

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SWISHER INTERNATIONAL INC MASTER RETIREMENT TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): SWISHER INTERNATIONAL INC
2b Employer Identification Number (EIN): 36-7045785
2c Plan Sponsor's telephone number: 904-353-4311
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include: 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

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 checked="" 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 checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan SWISHER INTERNATIONAL INC MASTER RETIREMENT TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SWISHER INTERNATIONAL INC	D Employer Identification Number (EIN) 36-7045785	

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

NORTHERN TRUST INVESTMENTS, N.A. **50 SOUTH LASALLE STREET**
CHICAGO, IL 60603

36-3608252

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

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

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

EAGLE CAPITAL MANAGEMENT, LLC

4937 HEARST STREET
SUITE 2L
METARIE, LA 70001

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	313804170	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SILCHESTER INTERNATIONAL INVESTORS

780 THIRD AVENUE
42ND FLOOR
NEW YORK, NY 10017

36-7045783

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	268538	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRIME, BUCHHOLZ & ASSOCIATES, INC.

PEASE INTERNATIONAL TRADEPORT
273 CORPORATE DRIVE
PORTSMOUTH, NH 03801

02-0426421

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	170568	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

THE NORTHERN TRUST COMPANY

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	NONE	145975	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PROMETHEUS ASSOCIATES INCORPORATED

101 BELVIDERE AVENUE
P.O. BOX 7
WASHINGTON, NJ 07882

20-2739263

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	122698	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PRICEWATERHOUSECOOPERS, LLP

400 CAMPUS DRIVE
P.O. BOX 988
FLORHAM PARK, NJ 07932

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	105970	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

STATE STREET RESEARCH & MGMT CO

ONE FINANCIAL CENTER
30TH FLOOR
BOSTON, MA 02111-2690

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	89876	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MICHAEL F. YATES & COMPANY

101 BELVIDERE AVENUE
P. O. BOX 7
WASHINGTON, NJ 07882

22-3499765

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	NONE	89742	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>SWISHER INTERNATIONAL INC MASTER RETIREMENT TRUST</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SWISHER INTERNATIONAL INC</u>	D Employer Identification Number (EIN) <u>36-7045785</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>NTGI COLTV GOVT STIF REGISTERED</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>45-6138589-084</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>10863026</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLL SHORT-TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>45-6138589-084</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>40695</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFBNT COLL RUSSELL 3000 INDEX FD NL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST COMPANY</u>		
c EIN-PN <u>45-6138589-097</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>27153253</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA REAL ASSET NL (ZVBQ) FUND</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST COMPANY</u>		
c EIN-PN <u>90-0337987-291</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>26733182</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INV INTL VALUE EQUITYGROUP TRUST</u>		
b Name of sponsor of entity listed in (a): <u>SILCHESTER INTL INVESTORS LLP</u>		
c EIN-PN <u>36-7045783-001</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>24628401</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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	RET PLAN FOR SAL EES OF SWISHER INTL	
b Name of plan sponsor	SWISHER INTERNATIONAL, INC.	c EIN-PN 59-1150320-001

a Plan name	RET PLAN FOR WAGE EES OF SWISHER INTL	
b Name of plan sponsor	SWISHER INTERNATIONAL, INC.	c EIN-PN 59-1150320-002

a Plan name	PEN PLN FOR HRLY EES OF SWISHER INTL - WHEELING WV	
b Name of plan sponsor	SWISHER INTERNATIONAL, INC.	c EIN-PN 59-1150320-004

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SWISHER INTERNATIONAL INC MASTER RETIREMENT TRUST	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 SWISHER INTERNATIONAL INC	D Employer Identification Number (EIN) 36-7045785

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	1692
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	194448	164573
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	38476385	37770373
(5) Partnership/joint venture interests	1c(5)	10583893	11785168
(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)	152394243	89418557
(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)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	132332555	112187170
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	42497851	40741037

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	376479375	292068570
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	151939	115978
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	151939	115978
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	376327436	291952592

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	392127	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	3380474	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3772601
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	34482207	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	29348339	
(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)	11458439	
(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)		11827317
(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)		3710431
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		35902656

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)	0	
(2) Contract administrator fees	2i(2)	262908	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	672218	
(6) Bank or trust company trustee/custodial fees	2i(6)	145975	
(7) Actuarial fees	2i(7)	120000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	316483	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1517584
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1517584

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		34385072
l Transfers of assets:			
(1) To this plan.....	2l(1)		326821316
(2) From this plan	2l(2)		445581232

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

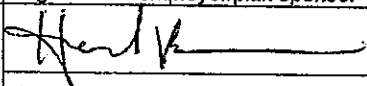
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) <input type="checkbox"/> a single-employer plan <input checked="" type="checkbox"/> a DFE (specify) <u>M</u>
B This return/report is:	<input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.....	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....	<input type="checkbox"/>

Part II Basic Plan Information—enter all requested information	
1a Name of plan SWISHER INTERNATIONAL INC MASTER RETIREMENT TRUST	1b Three-digit plan number (PN) ▶ <u>001</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) SWISHER INTERNATIONAL INC HOWARD L. ROMANOW 459 East 16th St Jacksonville FL 32206	2b Employer Identification Number (EIN) 36-7045785 2c Plan Sponsor's telephone number 904-353-4311 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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			Patricia A Jackson
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE		<u>10/9/25</u>	Howard L Romanow
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name 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	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e.	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	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 checked="" 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 checked="" 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 checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Non-Interest Bearing Cash - USD									
United States - USD									
NON-INTEREST BEARING DEPOSIT CUSIP: 125993139	115,000,000.000	4 Apr 24	1.0000			0.00	115,000,000.00	115,000,000.00	0.00
NON-INTEREST BEARING DEPOSIT CUSIP: 125993139	-115,000,000.000	8 Apr 24		1.0000		0.00	115,000,000.00	115,000,000.00	0.00
Value of Interest in Common/Collective Trusts									
United States - USD									
MFB NT COLLECTIVE RUSSELL 3000 INDEX FUN D - NON-LENDING CUSIP: 003999414	-700,497.170	14 Mar 24		80.6570		0.00	13,441,675.24	56,500,000.00	43,058,324.76
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	33,800,724.200	15 Mar 24	1.0000			0.00	33,800,724.20	33,800,724.20	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	56,500,000.000	15 Mar 24	1.0000			0.00	56,500,000.00	56,500,000.00	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	135,802,393.960	18 Mar 24	1.0000			0.00	135,802,393.96	135,802,393.96	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	115,000,000.000	4 Apr 24	1.0000			0.00	115,000,000.00	115,000,000.00	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	115,000,000.000	8 Apr 24	1.0000			0.00	115,000,000.00	115,000,000.00	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	103,947,807.830	15 May 24	1.0000			0.00	103,947,807.83	103,947,807.83	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-33,801,724.320	18 Mar 24		1.0000		0.00	33,801,724.32	33,801,724.32	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-56,500,000.000	18 Mar 24		1.0000		0.00	56,500,000.00	56,500,000.00	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-114,990,762.420	4 Apr 24		1.0000		0.00	114,990,762.42	114,990,762.42	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 376,327,437.98

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-115,000,000.000	5 Apr 24		1.0000		0.00	115,000,000.00	115,000,000.00	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-103,499,899.180	15 Apr 24		1.0000		0.00	103,499,899.18	103,499,899.18	0.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	-103,368,665.800	20 May 24		1.0000		0.00	103,368,665.80	103,368,665.80	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	26,500,000.000	19 Mar 24	1.0000			0.00	26,500,000.00	26,500,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-26,500,000.000	21 Mar 24		1.0000		0.00	26,500,000.00	26,500,000.00	0.00

Value of Interest in Registered Investment Companies**International Region - USD**

MFC VANGUARD STAR FD VANGUARD TOTAL INTL STOCK INDEX FD ETF SHS CUSIP: 921909768	-315,618.000	14 Mar 24		60.2300		0.00	18,445,113.62	19,000,146.21	555,032.59
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United States - USD

MFC VANGUARD BD INDEX FDS VANGUARD LONG TERM BD ETF CUSIP: 921937793	414,743.000	11 Apr 24	69.3000			0.00	28,749,984.76	28,749,984.76	0.00
MFC VANGUARD BD INDEX FDS VANGUARD LONG TERM BD ETF CUSIP: 921937793	-414,743.000	13 May 24		69.5740		0.00	28,749,984.76	28,846,845.25	96,860.49
MFC VANGUARD TOTAL BOND MARKET ETF CUSIP: 921937835	647,249.000	11 Apr 24	71.0500			0.00	45,999,986.43	45,999,986.43	0.00
MFC VANGUARD TOTAL BOND MARKET ETF CUSIP: 921937835	-647,249.000	13 May 24		71.4530		0.00	45,999,986.43	46,235,085.63	235,099.20
MFO METROPOLITAN WEST FDS TOTAL RETURN BD FD CL I CUSIP: 592905509	-3,772,402.330	14 Mar 24		8.9600		0.00	40,859,334.08	33,800,724.20	-7,058,609.88
MFO VANGUARD BD INDEX FDS TOTAL BD MKT INDEX FD ADMIRAL SHS #584 CUSIP: 921937603	2,786,540.480	20 Mar 24	9.5100			0.00	26,500,000.00	26,500,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 376,327,437.98

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
MFB NT COLLECTIVE RUSSELL 3000 INDEX FUN D - NON-LENDING CUSIP: 003999414	Total dispositions	6	56,521,891.15		0.00	13,449,591.57	56,521.891.15
MFC VANGUARD BD INDEX FDS VANGUARD LONG TERM BD ETF CUSIP: 921937793	Total acquisitions	1	28,749,984.76		0.00	28,749,984.76	28,749.984.76
	Total dispositions	1	28,846,845.25		0.00	28,749,984.76	28,846.845.25
MFC VANGUARD LONG-TERM TREASURY ETF CUSIP: 92206C847	Total acquisitions	1	17,249,963.64		0.00	17,249,963.64	17,249.963.64
	Total dispositions	1	17,351,422.84		0.00	17,249,963.64	17,351.422.84
MFC VANGUARD STAR FD VANGUARD TOTAL INTL STOCK INDEX FD ETF SHS CUSIP: 921909768	Total acquisitions	1	7,999,971.50		0.00	7,999,971.50	7,999.971.50
	Total dispositions	1	19,000,146.21		0.00	18,445,113.62	19,000.146.21
MFC VANGUARD TOTAL BOND MARKET ETF CUSIP: 921937835	Total acquisitions	1	45,999,986.43		0.00	45,999,986.43	45,999.986.43
	Total dispositions	1	46,235,085.63		0.00	45,999,986.43	46,235.085.63
MFO METROPOLITAN WEST FDS TOTAL RETURN BD FD CL I CUSIP: 592905509	Total acquisitions	2	235,731.57		0.00	235,731.57	235.731.57
	Total dispositions	1	33,800,724.20		0.00	40,859,334.08	33,800.724.20
MFO MONEY MARKET OBLIGATIONS TRUST FEERATED HERMES INSTL MONEY MKT MGMT FD CUSIP: 608919775	Total acquisitions	2	11,525,334.20		0.00	11,525,334.20	11,525.334.20
	Total dispositions	1	11,525,334.20		0.00	11,525,334.20	11,525.334.20
MFO VANGUARD BD INDEX FDS TOTAL BD MKT INDEX FD ADMIRAL SHS #584 CUSIP: 921937603	Total acquisitions	13	27,587,107.67		0.00	27,587,107.67	27,587.107.67
NON-INTEREST BEARING DEPOSIT CUSIP: 125993139	Total acquisitions	1	115,000,000.00		0.00	115,000,000.00	115,000.000.00
	Total dispositions	1	115,000,000.00		0.00	115,000,000.00	115,000.000.00
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	349	644,303,495.15		0.00	644,303,495.15	644,303.495.15
	Total dispositions	188	643,179,063.38		0.00	643,179,063.38	643,179.063.38

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 376,327,437.98

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	80	44,535,948.46			0.00	44,535,948.46	44,535.948.46
	Total dispositions	8		44,520,358.01		0.00	44,520,358.01	44,520.358.01
VANGUARD SHORT-TERM TREASURY CUSIP: 92206C102	Total acquisitions	1	11,499,964.35			0.00	11,499,964.35	11,499.964.35
	Total dispositions	1		11,514,454.11		0.00	11,499,964.35	11,514.454.11

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 376,327,437.98

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
USD - United States dollar	0.000	1,691.76	1,691.76
Total - all currencies		1,691.76	1,691.76
Total Non-Interest Bearing Cash - USD		1,691.76	1,691.76
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	20,541.00	20,541.00
Total - all currencies		20,541.00	20,541.00
Total Receivables - Other - USD		20,541.00	20,541.00
<i>Corporate Stock - Common</i>			
China - USD			
ADR PROSUS N.V. ADR NASPERS NEWCO-ADR CUSIP: 74365P108	169,735.000	1,148,073.53	1,347,695.90
Total China - USD		1,148,073.53	1,347,695.90
France - USD			
ADR SAFRAN ADR CUSIP: 786584102	13,746.000	420,268.46	749,157.00
Total France - USD		420,268.46	749,157.00
Germany - USD			
ADR BAYER A G SPONSORED ADR CUSIP: 072730302	141,035.000	1,441,027.93	688,250.80
SAP SE-SPONSORED ADR CUSIP: 803054204	5,973.000	821,100.77	1,470,612.33
Total Germany - USD		2,262,128.70	2,158,863.13

** All or a portion of this security participates in Securities Lending.

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Netherlands - USD			
AERCAP HOLDINGS N.V. EUR0.01 CUSIP: N00985106	14,828.000	811,122.67	1,419,039.60
Total Netherlands - USD		811,122.67	1,419,039.60
Taiwan - USD			
ADR TAIWAN SEMICONDUCTOR MANUFACTURING ADS REP 5 TWD10 CUSIP: 874039100	6,836.000	635,045.49	1,350,041.64
Total Taiwan - USD		635,045.49	1,350,041.64
United Kingdom - USD			
ADR LONDON STK EXCHANGE GROUP ADR CUSIP: 54211N101	35,262.000	1,171,478.31	1,258,500.78
ROYAL DUTCH SHELL PLC SPONSORED ADR REPSTG ORD SH CUSIP: 780259305	22,990.000	1,338,558.25	1,440,323.50
Total United Kingdom - USD		2,510,036.56	2,698,824.28
United States - USD			
ALPHABET INC CAP STK USD0.001 CL C CUSIP: 02079K107	7,782.000	214,937.99	1,482,004.08
ALPHABET INC CAPITAL STOCK USD0.001 CL A CUSIP: 02079K305	3,954.000	53,422.00	748,492.20
AMAZON COM INC COM CUSIP: 023135106	15,689.000	1,066,333.95	3,442,009.71
AON PLC CUSIP: G0403H108	4,912.000	1,134,789.14	1,764,193.92
CAPITAL ONE FINL CORP COM CUSIP: 14040H105	6,350.000	525,178.45	1,132,332.00
CHARTER COMMUNICATIONS INC NEW CL A CL A CUSIP: 16119P108	2,150.000	613,997.71	736,955.50
COM ALCOA CORPORATION COM USD0.01 CUSIP: 013872106	20,662.000	764,523.80	780,610.36
COMCAST CORP NEW-CL A CUSIP: 20030N101	38,211.000	1,417,193.88	1,434,058.83
CONOCOPHILLIPS COM CUSIP: 20825C104	22,754.000	2,377,147.21	2,256,514.18

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
DISCOVER FINL SVCS COM STK CUSIP: 254709108	2,119.000	256,822.11	367,074.37
ELEVANCE HEALTH INC CUSIP: 036752103	1,916.000	728,037.78	706,812.40
ESTEE LAUDER COMPANIES INC CL A USD0.01 CUSIP: 518439104	5,886.000	434,314.70	441,332.28
GE VERNOVA LLC COM CUSIP: 36828A101	2,480.000	285,768.30	815,746.40
HILTON WORLDWIDE HLDGS INC COM NEW COM NEW CUSIP: 43300A203	3,128.000	212,016.84	773,116.48
HUMANA INC COM CUSIP: 444859102	3,999.000	1,321,818.78	1,014,586.29
LIBERTY BROADBAND CORP COM SER A COM SERA CUSIP: 530307107	2,733.000	214,789.80	203,225.88
LIBERTY BROADBAND CORP COM SER C COM SERC CUSIP: 530307305	2,710.000	411,575.43	202,599.60
META PLATFORMS INC COM USD0.000006 CL 'A' CUSIP: 30303M102	3,782.000	672,455.83	2,214,398.82
MICROSOFT CORP COM CUSIP: 594918104	3,956.000	105,211.28	1,667,454.00
OCCIDENTAL PETROLEUM CORP CUSIP: 674599105	0.000	0.00	0.00
UNITEDHEALTH GROUP INC COM CUSIP: 91324P102	2,823.000	585,668.49	1,428,042.78
VISA INC COM CL A STK CUSIP: 92826C839	2,934.000	673,742.91	927,261.36
WELLS FARGO & CO NEW COM STK CUSIP: 949746101	12,035.000	473,460.51	845,338.40
WOODWARD INC COM CUSIP: 980745103	5,456.000	655,493.58	907,987.52
WORKDAY INC CL A COM USD0.001 CUSIP: 98138H101	6,800.000	1,625,211.43	1,754,604.00
Total United States - USD		16,823,911.90	28,046,751.36
Total Corporate Stock - Common		24,610,587.31	37,770,372.91

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Partnership/Joint Venture Interests</i>			
United States - USD			
DAVIDSON KEMPNER INSTL PARTNERS CUSIP: 9928HP992	8,000,000.000	8,000,000.00	11,785,168.00
Total United States - USD		8,000,000.00	11,785,168.00
Total Partnership/Joint Venture Interests		8,000,000.00	11,785,168.00
<i>Value of Interest in Common/Collective Trusts</i>			
International Region - USD			
CF SILCHESTER INTL INV INTL VALUE EQUITYGROUP TRUST CUSIP: 15999KLO2	131,068.130	18,038,411.53	24,628,400.88
Total International Region - USD		18,038,411.53	24,628,400.88
United States - USD			
CF SSGA REAL ASSET NL (ZVBQ) FUND CUSIP: 677994DC6	1,482,787.850	19,172,773.21	26,733,182.15
MFB NT COLLECTIVE RUSSELL 3000 INDEX FUND - NON-LENDING CUSIP: 003999414	292,461.040	5,611,966.02	27,153,252.80
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	10,863,026.490	10,863,026.49	10,863,026.49
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	40,694.630	40,694.63	40,694.63
Total United States - USD		35,688,460.35	64,790,156.07
Total Value of Interest in Common/Collective Trusts		53,726,871.88	89,418,556.95
<i>Value of Interest in Registered Investment Companies</i>			
Emerging Markets Region - USD			
MFO ADVISORS INNER CIRCLE FUND GQG PRTN INSTL CUSIP: 00771X419	346,829.920	5,677,929.41	5,736,566.88
MFO DFA EMERGING MARKETS VALUE CUSIP: 233203587	231,296.500	6,294,555.03	6,918,078.32
Total Emerging Markets Region - USD		11,972,484.44	12,654,645.20

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
International Region - USD			
MFC VANGUARD STAR FD VANGUARD TOTAL INTLSTOCK INDEX FD ETF SHS CUSIP: 921909768	286,545.000	16,715,316.62	16,886,096.85
Total International Region - USD		16,715,316.62	16,886,096.85
United States - USD			
MFO ADVISORS INNER CIRCLE FD II CHAMPLAIN MID CAP FD INSTL SHS CUSIP: 00766Y513	348,597.310	8,777,651.07	8,327,989.74
MFO NATIXIS FDS TR II LOOMIS SAYLS N CUSIP: 63873P817	844,019.680	8,142,839.38	8,051,947.75
MFO VANGUARD BD INDEX FDS TOTAL BD MKT INDEX FD ADMIRAL SHS #584 CUSIP: 921937603	3,777,423.140	35,660,708.07	35,809,971.37
MFO VANGUARD SPECIALIZED FUNDS DIVIDEND GROWTH FD CUSIP: 921908604	841,107.960	22,643,153.96	30,456,519.23
Total United States - USD		75,224,352.48	82,646,428.09
Total Value of Interest in Registered Investment Com		103,912,153.54	112,187,170.14
<i>Other</i>			
Bermuda - USD			
CF ARCHIPELAGO HOLDINGS LTD FND CL A 1 STANDARD CUSIP: 21999GK85	195,932.550	8,080,000.00	10,317,024.35
CF ARCHIPELAGO HOLDINGS LTD FND CL A- SER 83 CUSIP: 6R9999835	425,000.000	4,250,000.00	4,338,612.50
Total Bermuda - USD		12,330,000.00	14,655,636.85
International Region - USD			
CF ANCHORAGE CAPITAL PARTNERS OFFSHORE LTD CL K CUSIP: 55699A107	99.460	96,564.73	151,797.84
CF LAKEWOOD CAPITAL OFFSHORE FUND LTD CL A-1 SER 01 CUSIP: 352990KJ3	1,925.150	4,878,021.21	8,656,370.88
CF THE CANYON VALUE REALIZATION (CAYMAN) LTD CL A SER INITIAL CUSIP: 221999CU7	698.740	6,158,266.41	8,556,015.61
Total International Region - USD		11,132,852.35	17,364,184.33

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
United States - USD			
CF SEG PARTNERS OFFSHORE LTD CUSIP: 109991662	10,593.860	3,945,804.48	8,721,216.21
ESC GCI LIBERTY INC SR ESCROW CUSIP: 361ESC049	1,739.000	0.00	0.00
Total United States - USD		3,945,804.48	8,721,216.21
Total Other		27,408,656.83	40,741,037.39
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-115,978.08	-115,978.08
Total - all currencies		-115,978.08	-115,978.08
Total Other Liabilities		-115,978.08	-115,978.08
Total		217,564,524.24	291,808,560.07

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