ELKINS LLP PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VINSON &amp; ELKINS LLP</b>	<b>c</b> EIN-PN <b>74-1183015-001</b>

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.)	
<b>a</b>	Plan name VOLVO GROUP NORTH AMERICA NEW RIVER VALLEY PENSION PLAN	
<b>b</b>	Name of plan sponsor VOLVO GROUP NORTH AMERICA LLC	<b>c</b> EIN-PN 58-2431188-002
<b>a</b>	Plan name VOLVO GROUP NORTH AMERICA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor VOLVO GROUP NORTH AMERICA LLC	<b>c</b> EIN-PN 58-2431188-001
<b>a</b>	Plan name WTB FINANCIAL CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor WTB FINANCIAL CORPORATION	<b>c</b> EIN-PN 91-1150490-001
<b>a</b>	Plan name AMERICAN SAFETY RAZOR COMPANY SALARIED EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EDGEWELL PERSONAL CARE COMPANY	<b>c</b> EIN-PN 43-1863181-005
<b>a</b>	Plan name ASR STAUNTON EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EDGEWELL PERSONAL CARE COMPANY	<b>c</b> EIN-PN 43-1863181-006
<b>a</b>	Plan name BACARDI USA INC. TRUST FUND	
<b>b</b>	Name of plan sponsor BACARDI USA INC.	<b>c</b> EIN-PN 13-1507147-001
<b>a</b>	Plan name DEACONESS HEALTH SYSTEM, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEACONESS HEALTH SYSTEM, INC.	<b>c</b> EIN-PN 35-1532889-333
<b>a</b>	Plan name EMPLOYEES' RETIREMENT PLAN OF BANK OF HAWAII	
<b>b</b>	Name of plan sponsor BANK OF HAWAII	<b>c</b> EIN-PN 99-0033900-001
<b>a</b>	Plan name IMERYYS USA, INC. MASTER TRUST	
<b>b</b>	Name of plan sponsor IMERYYS USA, INC.	<b>c</b> EIN-PN 20-3617354-001
<b>a</b>	Plan name MCCORMICK PENSION PLAN	
<b>b</b>	Name of plan sponsor MCCORMICK & COMPANY, INC	<b>c</b> EIN-PN 52-0408290-003
<b>a</b>	Plan name PENSION PLAN OF ANNE ARUNDEL MEDICAL CENTER	
<b>b</b>	Name of plan sponsor LUMINIS HEALTH ANNE ARUNDEL MEDICAL CENTER, INC.	<b>c</b> EIN-PN 52-1169362-001
<b>a</b>	Plan name RETIREMENT PLAN FOR EMPLOYEES OF CASS INFORMATION SYSTEMS, INC.	
<b>b</b>	Name of plan sponsor CASS INFORMATION SYSTEMS, INC.	<b>c</b> EIN-PN 43-1265338-001

**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.)

<b>a</b> Plan name	THE GIBBS & COX, INC. PENSION PLAN	
<b>b</b> Name of plan sponsor	LEIDOS, INC.	<b>c</b> EIN-PN 95-3630868-006

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

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>MERCER ACTIVE INTERMEDIATE CREDIT FIXED INCOME PORTFOLIO</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>048</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MERCER TRUST COMPANY LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>85-2621954</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	19356474
		23450014
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	37106642
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	149969808
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	744361613
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	1085738046
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	64493207
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	54690664
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	23340770

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1958084548	2183150764
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	3484188	21928042
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	3484188	21928042
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1954600360	2161222722

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	824865	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	5470020	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	87517681	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	2566951	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		96379517
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1901852	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1901852
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	3649504499	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	3642076405	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		7428094
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-9811082	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(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)	-1379177
<b>c</b> Other income .....	2c	376087
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	94895291

**Expenses**

<b>e</b> 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
<b>f</b> Corrective distributions (see instructions) .....	2f	
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g	
<b>h</b> Interest expense .....	2h	
<b>i</b> 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)	40300
(5) Investment advisory and investment management fees .....	2i(5)	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	262516
(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)	19854
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	322670
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j	322670

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	94572621
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	526842317
(2) From this plan .....	2l(2)	414792576

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>Plan Name</b>	<b>Mercer Active Intermediate Credit Fixed Income Portfolio</b>
<b>Plan Sponsor EIN</b>	<b>85-2621954</b>
<b>Plan #</b>	<b>048</b>
<b>Plan Year Ending</b>	<b>12/31/2024</b>
<b>Schedule, Line/Part</b>	<b>Schedule D, Part II</b>

The below named participating fund is not reported on Schedule D Part II of the **Mercer Active Intermediate Credit Fixed Income Portfolio** Form 5500, as it does 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 this entry from Schedule D, Part II in its entirety.

<b>Plan Name</b>	<b>Plan/Plan Sponsor EIN</b>
AgFirst Farm Credit Retirement Plan	57-1016947

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: Mercer Active Intermediate Credit Fixed Income Portfolio; 1b Three-digit plan number (PN): 048; 1c Effective date of plan; 2a Plan sponsor's name: Mercer Trust Company LLC; 2b Employer Identification Number (EIN): 85-2621954; 2c Plan Sponsor's telephone number: (617) 943-5590; 2d Business code; 99 High Street, Boston, MA 02110

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 signatures and dates for plan administrator and DFE.

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

Form 5500 (2024) v. 240311

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

**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:

<b>9a</b> 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	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**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.

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**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 \_\_\_\_\_

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