

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - 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 (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 <u>EDWARD C. LEVY MASTER TRUST</u>	1b Three-digit plan number (PN) ▶ <u>002</u>
	1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>EDW. C. LEVY</u> <u>9300 DIX AVENUE</u> <u>DEARBORN, MI 48120</u>	2b Employer Identification Number (EIN) <u>38-1253012</u>
	2c Plan Sponsor's telephone number <u>313-249-2200</u>
	2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2025</u>	<u>JOHN EDWARDS</u>
	Signature of DFE	Date	Enter name of individual signing as 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) 0 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <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 EDWARD C. LEVY MASTER TRUST	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 EDW. C. LEVY	D Employer Identification Number (EIN) 38-1253012	

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

FID MGMT TRUST CO

04-3022712

(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)

SAGE

14-1793773

(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 50	NONE	249237	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)

FID MGMT TRUST CO

04-3022712

(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?
25 17 28 50 70 51	NONE	170947	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)

DIMEO SCHNEIDER & ASSOCIATES LLC

36-4001764

(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?
16 17 26	CONSULTING	93750	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"/>

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.	<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 <u>EDWARD C. LEVY MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EDW. C. LEVY</u>	D Employer Identification Number (EIN) <u>38-1253012</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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	EDW. C. LEVY CO. RETIREMENT INCOME PLAN	
b Name of plan sponsor	EDW. C. LEVY CO.	c EIN-PN 38-2397170-001

a Plan name	EDW. C. LEVY CO. HOURLY EMPLOYEES' RETIREMENT INCOME PLAN	
b Name of plan sponsor	EDW. C. LEVY CO.	c EIN-PN 38-1253012-334

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		
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a Plan name		
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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 EDWARD C. LEVY MASTER TRUST	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 EDW. C. LEVY	D Employer Identification Number (EIN) 38-1253012

Part I	Asset and Liability Statement
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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
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	124864	3124751
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	818650	808656
(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)	132771641	131376834
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10476071	12402495
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1538248	1348

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	145729474	147714084
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	121399	121399
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	121399	121399
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	145608075	147592685

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)	77969	
(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)	207235	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		285204
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		1747581
c Other income	2c		-202704
d Total income. Add all income amounts in column (b) and enter total	2d		1830081

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	170947	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	249238	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	233938	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		654123
j Total expenses. Add all expense amounts in column (b) and enter total	2j		654123

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1175958
l Transfers of assets:			
(1) To this plan	2l(1)		9000000
(2) From this plan	2l(2)		8191348

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?			
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 _____.

		BASED ON MARKET VALUE OF		145,608,075	5% VALUE OF	7,280,403
IDENTITY OF PARTY INVOLVED	DESCRIPTION OF ASSET	PURCHASE PRICE SELLING PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
48S99D771 EDW. C LEVY SAGE ADVISORS SEP ACCOUNT BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
	44,138 01/03/24 B BUY 6088	12.6920	0	560,203	560,203	0
	48,318 01/25/24 S SELL 6112	12.5930	0	615,827	608,470	(7,357)
	12,245 02/23/24 S SELL 6141	12.5060	0	156,068	153,138	(2,930)
	87,786 03/25/24 B BUY 6173	12.5730	0	1,103,738	1,103,738	0
	47,740 04/25/24 S SELL 6208	12.0880	0	608,394	577,086	(31,308)
	205,128 05/09/24 S SELL 6230	12.4220	0	2,614,107	2,548,096	(66,010)
	9,644 05/23/24 B BUY 6245	12.4370	0	119,937	119,937	0
	50,649 06/25/24 B BUY 6279	12.7100	0	643,748	643,748	0
	20,144 07/25/24 S SELL 6309	12.6520	0	256,698	254,858	(1,840)
	3,291 08/23/24 S SELL 6333	13.2790	0	41,941	43,704	1,763
	52,491 09/25/24 B BUY 6374	13.4300	0	704,953	704,953	0
	41,957 10/02/24 B BUY 6389	13.4580	0	564,657	564,657	0
	2,350 10/22/24 B BUY 6403	13.0110	0	30,581	30,581	0
	16,565 10/24/24 S SELL 6406	13.0150	0	211,198	215,591	4,393
	13,069 11/25/24 S SELL 6432	13.1070	0	166,630	171,298	4,668
	48,592 12/24/24 S SELL 6471	12.7540	0	619,545	619,749	203

	289,015 7 TOTAL BUYS		0	3,727,817	3,727,817	0
	415,092 9 TOTAL SELLS		0	5,290,408	5,191,990	(98,418)

	704,107 SECURITY TOTAL		0	9,018,225	8,919,807	(98,418)
316175108 FIDELITY GOVERNMENT PORTFOLIOINSTITUTION BROKER #DIVRE	DIVIDEND REINVESTMENT					
	3,482 01/02/24 B BUY 6087	1.0000	0	3,482	3,482	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
	10,250 01/05/24 S SELL 6094	1.0000	0	10,250	10,250	0
	16,136 01/12/24 S SELL 6096	1.0000	0	16,136	16,136	0
	62,280 01/16/24 S SELL 6101	1.0000	0	62,280	62,280	0
	60 01/18/24 B BUY 6102	1.0000	0	60	60	0
	10,250 01/19/24 S SELL 6109	1.0000	0	10,250	10,250	0
	729,117 01/26/24 B BUY 6114	1.0000	0	729,117	729,117	0
	708 01/30/24 B BUY 6116	1.0000	0	708	708	0
	679,200 01/31/24 S SELL 6120	1.0000	0	679,200	679,200	0
	611 02/01/24 B BUY 6124	1.0000	0	611	611	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
	3,929 02/01/24 B BUY 6126	1.0000	0	3,929	3,929	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
	1,248 02/09/24 S SELL 6128	1.0000	0	1,248	1,248	0
	552 02/13/24 B BUY 6130	1.0000	0	552	552	0
	1,500,000 02/21/24 B BUY 6131	1.0000	0	1,500,000	1,500,000	0
	10,250 02/23/24 S SELL 6137	1.0000	0	10,250	10,250	0
	656,959 02/26/24 B BUY 6139	1.0000	0	656,959	656,959	0

140	02/27/24	B BUY	6143	1.0000	0	140	140	0
666,539	02/29/24	S SELL	6149	1.0000	0	666,539	666,539	0
BROKER #DIVRE	DIVIDEND REINVESTMENT							
5,411	03/01/24	B BUY	6152	1.0000	0	5,411	5,411	0

		BASED ON MARKET VALUE OF		145,608,075	5% VALUE OF	7,280,403
IDENTITY OF PARTY INVOLVED		PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)
DESCRIPTION OF ASSET		SELLING PRICE				
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
28,696	03/05/24 B BUY 6153	1.0000	0	28,696	28,696	0
2,249	03/08/24 S SELL 6156	1.0000	0	2,249	2,249	0
4,869	03/12/24 B BUY 6159	1.0000	0	4,869	4,869	0
10,250	03/19/24 S SELL 6164	1.0000	0	10,250	10,250	0
8,750	03/21/24 S SELL 6169	1.0000	0	8,750	8,750	0
829,257	03/26/24 S SELL 6172	1.0000	0	829,257	829,257	0
673,760	03/28/24 S SELL 6180	1.0000	0	673,760	673,760	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
9,209	04/01/24 B BUY 6182	1.0000	0	9,209	9,209	0
(9,209)	04/01/24 B RBUY 6183	1.0000	0	(9,209)	(9,209)	0
8,997	04/02/24 B BUY 6185	1.0000	0	8,997	8,997	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
18,750	04/04/24 S SELL 6190	1.0000	0	18,750	18,750	0
1,658	04/09/24 B BUY 6192	1.0000	0	1,658	1,658	0
359	04/12/24 S SELL 6195	1.0000	0	359	359	0
62,080	04/17/24 S SELL 6202	1.0000	0	62,080	62,080	0
10,250	04/19/24 S SELL 6207	1.0000	0	10,250	10,250	0
709,022	04/26/24 B BUY 6210	1.0000	0	709,022	709,022	0
677,600	04/30/24 S SELL 6217	1.0000	0	677,600	677,600	0
73	05/01/24 B BUY 6220	1.0000	0	73	73	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
3,542	05/01/24 B BUY 6221	1.0000	0	3,542	3,542	0
(3,542)	05/01/24 B RBUY 6222	1.0000	0	(3,542)	(3,542)	0
3,537	05/02/24 B BUY 6224	1.0000	0	3,537	3,537	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
10,250	05/08/24 S SELL 6229	1.0000	0	10,250	10,250	0
664,387	05/10/24 B BUY 6231	1.0000	0	664,387	664,387	0
276	05/14/24 B BUY 6235	1.0000	0	276	276	0
8,750	05/17/24 S SELL 6240	1.0000	0	8,750	8,750	0
1,500,000	05/20/24 B BUY 6242	1.0000	0	1,500,000	1,500,000	0
27,594	05/22/24 B BUY 6243	1.0000	0	27,594	27,594	0
40,768	05/24/24 B BUY 6248	1.0000	0	40,768	40,768	0
810	05/29/24 B BUY 6250	1.0000	0	810	810	0
680,534	05/31/24 S SELL 6256	1.0000	0	680,534	680,534	0
BROKER #DIVRE	DIVIDEND REINVESTMENT					
7,789	06/03/24 B BUY 6259	1.0000	0	7,789	7,789	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTM					
18,750	06/10/24 S SELL 6264	1.0000	0	18,750	18,750	0
1,195	06/12/24 B BUY 6266	1.0000	0	1,195	1,195	0
4,382	06/14/24 S SELL 6268	1.0000	0	4,382	4,382	0
10,250	06/18/24 S SELL 6273	1.0000	0	10,250	10,250	0
802,622	06/26/24 S SELL 6280	1.0000	0	802,622	802,622	0
689,749	06/28/24 S SELL 6288	1.0000	0	689,749	689,749	0

BROKER #DIVRE	DIVIDEND REINVESTMENT							
	8,744	07/01/24 B BUY	6291	1.0000	0	8,744	8,744	0
BROKER #MFAS	MANAGED FUNDS ALLOCATION SYSTEM							
	1,878	07/10/24 B BUY	6294	1.0000	0	1,878	1,878	0
	13,315	07/12/24 S SELL	6300	1.0000	0	13,315	13,315	0

		BASED ON MARKET VALUE OF		145,608,075	5% VALUE OF		7,280,403	
IDENTITY OF PARTY INVOLVED		DESCRIPTION OF ASSET	PURCHASE PRICE	EXPENSES	COST OF ASSET	CURRENT VALUE	NET GAIN OR (LOSS)	
			SELLING PRICE					
	60,579	07/19/24 S SELL	6305	1.0000	0	60,579	60,579	0
	1,500,000	07/22/24 B BUY	6307	1.0000	0	1,500,000	1,500,000	0
	732,156	07/26/24 B BUY	6310	1.0000	0	732,156	732,156	0
	680,287	07/31/24 S SELL	6317	1.0000	0	680,287	680,287	0
BROKER #DIVRE		DIVIDEND REINVESTMENT						
	5,864	08/01/24 B BUY	6320	1.0000	0	5,864	5,864	0
BROKER #MFAS		MANAGED FUNDS ALLOCATION SYSTM						
	1,950	08/05/24 B BUY	6322	1.0000	0	1,950	1,950	0
	11,122	08/09/24 S SELL	6328	1.0000	0	11,122	11,122	0
	6,625	08/14/24 B BUY	6331	1.0000	0	6,625	6,625	0
	728,328	08/26/24 S SELL	6334	1.0000	0	728,328	728,328	0
	8,750	08/27/24 S SELL	6340	1.0000	0	8,750	8,750	0
	683,926	08/30/24 S SELL	6346	1.0000	0	683,926	683,926	0
BROKER #DIVRE		DIVIDEND REINVESTMENT						
	9,064	09/03/24 B BUY	6349	1.0000	0	9,064	9,064	0
BROKER #MFAS		MANAGED FUNDS ALLOCATION SYSTM						
	27,594	09/04/24 B BUY	6350	1.0000	0	27,594	27,594	0
	1,500,000	09/11/24 B BUY	6353	1.0000	0	1,500,000	1,500,000	0
	10,250	09/12/24 S SELL	6358	1.0000	0	10,250	10,250	0
	2,905	09/13/24 S SELL	6361	1.0000	0	2,905	2,905	0
	191	09/17/24 B BUY	6363	1.0000	0	191	191	0
	140,188	09/24/24 S SELL	6368	1.0000	0	140,188	140,188	0
	792,168	09/26/24 S SELL	6375	1.0000	0	792,168	792,168	0
	683,555	09/30/24 S SELL	6383	1.0000	0	683,555	683,555	0
BROKER #DIVRE		DIVIDEND REINVESTMENT						
	6,836	10/01/24 B BUY	6386	1.0000	0	6,836	6,836	0
BROKER #MFAS		MANAGED FUNDS ALLOCATION SYSTM						
	220	10/02/24 B BUY	6388	1.0000	0	220	220	0
	10,250	10/10/24 S SELL	6395	1.0000	0	10,250	10,250	0
	9,623	10/11/24 S SELL	6398	1.0000	0	9,623	9,623	0
	203	10/16/24 B BUY	6400	1.0000	0	203	203	0
	825,249	10/25/24 B BUY	6407	1.0000	0	825,249	825,249	0
	64,299	10/29/24 S SELL	6413	1.0000	0	64,299	64,299	0
	687	10/30/24 B BUY	6415	1.0000	0	687	687	0
	683,931	10/31/24 S SELL	6421	1.0000	0	683,931	683,931	0
BROKER #DIVRE		DIVIDEND REINVESTMENT						
	3,526	11/01/24 B BUY	6424	1.0000	0	3,526	3,526	0
BROKER #MFAS		MANAGED FUNDS ALLOCATION SYSTM						
	26,820	11/08/24 B BUY	6427	1.0000	0	26,820	26,820	0
	752	11/13/24 B BUY	6430	1.0000	0	752	752	0
	669,264	11/26/24 B BUY	6433	1.0000	0	669,264	669,264	0
	19,000	11/27/24 S SELL	6443	1.0000	0	19,000	19,000	0
	686,101	11/29/24 S SELL	6449	1.0000	0	686,101	686,101	0
BROKER #DIVRE		DIVIDEND REINVESTMENT						

AS OF DECEMBER 31, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
GENERAL INVESTMENTS			

INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)			

316175108 FIDELITY GOVERNMENT PORTFOLIOINSTITUTION		808,656	808,656
	808,655.810		
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)		808,656	808,656
VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS			

47Q99N997 HATTERAS MULTI STRATEGY		313,911	1,348
	3,455.770		
TOTAL VALUE OF INTEREST IN COMMON/COLLECTIVE TRUSTS		313,911	1,348
VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS			

48S99D771 EDW. C LEVY SAGE ADVISORS SEP ACCOUNT		130,415,641	130,489,165
	10,228,828.460		
EHH483000 RMWC DIRECT LENDING OPPORTUNITIES FUND I DERS SHARECLASS		706,176	887,669
	70,764.870		
TOTAL VALUE OF INTEREST IN POOLED SEPARATE ACCOUNTS		131,121,817	131,376,834
VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES			

315911693 FIDELITY TOTAL MARKET INDEX FUNDFIDELITY		6,981,290	8,679,598
	53,820.280		
316146315 Fidelity Global ex U.S. Index Fund		3,622,015	3,722,898
	258,175.970		
TOTAL VALUE OF INTEREST IN REGISTERED INVESTMENT COMPANIES		10,603,305	12,402,495
TOTAL GENERAL INVESTMENTS		142,847,688	144,589,332
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