

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) 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: SULZER PUMPS (US) INC. MASTER TRUST; 1b Three-digit plan number (PN): 004; 1c Effective date of plan; 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code; 2b Employer Identification Number (EIN): 94-3007659; 2c Plan Sponsor's telephone number: 503-226-5200; 2d Business code

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 rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <b>SULZER PUMPS (US) INC. MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SULZER PUMPS (US) INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>94-3007659</b>	

**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

<b>EMERALD MUTUAL FUNDS</b>	<b>1290 BROADWAY, SUITE 1100 DENVER, CO 80203</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>FIDELITY INVESTMENTS</b>	<b>PO BOX 770001 CINCINNATI, OH 45277</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>HARBERT CREDIT SOLUTIONS</b>	<b>333 11TH AVENUE SOUTH, SUITE 410 NASHVILLE, TN 37203</b>
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

<b>HARDING, LOEVNER FUNDS, INC.</b>	<b>P.O. BOX 4766 CHICAGO, IL 60680</b>
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**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)

PRINCIPAL

51-0099493

(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?
14 15 21 50	NONE	52196	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)

CAPFINANCIAL PARTNERS LLC

26-0058143

(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 27 50	NONE	37500	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)

GARCIA HAMILTON & ASSOCIATES, LP

76-0589652

(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 50	NONE	24067	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)

HARBERT MEZZ PARTNERS

45-2704508

(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 50	NONE	10643	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"/>

(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.

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**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

**2024**

**This Form is Open to Public Inspection.**

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

<b>A</b> Name of plan <u>SULZER PUMPS (US) INC. MASTER TRUST</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>004</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SULZER PUMPS (US) INC.</u>		<b>D</b> Employer Identification Number (EIN) <u>94-3007659</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)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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 SULZER PUMPS US INC. RETIREMENT PLAN

**b** Name of plan sponsor SULZER PUMPS US INC. **c** EIN-PN 94-3007659-003

**a** Plan name SULZER PUMPS US INC. PORTLAND HOURLY EMPLOYEES PENSION PLAN

**b** Name of plan sponsor SULZER PUMPS US INC. **c** EIN-PN 94-3007659-001

**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

**a** Plan name

**b** Name of plan sponsor **c** EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SULZER PUMPS (US) INC. MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>004</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SULZER PUMPS (US) INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>94-3007659</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	12485	61655
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	36808	332476
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	328661	306855
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	5209182	9182403
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	665292	1003525
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	5188087	4987166
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	36014271	32022790
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	47454786	47896870
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	47454786	47896870

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	7319	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	268744	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	32216	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	62541	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		370820
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	1045351	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		1045351
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	2218386	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	2138348	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		80038
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-427480	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-427480

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		2960291
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		4029020

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	66412	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	52196	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	432104	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		550712
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		550712

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3478308
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1246000
(2) From this plan .....	<b>2l(2)</b>		4282224

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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

FD493  
 SCHEDULE H (FORM 5500 - 4J-1)  
 SCHEDULE OF REPORTABLE TRANSACTIONS  
 SINGLE TRANSACTIONS

SULZER PUMPS US INC  
 INVESTMENT POOL ROLLUP  
 BASE CURRENCY: USD

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 25281299  
 DECEMBER 31, 2023  
 THROUGH DECEMBER 31, 2024

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		47,442,301	5% VALUE OF	2,372,115
		PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES					
	4,401,137 02/29/24 BUY 2882	1.0000	0	4,401,137	4,401,137	0
VP7000251 BROKER 5200	PRINCIPAL DEPOSIT SWEEP PROGRAM MISCELLANEOUS					
	4,393,919 03/01/24 SELL 2898	1.0000	0	4,393,919	4,393,919	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES					
	4,318,919 03/01/24 BUY 5498	1.0000	0	4,318,919	4,318,919	0
VP7000251 BROKER 1	PRINCIPAL DEPOSIT SWEEP PROGRAM CASH SWEEP TRADES					
	2,579,450 03/05/24 SELL 5506	1.0000	0	2,579,450	2,579,450	0
922020706 BROKER 5200	VANGUARD SHORT-TERM INFLATION PROTECTED SECURITIES INDEX MISCELLANEOUS					
	144,345 02/28/24 SELL 2884	23.8500	0	3,558,549	3,442,637	(115,912)

FD495  
 SCHEDULE H (FORM 5500 - 4J-3)  
 SCHEDULE OF REPORTABLE TRANSACTIONS  
 SERIES OF TRANSACTIONS IN SAME SECURITY

SULZER PUMPS US INC  
 INVESTMENT POOL ROLLUP  
 BASE CURRENCY: USD

PAGE 5  
 25281299  
 DECEMBER 31, 2023  
 THROUGH DECEMBER 31, 2024

		BASED ON MARKET VALUE OF		47,442,301	5% VALUE OF	2,372,115
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
VP7000251	PRINCIPAL DEPOSIT SWEEP PROGRAM					
BROKER 1	CASH SWEEP TRADES					
	38 01/02/24 B BUY	1168	0	38	38	0
	128 01/02/24 B BUY	2855	0	128	128	0
	254,500 01/02/24 S SELL	2862	0	254,500	254,500	0
	470 01/02/24 B BUY	5398	0	470	470	0
	301 01/03/24 B BUY	2865	0	301	301	0
	54,327 01/05/24 S SELL	1172	0	54,327	54,327	0
	108,895 01/05/24 B BUY	2866	0	108,895	108,895	0
	108,895 01/05/24 S SELL	2867	0	108,895	108,895	0
	4,624 01/08/24 B BUY	5400	0	4,624	4,624	0
	4,434 01/11/24 S SELL	5402	0	4,434	4,434	0
	2,083 01/18/24 S SELL	5404	0	2,083	2,083	0
	2,083 01/19/24 B BUY	5406	0	2,083	2,083	0
	4,613 01/22/24 B BUY	5408	0	4,613	4,613	0
	20,948 01/25/24 B BUY	5410	0	20,948	20,948	0
	14,514 01/29/24 S SELL	5442	0	14,514	14,514	0
	18 02/01/24 B BUY	1174	0	18	18	0
	150,070 02/01/24 B BUY	2872	0	150,070	150,070	0
	150,000 02/01/24 S SELL	2876	0	150,000	150,000	0
	19 02/01/24 B BUY	5443	0	19	19	0
	194,958 02/06/24 B BUY	1176	0	194,958	194,958	0
	1,093 02/07/24 B BUY	5445	0	1,093	1,093	0
	29,106 02/15/24 B BUY	5447	0	29,106	29,106	0
	51,714 02/16/24 B BUY	5454	0	51,714	51,714	0
	51,355 02/20/24 S SELL	5457	0	51,355	51,355	0
	34,116 02/21/24 S SELL	5459	0	34,116	34,116	0
	21,161 02/26/24 B BUY	5460	0	21,161	21,161	0
	3,711 02/26/24 B BUY	5461	0	3,711	3,711	0
	3,711 02/27/24 S SELL	5493	0	3,711	3,711	0
	18,814 02/28/24 S SELL	5496	0	18,814	18,814	0
	4,401,137 02/29/24 B BUY	2882	0	4,401,137	4,401,137	0
	396 03/01/24 B BUY	1180	0	396	396	0
	190,000 03/01/24 S SELL	1182	0	190,000	190,000	0
	419 03/01/24 B BUY	2885	0	419	419	0
BROKER 5200	MISCELLANEOUS					
	4,393,919 03/01/24 S SELL	2898	0	4,393,919	4,393,919	0
BROKER 1	CASH SWEEP TRADES					
	68 03/01/24 B BUY	5497	0	68	68	0
	4,318,919 03/01/24 B BUY	5498	0	4,318,919	4,318,919	0
	2,579,450 03/05/24 S SELL	5506	0	2,579,450	2,579,450	0
	1,090 03/06/24 B BUY	2897	0	1,090	1,090	0
	62,436 03/13/24 B BUY	1185	0	62,436	62,436	0
	1,746,702 03/13/24 S SELL	5512	0	1,746,702	1,746,702	0
	2,189 03/20/24 B BUY	5513	0	2,189	2,189	0
	21,605 03/25/24 B BUY	5515	0	21,605	21,605	0
	7,883 03/27/24 S SELL	2901	0	7,883	7,883	0
	14,222 03/27/24 S SELL	5547	0	14,222	14,222	0

IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		EXPENSES	47,442,301	5% VALUE OF	NET GAIN OR (LOSS)
		PURCHASE PRICE	SELLING PRICE		COST OF ASSET	CURRENT VALUE	
15,395	03/28/24 B BUY	1196	1.0000	0	15,395	15,395	0
120	04/01/24 B BUY	1199	1.0000	0	120	120	0
67,800	04/01/24 S SELL	1202	1.0000	0	67,800	67,800	0
172,269	04/01/24 B BUY	2908	1.0000	0	172,269	172,269	0
172,200	04/01/24 S SELL	2912	1.0000	0	172,200	172,200	0
7,441	04/01/24 B BUY	5548	1.0000	0	7,441	7,441	0
15,395	04/03/24 B BUY	1206	1.0000	0	15,395	15,395	0
279	04/03/24 B BUY	2918	1.0000	0	279	279	0
1,438	04/15/24 B BUY	5552	1.0000	0	1,438	1,438	0
237,103	04/16/24 B BUY	5554	1.0000	0	237,103	237,103	0
237,080	04/17/24 S SELL	5557	1.0000	0	237,080	237,080	0
15,395	04/18/24 S SELL	1208	1.0000	0	15,395	15,395	0
38,384	04/25/24 B BUY	5558	1.0000	0	38,384	38,384	0
679	04/26/24 S SELL	5596	1.0000	0	679	679	0
41,414	04/29/24 S SELL	5599	1.0000	0	41,414	41,414	0
59	05/01/24 B BUY	1210	1.0000	0	59	59	0
51	05/01/24 B BUY	2921	1.0000	0	51	51	0
90	05/01/24 B BUY	5600	1.0000	0	90	90	0
165,000	05/03/24 B BUY	2927	1.0000	0	165,000	165,000	0
140,000	05/03/24 S SELL	2928	1.0000	0	140,000	140,000	0
170,000	05/06/24 B BUY	2931	1.0000	0	170,000	170,000	0
195,000	05/06/24 S SELL	2932	1.0000	0	195,000	195,000	0
240,000	05/15/24 B BUY	2938	1.0000	0	240,000	240,000	0
240,000	05/15/24 S SELL	2939	1.0000	0	240,000	240,000	0
6,713	05/15/24 B BUY	5602	1.0000	0	6,713	6,713	0
50,000	05/28/24 B BUY	2943	1.0000	0	50,000	50,000	0
50,000	05/28/24 S SELL	2944	1.0000	0	50,000	50,000	0
47,397	05/28/24 B BUY	5605	1.0000	0	47,397	47,397	0
41	06/03/24 B BUY	1212	1.0000	0	41	41	0
59	06/03/24 B BUY	2947	1.0000	0	59	59	0
56,049	06/03/24 S SELL	5648	1.0000	0	56,049	56,049	0
1,146	06/04/24 B BUY	2954	1.0000	0	1,146	1,146	0
400,000	06/06/24 B BUY	2957	1.0000	0	400,000	400,000	0
390,000	06/06/24 S SELL	2958	1.0000	0	390,000	390,000	0
97,366	06/14/24 B BUY	1214	1.0000	0	97,366	97,366	0
10,300	06/17/24 B BUY	1222	1.0000	0	10,300	10,300	0
47,210	06/25/24 B BUY	5651	1.0000	0	47,210	47,210	0
8,404	06/27/24 S SELL	2965	1.0000	0	8,404	8,404	0
25,362	06/28/24 B BUY	1230	1.0000	0	25,362	25,362	0
199	07/01/24 B BUY	1232	1.0000	0	199	199	0
72	07/01/24 B BUY	2972	1.0000	0	72	72	0
42,474	07/01/24 S SELL	5694	1.0000	0	42,474	42,474	0
294	07/02/24 B BUY	2979	1.0000	0	294	294	0
310,000	07/03/24 B BUY	2980	1.0000	0	310,000	310,000	0
310,000	07/03/24 S SELL	2981	1.0000	0	310,000	310,000	0
134,454	07/12/24 B BUY	1237	1.0000	0	134,454	134,454	0
320,000	07/24/24 B BUY	2991	1.0000	0	320,000	320,000	0
320,000	07/24/24 S SELL	2992	1.0000	0	320,000	320,000	0

		BASED ON MARKET VALUE OF		47,442,301	5% VALUE OF	2,372,115	
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
	46,608 07/25/24 B BUY	5695	1.0000	0	46,608	46,608	0
	206,011 07/29/24 B BUY	5736	1.0000	0	206,011	206,011	0
	229,910 07/30/24 S SELL	5739	1.0000	0	229,910	229,910	0
	619 08/01/24 B BUY	1244	1.0000	0	619	619	0
	61 08/01/24 B BUY	2997	1.0000	0	61	61	0
	19,297 08/01/24 S SELL	5742	1.0000	0	19,297	19,297	0
	2,021 08/08/24 B BUY	5743	1.0000	0	2,021	2,021	0
	81,244 08/15/24 B BUY	1246	1.0000	0	81,244	81,244	0
	59,238 08/15/24 B BUY	5745	1.0000	0	59,238	59,238	0
	432,219 08/16/24 B BUY	5753	1.0000	0	432,219	432,219	0
	446,448 08/19/24 S SELL	5776	1.0000	0	446,448	446,448	0
	50,471 08/20/24 S SELL	5778	1.0000	0	50,471	50,471	0
	49,976 08/26/24 B BUY	5779	1.0000	0	49,976	49,976	0
	12,500 08/28/24 S SELL	3009	1.0000	0	12,500	12,500	0
	50,871 08/28/24 S SELL	5821	1.0000	0	50,871	50,871	0
	862 09/03/24 B BUY	1256	1.0000	0	862	862	0
	275,000 09/03/24 S SELL	1258	1.0000	0	275,000	275,000	0
	57 09/03/24 B BUY	3011	1.0000	0	57	57	0
	208 09/03/24 B BUY	5822	1.0000	0	208	208	0
	1,174 09/04/24 B BUY	3018	1.0000	0	1,174	1,174	0
	17,545 09/13/24 B BUY	1261	1.0000	0	17,545	17,545	0
	4,434 09/13/24 S SELL	5824	1.0000	0	4,434	4,434	0
	2,189 09/20/24 B BUY	5826	1.0000	0	2,189	2,189	0
	47,040 09/25/24 B BUY	5828	1.0000	0	47,040	47,040	0
	37,199 09/27/24 B BUY	1270	1.0000	0	37,199	37,199	0
	8,540 09/27/24 S SELL	3023	1.0000	0	8,540	8,540	0
	40,949 09/27/24 S SELL	5870	1.0000	0	40,949	40,949	0
	310 10/01/24 B BUY	1272	1.0000	0	310	310	0
	27 10/01/24 B BUY	3030	1.0000	0	27	27	0
	4,828 10/01/24 B BUY	5871	1.0000	0	4,828	4,828	0
	140,681 10/04/24 S SELL	1278	1.0000	0	140,681	140,681	0
	311,000 10/04/24 B BUY	3034	1.0000	0	311,000	311,000	0
	311,000 10/04/24 S SELL	3035	1.0000	0	311,000	311,000	0
	1,438 10/15/24 B BUY	5875	1.0000	0	1,438	1,438	0
	44,459 10/25/24 B BUY	5877	1.0000	0	44,459	44,459	0
	54,568 10/29/24 S SELL	5919	1.0000	0	54,568	54,568	0
	215,000 10/30/24 B BUY	3042	1.0000	0	215,000	215,000	0
	45 11/01/24 B BUY	1280	1.0000	0	45	45	0
	42 11/01/24 B BUY	3044	1.0000	0	42	42	0
	200,000 11/01/24 S SELL	3051	1.0000	0	200,000	200,000	0
	85 11/01/24 B BUY	5920	1.0000	0	85	85	0
	299 11/04/24 B BUY	3053	1.0000	0	299	299	0
	125,000 11/06/24 B BUY	3056	1.0000	0	125,000	125,000	0
	125,000 11/06/24 S SELL	3057	1.0000	0	125,000	125,000	0
	105,880 11/08/24 B BUY	5922	1.0000	0	105,880	105,880	0
	107,270 11/12/24 S SELL	5925	1.0000	0	107,270	107,270	0
	6,713 11/15/24 B BUY	5926	1.0000	0	6,713	6,713	0
	47,117 11/25/24 B BUY	5929	1.0000	0	47,117	47,117	0

FD495  
 SCHEDULE H (FORM 5500 - 4J-3)  
 SCHEDULE OF REPORTABLE TRANSACTIONS  
 SERIES OF TRANSACTIONS IN SAME SECURITY

SULZER PUMPS US INC  
 INVESTMENT POOL ROLLUP  
 BASE CURRENCY: USD

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		BASED ON MARKET VALUE OF		47,442,301	5% VALUE OF	2,372,115	
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
	54,391 11/27/24 S SELL	5971	1.0000	0	54,391	54,391	0
	12 12/02/24 B BUY	1282	1.0000	0	12	12	0
	42 12/02/24 B BUY	3060	1.0000	0	42	42	0
	19,022 12/02/24 S SELL	3067	1.0000	0	19,022	19,022	0
	91 12/02/24 B BUY	5972	1.0000	0	91	91	0
	20,237 12/03/24 B BUY	3070	1.0000	0	20,237	20,237	0
	9,448 12/13/24 B BUY	1286	1.0000	0	9,448	9,448	0
	15,199 12/13/24 S SELL	5975	1.0000	0	15,199	15,199	0
	239,723 12/20/24 B BUY	3086	1.0000	0	239,723	239,723	0
	239,723 12/20/24 S SELL	3091	1.0000	0	239,723	239,723	0
	44,675 12/26/24 B BUY	5978	1.0000	0	44,675	44,675	0
	8,599 12/30/24 S SELL	3096	1.0000	0	8,599	8,599	0
	29,101 12/30/24 S SELL	6020	1.0000	0	29,101	29,101	0
	260,000 12/31/24 B BUY	3103	1.0000	0	260,000	260,000	0
	14,336,588	99	TOTAL BUYS	0	14,336,588	14,336,588	0
	14,358,394	55	TOTAL SELLS	0	14,358,394	14,358,394	0
	28,694,982		SECURITY TOTAL	0	28,694,982	28,694,982	0
922020706	VANGUARD SHORT-TERM INFLATION PROTECTED SECURITIES INDEX						
BROKER 5200	MISCELLANEOUS						
	144,345 02/28/24 S SELL	2884	23.8500	0	3,558,549	3,442,637	(115,912)
	144,345	1	TOTAL SELLS	0	3,558,549	3,442,637	(115,912)
	144,345		SECURITY TOTAL	0	3,558,549	3,442,637	(115,912)

IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF			47,442,301	5% VALUE OF	2,372,115
	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
BROKER 5200 MISCELLANEOUS						
VP7000251 PRINCIPAL DEPOSIT SWEEP PROGRAM 4,393,919 03/01/24 SELL 2898	1.0000	0	4,393,919	4,393,919	0	
922020706 VANGUARD SHORT-TERM INFLATION PROTECTED SECURITIES INDEX 144,345 02/28/24 SELL 2884	23.8500	0	3,558,549	3,442,637	(115,912)	
317609253 EMERALD GROWTH FUND CLASS INST #13406						
7,536 06/05/24 SELL 2960	26.5400	0	172,766	200,000	27,234	
5,709 07/11/24 BUYNC 2987	25.3500	0	144,736	144,736	0	
4,361 07/23/24 SELL 2993	26.8300	0	100,601	117,000	16,399	
5,212 12/02/24 SELL 3071	29.7400	0	120,234	155,000	34,766	
6,071 12/19/24 BUYNC 3079	25.6800	0	155,910	155,910	0	
31635V729 FIDELITY LARGE CAP GROWTH INDEX FUND CLASS INS #2826						
4,962 01/31/24 SELL 2877	30.2300	0	135,067	150,000	14,933	
5,240 03/28/24 SELL 2913	32.8600	0	142,647	172,200	29,553	
7,266 05/14/24 SELL 2940	33.0300	0	197,788	240,000	42,212	
5,838 06/05/24 SELL 2959	34.2600	0	158,906	200,000	41,094	
8,561 07/02/24 SELL 2982	36.2100	0	233,040	310,000	76,960	
5,686 10/29/24 SELL 3043	37.8100	0	154,785	215,000	60,215	
6,074 12/19/24 SELL 3092	39.4700	0	165,325	239,723	74,398	
573 12/23/24 BUYNC 3094	39.7300	0	22,763	22,763	0	
6,577 12/30/24 SELL 3104	39.5300	0	179,336	260,000	80,664	
HF0011873 HARBERT CREDIT SOLUTIONS FUND IV, L.P.						
56,128 06/14/24 SELL 1218	1.0000	0	56,128	56,128	0	
50,206 08/15/24 SELL 1250	1.0000	0	50,206	50,206	0	
1,384 12/13/24 SELL 1290	1.0000	0	1,384	1,384	0	
667990121 HARBERT MEZZANINE PARTNERS III, L.P.						
40,922 03/13/24 SELL 1189	1.0000	0	40,922	40,922	0	
3,308 06/17/24 SELL 1226	1.0000	0	3,308	3,308	0	
3,118 09/13/24 SELL 1265	1.0000	0	3,118	3,118	0	
1,880 12/12/24 SELL 1297	1.0485	0	1,880	1,972	91	
412295107 HARDING LOEVNER INTERNATIONAL EQUITY PORTFOLIO INSTITUTIONAL CLASS #201						
1,856 05/24/24 SELL 2945	26.9400	0	40,544	50,000	9,456	
4,839 10/03/24 SELL 3036	28.5200	0	105,703	138,000	32,297	
12,747 12/20/24 BUYNC 3087	24.4000	0	311,023	311,023	0	

IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF			47,442,301	5% VALUE OF	2,372,115
	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
552982696 MFS NEW DISCOVERY VALUE FUND CLASS R5 #4823						
6,073 07/23/24 SELL 2994	19.1000	0	102,855	116,000	13,145	
795 08/01/24 BUYNC 2998	19.2900	0	15,339	15,339	0	
7,413 12/02/24 SELL 3072	20.9100	0	125,647	155,000	29,353	
6,869 12/11/24 BUYNC 3075	19.3200	0	132,712	132,712	0	
HF0020148 MONTAUK TRIGUARD FUND VIII L.P.						
15,395 03/28/24 SELL 1198	1.0000	0	15,395	15,395	0	
25,362 06/28/24 SELL 1234	1.0000	0	25,362	25,362	0	
320,000 07/24/24 BUY 1242	1.0000	0	320,000	320,000	0	
37,199 09/27/24 SELL 1271	1.0000	0	37,199	37,199	0	
61,027 12/30/24 SELL 1301	1.0000	0	61,027	61,027	0	
HN0016974 PARKSIDE CAPITAL LAND FUND III LTD						
194,958 02/06/24 SELL 1177	1.0000	0	194,958	194,958	0	
134,454 07/12/24 SELL 1239	1.0000	0	134,454	134,454	0	
201,681 09/30/24 BUY 1279	1.0000	0	201,681	201,681	0	
184,874 12/05/24 SELL 1284	1.0000	0	184,874	184,874	0	
239,723 12/20/24 BUY 1293	1.0000	0	239,723	239,723	0	
72201F490 PIMCO INCOME FUND CLASS INS #1821						
5,396 01/31/24 BUY 2881	10.6300	0	57,360	57,360	0	
91,199 02/28/24 SELL 2883	10.5100	0	1,085,212	958,500	(126,712)	
5,464 02/29/24 BUY 2896	10.5200	0	57,483	57,483	0	
4,994 03/28/24 BUY 2920	10.6000	0	52,941	52,941	0	
5,137 04/30/24 BUY 2926	10.3600	0	53,216	53,216	0	
5,100 05/31/24 BUY 2956	10.4900	0	53,498	53,498	0	
5,132 06/28/24 BUY 2986	10.4800	0	53,779	53,779	0	
0 07/31/24 DIVD 3007	.0000	0	0	0	0	
5,067 07/31/24 BUY 3008	10.6700	0	54,061	54,061	0	
5,078 08/30/24 BUYNC 3020	10.7000	0	54,340	54,340	0	
5,062 09/30/24 BUYNC 3040	10.7900	0	54,619	54,619	0	
0 09/30/24 DIVD 3041	.0000	0	0	0	0	
5,199 10/31/24 BUY 3054	10.5600	0	54,897	54,897	0	
5,177 11/29/24 BUYNC 3073	10.6600	0	55,183	55,183	0	
5,273 12/31/24 BUYNC 3112	10.5200	0	55,468	55,468	0	
921921300 VANGUARD EQUITY INCOME FUND - ADMIRAL SHARES #565						
1,293 01/04/24 SELL 2868	84.2400	0	98,932	108,895	9,963	
413 03/18/24 BUYNC 2899	87.3300	0	36,036	36,036	0	
1,881 05/02/24 SELL 2929	87.7400	0	144,043	165,000	20,957	
1,928 05/03/24 SELL 2933	88.1700	0	147,684	170,000	22,316	
571 06/24/24 BUYNC 2963	89.0699	0	50,829	50,829	0	
952 07/23/24 SELL 2995	91.4000	0	73,009	87,000	13,991	
432 09/23/24 BUYNC 3021	94.7901	0	40,951	40,951	0	
1,819 10/03/24 SELL 3037	95.0900	0	139,759	173,000	33,241	

FD496  
 SCHEDULE H (FORM 5500 - 4J-4)  
 SCHEDULE OF REPORTABLE TRANSACTIONS  
 TRANSACTIONS WITH SAME PARTY

SULZER PUMPS US INC  
 INVESTMENT POOL ROLLUP  
 BASE CURRENCY: USD

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IDENTITY OF PARTY INVOLVED DESCRIPTION OF ASSET	BASED ON MARKET VALUE OF		47,442,301	5% VALUE OF	2,372,115
	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
1,311 11/05/24 SELL 3058	95.3600	0	100,696	125,000	24,304
4,946 12/19/24 BUYNC 3080	87.0000	0	430,270	430,270	0
----- 6,398,965		0	----- 15,446,080	----- 15,910,999	----- 464,918
BROKER TOTAL					

FD491  
 SCHEDULE H (FORM 5500 - 4I-1)  
 SCHEDULE OF ASSETS HELD FOR  
 INVESTMENT PURPOSES AT END OF YEAR

SULZER PUMPS US INC  
 INVESTMENT POOL ROLLUP  
 BASE CURRENCY: USD

AS OF DECEMBER 31, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
<u>GENERAL INVESTMENTS</u>			
<u>INTEREST-BEARING CASH (INCLUDING MM ACCTS &amp; CD)</u>			
VP7000251 PRINCIPAL DEPOSIT SWEEP PROGRAM	306,855.220	306,855	306,855
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)		306,855	306,855
<u>U.S. GOVERNMENT SECURITIES</u>			
3133KYSE0 FED HOME LN MTG CORP POOL #RB5017	DTD 10/01/19 3.000 11/01/2039 146,669.110	154,094	132,237
3132D9K37 FED HOME LOAN MTGE CORP POOL #SC0314	20 YR GTD SINGLE FAMILY MORTGAGE 167,374.220	144,700	142,166
3132D9K60 FED HOME LOAN MTGE CORP POOL #SC0317	20 YR GTD SINGLE FAMILY MORTGAGE 144,870.790	122,484	119,860
3132DNZX4 FED HOME LOAN MTGE CORP POOL #SD1658	30 YR GTD SINGLE FAMILY MORTGAGE 150,886.860	126,662	123,990
3132DPPX0 FED HOME LOAN MTGE CORP POOL #SD2238	30 YR GTD SINGLE FAMILY MORTGAGE 163,633.180	157,510	149,716
3132DWDJ9 FED HOME LOAN MTGE CORP POOL #SD8205	30 YR GTD SINGLE FAMILY MORTGAGE 421,276.090	351,909	344,456
3132DWD26 FED HOME LOAN MTGE CORP POOL #SD8221	30 YR GTD SINGLE FAMILY MORTGAGE 583,695.270	522,681	517,253
3132DWER0 FED HOME LOAN MTGE CORP POOL #SD8244	30 YR GTD SINGLE FAMILY MORTGAGE 220,268.240	203,955	201,766
3132DWFE8 FED HOME LOAN MTGE CORP POOL #SD8265	30 YR GTD SINGLE FAMILY MORTGAGE 545,937.670	501,840	500,024
31418DMG4 FED NATL MTG ASSN POOL #MA3958	DTD 02/01/20 3.000 02/01/2040 158,784.570	166,525	143,511
31418EBS8 FED NATL MTG ASSN POOL #MA4548	DTD 01/01/22 2.500 02/01/2052 423,721.190	352,445	345,964

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
3140KTST3 FEDL NATL MTGE ASSN POOL #BQ7729	30 YR GTD SINGLE FAMILY MORTGAGE 176,265.270	146,906	143,714
3140MKFU1 FEDL NATL MTGE ASSN POOL #BV5578	30 YR GTD SINGLE FAMILY MORTGAGE 153,117.640	130,509	130,453
3140QKQJ0 FEDL NATL MTGE ASSN POOL #CB0456	30 YR GTD SINGLE FAMILY MORTGAGE 283,898.590	229,337	231,809
3140QPNN3 FEDL NATL MTGE ASSN POOL #CB3996	30 YR GTD SINGLE FAMILY MORTGAGE 98,762.760	84,134	84,111
3140XJKG7 FEDL NATL MTGE ASSN POOL #FS2994	20 YR GTD SINGLE FAMILY MORTGAGE 165,953.970	145,184	141,504
3140XNUQ5 FEDL NATL MTGE ASSN POOL #FS6890	28 YR GTD SINGLE FAMILY MORTGAGE 625,252.750	452,966	463,419
31418EDD9 FEDL NATL MTGE ASSN POOL #MA4599	30 YR GTD SINGLE FAMILY MORTGAGE 172,487.040	148,123	146,868
31418ED56 FEDL NATL MTGE ASSN POOL #MA4623	30 YR GTD SINGLE FAMILY MORTGAGE 157,566.540	131,445	128,681
31418EJ43 FEDL NATL MTGE ASSN POOL #MA4782	30 YR GTD SINGLE FAMILY MORTGAGE 537,155.100	481,257	475,662
91282CGM7 UNITED STATES TREASURY NOTES	DTD 02/15/2023 3.500% 02/15/2033 1,375,000.000	1,307,242	1,279,149
91282CJZ5 UNITED STATES TREASURY NOTES	DTD 02/15/2024 4.000% 02/15/2034 830,000.000	831,012	794,609
912810QS0 US TREASURY BOND	DTD 08/15/11 3.750 08/15/2041 300,000.000	306,376	263,904
912810RK6 US TREASURY BOND	DTD 02/17/15 2.500 02/15/2045 1,175,000.000	875,780	815,239
912810RS9 US TREASURY BOND	DTD 05/16/16 2.500 05/15/2046 215,000.000	231,818	146,402
91282CBL4 US TREASURY NOTE	DTD 02/16/21 1.125 02/15/2031 540,000.000	480,847	445,635
91282CCS8 US TREASURY NOTE	DTD 08/16/21 1.250 08/15/2031 140,000.000	116,666	114,251

FD491  
 SCHEDULE H (FORM 5500 - 4I-1)  
 SCHEDULE OF ASSETS HELD FOR  
 INVESTMENT PURPOSES AT END OF YEAR

SULZER PUMPS US INC  
 INVESTMENT POOL ROLLUP  
 BASE CURRENCY: USD

AS OF DECEMBER 31, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
91282CDY4 US TREASURY NOTE	DTD 02/15/22 1.875 02/15/2032 780,000.000	673,345	656,050
TOTAL U.S. GOVERNMENT SECURITIES		9,577,751	9,182,403
CORPORATE DEBT INSTRUMENTS: ALL OTHER			
001055BJ0 AFLAC INC RATINGS: A3 A-	DTD 04/01/20 3.600 04/01/2030 95,000.000	110,638	89,244
037833ED8 APPLE INC RATINGS: AAA AA+	DTD 02/08/21 1.650 02/08/2031 245,000.000	202,522	206,190
20030NDG3 COMCAST CORP RATINGS: A3 A-	DTD 03/27/20 3.400 04/01/2030 180,000.000	184,937	167,022
341081GX9 FLORIDA POWER & LIGHT RATINGS: AA2 A+	DTD 07/30/2024 5.000% 08/01/2034 230,000.000	229,910	228,528
459200KA8 IBM CORP RATINGS: A3 A-	DTD 05/15/19 3.500 05/15/2029 230,000.000	230,727	217,955
46647PBE5 JPMORGAN CHASE & CO RATINGS: A1 A	DTD 09/12/19 10/15/2030 105,000.000	99,426	94,586
TOTAL CORPORATE DEBT INSTRUMENTS: ALL OTHER		1,058,159	1,003,525
PARTNERSHIP/JOINT VENTURE INTERESTS			
HF0011873 HARBERT CREDIT SOLUTIONS	FUND IV, L.P. 891,183.420	891,183	914,126
667990121 HARBERT MEZZANINE PARTNERS III, L.P.	454,849.200	454,849	270,282
MS6609288 MCALISTER OPPORTUNITY FUND 2012 LP	1.000	0	624,766
HF0020148 MONTAUK TRIGUARD FUND VIII L.P.	1,512,941.440	1,512,941	2,102,362
HN0016974 PARKSIDE CAPITAL LAND FUND III LTD	1,075,630.000	1,075,630	1,075,630

FD491  
 SCHEDULE H (FORM 5500 - 4I-1)  
 SCHEDULE OF ASSETS HELD FOR  
 INVESTMENT PURPOSES AT END OF YEAR

SULZER PUMPS US INC  
 INVESTMENT POOL ROLLUP  
 BASE CURRENCY: USD

AS OF DECEMBER 31, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
TOTAL PARTNERSHIP/JOINT VENTURE INTERESTS		3,934,604	4,987,166
VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES			
317609253 EMERALD GROWTH FUND CLASS INST	#13406 93,011.760	2,161,581	2,396,913
31635V729 FIDELITY LARGE CAP GROWTH INDEX	FUND CLASS INS #2826 150,983.420	4,116,717	5,914,021
412295107 HARDING LOEVNER INTERNATIONAL EQUITY	PORTFOLIO INSTITUTIONAL CLASS #201 190,478.470	4,193,625	4,668,627
552982696 MFS NEW DISCOVERY VALUE FUND	CLASS R5 #4823 128,140.730	2,188,293	2,342,413
72201F490 PIMCO INCOME FUND CLASS INS #1821	1,013,780.010	11,988,384	10,664,966
921921300 VANGUARD EQUITY INCOME FUND -	ADMIRAL SHARES #565 68,456.950	5,309,148	6,035,850
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		29,957,747	32,022,790
TOTAL GENERAL INVESTMENTS		44,835,116	47,502,739