

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**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) \_\_\_\_\_

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p>
<p><b>2a</b> 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>MID-AMERICA CONVERSION SERVICES, LLC</u></p> <p><u>1010 MONARCH STREET, SUITE 300</u> <u>LEXINGTON, KY 40513</u></p>	<p><b>1c</b> Effective date of plan <u>01/01/2006</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>30-0881363</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>859-492-1919</u></p> <p><b>2d</b> Business code (see instructions) <u>562000</u></p>

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/14/2025	ANN ELKIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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	
<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>	186
<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.....	<b>6a(1)</b>	37
	<b>6a(2)</b>	24
	<b>6b</b>	151
	<b>6c</b>	2
	<b>6d</b>	177
	<b>6e</b>	8
	<b>6f</b>	185
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<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:  
1A

**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)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**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)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (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 SB</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>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</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

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MID-AMERICA CONVERSION SERVICES, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>30-0881363</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>24474607</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>26125089</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>145</u>	<u>17495529</u>
	<b>b</b> For terminated vested participants .....	<u>4</u>	<u>598900</u>
	<b>c</b> For active participants .....	<u>37</u>	<u>10849217</u>
	<b>d</b> Total .....	<u>186</u>	<u>28943646</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.07 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>313711</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>346000</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>659711</u>

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>		
	Signature of actuary	<u>09/17/2025</u> Date
	<u>TREY REESE</u> Type or print name of actuary	<u>23-08775</u> Most recent enrollment number
	<u>MERCER</u> Firm name	<u>502-561-4455</u> Telephone number (including area code)
	<u>400 WEST MARKET STREET, SUITE 500 LOUISVILLE, KY 40202</u> Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	104680
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	104680
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>13.44</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		743
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.20</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		100
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		843
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	90.26 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	90.26 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	86.21 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
04/11/2024	263000	0					
07/10/2024	263000	0					
10/15/2024	104000	0					
01/13/2025	210000	0					
08/28/2025	128000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	968000	<b>18(c)</b>	0

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	933248

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code) ..... **21b** 4

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment...  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c) .....	<b>31a</b>	659711
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	2818557	273218
<b>b</b> Waiver amortization installment.....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount..... **33**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	932929
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

**36** Additional cash requirement (line 34 minus line 35)..... **36** 932929

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 933248

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	319
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

<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>DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MID-AMERICA CONVERSION SERVICES, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>30-0881363</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

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

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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)

MERCER US LLC

1166 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	182336	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)

MERCER INVESTMENTS LLC

99 HIGH STREET  
BOSTON, MA 02110

30-0282430

(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?
51 52	FIDUCIARY	126435	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" 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:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <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 <u>DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MID-AMERICA CONVERSION SERVICES, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>30-0881363</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL/MID CAP EQUITY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>03-0566611-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1058898</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>US LARGE CAP CORE PASSIVE EQUITY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>03-0566613-005</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6404990</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NON-US CORE EQUITY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>03-0566617-009</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2948187</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>PASSIVE LONG CREDIT FIXED INCOME</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>26-6700496-016</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5742533</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MARKETS EQUITY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>32-6219484-017</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1228569</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>GLOBAL LOW VOLATILITY EQUITY</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>35-7004395-018</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>485396</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>LONG STRIPS FIXED INCOME</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>80-6243236-019</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3062440</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: OPPORTUNISTIC FIXED INCOME

**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

<b>c</b> EIN-PN 36-7630030-020	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1347292
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**a** Name of MTIA, CCT, PSA, or 103-12 IE: PASSIVE LONG GOVERNMENT FIXED INCOM

**b** Name of sponsor of entity listed in (a): MERCER TRUST COMPANY

<b>c</b> EIN-PN 51-0560117-010	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1499464
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

**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)
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<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>	OMB No. 1210-0110  <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>DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MID-AMERICA CONVERSION SERVICES, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>30-0881363</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>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	1029000	338000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	631	1876
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	251791	480334
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<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>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	23228756	23777769
<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>		
<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>		

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	24510178	24597979
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	24510178	24597979

**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
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	968000	
(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)		968000
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	14906	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		14906
(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)	2006299	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2006299	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(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)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	1136056
(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)	
c Other income .....	2c	
d Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d	2118962

**Expenses**

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1671611
(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)	1671611
f Corrective distributions (see instructions) .....	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances .....	2i(1)	0
(2) Contract administrator fees .....	2i(2)	0
(3) Recordkeeping fees .....	2i(3)	0
(4) IQPA audit fees .....	2i(4)	0
(5) Investment advisory and investment management fees .....	2i(5)	31612
(6) Bank or trust company trustee/custodial fees .....	2i(6)	7
(7) Actuarial fees .....	2i(7)	182336
(8) Legal fees .....	2i(8)	0
(9) Valuation/appraisal fees .....	2i(9)	0
(10) Other trustee fees and expenses .....	2i(10)	0
(11) Other expenses.....	2i(11)	145595
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	359550
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	2031161

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k	87801
l Transfers of assets:		
(1) To this plan.....	2l(1)	
(2) From this plan .....	2l(2)	

**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: BLUE & CO., LLC

(2) EIN: 35-1178661

**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.)		X	
<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?	X		500000
<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?		X	
<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?		X	
<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?		X	
<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?		X	
<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 554605.

<b>SCHEDULE R</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>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>MID-AMERICA CONVERSION SERVICES, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>30-0881363</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): \_\_\_\_\_

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3		0
---	--	---

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---------------------------------------------------------------------------------------------------------------------------------------------------

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**DUF6 PENSION PLAN FOR GRANDFATHERED  
EMPLOYEES**

**FINANCIAL STATEMENTS**

**DECEMBER 31, 2024 AND 2023**

**AND**

**SUPPLEMENTAL SCHEDULES**

**DECEMBER 31, 2024**

# DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

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## REPORT OF INDEPENDENT AUDITORS

To the Plan Administrator  
DUF6 Pension Plan for Grandfathered Employees  
Lexington, Kentucky

### Opinion on the 2024 Financial Statements

We have audited the 2024 financial statements of DUF6 Pension Plan for Grandfathered Employees (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying 2024 financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion on the 2024 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2024 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the 2024 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan, and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

#### Auditor's Responsibilities for the Audit of the 2024 Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Auditor's Report on the 2023 Financial Statements

We performed an audit of the 2023 financial statements of DUF6 Pension Plan for Grandfathered Employees, in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure. As permitted by ERISA Section 103(a)(3)(C), our audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. In our report dated October 14, 2024, we indicated that in our opinion (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

2024 Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, line 4j – Schedule of Reportable Transactions, as of and for the year ended December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules are fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*Blue & Co., LLC*

Lexington, Kentucky  
October 10, 2025

## DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

### STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2024 AND 2023

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	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 24,258,103	\$ 23,480,546
Receivables:		
Employer contributions	338,000	1,029,000
Accrued income receivable	<u>1,876</u>	<u>631</u>
Net assets available for benefits	<u>\$ 24,597,979</u>	<u>\$ 24,510,177</u>

---

*See accompanying notes to the financial statements.*

## DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

### STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2024

---

#### **Additions to net assets attributed to:**

##### Investment income:

Net change in fair value of investments	\$ 1,136,056
Interest and dividend income	<u>14,906</u>
Net investment income	1,150,962

##### Contributions:

Employer	<u>968,000</u>
Total additions	2,118,962

#### **Deductions from net assets attributed to:**

Benefits paid to participants	1,671,611
Administrative expenses	<u>359,549</u>
Total deductions	<u>2,031,160</u>

Net increase	87,802
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#### **Net assets available for benefits:**

Beginning of year	<u>24,510,177</u>
End of year	<u><u>\$ 24,597,979</u></u>

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*See accompanying notes to the financial statements.*

# DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

## NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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### 1. DESCRIPTION OF PLAN

The following description of the DUF6 Pension Plan for Grandfathered Employees (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### General

The Plan is a non-contributory defined benefit pension plan covering eligible employees of the Mid-America Conversion Services, LLC (the "Company"). Any employee who is a *Grandfathered Employee* and is employed by the Company in *Covered Employment* (as defined by the plan document) is eligible to participate. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

KeyBank National Association is the trustee of the Plan and, as such, has custody of all of the Plan's investment assets, executes transactions therein, receives contributions from the Company, and disburses funds according to the trust agreement.

In 2019, the Company approved amendments to the Plan to freeze the accrued benefits for highly compensated employees. Such employees' accrued benefits will not increase as a result of credited service or compensation earned after the effective dates of these amendments. Credited service shall continue to accrue under the Plan for vesting and early retirement eligibility purposes.

#### Pension Benefits

Participants with 5 or more years of credited service are entitled to annual pension benefits based on their credited service. If employees terminate before rendering 5 years of credited service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions. When a participant retires, they may elect to receive their pension benefit from several regular monthly payment options. The Plan permits early retirement for employees who are at least 50 years old and have at least 10 years of credited service. Employees electing early retirement will be entitled to a reduced pension benefit based on age and years of credited service when the benefits begin. However, employees are entitled to an unreduced early retirement benefit if they are at least 62 years old and have 10 years of credited service, are at least 60 years old and have 30 years of credited service, or the sum of their age plus years of credited service equals 85 or more.

#### Death and Disability Benefits

Once vested, a participant's surviving spouse, or dependent children, or dependent parents may be eligible for a benefit from the Plan. Active employees who become disabled and qualify for benefits under the Company's long-term disability plan will continue to earn credited service during their period of disability (but not after reaching age 65) as if they had continued working with the same earnings, they received on the date their disability began. If the disability ends prior to reaching age 65, an employee must return to work to be entitled to credited service during the period of disability.

If an employee does not return to work when their disability ends, they will be considered to have terminated employment on the date their disability began when determining credited service.

# DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

## NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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### Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA and as described in the plan document. In the event of plan termination, benefits will be provided to participants as described in Note 8.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

This summary of significant accounting policies of the Plan is presented to assist in the understanding of the Plan's financial statements. The financial statements and notes are representations of the Plan's management who is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America (GAAP) and have been consistently applied in the preparation of the accompanying financial statements.

### Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

### Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Accordingly, actual results may differ from those estimates.

### Investment Valuation and Income Recognition

Investments are reported at fair market value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

### Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Additionally, the Plan is not charged for accounting and administrative services performed on its behalf by the Company. Investment related expenses are included as a reduction of the return earned on each fund.

### Payment of Benefits

Benefit payments to participants are recorded upon distribution.

## DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

### NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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#### Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 5) are those future periodic payments that are attributable under the Plan's provisions to the service rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of deceased employees, and present employees or their beneficiaries. Benefits under the Plan are based on the employees' highest average monthly compensation earned in either the last full three calendar years in the ten years just prior to retirement or the last thirty-six months just prior to their retirement. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances—retirement, death, and termination of employment—are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of these accumulated plan benefits, as determined by the Plan's actuary, is the result of applying actuarial assumptions to reflect the time value of money (through discounts for interest) and the probability of payment between the valuation date and the expected date of payment.

The accumulated plan benefits were calculated based on data as of December 31, 2024 and 2023, using the following assumptions:

	<u>2024</u>	<u>2023</u>
Rate of return	5.50%	5.50%
Salary increases	2.50%	2.50%
Expected increase in social security wage base	3.25%	3.25%
Inflation rate	2.25%	2.25%

#### Mortality tables:

2024 – The Pri-2012 base mortality table with MP-2021 projection scale.

2023 – The Pri-2012 base mortality table with MP-2021 projection scale.

Retirement age based on rates of retirement as follows:

<u>Attained age</u>	<u>Percentage</u>
55 - 58	1.0%
59 - 61	10.0%
62 - 63	20.0%
64	15.0%
65	25.0%
66	35.0%
67 – 69	50.0%
70 and over	100.0%

Retirement rate at age of first eligibility for unreduced benefit (Rule of 85) is 25%, otherwise above rates apply.

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# DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

## NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

### Subsequent Events

The Plan has evaluated subsequent events through the date the financial statements were available to be issued, which is October 10, 2025.

### **3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, KeyBank National Association, the trustee of the Plan, certified the completeness and accuracy of all investments reflected on the accompanying statement of net assets available for benefits as of December 31, 2024 and 2023, and investment-related activity reflected in the statement of changes in net assets available for benefits for the year ended December 31, 2024.

### **4. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

*Level 1* - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

*Money market mutual fund* – Generally, transact subscription and redemption activity at a \$1 stable net asset value (NAV) however, on a daily basis the funds are valued at their daily NAV calculated using the amortized cost of the securities held in the fund.

## DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

### NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

*Common/Collective Trusts (CCTs)* – Valued using NAV. The NAV of a CCT is based on the market value of the underlying securities. The beneficial interest of each investor is represented in units. Units are issued and redeemed daily at the fund’s closing NAV. The investment strategies of the common/collective trusts vary based on investment objectives of the asset class of which they are a part. Such strategies include investments in equity securities for long-term capital appreciation, investment portfolios that replicate market indices, investments in fixed income securities to provide total return consisting of both income and capital appreciation, and investments in securities to achieve growth and value objectives.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Plan’s assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2024				
	Level 1	Level 2	Level 3	Total
Money market mutual fund	\$ -0-	\$ 480,334	\$ -0-	\$ 480,334
Total assets in the fair value hierarchy	\$ -0-	\$ 480,334	\$ -0-	480,334
Common/collective trusts*				23,777,769
Investments at fair value				\$ 24,258,103
Assets at Fair Value as of December 31, 2023				
	Level 1	Level 2	Level 3	Total
Money market mutual fund	\$ -0-	\$ 251,791	\$ -0-	\$ 251,791
Total assets in the fair value hierarchy	\$ -0-	\$ 251,791	\$ -0-	251,791
Common/collective trusts*				23,228,755
Investments at fair value				\$ 23,480,546

\* In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts present in this table are intended to permit a reconciliation of their fair value hierarchy to the line items present at fair value in the statement of net assets available for benefits.

## DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

### NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

The following table sets forth the investments valued at NAV at December 31, 2024 and 2023:

	Fair Value Estimated Using Net Asset Value per Share December 31, 2024				
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Noted Period
<u>Common Collective Trusts:</u>					
Mercer US Large Cap Passive Equity	\$ 6,404,990	\$ -0-	Daily	None	None
Mercer US Small/Mid Cap Equity CT	1,058,898	-0-	Daily	None	None
Mercer Non-US Core Equity Portfolio	2,948,187	-0-	Daily	None	None
Mercer Emerging Markets Equity	1,228,569	-0-	Daily	None	None
Mercer Global Low Volatility Equity	485,396	-0-	Daily	None	None
Mercer Long Duration Investment Grade	5,742,533	-0-	Daily	None	None
Mercer Long Strips Fixed Income	3,062,440	-0-	Daily	None	None
Mercer Opportunistic Fixed Income	1,347,292	-0-	Daily	None	None
Mercer Passive Long Government Fixed	1,499,464	-0-	Daily	None	None
	<u>\$ 23,777,769</u>				

	Fair Value Estimated Using Net Asset Value per Share December 31, 2023				
	Fair Value	Unfunded Commitment	Redemption Frequency	Other Redemption Restrictions	Redemption Noted Period
<u>Common Collective Trusts:</u>					
Mercer US Large Cap Passive Equity	\$ 4,289,020	\$ -0-	Daily	None	None
Mercer US Small/Mid Cap Equity CT	1,245,666	-0-	Daily	None	None
Mercer Non-US Core Equity Portfolio	3,386,206	-0-	Daily	None	None
Mercer Emerging Markets Equity	1,817,587	-0-	Daily	None	None
Mercer Global Low Volatility Equity	1,544,643	-0-	Daily	None	None
Mercer Long Duration Investment Grade	4,675,153	-0-	Daily	None	None
Mercer Long Strips Fixed Income	3,273,463	-0-	Daily	None	None
Mercer Opportunistic Fixed Income	1,344,915	-0-	Daily	None	None
Mercer Passive Long Government Fixed	1,652,102				
	<u>\$ 23,228,755</u>				

## DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

### NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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#### 5. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Information relating to the actuarial present value of accumulated plan benefits is as follows as of the actuarial valuation dated December 31:

	<u>2024</u>	<u>2023</u>
Vested benefits:		
Active participants	\$ 6,929,501	\$ 10,504,215
Inactive participants with deferred benefits	176,937	562,356
Inactive participants receiving benefits	<u>20,815,696</u>	<u>16,940,091</u>
Total vested benefits	27,922,134	28,006,662
Non-vested benefits	<u>-0-</u>	<u>-0-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 27,922,134</u>	<u>\$ 28,006,662</u>

The change in the actuarial present value of accumulated plan benefits from the previous valuation date was as follows:

Actuarial present value of accumulated plan benefits at December 31, 2023	\$ 28,006,662
Increase (decrease) attributable to:	
Benefits accumulated and (gains) losses	96,517
Increase due to decrease in discount period	1,490,566
Benefits paid	<u>(1,671,611)</u>
Actuarial present value of accumulated plan benefits at December 31, 2024	<u>\$ 27,922,134</u>

#### 6. PARTY-IN-INTEREST TRANSACTIONS

KeyBank National Association serves as trustee of the Plan. Blue & Co., LLC serves as the Plan's auditor, and Mercer (US) LLC's (Mercer) provides actuary and fiduciary services to the Plan. Audit fees, actuarial fees, and fiduciary fees for the Plan were paid by the Company. Transactions with these parties qualify as party-in-interest transactions.

Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of the investment, as they are paid through revenue sharing, rather than a direct payment. Administrative expenses are paid to Mercer by the Plan for actuary services. The Company also provides certain accounting, recordkeeping and administrative services to the Plan, for which it is not compensated.

# DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

## NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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### 7. TAX STATUS

The Internal Revenue Service has determined and informed the Plan by a letter dated January 18, 2018, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator and the Plan's tax counsel believe that the Plan is designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

### 8. FUNDING POLICY AND PLAN TERMINATION

Benefits are funded through contributions from the Company. Contributions are determined by actuaries and paid to the trustee, KeyBank National Association. The plan administrator employs professional investment managers to invest and reinvest assets of the plan fund.

The Company's funding policy is to make annual contributions to the Plan in amounts recommended by the actuary and as required under provisions of ERISA. In determining the amounts and incidence of such contributions, the Company considers the actuarial recommendations provided by an enrolled actuary to comply with ERISA. The Company's contributions to the Plan for year ended December 31, 2024, were \$968,000. Such contributions met or exceeded the minimum funding requirements of ERISA.

The Company or an authorized delegate of the Plan has the right to terminate, suspend, withdraw, amend, or modify the Plan. In the event of termination, the net assets of the Plan shall be first used to pay expenses of administration, and then to provide benefits to participants in accordance with Section 4044 of ERISA, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
  - Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a United States government agency) up to the applicable limitations (discussed below).
  - All other vested benefits (that is, vested benefits not insured by the PBGC).
  - All non-vested benefits.

Any residual assets remaining after all liabilities are satisfied would be returned to the Company.

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# DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

## NOTES TO THE FINANCIAL STATEMENTS DECEMBER 31, 2024 AND 2023

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If the Plan's net assets are inadequate, the PBGC generally guarantees the payment of vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations the ceiling is \$6,750 per month for 2024. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether a particular participant's accumulated plan benefits will be paid should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

### **9. RISKS AND UNCERTAINTIES**

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect balances, and the amounts reported in the statement of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term would be material to the financial statements.

## SUPPLEMENTAL SCHEDULES

## DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Mercer US Large Cap Passive Equity	Common/Collective Trust	\$ 3,639,430	\$ 6,404,990
	Federated Government Obligations Fund	Money Market Mutual Fund	480,334	480,334
*	Mercer US Small/Mid Cap Equity CT	Common/Collective Trust	600,094	1,058,898
*	Mercer Non-US Core Equity Portfolio	Common/Collective Trust	1,876,738	2,948,187
*	Mercer Emerging Markets Equity	Common/Collective Trust	1,127,083	1,228,569
*	Mercer Global Low Volatility Equity	Common/Collective Trust	312,322	485,396
*	Mercer Long Duration Investment Grade Fixed Income	Common/Collective Trust	6,348,049	5,742,533
*	Mercer Long Strips Fixed Income	Common/Collective Trust	4,646,192	3,062,440
*	Mercer Opportunistic Fixed Income	Common/Collective Trust	1,208,632	1,347,292
*	Mercer Passive Long Government Fixed Income	Common/Collective Trust	<u>1,584,480</u>	<u>1,499,464</u>
			<u>\$ 21,823,354</u>	<u>\$ 24,258,103</u>

For mutual funds and common/collective trusts noted above, descriptions in column (c) related to maturity date, rate of interest, collateral, par, and maturity value are not applicable.

\* A party-in-interest as defined by ERISA

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*See independent auditors report.*

# DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

## SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain (Loss)
<b>Series of Transactions</b>							
Issuer	Federated Government Obligations Institutional Shares	\$ -0-	\$ 126,160	\$ -0-	\$ 126,160	\$ 126,160	\$ -0-
Issuer	Federated Government Obligations Institutional Shares	-0-	550	-0-	550	550	-0-
Issuer	Federated Government Obligations Institutional Shares	128,442	-0-	-0-	128,442	128,442	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	127,915	-0-	127,915	127,915	-0-
Issuer	Federated Government Obligations Institutional Shares	1,577	-0-	-0-	1,577	1,577	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	13,639	-0-	13,639	13,639	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	15,462	-0-	15,462	15,462	-0-
Issuer	Federated Government Obligations Institutional Shares	76,915	-0-	-0-	76,915	76,915	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	128,130	-0-	128,130	128,130	-0-
Issuer	Federated Government Obligations Institutional Shares	128,130	-0-	-0-	128,130	128,130	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	131,508	-0-	131,508	131,508	-0-
Issuer	Federated Government Obligations Institutional Shares	263,000	-0-	-0-	263,000	263,000	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	25,821	-0-	25,821	25,821	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	139,545	-0-	139,545	139,545	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	18,396	-0-	18,396	18,396	-0-
Issuer	Federated Government Obligations Institutional Shares	39,493	-0-	-0-	39,493	39,493	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	139,807	-0-	139,807	139,807	-0-
Issuer	Federated Government Obligations Institutional Shares	152,585	-0-	-0-	152,585	152,585	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	143,375	-0-	143,375	143,375	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	12,778	-0-	12,778	12,778	-0-
Issuer	Federated Government Obligations Institutional Shares	263,000	-0-	-0-	263,000	263,000	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	7	-0-	7	7	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	142,761	-0-	142,761	142,761	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	12,778	-0-	12,778	12,778	-0-
Issuer	Federated Government Obligations Institutional Shares	48,669	-0-	-0-	48,669	48,669	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	144,504	-0-	144,504	144,504	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	16,112	-0-	16,112	16,112	-0-
Issuer	Federated Government Obligations Institutional Shares	1,029,000	-0-	-0-	1,029,000	1,029,000	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	12,778	-0-	12,778	12,778	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	145,595	-0-	145,595	145,595	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	142,347	-0-	142,347	142,347	-0-
Issuer	Federated Government Obligations Institutional Shares	104,000	-0-	-0-	104,000	104,000	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	12,778	-0-	12,778	12,778	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	144,784	-0-	144,784	144,784	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	15,463	-0-	15,463	15,463	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	31,612	-0-	31,612	31,612	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	148,140	-0-	148,140	148,140	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	13,553	-0-	13,553	13,553	-0-
Issuer	Global Low Volatility Equity	-0-	605,430	-0-	580,692	605,430	24,738
Issuer	Global Low Volatility Equity	-0-	534,087	-0-	490,661	534,087	43,426
Issuer	Global Low Volatility Equity	-0-	46,992	-0-	41,492	46,992	5,500
Issuer	Long Duration Investment Grade Fixed Income	1,185,229	-0-	-0-	1,185,229	1,185,229	-0-
Issuer	Mercer US Large Cap Passive Equity	-0-	128,442	-0-	125,173	128,442	3,269
Issuer	Mercer US Large Cap Passive Equity	-0-	46,804	-0-	43,870	46,804	2,934
Issuer	Mercer US Large Cap Passive Equity	1,207,443	-0-	-0-	1,207,443	1,207,443	-0-
Issuer	Mercer US Large Cap Passive Equity	-0-	96,546	-0-	88,661	96,546	7,885
Issuer	Mercer US Large Cap Passive Equity	-0-	52,271	-0-	47,739	52,271	4,532
Issuer	Mercer US Large Cap Passive Equity	96,437	-0-	-0-	96,437	96,437	-0-
Issuer	Mercer US Large Cap Passive Equity	610,864	-0-	-0-	610,864	610,864	-0-
Issuer	Mercer US Large Cap Passive Equity	-0-	32,550	-0-	28,156	32,550	4,394
Issuer	Mercer US Large Cap Passive Equity	-0-	712,775	-0-	595,352	712,775	117,423

**Note:** Costs are based on values as of December 31, 2024.

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*See independent auditors report.*

**Schedule SB, line 26a — Schedule of Active Participant Data**

Attained age	Years of credited service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	
Under 25											
25-29											
30-34											
35-39											
40-44											
45-49					1						1
50-54							6				6
55-59						1	4	1	1		7
60-64							3	4	2	1	10
65-69							1	3		7	11
70 & up										2	2
Total					1	1	14	8	3	10	37

Each cell shows the count of active participants for each age/service combination. Average pay is not shown for plans with less than 1,000 active participants.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

## Actuarial assumptions for January 1, 2024 funding valuation

### Discount rate and mortality sponsor elections

• Segment rates or full yield curve	Segment		
• Look-back months	4		
		<b>Stabilized</b>	<b>Nonstabilized</b>
• First 5 years		4.75%	3.62%
• Next 15 years		4.87%	4.46%
• Over 20 years		5.59%	4.52%
• Mortality - all participants	Section 430(h)(3) prescribed generational annuitant and non-annuitant mortality tables for the 2024 plan year funding valuations. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified MP-2021 mortality improvement scale, in accordance with the IRS regulation 1.430(h)(3)-1.		

### Other economic assumptions

• Salary increases	2.50% per year.
• Social Security wage base	3.25% per year.
• Inflation	2.25% per year.
• Expected investment return	6.36% for 2024, 6.62% for 2023, and 5.18% for 2022
• Expenses	\$346,000 added to current year normal cost.

## Rationale for economic assumptions

- Salary increases – Based on facts and circumstances discussed with management as well as a review of past salary increase experience, the current assumption was selected to minimize future gains & losses.
- Inflation – Consistent with DOE recommendation. This assumption is not material to overall plan liability.
- Discount rate – This assumption is prescribed by the Internal Revenue Service.
- Expected investment return – The expected investment return is based on the median simulated investment return using forward looking capital market assumptions published in Mercer Investment Consulting’s Capital Markets Outlook for the plan’s asset allocation. The return assumption assumes that active management offsets any investment expenses to be paid from plan assets.
- Expenses – The 2024 expense assumption is equal to expected administrative expenses of \$200,000 plus the current year PBGC premium, rounded to the nearest \$1,000.

### Demographic assumptions

Withdrawal	Table T-3 from the Actuary’s Pension Handbook. See table of sample rates.
Disability incidence	None.

**Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**

Retirement age	<b>Attained age</b>	<b>Percentage retirement</b>
	55-58	1%
	59-61	10%
	62-63	20%
	64	15%
	65	25%
	66	35%
	67-69	50%
	70 and above	100%
Retirement rate at age of 1st eligibility for unreduced benefit (rule of 85) is 25%; otherwise, the above rates apply. Retirement rates for all other ages prior to age 55 are based on withdrawal rates shown below.		
<b>Benefit commencement age for</b>		
• Future vested deferred	65	
• Current vested deferred	Age first eligible for unreduced benefit	
Spouse assumptions	<b>Male participants</b>	<b>Female participants</b>
• Percentage married	80%	60%
• Spouse age difference	2 years younger	2 years older
<b>Form of Payment</b>	<b>Single life</b>	<b>50% J&amp;S</b>
• Active retirements	100%	0%
• Future vested deferred	100%	0%
• Future deaths	0%	100%
• Current vested deferred	100%	0%
<b>Unpredictable contingent event assumptions</b>	Not applicable.	

**Table of Sample Rates**

Attained age	Withdrawal
35	4.47%
40	3.84%
45	3.21%
50	1.52%
55	0.33%
59	0.02%

**Rationale for demographic assumptions**

- Withdrawal – Annual review of the withdrawal experience has shown that this table produces a reasonable approximation of expected experience.
- Retirement age – Based on an experience study including retirement data between January 1, 2014 and January 1, 2020.

## Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

- Spouse assumptions - Percent married and spouse age difference are based on an experience study including participant data between January 1, 2014 and January 1, 2020.

## Actuarial methods for funding

### Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date, beginning with a fresh start as of January 1, 2022. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as required by IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

### Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees who they determined have completed the plan's eligibility requirements. All eligible employees are included in the valuation of liabilities. Non-highly compensated employees as of the valuation date are assumed to remain non-highly compensated until retirement or withdrawal.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

### Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual are the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

# DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

## SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS YEAR ENDED DECEMBER 31, 2024

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(f) Expenses incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net Gain (Loss)
<b>Series of Transactions</b>							
Issuer	Federated Government Obligations Institutional Shares	\$ -0-	\$ 126,160	\$ -0-	\$ 126,160	\$ 126,160	\$ -0-
Issuer	Federated Government Obligations Institutional Shares	-0-	550	-0-	550	550	-0-
Issuer	Federated Government Obligations Institutional Shares	128,442	-0-	-0-	128,442	128,442	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	127,915	-0-	127,915	127,915	-0-
Issuer	Federated Government Obligations Institutional Shares	1,577	-0-	-0-	1,577	1,577	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	13,639	-0-	13,639	13,639	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	15,462	-0-	15,462	15,462	-0-
Issuer	Federated Government Obligations Institutional Shares	76,915	-0-	-0-	76,915	76,915	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	128,130	-0-	128,130	128,130	-0-
Issuer	Federated Government Obligations Institutional Shares	128,130	-0-	-0-	128,130	128,130	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	131,508	-0-	131,508	131,508	-0-
Issuer	Federated Government Obligations Institutional Shares	263,000	-0-	-0-	263,000	263,000	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	25,821	-0-	25,821	25,821	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	139,545	-0-	139,545	139,545	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	18,396	-0-	18,396	18,396	-0-
Issuer	Federated Government Obligations Institutional Shares	39,493	-0-	-0-	39,493	39,493	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	139,807	-0-	139,807	139,807	-0-
Issuer	Federated Government Obligations Institutional Shares	152,585	-0-	-0-	152,585	152,585	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	143,375	-0-	143,375	143,375	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	12,778	-0-	12,778	12,778	-0-
Issuer	Federated Government Obligations Institutional Shares	263,000	-0-	-0-	263,000	263,000	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	7	-0-	7	7	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	142,761	-0-	142,761	142,761	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	12,778	-0-	12,778	12,778	-0-
Issuer	Federated Government Obligations Institutional Shares	48,669	-0-	-0-	48,669	48,669	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	144,504	-0-	144,504	144,504	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	16,112	-0-	16,112	16,112	-0-
Issuer	Federated Government Obligations Institutional Shares	1,029,000	-0-	-0-	1,029,000	1,029,000	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	12,778	-0-	12,778	12,778	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	145,595	-0-	145,595	145,595	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	142,347	-0-	142,347	142,347	-0-
Issuer	Federated Government Obligations Institutional Shares	104,000	-0-	-0-	104,000	104,000	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	12,778	-0-	12,778	12,778	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	144,784	-0-	144,784	144,784	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	15,463	-0-	15,463	15,463	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	31,612	-0-	31,612	31,612	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	148,140	-0-	148,140	148,140	-0-
Issuer	Federated Government Obligations Institutional Shares	-0-	13,553	-0-	13,553	13,553	-0-
Issuer	Global Low Volatility Equity	-0-	605,430	-0-	580,692	605,430	24,738
Issuer	Global Low Volatility Equity	-0-	534,087	-0-	490,661	534,087	43,426
Issuer	Global Low Volatility Equity	-0-	46,992	-0-	41,492	46,992	5,500
Issuer	Long Duration Investment Grade Fixed Income	1,185,229	-0-	-0-	1,185,229	1,185,229	-0-
Issuer	Mercer US Large Cap Passive Equity	-0-	128,442	-0-	125,173	128,442	3,269
Issuer	Mercer US Large Cap Passive Equity	-0-	46,804	-0-	43,870	46,804	2,934
Issuer	Mercer US Large Cap Passive Equity	1,207,443	-0-	-0-	1,207,443	1,207,443	-0-
Issuer	Mercer US Large Cap Passive Equity	-0-	96,546	-0-	88,661	96,546	7,885
Issuer	Mercer US Large Cap Passive Equity	-0-	52,271	-0-	47,739	52,271	4,532
Issuer	Mercer US Large Cap Passive Equity	96,437	-0-	-0-	96,437	96,437	-0-
Issuer	Mercer US Large Cap Passive Equity	610,864	-0-	-0-	610,864	610,864	-0-
Issuer	Mercer US Large Cap Passive Equity	-0-	32,550	-0-	28,156	32,550	4,394
Issuer	Mercer US Large Cap Passive Equity	-0-	712,775	-0-	595,352	712,775	117,423

**Note:** Costs are based on values as of December 31, 2024.

EIN: 30-0881363

Plan number: 001

*See independent auditors report.*

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES		<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MID-AMERICA CONVERSION SERVICES, LLC		<b>D</b> Employer Identification Number (EIN) 30-0881363	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....		<b>2a</b>	24,474,607
<b>b</b> Actuarial value .....		<b>2b</b>	26,125,089
<b>3</b> Funding target/participant count breakdown			
	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	145	17,495,529	17,495,529
<b>b</b> For terminated vested participants .....	4	598,900	598,900
<b>c</b> For active participants .....	37	10,849,217	10,849,217
<b>d</b> Total .....	186	28,943,646	28,943,646
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....		<b>4a</b>	
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....		<b>4b</b>	
<b>5</b> Effective interest rate .....		<b>5</b>	5.07%
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....		<b>6a</b>	313,711
<b>b</b> Expected plan-related expenses .....		<b>6b</b>	346,000
<b>c</b> Target normal cost .....		<b>6c</b>	659,711

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	<u>Trey Reese</u> TPR Signature of actuary	<u>9/17/2025</u> Date
TREY REESE	Type or print name of actuary	2308775 Most recent enrollment number
MERCER	Firm name	502-561-4455 Telephone number (including area code)
400 WEST MARKET STREET, SUITE 500		
LOUISVILLE KY 40202 Address of the firm		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

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

Schedule SB (Form 5500) 2024  
v. 240311



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4

**22** Weighted average retirement age ..... **22** 63

**23** Mortality table(s) (see instructions)  Prescribed - combined  Prescribed - separate  Substitute

**Part VI Miscellaneous Items**

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.  Yes  No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.  Yes  No

**26** Demographic and benefit information

**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.  Yes  No

**b** Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment.  Yes  No

**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. **27**

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	659,711
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

**32** Amortization installments:

	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	2,818,557	273,218
<b>b</b> Waiver amortization installment .....	0	0

**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_) and the waived amount ..... **33**

**34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 932,929

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....			<b>36</b> 932,929
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....			<b>37</b> 933,248

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	319
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... **39** 0

**40** Unpaid minimum required contributions for all years ..... **40** 0

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

**41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies.  2019  2020  2021

**Schedule SB, line 22 — Description of Weighted Average Retirement Age**

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	1.0%	10,000	100	5,500
56	1.0%	9,900	99	5,544
57	1.0%	9,801	98	5,586
58	1.0%	9,703	97	5,626
59	10.0%	9,606	961	56,699
60	10.0%	8,645	865	51,900
61	10.0%	7,781	778	47,458
62	20.0%	7,003	1,401	86,862
63	20.0%	5,602	1,120	70,560
64	15.0%	4,482	672	43,008
65	25.0%	3,809	952	61,880
66	35.0%	2,857	1,000	66,000
67	50.0%	1,857	929	62,243
68	50.0%	929	464	31,552
69	50.0%	464	232	16,008
70	100.0%	232	232	16,240
Total			10,000	632,666
Average				63.27

**Schedule SB, Part V — Summary of Plan Provisions****Summary of major plan provisions**

• Effective date and plan year	Original plan: January 1, 2006. Plan year: January 1 through December 31.
• Status of the plan	The plan has ongoing benefit accruals and newly transferred grandfathered employees are eligible to participate in the plan once they satisfy the participation requirements. Accrued benefits for participants who meet the definition of Highly Compensated Employee under IRC § 414(q) are frozen effective January 1 of the year in which the participant satisfies the criteria for Highly Compensated Employee (HCE).
• Significant events that occurred during the year	None.
<b>Definitions</b>	
• Covered employees	Mid-America Conversion Services, LLC (MCS) employees classified as “grandfathered employees” who are employed by MCS to perform work under U.S. Department of Energy Contract DE-AC05-98OR22700.
• Participation	Eligible employees shall be eligible on the effective date or if later, the date the eligible employee is hired by Mid-America Conversion Services, LLC.
• Employee contributions	None.
• Vesting service	Credit shall be provided for any calendar month in which the member completes 28 or more days of Company Service. Company Service Credit shall include: <ul style="list-style-type: none"> <li>• Company Service Credit earned under the Lockheed Martin Energy Systems (LMES) Plan for which assets and liabilities were transferred to the Bechtel Jacobs Company (BJC) Plan,</li> <li>• Company Service Credit recognized under an Oak Ridge Contractor Plan for any service for which assets and liabilities are transferred from that plan,</li> <li>• Company Service Credit earned during employment with BJC or its first-tier or second-tier subcontractor on or after April 1, 1998,</li> <li>• Company Service Credit earned by the employee that is recognized under an Other Employer Plan to the extent consistent with the Asset Transfer Agreement described in appendix B of the Plan, and</li> <li>• To the extent not previously described, service earned by the individual that is recognized under the United States Enrichment Corporation (USEC) Plan provided the individual is a Grandfathered Employee and participating in the Multiple Employer Pension Plan (MEPP) determined as of the date the individual becomes an employee of MCS (previously BWXT, UDS).</li> </ul>

**Schedule SB, Part V — Summary of Plan Provisions**


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• Credited service	Same as vesting service.
	Effective September 30, 2019, credited service is frozen for non-represented employees who are determined to be HCEs.
	Effective December 31, 2020, credited service is frozen for collectively bargained employees who are determined to be HCEs.
	Credited service for participants who meet the definition of HCE under IRC § 414(q) is frozen effective January 1 of the year in which the participant satisfies the criteria for HCE.

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• Compensation	Straight-time portion of compensation (including shift differential or shift premium, hourly COLA, incentive pay funded through the Salary Increase Fund and executive incentive compensation) received from the Company for the established regular working schedule of the employee, determined prior to any reduction for any contribution made on behalf of such employee to a 401(k) plan or a cafeteria plan (within the meaning of Code Section 125).
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• Average monthly compensation	Average Monthly Compensation (AMC) is the greater of (i) 1/36th of compensation for the three full calendar years in which the member's compensation was greatest during the 10 full calendar years preceding the date of retirement, and (ii) 1/36th of compensation for the 36 full calendar months preceding the date of retirement.
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• Social Security benefit	Social Security Benefit (SSB) shall mean the monthly primary Social Security benefit to which a member would become entitled on the member's Normal Retirement Date or date of earlier retirement or termination, based on the provisions of the Social Security Act in effect on such date.
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• Accrued benefit	Accrued Benefit shall be determined under the plan benefit formulas based on the Average Monthly Compensation, Social Security Benefit and Credited Service as of the date of the calculation.
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• Actuarial Equivalence	Based on tables provided within the document.
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**Normal retirement**

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• Eligibility	Normal Retirement date is the first of the month following a member's 65th birthday.
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**Schedule SB, Part V — Summary of Plan Provisions**

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- **Benefit**

Normal Retirement Benefit shall be the greatest of:

- 42% of AMC plus ½% for each year of Credited Service above 30 up to a maximum of 47%; if the member has less than 30 years of Credited Service, such amount multiplied by a fraction, the numerator of which is the member's Credited Service and the denominator of which is 30,
  - 53% of AMC plus ½% for each year of Credited Service above 30 up to a maximum of 58% less 50% of SSB; if the member has less than 30 years of Credited Service, such amount multiplied by a fraction, the numerator of which is the member's Credited Service and the denominator of which is 30,
  - 1.2% of AMC multiplied by years of Credited Service plus \$18,
  - \$5 multiplied by Credited Service up to 10 years, plus \$7 multiplied by Credited Service between 10 and 20 years, plus \$9 multiplied by Credited Service over 20 years, plus 10% of AMC (reduced by 1% for each year of Credited Service under 8), plus \$18, and
  - 1.5% of AMC multiplied by Credited Service less 1.5% of SSB multiplied by Credited Service but not to exceed 50%, the accrued portion of this formula shall be determined by multiplying by a fraction, the numerator of which is the member's Credited Service to date and the denominator of which is the Credited Service the member would have earned to Normal Retirement Date.
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**Schedule SB, Part V — Summary of Plan Provisions**

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**Paducah site employees:**

Normal Retirement Benefit shall be the greatest of:

- 42% of AMC plus ½% for each year of Credited Service above 30 up to a maximum of 47%; if the member has less than 30 years of Credited Service, such amount multiplied by a fraction, the numerator of which is the member's Credited Service and the denominator of which is 30,
- 53% of AMC plus ½% for each year of Credited Service above 30 up to a maximum of 58% less 50% of SSB; if the member has less than 30 years of Credited Service, such amount multiplied by a fraction, the numerator of which is the member's Credited Service and the denominator of which is 30,
- 1.2% of AMC multiplied by years of Credited Service plus \$18, where Credited Service and AMC is frozen as of June 30, 2011,
- \$5 multiplied by Credited Service up to 10 years, plus \$7 multiplied by Credited Service between 10 and 20 years, plus \$9 multiplied by Credited Service over 20 years, plus 10% of AMC (reduced by 1% for each year of Credited Service under 8), plus \$18, where Credited Service and AMC is frozen as of June 30, 2011, and
- 1.5% of AMC multiplied by Credited Service less 1.5% of SSB multiplied by Credited Service but not to exceed 50%, the accrued portion of this formula shall be determined by multiplying by a fraction, the numerator of which is the member's Credited Service to date and the denominator of which is the Credited Service the member would have earned to Normal Retirement Date, where Credited Service and AMC is frozen as of June 30, 2011.

**Benefit Offset:**

The benefit payable under this plan shall be reduced by any pension benefit accrued under a plan provided by LMES, USEC, Union Carbide Corporation or an Oak Ridge contractor to the extent that this benefit is derived from any portion of Credited Service as defined under this plan.

Benefit accruals ceased effective September 30, 2019 for Highly Compensated Employees not covered by a Collective Bargaining Agreement and benefit accruals ceased effective December 31, 2020 for Highly Compensated Employees covered by a Collective Bargaining Agreement. Accrued benefits for future participants who meet the definition of Highly Compensated Employee under IRC § 414(q) will be frozen effective January 1 of the year in which the participant satisfies the criteria for Highly Compensated Employee.

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**Early retirement**

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- Eligibility
    - Unreduced early retirement eligibility is the earliest of:  
Age 62 with 10 years of Credited Service,  
Age 60 with 30 years of Credited Service, or  
Sum of age plus Credited Service equal to 85 (rule of 85).
    - Reduced early retirement eligibility is age 50 with 10 or more years of Credited Service and not otherwise eligible for unreduced early retirement.
-

**Schedule SB, Part V — Summary of Plan Provisions**

- **Benefit** Benefit at unreduced early retirement age is 100% of the accrued benefit as of that date.  
Benefit at reduced early retirement age equal to a percentage of the member's accrued benefit where such percentage is determined from Table 1 in the plan document.

**Late retirement**

- **Eligibility** Any date beyond the member's Normal Retirement Date.
- **Benefit** Continued accrual, if applicable, under plan benefit formulas to member's actual retirement date, or, if greater, the actuarially increased Normal Retirement Benefit using 6% and the 1971 Group Annuity Mortality Table.

**Deferred vested**

- **Eligibility** 100% vested after 5 years of Credited Service. Reduced deferred vested retirement eligibility is age 50.
- **Benefit** Accrued benefit as of date of termination payable unreduced beginning at Normal Retirement Date.  
Reduced benefit at deferred vested commencement age is equal to the member's accrued benefit reduced by 5/9 of one percent for each month of commencement prior to age 65 and after age 62, and 5/12 of one percent for each month of commencement prior to age 62.

**Disability**

- **Eligibility** Total physical or mental inability, resulting from bodily injury or disease (excluding any resulting from self-inflicted injury, criminal activity, or suffered as the result of addiction to narcotic drugs), to perform any work for compensation or profit in any occupation for which the member is reasonably qualified by reason of training, education or ability, and which is adjudged to be permanent and continuous during the remainder of the member's life.
- **Benefit** Continued accruals, if applicable, while disabled assuming constant pay and service to normal retirement date. Benefit payable will be the amount determined under early retirement, if eligible, or as deferred vested benefit otherwise.

**Pre-retirement death**

- **Benefit prior to early retirement** An active member who dies after earning 5 or more years of Credited Service but prior to satisfying eligibility for early retirement shall have a death benefit payable to the surviving spouse; the amount of this benefit shall be 50% of the benefit that would have been payable to the member under a qualified joint and 50% survivor payment form at age 65 had the member terminated employment on the date of death.
- **Benefit after early but before normal retirement** An active member who dies after satisfying eligibility for early retirement shall have a death benefit provided to the surviving spouse; the amount shall be equal to 50% of the benefit payable to the deceased member had the member retired; such amount shall be reduced by 1/2% for each full year over five by which the spouse's age is less than the deceased member, but provided that in no event will the benefit payable to the surviving spouse be less than 25% of the benefit the member had accrued as of the date of death.

**Schedule SB, Part V — Summary of Plan Provisions**

<ul style="list-style-type: none"> <li>After termination of employment as a deferred vested member, but prior to commencing retirement benefits</li> </ul>	<p>The amount of the death benefit payable to the surviving spouse shall be 50% of the amount of benefit that would have been payable to the member under a qualified joint and 50% survivor annuity payment form beginning on the earliest possible retirement date.</p>
<b>Form of benefits</b>	
<ul style="list-style-type: none"> <li>Automatic form for unmarried participants</li> </ul>	<p>Single life annuity.</p>
<ul style="list-style-type: none"> <li>Automatic form for married participants</li> </ul>	<p>Joint and 50% survivor benefit with a popup.</p>
<ul style="list-style-type: none"> <li>Optional forms</li> </ul>	<p>Social Security level income option, Joint and 50% survivor benefit with a popup, Joint and 75% survivor benefit with a popup.</p>
<ul style="list-style-type: none"> <li>Optional form conversion basis</li> </ul>	<p>Social Security level income option is based on 417(e). All other factors are based on tabular factors included in the plan document.</p>
<b>Miscellaneous</b>	
<ul style="list-style-type: none"> <li>Maximum compensation</li> </ul>	<p>Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.</p>
<ul style="list-style-type: none"> <li>Maximum benefits</li> </ul>	<p>Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.</p>

**Benefits included or excluded**

Unless noted below, all benefits provided by the plan, as restated and effective January 1, 2021, are included in this valuation:

- Most recent plan amendments included:** Not applicable.
- Plan amendments excluded:** None.
- Late retirement increases:** Active members who defer commencement of benefits beyond their normal retirement date shall continue to accrue benefits, if applicable, for any period beyond their normal retirement date based under the plan’s benefit formulas. The plan administrator currently does not issue Suspension of Benefits Notices. Therefore, the participant’s accrued benefit based on continued service is compared to their actuarially increased benefit for purposes of late retirement.
- Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

**Schedule SB, Part V — Summary of Plan Provisions****Plan provisions specific to funding****Additional benefits included or excluded**

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits for events that occurred before the valuation date but includes contingent event benefits for events that are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - Plan amendments: See above.
  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Scheduled benefit increases:** We are not aware of any scheduled increases after the end of the current plan year.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

**Plan provision changes since prior valuation**

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

## DUF6 PENSION PLAN FOR GRANDFATHERED EMPLOYEES

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	Mercer US Large Cap Passive Equity	Common/Collective Trust	\$ 3,639,430	\$ 6,404,990
	Federated Government Obligations Fund	Money Market Mutual Fund	480,334	480,334
*	Mercer US Small/Mid Cap Equity CT	Common/Collective Trust	600,094	1,058,898
*	Mercer Non-US Core Equity Portfolio	Common/Collective Trust	1,876,738	2,948,187
*	Mercer Emerging Markets Equity	Common/Collective Trust	1,127,083	1,228,569
*	Mercer Global Low Volatility Equity	Common/Collective Trust	312,322	485,396
*	Mercer Long Duration Investment Grade Fixed Income	Common/Collective Trust	6,348,049	5,742,533
*	Mercer Long Strips Fixed Income	Common/Collective Trust	4,646,192	3,062,440
*	Mercer Opportunistic Fixed Income	Common/Collective Trust	1,208,632	1,347,292
*	Mercer Passive Long Government Fixed Income	Common/Collective Trust	<u>1,584,480</u>	<u>1,499,464</u>
			<u>\$ 21,823,354</u>	<u>\$ 24,258,103</u>

For mutual funds and common/collective trusts noted above, descriptions in column (c) related to maturity date, rate of interest, collateral, par, and maturity value are not applicable.

\* A party-in-interest as defined by ERISA

EIN: 30-0881363  
Plan number: 001

*See independent auditors report.*

**Schedule SB, line 32 — Schedule of Amortization Bases****Shortfall amortization charge**

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases					
Year established		Outstanding balance	Years remaining		2024 installment
2023	\$	3,761,244	14	\$	358,984
2024		(942,687)	15		(85,766)
Total	\$	2,818,557		\$	273,218

***Schedule SB, line 24 — Change in Actuarial Assumptions***

- The interest rates and mortality were updated from 2023 to 2024 in accordance with PPA.
- The expected investment return assumption was updated from 6.62% to 6.36%.
- The expense assumption was updated from \$342,000 to \$346,000 to include the current year PBGC premium.