

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)

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 (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>MERCER INTERNATIONAL STOCK FUND</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>010</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan</td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>010</u>	1c Effective date of plan	
1b Three-digit plan number (PN) ▶	<u>010</u>				
1c Effective date of plan					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MERCER TRUST COMPANY LLC</u> <u>99 HIGH STREET</u> <u>BOSTON, MA 02110</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) <u>81-3158100</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>617-943-5590</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> </tr> </table>	2b Employer Identification Number (EIN) <u>81-3158100</u>	2c Plan Sponsor's telephone number <u>617-943-5590</u>	2d Business code (see instructions)	
2b Employer Identification Number (EIN) <u>81-3158100</u>					
2c Plan Sponsor's telephone number <u>617-943-5590</u>					
2d Business code (see instructions)					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.		
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2025	BARRY VALLAN
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>MERCER INTERNATIONAL STOCK FUND</u>	B Three-digit plan number (PN)	<u>010</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MERCER TRUST COMPANY LLC</u>	D Employer Identification Number (EIN) <u>81-3158100</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>GBL ALL CAP EQTY EX-US IDX NL SF A</u>	
b Name of sponsor of entity listed in (a):	<u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>	
c EIN-PN <u>90-0337987-299</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>12308602</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)

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	ABC FITNESS SOLUTIONS, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ABC FITNESS SOLUTIONS, LLC	c EIN-PN 71-0602737-001
a	Plan name	AGILON HEALTH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AGILON HEALTH, INC.	c EIN-PN 81-2677797-001
a	Plan name	ALTASCIENCES USA LLC 401(K) PLAN	
b	Name of plan sponsor	ALTASCIENCES USA LLC	c EIN-PN 82-1697220-001
a	Plan name	AMPLIFON (USA), INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	AMPLIFON (USA), INC.	c EIN-PN 41-1958972-002
a	Plan name	ARCSERVE 401(K) PLAN	
b	Name of plan sponsor	ARCSERVE (USA) LLC	c EIN-PN 47-1155028-001
a	Plan name	ARS EMPLOYEE 401K PLAN	
b	Name of plan sponsor	ARS ACQUISITION HOLDINGS, LLC	c EIN-PN 45-0542275-001
a	Plan name	AVOLON 401(K) PLAN	
b	Name of plan sponsor	CIT AEROSPACE LLC	c EIN-PN 47-5255449-001
a	Plan name	BACARDI CORP DEFINED CONTRIBUTION UNION EMPLOYEES PLAN	
b	Name of plan sponsor	BACARDI CORPORATION	c EIN-PN 66-0175247-002
a	Plan name	BACARDI CORP. DEFINED CONTRIBUTIONS ADMINISTRATIVE EMPLOYEES PLAN AS OF OCTOBER 1ST, 2004	
b	Name of plan sponsor	BACARDI CORPORATION	c EIN-PN 66-0175247-005
a	Plan name	BACARDI U. S. A., INC. & AFFILIATES 401K SAVINGS AND DC RETIREMENT PLAN	
b	Name of plan sponsor	BACARDI U.S.A., INC	c EIN-PN 13-1507147-004
a	Plan name	BASS PRO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	BASS PRO GROUP, LLC	c EIN-PN 20-3796930-001
a	Plan name	NORTERA FOODS USA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NORTERA FOODS USA INC.	c EIN-PN 45-4770767-001

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 BSI GROUP AMERICA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BSI GROUP AMERICA INC.	c EIN-PN 31-1655354-001
a	Plan name CARIBBEAN REFRESCOS, INC. THRIFT PLAN	
b	Name of plan sponsor THE CARIBBEAN REFRESCOS, INC. THRIFT PLAN COMMITTEE	c EIN-PN 66-0276572-001
a	Plan name CDK GLOBAL, INC. 401(K) PLAN	
b	Name of plan sponsor CDK GLOBAL, INC.	c EIN-PN 45-2684799-001
a	Plan name CHARLES ROSS & SON COMPANY 401(K) PLAN	
b	Name of plan sponsor CHARLES ROSS & SON COMPANY	c EIN-PN 11-1260400-002
a	Plan name CHEMOURS COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE CHEMOURS COMPANY, LLC	c EIN-PN 46-5626518-001
a	Plan name CHRISTENSEN, INC 401(K) PLAN	
b	Name of plan sponsor CHRISTENSEN INC.	c EIN-PN 91-1107733-001
a	Plan name COLE-PARMER INSTRUMENT COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CPI HOLDCO LLC	c EIN-PN 47-1422256-001
a	Plan name COMPUGROUP MEDICAL SYSTEMS 401(K) PLAN	
b	Name of plan sponsor COMPUGROUP MEDICAL SYSTEMS	c EIN-PN 32-0307150-002
a	Plan name COVORO MINING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor COVORO MINING SOLUTIONS LLC	c EIN-PN 87-3556444-001
a	Plan name CULLIGAN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CULLIGAN INTERNATIONAL COMPANY	c EIN-PN 13-3346689-001
a	Plan name CULLIGAN SAFE HARBOR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CULLIGAN INTERNATIONAL COMPANY	c EIN-PN 13-3346689-002
a	Plan name DATALOGIC 401(K) PLAN	
b	Name of plan sponsor DATALOGIC USA, INC.	c EIN-PN 16-0969362-001

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	DIGITAL RIVER, INC. 401(K) PLAN	
b	Name of plan sponsor	DIGITAL RIVER, INC.	c EIN-PN 41-1901640-001
a	Plan name	DOMINO AMERICAS RETIREMENT AND 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DOMINO AMJET INC	c EIN-PN 20-0032856-001
a	Plan name	DONNELLEY FINANCIAL SAVINGS PLAN	
b	Name of plan sponsor	DONNELLEY FINANCIAL, LLC	c EIN-PN 13-2618477-003
a	Plan name	DT MIDSTREAM 401(K) PLAN	
b	Name of plan sponsor	DT MIDSTREAM, INC.	c EIN-PN 38-2663964-001
a	Plan name	EAST TENNESSEE TECHNOLOGY PARK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	URS CH2M OAK RIDGE LLC (UCOR)	c EIN-PN 45-2178216-004
a	Plan name	EFI 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ELECTRONICS FOR IMAGING, INC.	c EIN-PN 94-3086355-001
a	Plan name	E-PRODUCTIVITY SOFTWARE 401K	
b	Name of plan sponsor	EPS US, LLC	c EIN-PN 87-1469997-001
a	Plan name	EVERBANK, N.A. 401(K) PLAN	
b	Name of plan sponsor	EVERBANK, N.A.	c EIN-PN 59-3531592-001
a	Plan name	GOLDEN WEST PACKAGING GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	GOLDENWESTPACKAGINGGROUP,LLC	c EIN-PN 82-1709584-001
a	Plan name	GOODRX, INC. 401(K) PLAN	
b	Name of plan sponsor	GOODRX, INC.	c EIN-PN 45-3653763-001
a	Plan name	GREAT WESTERN MALTING CO. SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	GREAT WESTERN MALTING CO.	c EIN-PN 98-0100247-003
a	Plan name	GREEN PLAINS INC. 401(K) PLAN	
b	Name of plan sponsor	GREEN PLAINS, INC	c EIN-PN 84-1652107-001

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 HERITAGE DISTRIBUTION HOLDINGS 401(K) PLAN	
b	Name of plan sponsor HERITAGE DISTRIBUTION OPCO LLC	c EIN-PN 87-1969363-001
a	Plan name HOLLAND & HART RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HOLLAND & HART LLP	c EIN-PN 84-0382505-002
a	Plan name INGRAM MICRO 401(K) INVESTMENT SAVINGS PLAN	
b	Name of plan sponsor INGRAM MICRO, INC.	c EIN-PN 62-1644402-002
a	Plan name KIA MOTORS AMERICA 401(K) PLAN	
b	Name of plan sponsor KIA MOTORS AMERICA, INC.	c EIN-PN 33-0539850-003
a	Plan name KINAXIS CORP. 401(K) PLAN	
b	Name of plan sponsor KINAXIS CORP.	c EIN-PN 04-3130818-001
a	Plan name L'OCCITANE, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor L'OCCITANE, INC	c EIN-PN 13-3844764-001
a	Plan name LOOMIS 401(K) PRE-TAX SAVINGS PLAN	
b	Name of plan sponsor LOOMIS ARMORED US, LLC	c EIN-PN 75-0117200-002
a	Plan name LPL FINANCIAL LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor LPL FINANCIAL LLC	c EIN-PN 95-2834236-002
a	Plan name MACATAWA BANK 401(K) PLAN	
b	Name of plan sponsor MACATAWA BANK	c EIN-PN 38-3378283-001
a	Plan name MANN+HUMMEL 401(K) PLAN	
b	Name of plan sponsor MANN+HUMMEL FILTRATION TECHNOLOGY US LLC	c EIN-PN 20-1483497-001
a	Plan name MARMON DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor MARMON HOLDINGS, INC	c EIN-PN 38-7187740-009
a	Plan name MCCARTHY EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCCARTHY HOLDINGS, INC.	c EIN-PN 41-6257133-001

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 MEI RIGGING AND CRATING LLC 401(K) PS PLAN AND TRUST	
b	Name of plan sponsor MEI RIGGING & CRATING, LLC	c EIN-PN 46-1164581-001
a	Plan name MERCER WISE POOLED EMPLOYER PLAN	
b	Name of plan sponsor MERCER INVESTMENTS LLC	c EIN-PN 30-0282430-001
a	Plan name MISTER CAR WASH 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CAR WASH PARTNERS, INC.	c EIN-PN 04-3299064-001
a	Plan name EMPOWER AI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMPOWER AI	c EIN-PN 54-1522509-001
a	Plan name NORIT AMERICAS 401(K) PLAN	
b	Name of plan sponsor NORIT AMERICAS INC.	c EIN-PN 59-0142210-001
a	Plan name PARACO GAS & AFFILIATES 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor PARACO GAS CORPORATION	c EIN-PN 13-3149941-001
a	Plan name PHYSICIAN AFFILIATE GROUP OF NEW YORK RETIREMENT PLAN	
b	Name of plan sponsor PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C.	c EIN-PN 90-0603487-002
a	Plan name PRNPT 401(K) PLAN	
b	Name of plan sponsor HEALTHCARE EMPLOYEE SERVICES LLC	c EIN-PN 33-0783516-001
a	Plan name QUALITEST GROUP 401(K) PLAN	
b	Name of plan sponsor IBASE OPERATIONS CORP.	c EIN-PN 81-3000418-001
a	Plan name QUBICAAMF WORLDWIDE 401(K)	
b	Name of plan sponsor QUBICAAMF WORLDWIDE, LLC	c EIN-PN 54-1390740-001
a	Plan name RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DUPONT POLYMER PRODUCTS, LLC	c EIN-PN 87-3594684-001
a	Plan name RISKCONNECT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RISKONNECT, INC.	c EIN-PN 26-0842782-001

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	RUE21 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW RUE21, LLC	c EIN-PN 82-2784521-001
a	Plan name	SAMUEL SON & CO (USA) INC. 401(K) PLAN	
b	Name of plan sponsor	SAMUEL SON & CO (USA) INC. 401K	c EIN-PN 06-1251791-003
a	Plan name	SELECT MILK PRODUCERS, INC. 401(K) PLAN	
b	Name of plan sponsor	SELECT MILK PRODUCERS, INC.	c EIN-PN 85-0425525-001
a	Plan name	SILVERADO SENIOR LIVING HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	SILVERADO SENIOR LIVING HOLDINGS, INC.	c EIN-PN 27-4275556-001
a	Plan name	SIMON PROPERTY GROUP AND ADOPTING ENTITIES MATCHING SAVINGS PLAN	
b	Name of plan sponsor	SIMON PROPERTY GROUP	c EIN-PN 34-1755769-002
a	Plan name	SMART CARE EQUIPMENT SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	EEC ACQUISITIONS, LLC DBA SMART CARE EQUIPMENT SOLUTIONS	c EIN-PN 82-3154334-001
a	Plan name	SOUTHERN STATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SOUTHERN STATES COOPERATIVE, INC.	c EIN-PN 54-0387200-334
a	Plan name	ST ENGINEERING LEEBOY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ST ENGINEERING LEEBOY, INC. DBA LEEBOY	c EIN-PN 56-1217123-001
a	Plan name	STAND TOGETHER BENEFITS, LLC 401(K) PLAN	
b	Name of plan sponsor	STAND TOGETHER BENEFITS	c EIN-PN 45-2663979-001
a	Plan name	SYNAGRO TECHNOLOGIES INC. 401(K) PLAN	
b	Name of plan sponsor	SYNAGRO TECHNOLOGIES INC.	c EIN-PN 88-0219860-001
a	Plan name	TANGOE US, INC. 401(K) PLAN	
b	Name of plan sponsor	TANGOE, INC.	c EIN-PN 06-1571143-001
a	Plan name	TED'S MONTANA GRILL, INC. 401(K) PLAN	
b	Name of plan sponsor	TED'S MONTANA GRILL, INC.	c EIN-PN 58-2629149-001

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 401(K) PLAN SPONSORED BY AEGIS THERAPIES	
b	Name of plan sponsor AEGIS THERAPIES INC.	c EIN-PN 71-0811574-001
a	Plan name THE ANSCHUTZ ENTERTAINMENT GROUP 401(K) PLAN	
b	Name of plan sponsor ANSCHUTZ ENTERTAINMENT GROUP INC.	c EIN-PN 84-1260056-001
a	Plan name THE RESTATED FOUR SEASONS HOTELS RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor THE FOUR SEASONS HOTELS	c EIN-PN 98-0057100-333
a	Plan name TREEHOUSE FOODS, INC. 401(K) PLAN	
b	Name of plan sponsor TREEHOUSE FOODS, INC.	c EIN-PN 20-2311383-003
a	Plan name TROPICANA PRODUCTS 401K SAVINGS PLAN	
b	Name of plan sponsor TROPICANA PRODUCTS INC	c EIN-PN 13-3346705-002
a	Plan name TTI, INC. 401(K) PLAN	
b	Name of plan sponsor TTI, INC.	c EIN-PN 20-8234316-001
a	Plan name UNIVAR SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor UNIVAR SOLUTIONS USA INC.	c EIN-PN 91-1347935-002
a	Plan name VERSANT POWER 401K PLAN	
b	Name of plan sponsor VERSANT POWER	c EIN-PN 01-0024370-004
a	Plan name VIKING RIVER CRUISES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor VIKING RIVER CRUISES INC.	c EIN-PN 95-4788283-001
a	Plan name WEB.COM 401(K) PLAN	
b	Name of plan sponsor WEB.COM GROUP, INC.	c EIN-PN 94-3327894-001
a	Plan name ACORNS GROW 401(K) PLAN	
b	Name of plan sponsor ACORNS GROW, INC.	c EIN-PN 45-4766397-001
a	Plan name AIRTRON LLC 401(K) PLAN	
b	Name of plan sponsor AIRTRON LLC	c EIN-PN 33-1054368-001

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	APTIA 401(K) PLAN	
b	Name of plan sponsor	APTIA INSURANCE SERVICES GROUP, LLC	c EIN-PN 93-1669497-001
a	Plan name	CS WIND AMERICA 401(K) PLAN	
b	Name of plan sponsor	CS WIND AMERICA, INC.	c EIN-PN 26-2926730-001
a	Plan name	DIAMOND SPORTS GROUP 401(K) PLAN	
b	Name of plan sponsor	DIAMOND SPORTS GROUP, LLC	c EIN-PN 86-1460831-001
a	Plan name	DIGI-KEY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIGI-KEY CORPORATION	c EIN-PN 41-1234968-001
a	Plan name	EXEGY INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	EXEGY INCORPORATED	c EIN-PN 86-1056004-001
a	Plan name	GALLS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GALLS, LLC	c EIN-PN 20-3545989-001
a	Plan name	INDEPENDENCE BLUE CROSS BLUE CHIP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INDEPENDENCE BLUE CROSS, LLC	c EIN-PN 46-3867722-002
a	Plan name	INFORMATICS 401(K) PLAN	
b	Name of plan sponsor	INFORMATICS HOLDINGS, INC.	c EIN-PN 20-2358495-001
a	Plan name	LLOYDS BANK CORPORATE MARKETS PLC 401(K) PLAN	
b	Name of plan sponsor	LLOYDS BANK CORPORATE MARKETS PLC	c EIN-PN 98-1390502-002
a	Plan name	MICHAELS STORES, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	MICHAELS STORES, INC.	c EIN-PN 75-1943604-001
a	Plan name	PBFS RETIREMENT PLAN	
b	Name of plan sponsor	PYE-BARKER FIRE & SAFETY, LLC	c EIN-PN 20-0378887-004
a	Plan name	R.T. VANDERBILT HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	R.T. VANDERBILT HOLDING COMPANY, INC.	c EIN-PN 46-1031856-003

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.)	
a Plan name	R.T. VANDERBILT HOLDING COMPANY, INC. HOURLY EMPLOYEE 401(K)	
b Name of plan sponsor	R.T. VANDERBILT HOLDING COMPANY, INC.	c EIN-PN 46-1031856-004
a Plan name	RINCHEM COMPANY LLC AND AFFILIATES RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	RINCHEM COMPANY LLC	c EIN-PN 93-0684758-001
a Plan name	RWE AMERICA 401(K) PLAN	
b Name of plan sponsor	RWE CLEAN ENERGY SERVICES, LLC	c EIN-PN 27-1769505-001
a Plan name	SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	SCHWANS SHARED SERVICES, LLC	c EIN-PN 81-0572771-001
a Plan name	SHARI'S MANAGEMENT 401(K) RETIREMENT PLAN	
b Name of plan sponsor	SHARI'S MANAGEMENT CORPORATION	c EIN-PN 93-1263136-001
a Plan name	STAFFING 360 SOLUTIONS, INC. & SUBSIDIARIES 401(K) PLAN	
b Name of plan sponsor	STAFFING 360 SOLUTIONS, INC.	c EIN-PN 68-0680859-001
a Plan name	THE CLEARING	
b Name of plan sponsor	THE CLEARING, INC.	c EIN-PN 26-1287688-002
a Plan name	TITLE RESOURCES GROUP	
b Name of plan sponsor	TITLE RESOURCES GUARANTY COMPANY	c EIN-PN 75-1917524-001
a Plan name	TREEHOUSE FOODS, INC. UNION 401(K) PLAN	
b Name of plan sponsor	TREEHOUSE FOODS, INC.	c EIN-PN 20-2311383-002
a Plan name	TREEHOUSE PRIVATE BRANDS, INC. RETIREMENT INCOME SAVINGS PLAN FOR UNION EMPLOYEES	
b Name of plan sponsor	TREEHOUSE FOODS, INC.	c EIN-PN 20-2311383-008
a Plan name	WASTE ISOLATION PILOT PLANT SAVINGS PLAN	
b Name of plan sponsor	SALADO ISOLATION MINING CONTRACTORS, LLC	c EIN-PN 82-4745477-002
a Plan name	ZARA USA & RELATED COMPANIES 401(K) PLAN	
b Name of plan sponsor	ZARA USA, INC.	c EIN-PN 13-3471788-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MERCER INTERNATIONAL STOCK FUND	B Three-digit plan number (PN) ▶ 010
C Plan sponsor's name as shown on line 2a of Form 5500 MERCER TRUST COMPANY LLC	D Employer Identification Number (EIN) 81-3158100

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)	4850896	5648444
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	42082	5
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	13989896	12308602
(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)	436326066	526122244
(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	455208940	544079295
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4858587	5735248
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4858587	5735248
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	450350353	538344047

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)	90	
(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)		90
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	22790997	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13013800
(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)		-11292818
c Other income	2c		-3196
d Total income. Add all income amounts in column (b) and enter total	2d		24508873

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)	16700	
(5) Investment advisory and investment management fees	2i(5)	845	
(6) Bank or trust company trustee/custodial fees	2i(6)	77005	
(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)	23518	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		118068
j Total expenses. Add all expense amounts in column (b) and enter total	2j		118068

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24390805
l Transfers of assets:			
(1) To this plan	2l(1)		227294664
(2) From this plan	2l(2)		163691775

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	Mercer International Stock Fund
Plan Sponsor EIN	81-3158100
Plan #	010
Plan Year Ending	12/31/2024
Schedule, Line/Part	Schedule D, Part II

The below named participating fund is not reported on Schedule D Part II of the **Mercer International Stock Fund** 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.

Plan Name	Plan/Plan Sponsor EIN
Government of Guam Retirement Fund	66-0537873

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, the first return/report, the final return/report, an amended return/report, a short plan year return/report (less than 12 months)
B This return/report is:
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: Mercer International Stock Fund
1b Three-digit plan number (PN): 010
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): 81-3158100
2c Plan Sponsor's telephone number: (617) 943-5590
2d Business code (see instructions)
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 entries for plan administrator and DFE.

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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="width:90%;"></td> </tr> </table>	5																					
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:90%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6a(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6b</td> <td></td> </tr> <tr> <td style="text-align: center;">6c</td> <td></td> </tr> <tr> <td style="text-align: center;">6d</td> <td></td> </tr> <tr> <td style="text-align: center;">6e</td> <td></td> </tr> <tr> <td style="text-align: center;">6f</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(1)</td> <td></td> </tr> <tr> <td style="text-align: center;">6g(2)</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td></td> </tr> </table>			6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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6a(2)																							
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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).....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">7</td> <td style="width:90%;"></td> </tr> </table>	7																					
7																							

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____
