

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1948
2a Plan sponsor's name: MARCH OF DIMES INC.
2b Employer Identification Number (EIN): 13-1846366
2c Plan Sponsor's telephone number: 888-663-4637
2d Business code: 813000

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

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

Table with 4 columns: SIGN HERE, Signature, Date, Name. Rows for plan administrator (DEIRDRE MALONEY), employer/plan sponsor (CANDICE CHRISTOPHER), and DFE.

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

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 865 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6a(1) | 49 |
| | 6a(2) | 46 |
| | 6b | 521 |
| | 6c | 242 |
| | 6d | 809 |
| | 6e | 41 |
| | 6f | 850 |
| | 6g(1) | |
| 6g(2) | | |
| 6h | | 0 |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 9a Plan funding arrangement (check all that apply) | 9b 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 | b General Schedules |
| (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) | (1) <input checked="" type="checkbox"/> H (Financial Information) |
| (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) <input type="checkbox"/> I (Financial Information – Small Plan) |
| (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> |
| (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ | (4) <input checked="" type="checkbox"/> C (Service Provider Information) |
| (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information) | (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) |
| | (6) <input type="checkbox"/> G (Financial Transaction Schedules) |

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 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.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| A Name of plan <u>RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MARCH OF DIMES INC.</u> | D Employer Identification Number (EIN) <u>13-1846366</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | <u>94845488</u> |
| | b Actuarial value | 2b | <u>101711509</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | <u>563</u> | <u>119588595</u> |
| | b For terminated vested participants | <u>257</u> | <u>16852162</u> |
| | c For active participants | <u>49</u> | <u>6681951</u> |
| | d Total | <u>869</u> | <u>143122708</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | 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 | 4b | |
| 5 | Effective interest rate | 5 | <u>5.09 %</u> |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | <u>0</u> |
| | b Expected plan-related expenses | 6b | <u>230000</u> |
| | c Target normal cost | 6c | <u>230000</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.

| | |
|--------------------------------------------------------------------------|----------------------------------------|
| SIGN HERE | |
| Signature of actuary | <u>09/24/2025</u> |
| <u>ERIC KARPEWICZ</u> | Date |
| Type or print name of actuary | <u>23-07545</u> |
| <u>MERCER</u> | Most recent enrollment number |
| Firm name | <u>410-347-2889</u> |
| <u>1050 CONNECTICUT AVE. NW SUITE 700</u> <u>WASHINGTON, DC 20036</u> | Telephone number (including area code) |
| 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

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

| Part III Funding Percentages | | | |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 70.90 % |
| 15 | Adjusted funding target attainment percentage | 15 | % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

| Part IV Contributions and Liquidity Shortfalls | | 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
|-------------------------------------------------------|--------------------------------|------------------------------------------------------------------------------------------|-----------------------|--------------------------------|------------------------------|--------------|---|
| (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 | | |
| 04/12/2024 | 876198 | 0 | | | | | |
| 07/12/2024 | 124388 | 0 | | | | | |
| 01/14/2025 | 1010088 | 0 | | | | | |
| 09/02/2025 | 333040 | 0 | | | | | |
| | | | Totals ▶ | 18(b) | 2343714 | 18(c) | 0 |

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

| | | |
|-------------------------------------------------------------------------------------------------------------------------|------------|--|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |

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 |
| | | | |

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

21 Discount rate:

| | | | | |
|-------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| a Segment rates: | 1st segment: 4.75 % | 2nd segment: 4.87 % | 3rd segment: 5.59 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|

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** 1

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 28 Unpaid minimum required contributions for all prior years | 28 | |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | 29 | |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... | 30 | |

Part VIII Minimum Required Contribution For Current Year

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

| | | |
|----------------------------------------------------------------------------|------------|---|
| a Target normal cost (line 6c) | 31a | |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 0 |

| | | |
|-------------------------------------------------------|---------------------|-------------|
| 32 Amortization installments: | Outstanding Balance | Installment |
| a Net shortfall amortization installment | | |
| b Waiver amortization installment..... | | |

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 | |
| | Carryover balance | Prefunding balance |
| 35 Balances elected for use to offset funding requirement | | Total balance |

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

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

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

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

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

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

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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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

| | | |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| A Name of plan RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 MARCH OF DIMES INC. | D Employer Identification Number (EIN) 13-1846366 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

US BANK

41-6271370

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 25 50 | NONE | 29683 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection. |
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| | |
|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u> | |
| A Name of plan <u>RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION</u> | B Three-digit plan number (PN) ▶ <u>001</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MARCH OF DIMES INC.</u> | D Employer Identification Number (EIN) <u>13-1846366</u> |

| | |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|-----------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER NON-US CORE EQUITY</u> | | |
| b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u> | | |
| c EIN-PN <u>03-0566617-009</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13854730</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER ACTIVE LONG CORP FIXED INC</u> | | |
| b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u> | | |
| c EIN-PN <u>45-6178743-004</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31126112</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER US SMALL MID CAP EQUITY</u> | | |
| b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u> | | |
| c EIN-PN <u>03-0566611-003</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5938853</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER GLOBAL LOW VOLATILITY EQUITY</u> | | |
| b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u> | | |
| c EIN-PN <u>35-7004395-018</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9218599</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MERCER EMERGING MARKETS EQUITY</u> | | |
| b Name of sponsor of entity listed in (a): <u>MERCER TRUST COMPANY LLC</u> | | |
| c EIN-PN <u>32-6219484-017</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9383119</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SS S&P 500(R) FLAGSHIP NL FUND</u> | | |
| b Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u> | | |
| c EIN-PN <u>04-0025081-004</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>748343</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | | | |
| A Name of plan RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> </table> | B Three-digit plan number (PN) ▶ | 001 |
| B Three-digit plan number (PN) ▶ | 001 | | |
| C Plan sponsor's name as shown on line 2a of Form 5500 MARCH OF DIMES INC. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer Identification Number (EIN) 13-1846366</td> </tr> </table> | D Employer Identification Number (EIN) 13-1846366 | |
| D Employer Identification Number (EIN) 13-1846366 | | | |

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

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

| | | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| Assets | | | |
| a Total noninterest-bearing cash | 1a | 8336345 | 10346487 |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | 2471488 | 1343128 |
| (2) Participant contributions | 1b(2) | | |
| (3) Other | 1b(3) | 34307 | 13773 |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 5852366 | 3040092 |
| (2) U.S. Government securities | 1c(2) | 12804279 | 8980742 |
| (3) Corporate debt instruments (other than employer securities): | | | |
| (A) Preferred | 1c(3)(A) | | |
| (B) All other | 1c(3)(B) | | |
| (4) Corporate stocks (other than employer securities): | | | |
| (A) Preferred | 1c(4)(A) | | |
| (B) Common | 1c(4)(B) | | |
| (5) Partnership/joint venture interests | 1c(5) | | |
| (6) Real estate (other than employer real property) | 1c(6) | | |
| (7) Loans (other than to participants) | 1c(7) | | |
| (8) Participant loans | 1c(8) | | |
| (9) Value of interest in common/collective trusts | 1c(9) | 64407423 | 70269756 |
| (10) Value of interest in pooled separate accounts | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| (15) Other | 1c(15) | 1022639 | 0 |

| 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 | 94928847 | 93993978 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 0 | 1155145 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 0 | 1155145 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 94928847 | 92838833 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | 2343713 | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | 2343713 |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | 153728 | |
| (B) U.S. Government securities..... | 2b(1)(B) | 118817 | |
| (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) | | 272545 |
| (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) | 33353778 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 33529970 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | -176192 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | -556477 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | -556477 |

| | | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 1944169 |
| (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 | | 5210486 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 9038244 |

Expenses

| | | | |
|---------------------------------------------------------------------------------------------|---------------|----------|----------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 11094371 | |
| (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) | | 11094371 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 1120 | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | | |
| (5) Investment advisory and investment management fees | 2i(5) | 18 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 29683 | |
| (7) Actuarial fees | 2i(7) | 3066 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 33887 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 11128258 |

Net Income and Reconciliation

| | | | |
|-------------------------------------------------------------------------------|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -2090014 |
| 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: GRANT THORNTON LLP

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 1000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 558692.

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Retirement Plan Information 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). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 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

| | | |
|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| A Name of plan <u>RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION</u> | B Three-digit plan number (PN) ▶ | <u>001</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>MARCH OF DIMES INC.</u> | D Employer Identification Number (EIN) <u>13-1846366</u> | |

| | |
|---------------|----------------------|
| Part I | Distributions |
|---------------|----------------------|

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): 13-5570651

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 |
|---|--|---|

| | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Funding Information (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) | 6a | |
| b Enter the amount contributed by the employer to the plan for this plan year | 6b | |
| c 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)..... | 6c | |

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

| | |
|-----------------|-------------------|
| Part III | Amendments |
|-----------------|-------------------|

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

| | |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Part IV | ESOPs (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:

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| a 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)..... | 14a | |
| 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)..... | 14b | |
| c 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)..... | 14c | |

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:

| | | |
|-------------------------------------------------------------------------------------------------------|------------|--|
| a The corresponding number for the plan year immediately preceding the current plan year | 15a | |
| b The corresponding number for the second preceding plan year | 15b | |

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

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| a Enter the number of employers who withdrew during the preceding plan year | 16a | |
| 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..... | 16b | |

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 _____.

Financial Statements Report of
Independent Certified Public
Accountants

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

December 31, 2024 and 2023

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* Schedules required by Form 5500 that are not applicable have not been included.

GRANT THORNTON LLP

500 108th Avenue NE, Suite 2500
Bellevue, WA 98004

D +1 425 284 4454

F +1 425 214 9851

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Retirement Plan for National Office and Field Staff Employees
of the March of Dimes Foundation

Scope and nature of the ERISA Section 103(a)(3)(C) audit

We have performed audits of the financial statements of Retirement Plan for National Office and Field Staff Employees of the March of Dimes Foundation (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, the statements of accumulated plan benefits as of December 31, 2024 and 2023, the statement of changes in accumulated plan benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed 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 under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- The information in the accompanying 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).

Basis for opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 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 audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of management for the 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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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 financial statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, 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 US 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 US 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.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other matter – supplemental schedules required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 and schedule of reportable transactions 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 Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary 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 included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures. These additional procedures included 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 US GAAS. For information included in the supplemental schedules that agreed to or is derived from

the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules 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).

Grant Thornton LLP

Bellevue, Washington
October 13, 2025

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31,

| | 2024 | 2023 |
|----------------------------------------------------|----------------------|----------------------|
| ASSETS | | |
| Cash | \$ 10,346,487 | \$ 8,336,345 |
| Investments, at fair value | 82,290,590 | 84,086,707 |
| Employer contributions receivable | 1,343,128 | 2,471,488 |
| Accrued income receivable, as certified by Trustee | 13,773 | 34,307 |
| Total assets | 93,993,978 | 94,928,847 |
| LIABILITIES | | |
| Domestic equity futures | (1,155,145) | - |
| NET ASSETS AVAILABLE FOR BENEFITS | \$ 92,838,833 | \$ 94,928,847 |

The accompanying notes are an integral part of these financial statements.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2024

Additions

| | | |
|-----------------------------------------------|----|------------------|
| Investment income | | |
| Net appreciation in fair value of investments | \$ | 6,421,986 |
| Interest and dividends | | <u>272,545</u> |
| Net investment income | | 6,694,531 |
| Employer contributions | | <u>2,343,713</u> |
| Total additions | | <u>9,038,244</u> |

Deductions

| | | |
|-------------------------------|--|---------------------|
| Benefits paid to participants | | (11,094,371) |
| Administrative expenses | | <u>(33,887)</u> |
| Total deductions | | <u>(11,128,258)</u> |

| | | |
|---------------------|--|-------------|
| NET DECREASE | | (2,090,014) |
|---------------------|--|-------------|

| | | |
|---------------------------------------------------------------|--|-------------------|
| Net assets available for benefits at beginning of year | | <u>94,928,847</u> |
|---------------------------------------------------------------|--|-------------------|

| | | |
|---------------------------------------------------------|--|-----------------------------|
| Net assets available for benefits at end of year | | <u><u>\$ 92,838,833</u></u> |
|---------------------------------------------------------|--|-----------------------------|

The accompanying notes are an integral part of this financial statement.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

STATEMENTS OF ACCUMULATED PLAN BENEFITS

December 31,

| | 2024 | 2023 |
|---------------------------------------------------------------------|----------------|----------------|
| Actuarial present value of accumulated plan benefits | | |
| Vested benefits | | |
| Retired participants and beneficiaries currently receiving payments | \$ 98,685,071 | \$ 100,255,857 |
| Other participants | 17,533,667 | 17,357,258 |
| Total vested benefits | 116,218,738 | 117,613,115 |
| Nonvested benefits | 178,600 | 242,252 |
| Total actuarial present value of accumulated plan benefits | \$ 116,397,338 | \$ 117,855,367 |

The accompanying notes are an integral part of these financial statements.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

Year ended December 31, 2024

| | |
|----------------------------------------------------------------------------------|------------------------------|
| Decrease during the year attributable to | |
| Benefits accumulated and other plan experience | \$ 1,145,184 |
| Increase from interest | 8,392,454 |
| Benefits paid | <u>(10,995,667)</u> |
| NET DECREASE | (1,458,029) |
| Actuarial present value of accumulated plan benefits at beginning of year | <u>117,855,367</u> |
| Actuarial present value of accumulated plan benefits at end of year | <u><u>\$ 116,397,338</u></u> |

The accompanying notes are an integral part of this financial statement.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

NOTES TO FINANCIAL STATEMENTS

December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

General

The following brief description of the Retirement Plan for National Office and Field Staff Employees of the March of Dimes Foundation (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

The Plan is a noncontributory, defined benefit plan established by the March of Dimes Inc. (March of Dimes). The Plan is administered by a committee consisting of persons appointed by the Board of Trustees of the March of Dimes and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective January 1, 2006, the Plan was closed to new participants. Eligibility and benefits for employees at December 31, 2005 remained unchanged. A new defined contribution plan was implemented effective January 1, 2006 for all staff members hired on January 1, 2006 and later. If rehired after December 31, 2006, nonvested-rehired employees with service breaks of less than five years will be eligible to accrue time toward vesting; however, no additional service time will accrue.

In 2015, an election was made to close the Plan to new accruals effective December 31, 2016.

The Plan is separate from other retirement plans offered by the March of Dimes: the March of Dimes Inc. 403(b) Retirement Savings Plan and the March of Dimes Inc. Retirement Savings Plan.

Pension Benefits

Retirement benefits are based upon a participant's length of service and final average earnings. The final average earnings, as referenced in the pension formula, are determined by utilizing the highest five consecutive calendar years' eligible earnings out of the last 10 calendar years. Employees hired before January 1, 2006 entered the Plan after completing one year of service. Plan participants become fully vested after five years of service. The normal retirement date is the date a participant has reached age 65 or, in the case of a participant who first became a participant after June 21, 1990, the later of the participant's 65th birthday or the fifth anniversary of becoming a participant. For employees hired before December 31, 2004, the early retirement date is the earlier of: (a) the date a participant has completed 25 years of vesting service, or (b) the date a participant has both reached age 55 and completed at least five years of vesting service. Employees hired after December 31, 2004, are eligible for early retirement on the date the participant has both reached age 55 and completed at least five years of vesting service.

Effective January 1, 2004, the monthly retirement benefit formula for all employees was changed to 1.90% of final average earnings multiplied by service up to December 31, 2003 plus 1.05% of final average earnings multiplied by service after December 31, 2003 (not to exceed 30 years). Also, effective January 1, 2004, the normal form of payment was changed to life annuity or varied forms of 10 years certain and life annuity options.

Trust Funds

Under the terms of the trust agreement between the Plan and US Bank National Association (Trustee), the Trustee manages the trust funds on behalf of the Plan.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair 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 (Note 5).

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 appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Risks and Uncertainties

The Plan invests in various investment funds and securities. Investment funds and securities in general are exposed to various risks, such as interest rate, credit, foreign currency translation, and overall market volatility risks. Due to the level of risk associated with certain investment funds and securities, it is reasonably possible that changes in the values of investment funds and securities will occur in the near term and that such changes could materially affect the amounts reported in the accompanying statements 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.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

NOTE 3 - ACCUMULATED PLAN BENEFITS AND FUNDING

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered to date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present eligible employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on the highest five consecutive years' annual earnings during the employee's last 10 years of credited service. The accumulated plan

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

benefits for active employees are based on the average monthly earnings for the highest five consecutive years within the last eligible 10 years preceding the valuation date. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The calculations of the actuarial present value of accumulated plan benefits under the Plan as of December 31, 2024 and 2023 were made by consulting actuaries, Mercer. Significant assumptions underlying the actuarial computations as of December 31, 2024 and 2023 include:

- a) Discount rate-assumed average annual interest rate of 7.50%;
- b) Mortality - Pri-2012 separate employee/retiree/contingent survivor/disabled retiree no collar generational tables with future improvements using the MP-2021 projection scale;
- c) Retirement Rates - assumed employee retirement rates based on age beginning at age 55 (6%) and ending at age 70 or older (100%).

The foregoing 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.

The March of Dimes policy is to make contributions to the Plan to satisfy minimum funding as set forth in employee benefit and tax laws. There was no minimum required contribution for the 2024 and 2023 Plan years. Contributions are determined pursuant to the Projected Unit Credit actuarial cost method. Under this method, the actuarial accrued liability and normal cost are determined for each participant and the sums from the actuarial accrued liability and normal cost for the Plan as a whole.

Pursuant to section 3609 of the Coronavirus Aid Relief and Economic Security (CARES) Act signed into law on March 27, 2020, and effective with the January 1, 2019 valuation, the Plan was designated a Cooperative and Small Employer Charity Pension Plan (CSEC) and the minimum funding requirement is determined under Internal Revenue Code (IRC or the Code) Section 433. The Plan was granted approval for the change in funding method by the Internal Revenue Service (IRS) on June 22, 2021, retroactive to January 1, 2019.

NOTE 4 - INFORMATION CERTIFIED BY THE 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, US Bank National Association has certified the accuracy and completeness of the cash and investments on the statements of net assets available for benefits as of December 31, 2024 and 2023; investment income on the statement of changes in net assets available for benefits for the year ended December 31, 2024; the supplemental schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2024; and the information reflected on the supplemental schedule H, line 4j - schedule of reportable transactions for the year ended December 31, 2024.

The domestic equity futures held by the Plan as of December 31, 2024 and 2023, and the associated investment activity for the year ended December 31, 2024 were not certified.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 5 - FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. It prioritizes the inputs to the valuation techniques used to measure fair value by giving the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The three levels of the fair value hierarchy are as follows:

- Level 1 - Inputs that reflect unadjusted quoted prices in active markets for identical assets or liabilities that the Plan has the ability to access at the measurement date;
- Level 2 - Inputs other than quoted prices that are observable for the asset or liability either directly or indirectly, including inputs in markets that are not considered to be active; and
- Level 3 - Inputs that are unobservable and significant to the fair value measurement.

The asset'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 investments measured at fair value at December 31, 2024 and 2023.

Short term securities: Valued at the daily closing price as reported by the fund and published on NASDAQ.

U.S. treasuries: Valued using pricing models maximizing the use of observable inputs for similar securities.

Collective trusts: The fair values of these private investment securities are determined using the readily determinable fair value with net asset value (NAV) provided and published publicly by the fund managers daily. Investments are redeemable daily at NAV, and there are no restrictions on redemptions.

Domestic equity futures: Fair value of these agreements to receive or deliver a fixed quantity of shares of the S&P 500 index for an agreed-upon price on an agreed future date is represented by the unrealized gain or loss on the contracts, as measured by the difference between the current index level at the dates of entry in the contracts and the forward index level at the reporting date.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The following table presents the Plan's fair value hierarchy for those assets and liability measured at fair value as of December 31, 2024:

| | Total | Level 1 | Level 2 | Level 3 |
|--------------------------------|----------------------|----------------------|-----------------------|-------------|
| Assets: | | | | |
| Short-term security | \$ 3,040,092 | \$ 3,040,092 | \$ - | \$ - |
| U.S. treasuries | 8,980,742 | 8,980,742 | - | - |
| Collective trusts | 70,269,756 | 70,269,756 | - | - |
| Domestic equity futures | (1,155,145) | - | (1,155,145) | - |
| Net investments, at fair value | <u>\$ 81,135,445</u> | <u>\$ 82,290,590</u> | <u>\$ (1,155,145)</u> | <u>\$ -</u> |

The following table presents the Plan's fair value hierarchy for those assets and liability measured at fair value as of December 31, 2023:

| | Total | Level 1 | Level 2 | Level 3 |
|--------------------------------|----------------------|----------------------|---------------------|-------------|
| Assets: | | | | |
| Short-term security | \$ 5,852,366 | \$ 5,852,366 | \$ - | \$ - |
| U.S. treasuries | 12,804,279 | 12,804,279 | - | - |
| Collective trusts | 64,407,423 | 64,407,423 | - | - |
| Domestic equity futures | 1,022,639 | - | 1,022,639 | - |
| Net investments, at fair value | <u>\$ 84,086,707</u> | <u>\$ 83,064,068</u> | <u>\$ 1,022,639</u> | <u>\$ -</u> |

NOTE 6 - DERIVATIVES - DOMESTIC EQUITY FUTURES

In the normal course of business, the Plan uses derivative contracts in connection with its trading activities. Derivative contracts are subject to additional risks that can result in a loss of all or part of an investment. The Plan's derivative activities and exposure to derivative contracts are classified by the following primary underlying risk: equity price. In addition to its primary underlying risk, the Plan is also subject to additional counterparty risk due to inability of its counterparties to meet the terms of their contracts.

The Plan may use futures to achieve market exposures aligned with the strategic asset allocation of the Plan, in order to maintain the desired return-seeking allocation while managing the interest rate risk of the plan liabilities. The use of equity futures allows for additional physical allocation to liability hedging fixed income, while maintaining the overall 75% target allocation to return seeking assets. A futures contract represents a commitment for the future purchase or sale of an asset or index at a specified price on a specified date. The purchase and sale of futures requires margin deposits with a futures commission merchant (FCM) equal to a certain percentage of the contract amount. Subsequent payments of variation margin are made or received by the Plan each day, depending on the daily fluctuations in the value of the contract. Futures have minimal counterparty risk because futures contracts are exchange-traded and the exchange's clearing house, as counterparty to all exchange-traded futures, guarantees the futures against default.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

The Plan considers the notional amounts at December 31, 2024, categorized by primary underlying risk, to be representative of the volume of its derivative activities during the year ended December 31, 2024.

| <u>Primary Underlying Risk</u> | <u>Notional Amount</u> |
|----------------------------------|------------------------|
| Equity price risk | |
| Futures contract - Long exposure | \$ 30,290,382 |

The following table identifies the fair value amounts of the derivative contract included in the statement of net assets at December 31, 2024. Total derivative assets and liabilities are adjusted on an aggregate basis to consider the effects of the offsetting of cash collateral receivables and payables with the Plan's counterparties. The following table also identifies the realized and unrealized gain and loss amounts included in the statement of changes in net assets for the year ended December 31, 2024.

| <u>Type of Contract</u> | <u>Derivative Asset</u> | <u>Net Depreciation</u> |
|-------------------------|-------------------------|-------------------------|
| Equity contracts | | |
| Futures contracts | \$ (1,155,145) | \$ (1,651,131) |

NOTE 7 - PLAN TERMINATION

Although the March of Dimes has not expressed any intention to terminate the Plan, it may do so at any time. In the event the Plan terminates, the net assets of the Plan would be distributed in accordance with the provisions of ERISA and the rules and regulations of the Pension Benefit Guaranty Corporation (PBGC).

In the event the Plan is terminated, the right of all participants in the Plan to benefits accrued to the date of termination, to the extent such benefits have been funded, shall be nonforfeitable. Funds will be allocated to fund the benefits of members, former members, and beneficiaries according to procedures established by ERISA. Generally, the PBGC guarantees the payment of most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's benefits, subject to a ceiling amount. For plan terminations occurring during 2024, such ceiling, which is adjusted periodically, is \$6,205 per month and applies to benefits payable in the form of a single-life annuity commencing at age 65 or later. For younger annuitants or for those who elect to receive their benefits in a form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan be terminated 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. Participants should consult the Plan agreement or the Plan Administrator for more complete information relating to guarantees of benefits.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

NOTES TO FINANCIAL STATEMENTS - CONTINUED

December 31, 2024 and 2023

NOTE 8 - TAX STATUS

The Plan has received a determination letter from the IRS dated December 28, 2017, which provides that the Plan is a qualified pension plan under Section 401(a) of the Code. Although the Plan has been amended since receiving the determination letter, the March of Dimes believes that the Plan continues to be a qualified pension plan under the Code and, as such, is exempt from Federal income tax under Section 501(a) of the Code.

U.S. 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 the IRS. 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 financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - ADMINISTRATIVE EXPENSES

The Plan pays for the administrative expenses of the Trustee. Investment fees are charged against investment income. All other administrative expenses of the Plan are paid by the March of Dimes and are excluded from these financial statements.

NOTE 10 - PARTIES-IN-INTEREST TRANSACTIONS

Certain trust funds are invested in securities managed by the Trustee or the Plan's investment manager, Mercer, therefore, these transactions qualify as exempt party-in-interest transactions.

NOTE 11 - SUBSEQUENT EVENTS

The Plan Administrator has performed an evaluation of subsequent events through October 13, 2025, the date the financial statements were available to be issued.

Management is not aware of any subsequent events which would require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN #: 13-1846366, PLAN #: 001

Schedule Pursuant to Department of Labor Requirements

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Units | (d) Cost | (e) Current Value |
|-----|-----------------------------------------------------------------|--------------|--------------|-----------------------------|
| | Short-term security | | | |
| | First Am Government Ob Fund Class Z | 3,040,092 | \$ 3,040,092 | <u>\$ 3,040,092</u> |
| | Collective trusts | | | |
| | Mercer Non-US Core Equity* | 510,303 | 8,931,278 | 13,854,730 |
| | Mercer Active Long Corp Inv* | 1,775,591 | 37,138,469 | 31,126,112 |
| | Mercer US Small-Mid Cap Equity* | 121,350 | 3,595,205 | 5,938,853 |
| | Mercer Global Low Volatility* | 301,163 | 6,246,506 | 9,218,599 |
| | Mercer Emerging Markets Equity* | 776,748 | 9,335,949 | 9,383,119 |
| | SSGA S&P 500 Index | 5,787 | 517,161 | <u>748,343</u> |
| | Total collective trusts | | | 70,269,756 |
| | U.S. treasuries | | | |
| | U.S. Treasury Note | 24,125,000 | 9,170,187 | 8,980,742 |
| | Cash | 10,346,487 | 10,346,487 | 10,346,487 |
| | Alternative investment | | | |
| | Domestic equity futures | 103 | 6,160 | <u>(1,155,145)</u> |
| | Total net assets available for benefits | | | <u><u>\$ 91,481,932</u></u> |

* Party-in-interest as defined by ERISA.

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RETIREMENT PLAN FOR MARCH OF DIMES
 ACCOUNT 5000460-000

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|---------------------------------------------------------------------------------|-----------------|----------------------|---------------|---------------------|----------------------|---------------------|-----------------------|
| BEGINNING MARKET VALUE | | | | | 71,234,013.02 | | |
| COMPARATIVE VALUE (5%) | | | | | 3,561,700.65 | | |
| CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE | | | | | | | |
| Issue: 31846V567 - First Am Govt Ob Fd Cl Z | | | | | | | |
| 03/06/2024 | S | - 4,937,453.790 | 1.0000 | | 4,937,454 * | 4,937,454 | |
| CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE | | | | | | | |
| Broker: Direct From Issuer | | | | | | | |
| Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI | | | | | | | |
| 02/29/2024 | S | -.031 | 111.2903 | | 3 | 2 | 1 |
| Issue: 9SPMTJWK4 - Mercer Non-US Core Equity #330 | | | | | | | |
| 03/06/2024 | B | 14,962.963 | 26.0000 | | - 404,000 | 404,000 | |
| Issue: 9SPMTJWL2 - Mercer Active Long Corp Inv #600 | | | | | | | |
| 03/06/2024 | B | 177,093.770 | 17.5300 | | - 3,104,454 | 3,104,454 | |
| Issue: 9SPMTJWN8 - Mercer Global Low Volatility Eq #345 | | | | | | | |
| 03/06/2024 | B | 12,118.019 | 28.4700 | | - 345,000 | 345,000 | |
| Issue: 9SPMTJWP3 - Mercer Emerging Markets Equity #425 | | | | | | | |
| 03/06/2024 | B | 35,557.432 | 11.8400 | | - 421,000 | 421,000 | |
| Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI | | | | | | | |
| 03/06/2024 | B | 5,973.780 | 110.9850 | | - 663,000 | 663,000 | |
| Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI | | | | | | | |
| 04/26/2024 | S | - 396.541 | 111.0610 | | 44,040 | 35,435 | 8,606 |
| Issue: 9SPMTJWK4 - Mercer Non-US Core Equity #330 | | | | | | | |
| 05/30/2024 | S | - 10,664.771 | 28.1300 | | 300,000 | 181,917 | 118,083 |
| Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI | | | | | | | |
| 05/30/2024 | S | - 5,440.111 | 115.7070 | | 629,459 | 486,125 | 143,334 |

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RETIREMENT PLAN FOR MARCH OF DIMES
 ACCOUNT 5000460-000

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------------------------------|--------------------------------------------------------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 06/12/2024 | Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI S | -045 | 118.0000 | | 5 | 4 | 1 |
| 07/29/2024 | Issue: 9SPMTJWK4 - Mercer Non-US Core Equity #330 S | - 10,711.931 | 27.8400 | | 298,220 | 182,722 | 115,498 |
| 07/30/2024 | Issue: 9SPMTJWM0 - Mercer US Small-Mid Cap Equity #310 S | - 10,555.204 | 47.3700 | | 500,000 | 299,514 | 200,486 |
| 08/28/2024 | Issue: 9SPMTJWL2 - Mercer Active Long Corp Inv #600 S | - 49,619.516 | 18.3900 | | 912,503 | 1,037,848 | - 125,345 |
| 09/06/2024 | Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI S | -046 | 117.1739 | | 5 | 4 | 1 |
| 09/25/2024 | Issue: 9SPMTJWK4 - Mercer Non-US Core Equity #330 B | 18,946.595 | 29.0200 | | - 549,830 | 549,830 | |
| 09/25/2024 | Issue: 9SPMTJWM0 - Mercer US Small-Mid Cap Equity #310 B | 7,766.884 | 47.9200 | | - 372,189 | 372,189 | |
| 09/25/2024 | Issue: 9SPMTJWN8 - Mercer Global Low Volatility Eq #345 B | 1,546.749 | 31.0600 | | - 48,042 | 48,042 | |
| 09/25/2024 | Issue: 9SPMTJWP3 - Mercer Emerging Markets Equity #425 B | 18,399.057 | 12.7300 | | - 234,220 | 234,220 | |
| 12/06/2024 | Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI S | -033 | 135.4545 | | 4 | 3 | 2 |
| Total For Direct From Issuer | | | | 0 | 8,825,974 | 8,365,309 | 460,667 |
| GRAND TOTAL | | | | 0 | 8,825,974 | 8,365,309 | 460,667 |

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

| | | | | | | | |
|------------|--------------------------------------------------|------------|--------|--|----------|--------|--|
| 01/03/2024 | Issue: 31846V567 - First Am Govt Ob Fd Cl Z B | 25,771.790 | 1.0000 | | - 25,772 | 25,772 | |
|------------|--------------------------------------------------|------------|--------|--|----------|--------|--|



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 01/03/2024 | B | 1,000,000.000 | 1.0000 | | - 1,000,000 | 1,000,000 | |
| 01/17/2024 | B | 665,162.000 | 1.0000 | | - 665,162 | 665,162 | |
| 01/19/2024 | B | 713.800 | 1.0000 | | - 714 | 714 | |
| 01/31/2024 | B | 3,302.860 | 1.0000 | | - 3,303 | 3,303 | |
| 02/01/2024 | B | 1,000,885.170 | 1.0000 | | - 1,000,885 | 1,000,885 | |
| 02/02/2024 | B | 26,713.540 | 1.0000 | | - 26,714 | 26,714 | |
| 02/15/2024 | B | 1,618.740 | 1.0000 | | - 1,619 | 1,619 | |
| 02/29/2024 | B | 3,302.860 | 1.0000 | | - 3,303 | 3,303 | |
| 03/01/2024 | B | 71,510.470 | 1.0000 | | - 71,510 | 71,510 | |
| 03/04/2024 | B | 26,091.010 | 1.0000 | | - 26,091 | 26,091 | |
| 04/02/2024 | B | 10,087.270 | 1.0000 | | - 10,087 | 10,087 | |
| 04/12/2024 | B | 876,198.000 | 1.0000 | | - 876,198 | 876,198 | |
| 04/30/2024 | B | 47,343.110 | 1.0000 | | - 47,343 | 47,343 | |
| 05/02/2024 | B | 4,831.780 | 1.0000 | | - 4,832 | 4,832 | |
| 05/30/2024 | B | 929,458.880 | 1.0000 | | - 929,459 | 929,459 | |
| 06/04/2024 | B | 2,775.090 | 1.0000 | | - 2,775 | 2,775 | |
| 06/04/2024 | B | 255.000 | 1.0000 | | - 255 | 255 | |
| 06/26/2024 | B | 923,684.280 | 1.0000 | | - 923,684 | 923,684 | |
| 07/02/2024 | B | 3,373.680 | 1.0000 | | - 3,374 | 3,374 | |
| 07/12/2024 | B | 124,388.000 | 1.0000 | | - 124,388 | 124,388 | |
| 07/23/2024 | B | 525.380 | 1.0000 | | - 525 | 525 | |
| 07/26/2024 | B | 1,707.780 | 1.0000 | | - 1,708 | 1,708 | |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 07/31/2024 | B | 798,220.160 | 1.0000 | | - 798,220 | 798,220 | |
| 07/31/2024 | B | 7,123.800 | 1.0000 | | - 7,124 | 7,124 | |
| 08/02/2024 | B | 3,016.610 | 1.0000 | | - 3,017 | 3,017 | |
| 08/09/2024 | B | 512.050 | 1.0000 | | - 512 | 512 | |
| 08/29/2024 | B | 912,502.900 | 1.0000 | | - 912,503 | 912,503 | |
| 08/30/2024 | B | 3,311.360 | 1.0000 | | - 3,311 | 3,311 | |
| 09/04/2024 | B | 2,976.910 | 1.0000 | | - 2,977 | 2,977 | |
| 09/10/2024 | B | 877.840 | 1.0000 | | - 878 | 878 | |
| 09/12/2024 | B | 1,618.740 | 1.0000 | | - 1,619 | 1,619 | |
| 09/13/2024 | B | 2,138,957.000 | 1.0000 | | - 2,138,957 | 2,138,957 | |
| 09/30/2024 | B | 4,958.820 | 1.0000 | | - 4,959 | 4,959 | |
| 10/02/2024 | B | 6,822.550 | 1.0000 | | - 6,823 | 6,823 | |
| 10/07/2024 | B | 909.650 | 1.0000 | | - 910 | 910 | |
| 10/30/2024 | B | 1,115,953.000 | 1.0000 | | - 1,115,953 | 1,115,953 | |
| 11/04/2024 | B | 2,051.070 | 1.0000 | | - 2,051 | 2,051 | |
| 11/27/2024 | B | 922,412.730 | 1.0000 | | - 922,413 | 922,413 | |
| 11/29/2024 | B | 4,237.640 | 1.0000 | | - 4,238 | 4,238 | |
| 12/03/2024 | B | 2,634.160 | 1.0000 | | - 2,634 | 2,634 | |
| 12/12/2024 | B | 85,847.700 | 1.0000 | | - 85,848 | 85,848 | |
| 12/19/2024 | B | 3.020 | 1.0000 | | - 3 | 3 | |
| 12/20/2024 | B | 829,628.170 | 1.0000 | | - 829,628 | 829,628 | |
| 12/30/2024 | B | 635.840 | 1.0000 | | - 636 | 636 | |

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total For Buys | | | | 0 | 12,594,915 | 12,594,915 | 0 |
| 01/02/2024 | S | - 919,386.790 | 1.0000 | | 919,387 | 919,387 | |
| 01/18/2024 | S | - 332,581.000 | 1.0000 | | 332,581 | 332,581 | |
| 01/26/2024 | S | - 2,101.360 | 1.0000 | | 2,101 | 2,101 | |
| 02/01/2024 | S | - 932,236.060 | 1.0000 | | 932,236 | 932,236 | |
| 02/23/2024 | S | - 2,130.730 | 1.0000 | | 2,131 | 2,131 | |
| 03/06/2024 | S | - 4,937,453.790 | 1.0000 | | 4,937,454 * | 4,937,454 | |
| 03/25/2024 | S | - 2,132.480 | 1.0000 | | 2,132 | 2,132 | |
| 04/01/2024 | S | - 928,193.040 | 1.0000 | | 928,193 | 928,193 | |
| 04/25/2024 | S | - 2,142.480 | 1.0000 | | 2,142 | 2,142 | |
| 05/01/2024 | S | - 932,601.040 | 1.0000 | | 932,601 | 932,601 | |
| 05/01/2024 | S | - 1,650.000 | 1.0000 | | 1,650 | 1,650 | |
| 05/14/2024 | S | - 1,200.000 | 1.0000 | | 1,200 | 1,200 | |
| 05/24/2024 | S | - 2,167.610 | 1.0000 | | 2,168 | 2,168 | |
| 06/03/2024 | S | - 924,546.760 | 1.0000 | | 924,547 | 924,547 | |
| 06/25/2024 | S | - 2,153.440 | 1.0000 | | 2,153 | 2,153 | |
| 07/01/2024 | S | - 921,737.070 | 1.0000 | | 921,737 | 921,737 | |
| 07/16/2024 | S | - 470.640 | 1.0000 | | 471 | 471 | |
| 07/25/2024 | S | - 2,146.070 | 1.0000 | | 2,146 | 2,146 | |
| 08/01/2024 | S | - 921,583.050 | 1.0000 | | 921,583 | 921,583 | |
| 08/16/2024 | S | - 1,120.000 | 1.0000 | | 1,120 | 1,120 | |

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RETIREMENT PLAN FOR MARCH OF DIMES
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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 08/23/2024 | S | - 2,160.090 | 1.0000 | | 2,160 | 2,160 | |
| 09/03/2024 | S | - 943,460.580 | 1.0000 | | 943,461 | 943,461 | |
| 09/25/2024 | S | - 2,146.360 | 1.0000 | | 2,146 | 2,146 | |
| 09/25/2024 | S | - 1,204,281.270 | 1.0000 | | 1,204,281 | 1,204,281 | |
| 10/01/2024 | S | - 924,268.120 | 1.0000 | | 924,268 | 924,268 | |
| 10/09/2024 | S | - 200,044.000 | 1.0000 | | 200,044 | 200,044 | |
| 10/25/2024 | S | - 2,185.090 | 1.0000 | | 2,185 | 2,185 | |
| 11/01/2024 | S | - 922,260.480 | 1.0000 | | 922,260 | 922,260 | |
| 11/25/2024 | S | - 2,203.770 | 1.0000 | | 2,204 | 2,204 | |
| 12/02/2024 | S | - 922,347.670 | 1.0000 | | 922,348 | 922,348 | |
| 12/24/2024 | S | - 2,164.190 | 1.0000 | | 2,164 | 2,164 | |
| Total For Sells | | | | 0 | 16,897,254 | 16,897,254 | 0 |
| Total First Am Govt Ob Fd Cl Z | | | | 0 | 29,492,169 | 29,492,169 | 0 |
| Issue: 9SPMTJWL2 - Mercer Active Long Corp Inv #600 | | | | | | | |
| 03/06/2024 | B | 177,093.770 | 17.5300 | | - 3,104,454 | 3,104,454 | |
| Total For Buys | | | | 0 | 3,104,454 | 3,104,454 | 0 |
| 08/28/2024 | S | - 49,619.516 | 18.3900 | | 912,503 | 1,037,848 | - 125,345 |
| Total For Sells | | | | 0 | 912,503 | 1,037,848 | - 125,345 |

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RETIREMENT PLAN FOR MARCH OF DIMES
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Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total Mercer Active Long Corp Inv #600 | | | | 0 | 4,016,957 | 4,142,302 | - 125,345 |
| GRAND TOTAL | | | | 0 | 33,509,126 | 33,634,471 | - 125,345 |

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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RET PLAN FOR MARCH OF DIMES -RIVER
 ACCOUNT 5000460-001

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------------------------------------------------------|-----------------|----------------------|---------------|---------------------|----------------------|---------------------|-----------------------|
| BEGINNING MARKET VALUE | | | | | 25,364,363.67 | | |
| COMPARATIVE VALUE (5%) | | | | | 1,268,218.18 | | |
| CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE | | | | | | | |
| Issue: 31846V567 - First Am Govt Ob Fd Cl Z | | | | | | | |
| 01/31/2024 | B | 3,001,656.070 | 1.0000 | | - 3,001,656 * | 3,001,656 | |
| 10/30/2024 | B | 2,156,549.040 | 1.0000 | | - 2,156,549 * | 2,156,549 | |
| 10/30/2024 | S | - 1,766,056.300 | 1.0000 | | 1,766,056 * | 1,766,056 | |
| 11/06/2024 | B | 1,500,000.000 | 1.0000 | | - 1,500,000 * | 1,500,000 | |
| Issue: 912803GE7 - U S Treas Bd Strip 2/15/52 | | | | | | | |
| 12/18/2024 | S | - 8,423,000.000 | .2870 | | 2,417,064 * | 2,819,022 | - 401,958 |
| GRAND TOTAL | | | | 0 | 10,841,325 | 11,243,283 | - 401,958 |

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Barclays Capital Inc. Fixed In

| | | | | | | | |
|----------------------------------------------------|---|-----------------|-------|--|-----------|-----------|--------|
| Issue: 912828U24 - U S Treasury Nt 2.000% 11/15/26 | | | | | | | |
| 03/27/2024 | S | - 27,000.000 | .9400 | | 25,380 | 25,341 | 39 |
| Issue: 912828U24 - U S Treasury Nt 2.000% 11/15/26 | | | | | | | |
| 10/29/2024 | S | - 1,120,000.000 | .9591 | | 1,074,190 | 1,050,779 | 23,411 |
| Issue: 912803GE7 - U S Treas Bd Strip 2/15/52 | | | | | | | |
| 10/29/2024 | B | 2,226,000.000 | .2921 | | - 650,103 | 650,103 | |
| Issue: 912828U24 - U S Treasury Nt 2.000% 11/15/26 | | | | | | | |
| 12/18/2024 | B | 626,000.000 | .9597 | | - 600,742 | 600,742 | |

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RET PLAN FOR MARCH OF DIMES -RIVER
 ACCOUNT 5000460-001

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------------------------------------------|--------------------------------------------|----------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 12/18/2024 | Issue: 912803BJ1 - U S Treas Bd Strip B | 11/15/26 646,000.000 | .9305 | | - 601,097 | 601,097 | |
| Total For Barclays Capital Inc. Fixed In | | | | 0 | 2,951,512 | 2,928,062 | 23,450 |
| Broker: Nomura Securities Intl., Fixed | | | | | | | |
| 01/30/2024 | Issue: 912828U24 - U S Treasury Nt S | 2.000% 11/15/26 - 913,000.000 | .9433 | | 861,248 | 856,906 | 4,342 |
| 01/30/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 2,831,000.000 | .3050 | | - 863,455 | 863,455 | |
| 03/27/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 85,000.000 | .3024 | | - 25,707 | 25,707 | |
| 04/26/2024 | Issue: 912828U24 - U S Treasury Nt S | 2.000% 11/15/26 - 968,000.000 | .9314 | | 901,598 | 908,527 | - 6,929 |
| 04/26/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 3,340,000.000 | .2726 | | - 910,384 | 910,384 | |
| 05/28/2024 | Issue: 912828U24 - U S Treasury Nt B | 2.000% 11/15/26 610,000.000 | .9354 | | - 570,614 | 570,614 | |
| 05/28/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 2,020,000.000 | .2832 | | 572,104 | 744,332 | - 172,227 |
| 06/26/2024 | Issue: 912828U24 - U S Treasury Nt B | 2.000% 11/15/26 504,000.000 | .9406 | | - 474,057 | 474,057 | |
| 06/26/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 1,595,000.000 | .2979 | | 475,071 | 558,617 | - 83,546 |
| 10/29/2024 | Issue: 912803BJ1 - U S Treas Bd Strip S | 11/15/26 - 1,159,000.000 | .9251 | | 999,695 | 999,695 | |
| 12/18/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 8,423,000.000 | .2870 | | 2,417,064 * | 2,819,022 | - 401,958 |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total For Nomura Securities Intl., Fixed | | | | 0 | 9,070,997 | 9,731,316 | - 660,318 |
| GRAND TOTAL | | | | 0 | 12,022,509 | 12,659,378 | - 636,868 |

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V567 - First Am Govt Ob Fd Cl Z

| | | | | | | | |
|------------|---|---------------|--------|--|---------------|-----------|--|
| 01/03/2024 | B | 233.200 | 1.0000 | | - 233 | 233 | |
| 01/31/2024 | B | 3,001,656.070 | 1.0000 | | - 3,001,656 * | 3,001,656 | |
| 02/02/2024 | B | 657.990 | 1.0000 | | - 658 | 658 | |
| 03/04/2024 | B | 8,455.860 | 1.0000 | | - 8,456 | 8,456 | |
| 04/02/2024 | B | 4,669.150 | 1.0000 | | - 4,669 | 4,669 | |
| 04/29/2024 | B | 43.220 | 1.0000 | | - 43 | 43 | |
| 05/02/2024 | B | 4,535.150 | 1.0000 | | - 4,535 | 4,535 | |
| 05/15/2024 | B | 13,070.000 | 1.0000 | | - 13,070 | 13,070 | |
| 05/29/2024 | B | 1,026.120 | 1.0000 | | - 1,026 | 1,026 | |
| 06/04/2024 | B | 4,741.810 | 1.0000 | | - 4,742 | 4,742 | |
| 07/02/2024 | B | 3,979.660 | 1.0000 | | - 3,980 | 3,980 | |
| 08/02/2024 | B | 741.140 | 1.0000 | | - 741 | 741 | |
| 09/04/2024 | B | 741.760 | 1.0000 | | - 742 | 742 | |
| 10/02/2024 | B | 696.960 | 1.0000 | | - 697 | 697 | |
| 10/30/2024 | B | 2,156,549.040 | 1.0000 | | - 2,156,549 * | 2,156,549 | |
| 11/04/2024 | B | 785.270 | 1.0000 | | - 785 | 785 | |

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 11/06/2024 | B | 1,500,000.000 | 1.0000 | | - 1,500,000 * | 1,500,000 | |
| 11/15/2024 | B | 13,010.000 | 1.0000 | | - 13,010 | 13,010 | |
| 12/03/2024 | B | 6,345.020 | 1.0000 | | - 6,345 | 6,345 | |
| 12/19/2024 | B | 1,214,049.610 | 1.0000 | | - 1,214,050 | 1,214,050 | |
| 12/19/2024 | B | 5.210 | 1.0000 | | - 5 | 5 | |
| Total For Buys | | | | 0 | 7,935,992 | 7,935,992 | 0 |
| 01/26/2024 | S | - 361.950 | 1.0000 | | 362 | 362 | |
| 02/01/2024 | S | - 1,000,000.000 | 1.0000 | | 1,000,000 | 1,000,000 | |
| 02/23/2024 | S | - 349.680 | 1.0000 | | 350 | 350 | |
| 03/01/2024 | S | - 1,000,000.000 | 1.0000 | | 1,000,000 | 1,000,000 | |
| 03/25/2024 | S | - 334.100 | 1.0000 | | 334 | 334 | |
| 03/28/2024 | S | - 128.700 | 1.0000 | | 129 | 129 | |
| 04/25/2024 | S | - 352.590 | 1.0000 | | 353 | 353 | |
| 05/24/2024 | S | - 311.990 | 1.0000 | | 312 | 312 | |
| 06/25/2024 | S | - 316.630 | 1.0000 | | 317 | 317 | |
| 06/26/2024 | S | - 923,684.280 | 1.0000 | | 923,684 | 923,684 | |
| 06/27/2024 | S | - 164.080 | 1.0000 | | 164 | 164 | |
| 07/25/2024 | S | - 323.350 | 1.0000 | | 323 | 323 | |
| 08/23/2024 | S | - 313.450 | 1.0000 | | 313 | 313 | |
| 09/25/2024 | S | - 317.390 | 1.0000 | | 317 | 317 | |
| 10/25/2024 | S | - 364.480 | 1.0000 | | 364 | 364 | |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|---------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 10/30/2024 | S | - 1,766,056.300 | 1.0000 | | 1,766,056 * | 1,766,056 | |
| 11/25/2024 | S | - 255.750 | 1.0000 | | 256 | 256 | |
| 11/27/2024 | S | - 922,412.730 | 1.0000 | | 922,413 | 922,413 | |
| 12/20/2024 | S | - 829,628.170 | 1.0000 | | 829,628 | 829,628 | |
| 12/24/2024 | S | - 247.790 | 1.0000 | | 248 | 248 | |
| Total For Sells | | | | 0 | 6,445,923 | 6,445,923 | 0 |
| Total First Am Govt Ob Fd Cl Z | | | | 0 | 14,381,915 | 14,381,915 | 0 |
| Issue: 912803BJ1 - U S Treas Bd Strip | | 11/15/26 | | | | | |
| 12/18/2024 | B | 646,000.000 | .9305 | | - 601,097 | 601,097 | |
| Total For Buys | | | | 0 | 601,097 | 601,097 | 0 |
| 10/29/2024 | S | - 1,159,000.000 | .9251 | | 999,695 | 999,695 | |
| Total For Sells | | | | 0 | 999,695 | 999,695 | 0 |
| Total U S Treas Bd Strip | | | | 0 | 1,600,792 | 1,600,792 | 0 |
| Issue: 912803GE7 - U S Treas Bd Strip | | 2/15/52 | | | | | |
| 01/30/2024 | B | 2,831,000.000 | .3050 | | - 863,455 | 863,455 | |
| 03/27/2024 | B | 85,000.000 | .3024 | | - 25,707 | 25,707 | |
| 04/26/2024 | B | 3,340,000.000 | .2726 | | - 910,384 | 910,384 | |

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 10/29/2024 | B | 2,226,000.000 | .2921 | | - 650,103 | 650,103 | |
| Total For Buys | | | | 0 | 2,449,649 | 2,449,649 | 0 |
| 05/28/2024 | S | - 2,020,000.000 | .2832 | | 572,104 | 744,332 | - 172,227 |
| 06/26/2024 | S | - 1,595,000.000 | .2979 | | 475,071 | 558,617 | - 83,546 |
| 12/18/2024 | S | - 8,423,000.000 | .2870 | | 2,417,064 * | 2,819,022 | - 401,958 |
| Total For Sells | | | | 0 | 3,464,239 | 4,121,971 | - 657,731 |
| Total U S Treas Bd Strip | | | | 0 | 5,913,888 | 6,571,620 | - 657,731 |
| Issue: 912828U24 - U S Treasury Nt | | 2.000% 11/15/26 | | | | | |
| 05/28/2024 | B | 610,000.000 | .9354 | | - 570,614 | 570,614 | |
| 06/26/2024 | B | 504,000.000 | .9406 | | - 474,057 | 474,057 | |
| 12/18/2024 | B | 626,000.000 | .9597 | | - 600,742 | 600,742 | |
| Total For Buys | | | | 0 | 1,645,413 | 1,645,413 | 0 |
| 01/30/2024 | S | - 913,000.000 | .9433 | | 861,248 | 856,906 | 4,342 |
| 03/27/2024 | S | - 27,000.000 | .9400 | | 25,380 | 25,341 | 39 |
| 04/26/2024 | S | - 968,000.000 | .9314 | | 901,598 | 908,527 | - 6,929 |
| 10/29/2024 | S | - 1,120,000.000 | .9591 | | 1,074,190 | 1,050,779 | 23,411 |
| Total For Sells | | | | 0 | 2,862,416 | 2,841,553 | 20,863 |

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------------------------|-----------------|------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total U S Treasury Nt | | 2.000% 11/15/26 | | 0 | 4,507,829 | 4,486,966 | 20,863 |
| GRAND TOTAL | | | | 0 | 26,404,424 | 27,041,293 | - 636,868 |

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Nomura Securities Intl., Fixed

| | | | | | | | |
|------------|--------------------------------------------|----------------------------------|-------|--|-----------|---------|-----------|
| 01/30/2024 | Issue: 912828U24 - U S Treasury Nt S | 2.000% 11/15/26 - 913,000.000 | .9433 | | 861,248 | 856,906 | 4,342 |
| 01/30/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 2,831,000.000 | .3050 | | - 863,455 | 863,455 | |
| 03/27/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 85,000.000 | .3024 | | - 25,707 | 25,707 | |
| 04/26/2024 | Issue: 912828U24 - U S Treasury Nt S | 2.000% 11/15/26 - 968,000.000 | .9314 | | 901,598 | 908,527 | - 6,929 |
| 04/26/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 3,340,000.000 | .2726 | | - 910,384 | 910,384 | |
| 05/28/2024 | Issue: 912828U24 - U S Treasury Nt B | 2.000% 11/15/26 610,000.000 | .9354 | | - 570,614 | 570,614 | |
| 05/28/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 2,020,000.000 | .2832 | | 572,104 | 744,332 | - 172,227 |
| 06/26/2024 | Issue: 912828U24 - U S Treasury Nt B | 2.000% 11/15/26 504,000.000 | .9406 | | - 474,057 | 474,057 | |
| 06/26/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 1,595,000.000 | .2979 | | 475,071 | 558,617 | - 83,546 |
| 10/29/2024 | Issue: 912803BJ1 - U S Treas Bd Strip S | 11/15/26 - 1,159,000.000 | .9251 | | 999,695 | 999,695 | |

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------------------------------------------|--------------------------------------------|----------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 12/18/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 8,423,000.000 | .2870 | | 2,417,064 * | 2,819,022 | - 401,958 |
| Total For Nomura Securities Intl., Fixed | | | | 0 | 9,070,997 | 9,731,316 | - 660,318 |
| GRAND TOTAL | | | | 0 | 9,070,997 | 9,731,316 | - 660,318 |

2024 Schedule SB, Line 23 – Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

| Discount rate sponsor elections | | |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| PPA interest rates (sponsor elections) | | |
| • Segment rates or full yield curve | Segment | |
| • Look-back months | 4 | |
| | Stabilized | Nonstabilized |
| • First 5 years | 4.75% | 3.62% |
| • Next 15 years | 4.87% | 4.46% |
| • Over 20 years | 5.59% | 4.52% |
| Non-PPA interest rates | | |
| • Funding | 7.75% | |
| • Current liability | 5.59% | |
| PPA mortality (sponsor elections) | | |
| • All participants | Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables with IRS-developed adjustments and projected with modified mortality improvement scale MP-2021. | |
| Non-PPA mortality | | |
| • Funding – all participants | Pri-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and no collar adjustments applied with future improvement using the MMP-2021 projection scale. | |
| • Current liability – all participants | Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables with IRS-developed adjustments and projected with modified mortality improvement scale MP-2021. | |
| Other economic assumptions | | |
| • Salary increases | N/A | |
| • Inflation | N/A | |
| • Expected investment return for PPA calculations | 7.00% for 2022 and 7.75% for 2023 and 2024. | |
| • Expenses | \$230,000 added to current year normal cost | |

2024 Schedule SB, Line 23 – Statement of Actuarial Assumptions/Methods

Demographic assumptions

- | Age | Percentage withdrawal |
|------------|-----------------------|
| 20 years | 23.0% |
| 25 years | 23.0% |
| 30 years | 18.0% |
| 35 years | 15.0% |
| 40 years | 11.0% |
| 45 years | 9.6% |
| 50 years | 6.0% |
| 55 years | 5.0% |
| 60 years | 1.0% |
| 61 years | 0.5% |
| 62 years + | 0.0% |

Rates for ages between those shown are linearly interpolated

- Terminated vested participants are assumed to commence receiving benefits at age 65. Deferred vested participants currently over age 70 are assumed to commence benefits based on the rates shown in the table below. No liability is assumed for benefits not expected to commence.

| Age | Percentage commencement |
|---------------|-------------------------|
| 70 - 74 years | 100.0% |
| 75 - 79 years | 90.0% |
| 80 - 84 years | 80.0% |
| 85 - 89 years | 70.0% |
| 90 - 94 years | 50.0% |
| 95 years + | 20.0% |

- Disability incidence: None

- Retirement age for active disabled participants: 100% retirement at age 65

- | Attained Age | Percentage |
|--------------|------------|
| Under 55 | 0% |
| 55 | 6% |
| 56 | 6% |
| 57 | 8% |
| 58 | 8% |
| 59 | 9% |
| 60 – 64 | 10% |
| 65 | 25% |
| 66 – 69 | 20% |
| 70+ | 100% |

2024 Schedule SB, Line 23 – Statement of Actuarial Assumptions/Methods

| | | |
|---------------------------------------------------|---------------------------------|-----------------------------------|
| • Benefit commencement age for | | |
| – Future vested deferred | 65 | |
| – Current vested deferred | 65 | |
| • Spouse assumptions | <u>Male participants</u> | <u>Female participants</u> |
| – Percentage married | 80% | 80% |
| – Spouse age difference | 4 years younger | 4 years older |
| Form of payment | <u>Single life</u> | <u>50% J&S</u> |
| • Active retirements | 70% | 30% |
| • Future vested deferred | 70% | 30% |
| • Future deaths | 0% | 100% |
| • Current vested deferred | 70% | 30% |
| Unpredictable contingent event assumptions | Not applicable | |

Rationale for Significant Economic Assumptions

- Discount rate for PPA funding – The funding discount rate is prescribed by the IRS and based on the plan sponsor’s election.
- Discount rate for Non-PPA funding – The funding interest rate is the median simulated investment return rounded to the nearest 25 bps level using Mercer’s Portfolio Return Calculator with capital market assumptions published in Mercer Investment Consulting’s January 2024 *Capital Markets Outlook* for the plan’s target asset mix. The expected return on assets assumption is net of expected investment management fees.
- Discount rate for current liability – The current liability interest rate is an IRS prescribed rate based on the third stabilized segment rate.
- Expected investment return for PPA funding – Equal to the discount rate for non-PPA funding.
- Administrative expenses – Expected expenses include expected PBGC premiums for the upcoming year.

2024 Schedule SB, Line 23 – Statement of Actuarial Assumptions/Methods**Rationale for Significant Demographic Assumptions**

- Mortality for PPA Funding and Current Liability – The funding mortality assumption is prescribed by the IRS.
- Mortality for Non-PPA Funding – The plan is not large enough to have credible experience, but is not expected to have mortality significantly different from that included in one of the Society of Actuaries' recent studies. More recent mortality tables are considered if the impact on the plan's population appears significant.
- Mortality Improvement for Non-PPA Funding – MMP-2021 is similar to SOA-published scales, but reflects a faster transition to ultimate improvement rates and uses lower ultimate improvement rates than the SOA's projection scale MP-2021, based on Mercer's analysis of the SOA's methods in projecting life expectancies. The plan does not have enough data to suggest that future mortality improvements would be significantly different from those projected; therefore, the most recent table was selected.
- Retirement incidence, withdrawal incidence and form of payment – Assumptions were developed by Buck Global, LLC in 2016 based on an experience analysis covering the period January 1, 2010 to January 1, 2015. We have reviewed the assumptions to assure ourselves that the prior actuary's assumptions are reasonable based on last year's experience, and we continue to reassess those assumptions until we have sufficient experience to make our own assumptions via an experience study.
- Terminated Vested Forfeiture – Assumption was developed by Buck Global, LLC in 2016 based on experience analysis covering the period January 1, 2010 to 1 January 2015. We have reviewed the assumption to assure ourselves that the prior actuary's assumption is reasonable, and we continue to reassess the assumption until we have sufficient experience to make our own assumption via an experience study.

Actuarial methods for funding**Cooperative and Small Employer Charity Plan (Non-PPA) Asset Methods**

The asset valuation method is the smoothed market value with phase-in method, using a smoothing period of 5 years, as described in paragraph 3.15 of IRS Revenue Procedure 2000-40. The actuarial value of assets will equal the market value of assets with gains subtracted or losses added at the rates described below:

- a. 4/5 of the prior year's gain or loss
- b. 3/5 of the second preceding year's gain or loss
- c. 2/5 of the third preceding year's gain or loss
- d. 1/5 of the fourth preceding year's gain or loss

The gain or loss for a year is determined by calculating the difference between the expected value of assets for the year and the market value of assets at the valuation date. The expected value of assets for the year is the market value of assets at the prior-year valuation date brought forward with interest at the valuation interest rate to the current valuation date, plus contributions minus benefit disbursements minus expenses, all adjusted with interest at the valuation rate to the current valuation date. If the expected value is less than the market value, the difference is a gain. If the expected value is greater than the market value, there is a loss.

The asset value determined under this method will be adjusted to be no greater than 120 percent and no less than 80 percent of the fair market value as defined in Section 1.412(c)(2)-1(c) of the Internal Revenue Code.

2024 Schedule SB, Line 23 – Statement of Actuarial Assumptions/Methods**PPA Asset Method**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. 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 percent and no less than 90 percent of the fair market value, as defined in 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 as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for non-vested 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.

Non-PPA liability methods

Liabilities for minimum funding calculations are estimated 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 estimated 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. Typically, when this method is introduced, there will be an initial liability for benefits credited for service prior to that date, and to the extent that the liability is not covered by assets of the plan, there is an unfunded liability to be funded over a stipulated period in accordance with an amortization schedule.

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A detailed description of the calculation follows:

- An individual's estimated **accrued benefit** for valuation purposes related to a particular separation date is the accrued benefit described under the plan that would be used in the calculation of the benefit on the expected separation date.
- The **benefit** deemed to accrue for an individual during a plan year is the excess of the accrued benefit for valuation purposes at the end of the plan year over the accrued benefit for valuation purposes at the beginning of the plan year. Both accrued benefits are estimated from the same projections to the various anticipated separation dates as described above.
- An individual's estimated **accrued liability** is the present value of the accrued benefit for valuation purposes at the beginning of the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities associated with the various anticipated separation dates. Such accrued liabilities reflect the estimated accrued benefits as modified to obtain the benefits payable on those dates and the probability of the individual separating on those dates.
- The plan's **accrued liability** is the sum of the accrued liabilities for all participants under the plan.

Current liability: The current liability is a present value of accrued benefits determined in accordance with IRC Section 412(l). The accrued benefits, including benefits accruing during the year, are valued under the following measure:

- The current liability is computed using the third segment interest rate in effect under PPA. The required mortality tables are separate for the period before benefits are assumed to begin (nonannuitant table) and after benefits are assumed to – or actually – begin (annuitant table) and for male and female participants. For disabled participants, different IRS mandated tables may be used, as specified in Revenue Ruling 96-7.

PPA Liability Methods

The funding target liability for PPA 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. If multiple decrements are used, the funding target for an individual are the sum of the component funding targets associated with the various anticipated separation dates.
- The plan's **funding target** is the sum of the individual funding targets for all participants under the plan.
- Beginning with the January 1, 2019 valuation, the Plan was designated a Cooperative and Small Employer Charity Pension Plan (CSEC) and the minimum funding requirements are determined

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under IRC Section 433. Guidance for transition of PPA funding results to CSEC rules was provided by the IRS on June 22, 2021.

Method Changes Since Prior Valuation

None.

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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>1a Name of plan RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION</p> | <p>1b Three-digit plan number (PN) ▶ <u>001</u></p> |
| <p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MARCH OF DIMES INC. 1550 CRYSTAL DRIVE SUITE 1300 ARLINGTON VA 22202</p> | <p>1c Effective date of plan <u>01/01/1948</u></p> <p>2b Employer Identification Number (EIN) <u>13-1846366</u></p> <p>2c Plan Sponsor's telephone number <u>888-663-4637</u></p> <p>2d Business code (see instructions) <u>813000</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.

| | | | |
|--------------|------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | <i>Deirdre Maloney</i> | 10/15/2025 | DEIRDRE MALONEY |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | <i>Candice Christopher</i> | 10/13/2025 | CANDICE CHRISTOPHER |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|--------------|----|-----------|-----|-----------|-----|-----------|-----|-----------|----|-----------|-----|--------------|--|--------------|--|-----------|---|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number | | | | | | | | | | | | | | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN | | | | | | | | | | | | | | | | | | | | |
| 5 Total number of participants at the beginning of the plan year | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="text-align: right;">865</td> </tr> </table> | 5 | 865 | | | | | | | | | | | | | | | | | | |
| 5 | 865 | | | | | | | | | | | | | | | | | | | | |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">6a(1)</td> <td style="text-align: right;">49</td> </tr> <tr> <td>6a(2)</td> <td style="text-align: right;">46</td> </tr> <tr> <td>6b</td> <td style="text-align: right;">521</td> </tr> <tr> <td>6c</td> <td style="text-align: right;">242</td> </tr> <tr> <td>6d</td> <td style="text-align: right;">809</td> </tr> <tr> <td>6e</td> <td style="text-align: right;">41</td> </tr> <tr> <td>6f</td> <td style="text-align: right;">850</td> </tr> <tr> <td>6g(1)</td> <td></td> </tr> <tr> <td>6g(2)</td> <td></td> </tr> <tr> <td>6h</td> <td style="text-align: right;">0</td> </tr> </table> | 6a(1) | 49 | 6a(2) | 46 | 6b | 521 | 6c | 242 | 6d | 809 | 6e | 41 | 6f | 850 | 6g(1) | | 6g(2) | | 6h | 0 |
| 6a(1) | 49 | | | | | | | | | | | | | | | | | | | | |
| 6a(2) | 46 | | | | | | | | | | | | | | | | | | | | |
| 6b | 521 | | | | | | | | | | | | | | | | | | | | |
| 6c | 242 | | | | | | | | | | | | | | | | | | | | |
| 6d | 809 | | | | | | | | | | | | | | | | | | | | |
| 6e | 41 | | | | | | | | | | | | | | | | | | | | |
| 6f | 850 | | | | | | | | | | | | | | | | | | | | |
| 6g(1) | | | | | | | | | | | | | | | | | | | | | |
| 6g(2) | | | | | | | | | | | | | | | | | | | | | |
| 6h | 0 | | | | | | | | | | | | | | | | | | | | |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td></td> </tr> </table> | 7 | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | |

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 1A 1I

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

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

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 _____
- (4) **C** (Service Provider Information)
- (5) **D** (DFE/Participating Plan Information)
- (6) **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

00019604
 57- -12-D -66 -013-04
 0402 -99-01212-04



RETIREMENT PLAN FOR MARCH OF DIMES
 ACCOUNT 5000460-000

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|---------------------------------------------------------------------------------|-----------------|----------------------|---------------|---------------------|----------------------|---------------------|-----------------------|
| BEGINNING MARKET VALUE | | | | | 71,234,013.02 | | |
| COMPARATIVE VALUE (5%) | | | | | 3,561,700.65 | | |
| CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE | | | | | | | |
| Issue: 31846V567 - First Am Govt Ob Fd Cl Z | | | | | | | |
| 03/06/2024 | S | - 4,937,453.790 | 1.0000 | | 4,937,454 * | 4,937,454 | |
| CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE | | | | | | | |
| Broker: Direct From Issuer | | | | | | | |
| Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI | | | | | | | |
| 02/29/2024 | S | -.031 | 111.2903 | | 3 | 2 | 1 |
| Issue: 9SPMTJWK4 - Mercer Non-US Core Equity #330 | | | | | | | |
| 03/06/2024 | B | 14,962.963 | 26.0000 | | - 404,000 | 404,000 | |
| Issue: 9SPMTJWL2 - Mercer Active Long Corp Inv #600 | | | | | | | |
| 03/06/2024 | B | 177,093.770 | 17.5300 | | - 3,104,454 | 3,104,454 | |
| Issue: 9SPMTJWN8 - Mercer Global Low Volatility Eq #345 | | | | | | | |
| 03/06/2024 | B | 12,118.019 | 28.4700 | | - 345,000 | 345,000 | |
| Issue: 9SPMTJWP3 - Mercer Emerging Markets Equity #425 | | | | | | | |
| 03/06/2024 | B | 35,557.432 | 11.8400 | | - 421,000 | 421,000 | |
| Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI | | | | | | | |
| 03/06/2024 | B | 5,973.780 | 110.9850 | | - 663,000 | 663,000 | |
| Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI | | | | | | | |
| 04/26/2024 | S | - 396.541 | 111.0610 | | 44,040 | 35,435 | 8,606 |
| Issue: 9SPMTJWK4 - Mercer Non-US Core Equity #330 | | | | | | | |
| 05/30/2024 | S | - 10,664.771 | 28.1300 | | 300,000 | 181,917 | 118,083 |
| Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI | | | | | | | |
| 05/30/2024 | S | - 5,440.111 | 115.7070 | | 629,459 | 486,125 | 143,334 |

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RETIREMENT PLAN FOR MARCH OF DIMES
 ACCOUNT 5000460-000

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------------------------------|--------------------------------------------------------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 06/12/2024 | Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI S | -045 | 118.0000 | | 5 | 4 | 1 |
| 07/29/2024 | Issue: 9SPMTJWK4 - Mercer Non-US Core Equity #330 S | - 10,711.931 | 27.8400 | | 298,220 | 182,722 | 115,498 |
| 07/30/2024 | Issue: 9SPMTJWM0 - Mercer US Small-Mid Cap Equity #310 S | - 10,555.204 | 47.3700 | | 500,000 | 299,514 | 200,486 |
| 08/28/2024 | Issue: 9SPMTJWL2 - Mercer Active Long Corp Inv #600 S | - 49,619.516 | 18.3900 | | 912,503 | 1,037,848 | - 125,345 |
| 09/06/2024 | Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI S | -046 | 117.1739 | | 5 | 4 | 1 |
| 09/25/2024 | Issue: 9SPMTJWK4 - Mercer Non-US Core Equity #330 B | 18,946.595 | 29.0200 | | - 549,830 | 549,830 | |
| 09/25/2024 | Issue: 9SPMTJWM0 - Mercer US Small-Mid Cap Equity #310 B | 7,766.884 | 47.9200 | | - 372,189 | 372,189 | |
| 09/25/2024 | Issue: 9SPMTJWN8 - Mercer Global Low Volatility Eq #345 B | 1,546.749 | 31.0600 | | - 48,042 | 48,042 | |
| 09/25/2024 | Issue: 9SPMTJWP3 - Mercer Emerging Markets Equity #425 B | 18,399.057 | 12.7300 | | - 234,220 | 234,220 | |
| 12/06/2024 | Issue: 9SPMTJWQ1 - Ssga S&p 500 Index NI S | -033 | 135.4545 | | 4 | 3 | 2 |
| Total For Direct From Issuer | | | | 0 | 8,825,974 | 8,365,309 | 460,667 |
| GRAND TOTAL | | | | 0 | 8,825,974 | 8,365,309 | 460,667 |

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

| | | | | | | | |
|------------|--------------------------------------------------|------------|--------|--|----------|--------|--|
| 01/03/2024 | Issue: 31846V567 - First Am Govt Ob Fd Cl Z B | 25,771.790 | 1.0000 | | - 25,772 | 25,772 | |
|------------|--------------------------------------------------|------------|--------|--|----------|--------|--|



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 01/03/2024 | B | 1,000,000.000 | 1.0000 | | - 1,000,000 | 1,000,000 | |
| 01/17/2024 | B | 665,162.000 | 1.0000 | | - 665,162 | 665,162 | |
| 01/19/2024 | B | 713.800 | 1.0000 | | - 714 | 714 | |
| 01/31/2024 | B | 3,302.860 | 1.0000 | | - 3,303 | 3,303 | |
| 02/01/2024 | B | 1,000,885.170 | 1.0000 | | - 1,000,885 | 1,000,885 | |
| 02/02/2024 | B | 26,713.540 | 1.0000 | | - 26,714 | 26,714 | |
| 02/15/2024 | B | 1,618.740 | 1.0000 | | - 1,619 | 1,619 | |
| 02/29/2024 | B | 3,302.860 | 1.0000 | | - 3,303 | 3,303 | |
| 03/01/2024 | B | 71,510.470 | 1.0000 | | - 71,510 | 71,510 | |
| 03/04/2024 | B | 26,091.010 | 1.0000 | | - 26,091 | 26,091 | |
| 04/02/2024 | B | 10,087.270 | 1.0000 | | - 10,087 | 10,087 | |
| 04/12/2024 | B | 876,198.000 | 1.0000 | | - 876,198 | 876,198 | |
| 04/30/2024 | B | 47,343.110 | 1.0000 | | - 47,343 | 47,343 | |
| 05/02/2024 | B | 4,831.780 | 1.0000 | | - 4,832 | 4,832 | |
| 05/30/2024 | B | 929,458.880 | 1.0000 | | - 929,459 | 929,459 | |
| 06/04/2024 | B | 2,775.090 | 1.0000 | | - 2,775 | 2,775 | |
| 06/04/2024 | B | 255.000 | 1.0000 | | - 255 | 255 | |
| 06/26/2024 | B | 923,684.280 | 1.0000 | | - 923,684 | 923,684 | |
| 07/02/2024 | B | 3,373.680 | 1.0000 | | - 3,374 | 3,374 | |
| 07/12/2024 | B | 124,388.000 | 1.0000 | | - 124,388 | 124,388 | |
| 07/23/2024 | B | 525.380 | 1.0000 | | - 525 | 525 | |
| 07/26/2024 | B | 1,707.780 | 1.0000 | | - 1,708 | 1,708 | |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 07/31/2024 | B | 798,220.160 | 1.0000 | | - 798,220 | 798,220 | |
| 07/31/2024 | B | 7,123.800 | 1.0000 | | - 7,124 | 7,124 | |
| 08/02/2024 | B | 3,016.610 | 1.0000 | | - 3,017 | 3,017 | |
| 08/09/2024 | B | 512.050 | 1.0000 | | - 512 | 512 | |
| 08/29/2024 | B | 912,502.900 | 1.0000 | | - 912,503 | 912,503 | |
| 08/30/2024 | B | 3,311.360 | 1.0000 | | - 3,311 | 3,311 | |
| 09/04/2024 | B | 2,976.910 | 1.0000 | | - 2,977 | 2,977 | |
| 09/10/2024 | B | 877.840 | 1.0000 | | - 878 | 878 | |
| 09/12/2024 | B | 1,618.740 | 1.0000 | | - 1,619 | 1,619 | |
| 09/13/2024 | B | 2,138,957.000 | 1.0000 | | - 2,138,957 | 2,138,957 | |
| 09/30/2024 | B | 4,958.820 | 1.0000 | | - 4,959 | 4,959 | |
| 10/02/2024 | B | 6,822.550 | 1.0000 | | - 6,823 | 6,823 | |
| 10/07/2024 | B | 909.650 | 1.0000 | | - 910 | 910 | |
| 10/30/2024 | B | 1,115,953.000 | 1.0000 | | - 1,115,953 | 1,115,953 | |
| 11/04/2024 | B | 2,051.070 | 1.0000 | | - 2,051 | 2,051 | |
| 11/27/2024 | B | 922,412.730 | 1.0000 | | - 922,413 | 922,413 | |
| 11/29/2024 | B | 4,237.640 | 1.0000 | | - 4,238 | 4,238 | |
| 12/03/2024 | B | 2,634.160 | 1.0000 | | - 2,634 | 2,634 | |
| 12/12/2024 | B | 85,847.700 | 1.0000 | | - 85,848 | 85,848 | |
| 12/19/2024 | B | 3.020 | 1.0000 | | - 3 | 3 | |
| 12/20/2024 | B | 829,628.170 | 1.0000 | | - 829,628 | 829,628 | |
| 12/30/2024 | B | 635.840 | 1.0000 | | - 636 | 636 | |

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RETIREMENT PLAN FOR MARCH OF DIMES
 ACCOUNT 5000460-000

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total For Buys | | | | 0 | 12,594,915 | 12,594,915 | 0 |
| 01/02/2024 | S | - 919,386.790 | 1.0000 | | 919,387 | 919,387 | |
| 01/18/2024 | S | - 332,581.000 | 1.0000 | | 332,581 | 332,581 | |
| 01/26/2024 | S | - 2,101.360 | 1.0000 | | 2,101 | 2,101 | |
| 02/01/2024 | S | - 932,236.060 | 1.0000 | | 932,236 | 932,236 | |
| 02/23/2024 | S | - 2,130.730 | 1.0000 | | 2,131 | 2,131 | |
| 03/06/2024 | S | - 4,937,453.790 | 1.0000 | | 4,937,454 * | 4,937,454 | |
| 03/25/2024 | S | - 2,132.480 | 1.0000 | | 2,132 | 2,132 | |
| 04/01/2024 | S | - 928,193.040 | 1.0000 | | 928,193 | 928,193 | |
| 04/25/2024 | S | - 2,142.480 | 1.0000 | | 2,142 | 2,142 | |
| 05/01/2024 | S | - 932,601.040 | 1.0000 | | 932,601 | 932,601 | |
| 05/01/2024 | S | - 1,650.000 | 1.0000 | | 1,650 | 1,650 | |
| 05/14/2024 | S | - 1,200.000 | 1.0000 | | 1,200 | 1,200 | |
| 05/24/2024 | S | - 2,167.610 | 1.0000 | | 2,168 | 2,168 | |
| 06/03/2024 | S | - 924,546.760 | 1.0000 | | 924,547 | 924,547 | |
| 06/25/2024 | S | - 2,153.440 | 1.0000 | | 2,153 | 2,153 | |
| 07/01/2024 | S | - 921,737.070 | 1.0000 | | 921,737 | 921,737 | |
| 07/16/2024 | S | - 470.640 | 1.0000 | | 471 | 471 | |
| 07/25/2024 | S | - 2,146.070 | 1.0000 | | 2,146 | 2,146 | |
| 08/01/2024 | S | - 921,583.050 | 1.0000 | | 921,583 | 921,583 | |
| 08/16/2024 | S | - 1,120.000 | 1.0000 | | 1,120 | 1,120 | |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 08/23/2024 | S | - 2,160.090 | 1.0000 | | 2,160 | 2,160 | |
| 09/03/2024 | S | - 943,460.580 | 1.0000 | | 943,461 | 943,461 | |
| 09/25/2024 | S | - 2,146.360 | 1.0000 | | 2,146 | 2,146 | |
| 09/25/2024 | S | - 1,204,281.270 | 1.0000 | | 1,204,281 | 1,204,281 | |
| 10/01/2024 | S | - 924,268.120 | 1.0000 | | 924,268 | 924,268 | |
| 10/09/2024 | S | - 200,044.000 | 1.0000 | | 200,044 | 200,044 | |
| 10/25/2024 | S | - 2,185.090 | 1.0000 | | 2,185 | 2,185 | |
| 11/01/2024 | S | - 922,260.480 | 1.0000 | | 922,260 | 922,260 | |
| 11/25/2024 | S | - 2,203.770 | 1.0000 | | 2,204 | 2,204 | |
| 12/02/2024 | S | - 922,347.670 | 1.0000 | | 922,348 | 922,348 | |
| 12/24/2024 | S | - 2,164.190 | 1.0000 | | 2,164 | 2,164 | |
| Total For Sells | | | | 0 | 16,897,254 | 16,897,254 | 0 |
| Total First Am Govt Ob Fd Cl Z | | | | 0 | 29,492,169 | 29,492,169 | 0 |
| Issue: 9SPMTJWL2 - Mercer Active Long Corp Inv #600 | | | | | | | |
| 03/06/2024 | B | 177,093.770 | 17.5300 | | - 3,104,454 | 3,104,454 | |
| Total For Buys | | | | 0 | 3,104,454 | 3,104,454 | 0 |
| 08/28/2024 | S | - 49,619.516 | 18.3900 | | 912,503 | 1,037,848 | - 125,345 |
| Total For Sells | | | | 0 | 912,503 | 1,037,848 | - 125,345 |

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RETIREMENT PLAN FOR MARCH OF DIMES
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Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total Mercer Active Long Corp Inv #600 | | | | 0 | 4,016,957 | 4,142,302 | - 125,345 |
| GRAND TOTAL | | | | 0 | 33,509,126 | 33,634,471 | - 125,345 |

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE
NO TRANSACTIONS QUALIFIED FOR THIS SECTION

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 ACCOUNT 5000460-001

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------------------------------------------------------|-----------------|----------------------|---------------|---------------------|----------------------|---------------------|-----------------------|
| BEGINNING MARKET VALUE | | | | | 25,364,363.67 | | |
| COMPARATIVE VALUE (5%) | | | | | 1,268,218.18 | | |
| CATEGORY 1 - SINGLE TRANSACTION EXCEEDS 5% OF VALUE | | | | | | | |
| Issue: 31846V567 - First Am Govt Ob Fd Cl Z | | | | | | | |
| 01/31/2024 | B | 3,001,656.070 | 1.0000 | | - 3,001,656 * | 3,001,656 | |
| 10/30/2024 | B | 2,156,549.040 | 1.0000 | | - 2,156,549 * | 2,156,549 | |
| 10/30/2024 | S | - 1,766,056.300 | 1.0000 | | 1,766,056 * | 1,766,056 | |
| 11/06/2024 | B | 1,500,000.000 | 1.0000 | | - 1,500,000 * | 1,500,000 | |
| Issue: 912803GE7 - U S Treas Bd Strip 2/15/52 | | | | | | | |
| 12/18/2024 | S | - 8,423,000.000 | .2870 | | 2,417,064 * | 2,819,022 | - 401,958 |
| GRAND TOTAL | | | | 0 | 10,841,325 | 11,243,283 | - 401,958 |

CATEGORY 2 - SERIES OF TRANSACTIONS WITH SAME BROKER EXCEEDS 5% OF VALUE

Broker: Barclays Capital Inc. Fixed In

| | | | | | | | |
|----------------------------------------------------|---|-----------------|-------|--|-----------|-----------|--------|
| Issue: 912828U24 - U S Treasury Nt 2.000% 11/15/26 | | | | | | | |
| 03/27/2024 | S | - 27,000.000 | .9400 | | 25,380 | 25,341 | 39 |
| Issue: 912828U24 - U S Treasury Nt 2.000% 11/15/26 | | | | | | | |
| 10/29/2024 | S | - 1,120,000.000 | .9591 | | 1,074,190 | 1,050,779 | 23,411 |
| Issue: 912803GE7 - U S Treas Bd Strip 2/15/52 | | | | | | | |
| 10/29/2024 | B | 2,226,000.000 | .2921 | | - 650,103 | 650,103 | |
| Issue: 912828U24 - U S Treasury Nt 2.000% 11/15/26 | | | | | | | |
| 12/18/2024 | B | 626,000.000 | .9597 | | - 600,742 | 600,742 | |

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 Period from January 1, 2024 to December 31, 2024

FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------------------------------------------|--------------------------------------------|----------------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 12/18/2024 | Issue: 912803BJ1 - U S Treas Bd Strip B | 11/15/26 646,000.000 | .9305 | | - 601,097 | 601,097 | |
| Total For Barclays Capital Inc. Fixed In | | | | 0 | 2,951,512 | 2,928,062 | 23,450 |
| Broker: Nomura Securities Intl., Fixed | | | | | | | |
| 01/30/2024 | Issue: 912828U24 - U S Treasury Nt S | 2.000% 11/15/26 - 913,000.000 | .9433 | | 861,248 | 856,906 | 4,342 |
| 01/30/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 2,831,000.000 | .3050 | | - 863,455 | 863,455 | |
| 03/27/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 85,000.000 | .3024 | | - 25,707 | 25,707 | |
| 04/26/2024 | Issue: 912828U24 - U S Treasury Nt S | 2.000% 11/15/26 - 968,000.000 | .9314 | | 901,598 | 908,527 | - 6,929 |
| 04/26/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 3,340,000.000 | .2726 | | - 910,384 | 910,384 | |
| 05/28/2024 | Issue: 912828U24 - U S Treasury Nt B | 2.000% 11/15/26 610,000.000 | .9354 | | - 570,614 | 570,614 | |
| 05/28/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 2,020,000.000 | .2832 | | 572,104 | 744,332 | - 172,227 |
| 06/26/2024 | Issue: 912828U24 - U S Treasury Nt B | 2.000% 11/15/26 504,000.000 | .9406 | | - 474,057 | 474,057 | |
| 06/26/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 1,595,000.000 | .2979 | | 475,071 | 558,617 | - 83,546 |
| 10/29/2024 | Issue: 912803BJ1 - U S Treas Bd Strip S | 11/15/26 - 1,159,000.000 | .9251 | | 999,695 | 999,695 | |
| 12/18/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 8,423,000.000 | .2870 | | 2,417,064 * | 2,819,022 | - 401,958 |



FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total For Nomura Securities Intl., Fixed | | | | 0 | 9,070,997 | 9,731,316 | - 660,318 |
| GRAND TOTAL | | | | 0 | 12,022,509 | 12,659,378 | - 636,868 |

CATEGORY 3 - SERIES OF TRANSACTIONS IN SAME SECURITY EXCEEDS 5% OF VALUE

Issue: 31846V567 - First Am Govt Ob Fd Cl Z

| | | | | | | | |
|------------|---|---------------|--------|--|---------------|-----------|--|
| 01/03/2024 | B | 233.200 | 1.0000 | | - 233 | 233 | |
| 01/31/2024 | B | 3,001,656.070 | 1.0000 | | - 3,001,656 * | 3,001,656 | |
| 02/02/2024 | B | 657.990 | 1.0000 | | - 658 | 658 | |
| 03/04/2024 | B | 8,455.860 | 1.0000 | | - 8,456 | 8,456 | |
| 04/02/2024 | B | 4,669.150 | 1.0000 | | - 4,669 | 4,669 | |
| 04/29/2024 | B | 43.220 | 1.0000 | | - 43 | 43 | |
| 05/02/2024 | B | 4,535.150 | 1.0000 | | - 4,535 | 4,535 | |
| 05/15/2024 | B | 13,070.000 | 1.0000 | | - 13,070 | 13,070 | |
| 05/29/2024 | B | 1,026.120 | 1.0000 | | - 1,026 | 1,026 | |
| 06/04/2024 | B | 4,741.810 | 1.0000 | | - 4,742 | 4,742 | |
| 07/02/2024 | B | 3,979.660 | 1.0000 | | - 3,980 | 3,980 | |
| 08/02/2024 | B | 741.140 | 1.0000 | | - 741 | 741 | |
| 09/04/2024 | B | 741.760 | 1.0000 | | - 742 | 742 | |
| 10/02/2024 | B | 696.960 | 1.0000 | | - 697 | 697 | |
| 10/30/2024 | B | 2,156,549.040 | 1.0000 | | - 2,156,549 * | 2,156,549 | |
| 11/04/2024 | B | 785.270 | 1.0000 | | - 785 | 785 | |

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-----------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 11/06/2024 | B | 1,500,000.000 | 1.0000 | | - 1,500,000 * | 1,500,000 | |
| 11/15/2024 | B | 13,010.000 | 1.0000 | | - 13,010 | 13,010 | |
| 12/03/2024 | B | 6,345.020 | 1.0000 | | - 6,345 | 6,345 | |
| 12/19/2024 | B | 1,214,049.610 | 1.0000 | | - 1,214,050 | 1,214,050 | |
| 12/19/2024 | B | 5.210 | 1.0000 | | - 5 | 5 | |
| Total For Buys | | | | 0 | 7,935,992 | 7,935,992 | 0 |
| 01/26/2024 | S | - 361.950 | 1.0000 | | 362 | 362 | |
| 02/01/2024 | S | - 1,000,000.000 | 1.0000 | | 1,000,000 | 1,000,000 | |
| 02/23/2024 | S | - 349.680 | 1.0000 | | 350 | 350 | |
| 03/01/2024 | S | - 1,000,000.000 | 1.0000 | | 1,000,000 | 1,000,000 | |
| 03/25/2024 | S | - 334.100 | 1.0000 | | 334 | 334 | |
| 03/28/2024 | S | - 128.700 | 1.0000 | | 129 | 129 | |
| 04/25/2024 | S | - 352.590 | 1.0000 | | 353 | 353 | |
| 05/24/2024 | S | - 311.990 | 1.0000 | | 312 | 312 | |
| 06/25/2024 | S | - 316.630 | 1.0000 | | 317 | 317 | |
| 06/26/2024 | S | - 923,684.280 | 1.0000 | | 923,684 | 923,684 | |
| 06/27/2024 | S | - 164.080 | 1.0000 | | 164 | 164 | |
| 07/25/2024 | S | - 323.350 | 1.0000 | | 323 | 323 | |
| 08/23/2024 | S | - 313.450 | 1.0000 | | 313 | 313 | |
| 09/25/2024 | S | - 317.390 | 1.0000 | | 317 | 317 | |
| 10/25/2024 | S | - 364.480 | 1.0000 | | 364 | 364 | |



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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|---------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 10/30/2024 | S | - 1,766,056.300 | 1.0000 | | 1,766,056 * | 1,766,056 | |
| 11/25/2024 | S | - 255.750 | 1.0000 | | 256 | 256 | |
| 11/27/2024 | S | - 922,412.730 | 1.0000 | | 922,413 | 922,413 | |
| 12/20/2024 | S | - 829,628.170 | 1.0000 | | 829,628 | 829,628 | |
| 12/24/2024 | S | - 247.790 | 1.0000 | | 248 | 248 | |
| Total For Sells | | | | 0 | 6,445,923 | 6,445,923 | 0 |
| Total First Am Govt Ob Fd Cl Z | | | | 0 | 14,381,915 | 14,381,915 | 0 |
| Issue: 912803BJ1 - U S Treas Bd Strip | | 11/15/26 | | | | | |
| 12/18/2024 | B | 646,000.000 | .9305 | | - 601,097 | 601,097 | |
| Total For Buys | | | | 0 | 601,097 | 601,097 | 0 |
| 10/29/2024 | S | - 1,159,000.000 | .9251 | | 999,695 | 999,695 | |
| Total For Sells | | | | 0 | 999,695 | 999,695 | 0 |
| Total U S Treas Bd Strip | | | | 0 | 1,600,792 | 1,600,792 | 0 |
| Issue: 912803GE7 - U S Treas Bd Strip | | 2/15/52 | | | | | |
| 01/30/2024 | B | 2,831,000.000 | .3050 | | - 863,455 | 863,455 | |
| 03/27/2024 | B | 85,000.000 | .3024 | | - 25,707 | 25,707 | |
| 04/26/2024 | B | 3,340,000.000 | .2726 | | - 910,384 | 910,384 | |

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------------------------------|-----------------|----------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 10/29/2024 | B | 2,226,000.000 | .2921 | | - 650,103 | 650,103 | |
| Total For Buys | | | | 0 | 2,449,649 | 2,449,649 | 0 |
| 05/28/2024 | S | - 2,020,000.000 | .2832 | | 572,104 | 744,332 | - 172,227 |
| 06/26/2024 | S | - 1,595,000.000 | .2979 | | 475,071 | 558,617 | - 83,546 |
| 12/18/2024 | S | - 8,423,000.000 | .2870 | | 2,417,064 * | 2,819,022 | - 401,958 |
| Total For Sells | | | | 0 | 3,464,239 | 4,121,971 | - 657,731 |
| Total U S Treas Bd Strip | | | | 0 | 5,913,888 | 6,571,620 | - 657,731 |
| Issue: 912828U24 - U S Treasury Nt | | 2.000% 11/15/26 | | | | | |
| 05/28/2024 | B | 610,000.000 | .9354 | | - 570,614 | 570,614 | |
| 06/26/2024 | B | 504,000.000 | .9406 | | - 474,057 | 474,057 | |
| 12/18/2024 | B | 626,000.000 | .9597 | | - 600,742 | 600,742 | |
| Total For Buys | | | | 0 | 1,645,413 | 1,645,413 | 0 |
| 01/30/2024 | S | - 913,000.000 | .9433 | | 861,248 | 856,906 | 4,342 |
| 03/27/2024 | S | - 27,000.000 | .9400 | | 25,380 | 25,341 | 39 |
| 04/26/2024 | S | - 968,000.000 | .9314 | | 901,598 | 908,527 | - 6,929 |
| 10/29/2024 | S | - 1,120,000.000 | .9591 | | 1,074,190 | 1,050,779 | 23,411 |
| Total For Sells | | | | 0 | 2,862,416 | 2,841,553 | 20,863 |

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|------------------------------|-----------------|------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| Total U S Treasury Nt | | 2.000% 11/15/26 | | 0 | 4,507,829 | 4,486,966 | 20,863 |
| GRAND TOTAL | | | | 0 | 26,404,424 | 27,041,293 | - 636,868 |

CATEGORY 4 - SINGLE TRANSACTION WITH ONE BROKER EXCEEDS 5% OF VALUE

Broker: Nomura Securities Intl., Fixed

| | | | | | | | |
|------------|--------------------------------------------|----------------------------------|-------|--|-----------|---------|-----------|
| 01/30/2024 | Issue: 912828U24 - U S Treasury Nt S | 2.000% 11/15/26 - 913,000.000 | .9433 | | 861,248 | 856,906 | 4,342 |
| 01/30/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 2,831,000.000 | .3050 | | - 863,455 | 863,455 | |
| 03/27/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 85,000.000 | .3024 | | - 25,707 | 25,707 | |
| 04/26/2024 | Issue: 912828U24 - U S Treasury Nt S | 2.000% 11/15/26 - 968,000.000 | .9314 | | 901,598 | 908,527 | - 6,929 |
| 04/26/2024 | Issue: 912803GE7 - U S Treas Bd Strip B | 2/15/52 3,340,000.000 | .2726 | | - 910,384 | 910,384 | |
| 05/28/2024 | Issue: 912828U24 - U S Treasury Nt B | 2.000% 11/15/26 610,000.000 | .9354 | | - 570,614 | 570,614 | |
| 05/28/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 2,020,000.000 | .2832 | | 572,104 | 744,332 | - 172,227 |
| 06/26/2024 | Issue: 912828U24 - U S Treasury Nt B | 2.000% 11/15/26 504,000.000 | .9406 | | - 474,057 | 474,057 | |
| 06/26/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 1,595,000.000 | .2979 | | 475,071 | 558,617 | - 83,546 |
| 10/29/2024 | Issue: 912803BJ1 - U S Treas Bd Strip S | 11/15/26 - 1,159,000.000 | .9251 | | 999,695 | 999,695 | |

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FORM 5500 - REPORTABLE TRANSACTION SCHEDULE (continued)

| DATE | BOUGHT/ SOLD | SHARES/ PAR VALUE | UNIT PRICE | EXPENSE INCURRED | PRINCIPAL CASH | TRANSACTION COST | REALIZED GAIN/LOSS |
|-------------------------------------------------|--------------------------------------------|----------------------------|---------------|---------------------|-------------------|---------------------|-----------------------|
| 12/18/2024 | Issue: 912803GE7 - U S Treas Bd Strip S | 2/15/52 - 8,423,000.000 | .2870 | | 2,417,064 * | 2,819,022 | - 401,958 |
| Total For Nomura Securities Intl., Fixed | | | | 0 | 9,070,997 | 9,731,316 | - 660,318 |
| GRAND TOTAL | | | | 0 | 9,070,997 | 9,731,316 | - 660,318 |

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | 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. | <small>OMB No. 1210-0110</small> 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.

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| A Name of plan RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES OF THE MARCH OF DIMES FOUNDATION | B Three-digit plan number (PN) ▶ | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MARCH OF DIMES, INC | D Employer Identification Number (EIN) 13-1846366 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

Part I Basic Information

| | | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | |
| 2 | Assets: | | |
| | a Market value | 2a | 94,845,488 |
| | b Actuarial value | 2b | 101,711,509 |
| 3 | Funding target/participant count breakdown | (1) Number of participants | (2) Vested Funding Target |
| | a For retired participants and beneficiaries receiving payment | 563 | 119,588,595 |
| | b For terminated vested participants | 257 | 16,852,162 |
| | c For active participants | 49 | 6,681,951 |
| | d Total | 869 | 143,122,708 |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b) | <input type="checkbox"/> | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a | |
| | 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 | 4b | |
| 5 | Effective interest rate | 5 | 5.09% |
| 6 | Target normal cost | | |
| | a Present value of current plan year accruals | 6a | 0 |
| | b Expected plan-related expenses | 6b | 230,000 |
| | c Target normal cost | 6c | 230,000 |

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.

| | | |
|------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| SIGN HERE |  Signature of actuary | <u>09/24/2025</u> Date |
| | <u>ERIC KARPEWICZ</u> Type or print name of actuary | <u>2307545</u> Most recent enrollment number |
| | <u>MERCER</u> Firm name | <u>410-347-2889</u> Telephone number (including area code) |
| | <u>1050 CONNECTICUT AVE. NW SUITE 700</u> <u>WASHINGTON DC 20036</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

| | | | |
|-----------------------------------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| Part V Assumptions Used to Determine Funding Target and Target Normal Cost | | | |
| 21 Discount rate: | | | |
| a Segment rates: | 1st segment: 4.75% | 2nd segment: 4.87% | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code)..... | | 21b | 4 |
| 22 Weighted average retirement age | | 22 | 63 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> 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..... <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... | | 27 | 1 |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------|--|-----------|--|
| Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years | | | |
| 28 Unpaid minimum required contributions for all prior years | | 28 | |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | | 29 | |
| 30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) | | 30 | |

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| Part VIII Minimum Required Contribution For Current Year | | | |
| 31 Target normal cost and excess assets (see instructions): | | | |
| a Target normal cost (line 6c)..... | | 31a | |
| b Excess assets, if applicable, but not greater than line 31a | | 31b | |
| 32 Amortization installments: | Outstanding Balance | Installment | |
| a Net shortfall amortization installment | | | |
| b Waiver amortization installment | | | |
| 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 | |
| | Carryover balance | Prefunding balance | Total balance |
| 35 Balances elected for use to offset funding requirement | | | |
| 36 Additional cash requirement (line 34 minus line 35)..... | | 36 | |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... | | 37 | |
| 38 Present value of excess contributions for current year (see instructions) | | | |
| a Total (excess, if any, of line 37 over line 36) | | 38a | |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | 38b | |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | 39 | |
| 40 Unpaid minimum required contributions for all years | | 40 | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 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. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 | | | |

2024 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 | 6.0% | 10,000 | 600 | 33,000 |
| 56 | 6.0% | 9,400 | 564 | 31,584 |
| 57 | 8.0% | 8,836 | 707 | 40,299 |
| 58 | 8.0% | 8,129 | 650 | 37,700 |
| 59 | 9.0% | 7,479 | 673 | 39,707 |
| 60 | 10.0% | 6,806 | 681 | 40,860 |
| 61 | 10.0% | 6,125 | 612 | 37,332 |
| 62 | 10.0% | 5,513 | 551 | 34,162 |
| 63 | 10.0% | 4,962 | 496 | 31,248 |
| 64 | 10.0% | 4,465 | 447 | 28,608 |
| 65 | 25.0% | 4,019 | 1,005 | 65,325 |
| 66 | 20.0% | 3,014 | 603 | 39,798 |
| 67 | 20.0% | 2,411 | 482 | 32,294 |
| 68 | 20.0% | 1,929 | 386 | 26,248 |
| 69 | 20.0% | 1,543 | 308 | 21,252 |
| 70 | 100.0% | 1,235 | 1,235 | 86,450 |
| Total | | | 10,000 | 625,867 |
| Average | | | | 62.59 |

**SCHEDULE B
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Actuarial Information

This schedule is required to be filed under Section 104 of the Employee Retirement Income Security Act of 1974, referred to as ERISA, except when attached to Form 5500-EZ and, in all cases, under section 6059(a) of the Internal Revenue Code, referred to as the Code.

▶ **Attach to Form 5500 or 5500-EZ if applicable.**
▶ **See separate instructions.**

Official Use Only

OMB No. 1210-0110

2007

This Form is Open to Public Inspection (except when attached to Form 5500-EZ).

For calendar plan year 2007 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.

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| A Name of plan RETIREMENT PLAN FOR NATIONAL OFFICE AND FIELD STAFF EMPLOYEES | B Three-digit plan number ... ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-EZ. MARCH OF DIMES, INC | D Employer Identification Number 13-1846366 |
| E Type of plan: (1) <input type="checkbox"/> Multiemployer (2) <input checked="" type="checkbox"/> Single-employer (3) <input type="checkbox"/> Multiple-employer | F <input type="checkbox"/> 100 or fewer participants in prior plan year |

Part I Basic Information (To be completed by all plans)

1a Enter the actuarial valuation date: Month 1 Day 1 Year 2024

b Assets:

| | | |
|-----------------------------------------------------------------------------|----------------|-------------|
| (1) Current value of assets | b(1) | 94,920,311 |
| (2) Actuarial value of assets for funding standard account | b(2) | 109,215,728 |
| c (1) Accrued liability for plans using immediate gain methods | c(1) | 115,557,027 |
| (2) Information for plans using spread gain methods: | | |
| (a) Unfunded liability for methods with bases | c(2)(a) | |
| (b) Accrued liability under entry age normal method | c(2)(b) | |
| (c) Normal cost under entry age normal method | c(2)(c) | 0 |

Statement by Enrolled Actuary (see instructions before signing):

To the best of my knowledge, the information supplied in this schedule and on the accompanying schedules, statements, and attachments, if any, is complete and accurate, and in my opinion each assumption, used in combination, represents my best estimate of anticipated experience under the plan. Furthermore, in the case of a plan other than a multiemployer plan, each assumption used (a) is reasonable (taking into account the experience of the plan and reasonable expectations) or (b) would, in the aggregate, result in a total contribution equivalent to that which would be determined if each such assumption were reasonable; in the case of a multiemployer plan, the assumptions used, in the aggregate, are reasonable (taking into account the experience of the plan and reasonable expectations).

**SIGN
HERE**

EPK

Signature of actuary

Eric Karpewicz

Type or print name of actuary

Mercer

Firm name

09/24/2025

Date

G 2307545

Most recent enrollment number

(410) 347-2889

Telephone number (including area code)

1050 CONNETICUT AVE. NW SUITE 700, WASHINGTON, DC 20036

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 and OMB Control Numbers, see the instructions for Form 5500 or 5500-EZ.

√10.1

Schedule B (Form 5500) 2007

0 8 0 7 3 5 0 1 0 0



- 5** Actuarial cost method used as the basis for this plan year's funding standard account computation:
- a** Attained age normal **b** Entry age normal **c** Accrued benefit (unit credit)
- d** Aggregate **e** Frozen initial liability **f** Individual level premium
- g** Individual aggregate **h** Other (specify) ▶ _____
- i** Has a change been made in funding method for this plan year? Yes No
- j** If line i is "Yes," was the change made pursuant to Revenue Procedure 2000-40? Yes No
- k** If line i is "Yes," and line j is "No" enter the date of the ruling letter (individual or class) approving the change in funding method Month Day Year

6 Checklist of certain actuarial assumptions:

| | | | | |
|-------------------------------------------------------------------------------------------------------------|------------------|-------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| a Interest rates for "RPA '94" current liability | 6a | 5.59 % | <input type="checkbox"/> N/A | |
| b Weighted average retirement age | 6b | 63 | <input type="checkbox"/> N/A | |
| c Rates specified in insurance or annuity contracts ... <input type="checkbox"/> N/A | Pre-retirement | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| | Post-retirement | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| d Mortality table code for valuation purposes: | | | | |
| (1) Males | d(1) | A | A | |
| (2) Females | d(2) | A | A | |
| e Valuation liability interest rate | 6e | 7.75 % | 7.75 % <input type="checkbox"/> N/A | |
| f Expense loading | 6f | 11.54 % | % <input checked="" type="checkbox"/> N/A | |
| g Annual withdrawal rates: | Male | | Female | |
| | Rate Code | | Rate Code | |
| | (1) Age 25 | g(1) | U23 % | U23 % |
| | (2) Age 40 | g(2) | U11 % | U11 % |
| (3) Age 55 | g(3) | U5 % | U5 % | |
| h Salary scale | 6h | % | % <input checked="" type="checkbox"/> N/A | |
| i Estimated investment return on actuarial value of assets for year ending on the valuation date | 6i | | 10.41 % | |
| j Estimated investment return on current value of assets for year ending on the valuation date . . . | 6j | | 16.63 % | |

7 New amortization bases established in the current plan year:

| (1) Type of Base | (2) Initial Balance | (3) Amortization Charge/Credit |
|------------------|---------------------|--------------------------------|
| 1 | -3,449,123 | -796,446 |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

8 Miscellaneous information:

a If a waiver of a funding deficiency or an extension of an amortization period has been approved for this plan year, enter the date of the ruling letter granting the approval Month Day Year



- 8b** If one or more alternative methods or rules (as listed in the instructions) were used for this plan year, enter the appropriate code in accordance with the instructions _____
- c** Is the plan required to provide a Schedule of Active Participant Data? (see instructions) If "Yes," attach schedule Yes No

| | | | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| 9 Funding standard account statement for this plan year: | | | |
| Charges to funding standard account: | | | |
| a | Prior year funding deficiency, if any | 9a | 0 |
| b | Employer's normal cost for plan year as of valuation date | 9b | 230,000 |
| c | Amortization charges as of valuation date: | | Outstanding Balance |
| (1) | All bases except funding waivers | c(1) | 5,747,863 |
| (2) | Funding waivers | c(2) | 0 |
| d | Interest as applicable on lines 9a, 9b, and 9c | 9d | 454,372 |
| e | Additional interest charge due to late quarterly contributions, if applicable | 9e | 9,502 |
| f | Adjusted additional funding charge from Part II, line 12q, if applicable <input type="checkbox"/> N/A | 9f | |
| g | Total charges. Add lines 9a through 9f | 9g | 6,441,737 |
| Credits to funding standard account: | | | |
| h | Prior year credit balance, if any | 9h | 0 |
| i | Employer contributions. Total from column (b) of line 3 | 9i | 2,343,714 |
| j | Amortization credits as of valuation date | 9j | 3,754,341 |
| k | Interest as applicable to end of plan year on lines 9h, 9i, and 9j | 9k | 343,682 |
| l | Full funding limitation (FFL) and credits | | |
| (1) | ERISA FFL (accrued liability FFL) | l(1) | 22,236,061 |
| (2) | "RPA '94" override (90% current liability FFL) | l(2) | 13,858,352 |
| (3) | FFL credit | l(3) | 0 |
| m | (1) Waived funding deficiency | m(1) | |
| | (2) Other credits | m(2) | |
| n | Total credits. Add lines 9h through 9k, 9l(3), 9m(1), and 9m(2) | 9n | 6,441,737 |
| o | Credit balance: If line 9n is greater than line 9g, enter the difference | 9o | |
| p | Funding deficiency: If line 9g is greater than line 9n, enter the difference | 9p | 0 |
| Reconciliation account: | | | |
| q | Current year's accumulated reconciliation account: | | |
| (1) | Due to additional funding charges as of the beginning of the plan year | q(1) | 0 |
| (2) | Due to additional interest charges as of the beginning of the plan year | q(2) | 0 |
| (3) | Due to waived funding deficiencies: | | |
| (a) | Reconciliation outstanding balance as of valuation date | q(3)(a) | 0 |
| (b) | Reconciliation amount. Line 9c(2) balance minus line 9q(3)(a) | q(3)(b) | 0 |
| (4) | Total as of valuation date | q(4) | 0 |
| 10 | Contribution necessary to avoid an accumulated funding deficiency. Enter the amount in line 9p or the amount required under the alternative funding standard account if applicable | 10 | 0 |

- 11** Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions Yes No

0 8 0 7 3 5 0 4 0 R



Part II Additional Information for Certain Plans Other Than Multiemployer Plans

Please see **Who Must File** in the Schedule B instructions to determine if you must complete Part II.

12 Additional required funding charge (see instructions):

a Enter "Gateway %." Divide line 1b(2) by line 1d(2)(c) and multiply by 100.

If line 12a is at least 90%, go to line 12q and enter -0-.

If line 12a is less than 80%, go to line 12b.

If line 12a is at least 80% (but less than 90%), see instructions and, if applicable, go to line 12q

and enter -0-. Otherwise, go to line 12b **12a** %

b "RPA '94" current liability. Enter line 1d(2)(a) **12b**

c Adjusted value of assets (see instructions) **12c**

d Funded current liability percentage. Divide line 12c by 12b and multiply by 100 **12d** %

e Unfunded current liability. Subtract line 12c from line 12b. **12e**

f Liability attributable to any unpredictable contingent event benefit **12f**

g Outstanding balance of unfunded old liability **12g**

h Unfunded new liability. Subtract the total of lines 12f and 12g from line 12e. Enter -0- if negative **12h**

i Unfunded new liability amount (_____ % of line 12h) **12i**

j Unfunded old liability amount **12j**

k Deficit reduction contribution. Add lines 12i, 12j and 1d(2)(b). **12k**

l Net charges in funding standard account used to offset the deficit reduction contribution. Enter a negative number if less than zero **12l**

m Unpredictable contingent event amount:

(1) Benefits paid during year attributable to unpredictable contingent event ... **m(1)**

(2) Unfunded current liability percentage. Subtract the percentage on line 12d from 100% **m(2)** %

(3) Enter the product of lines 12m(1) and 12m(2) **m(3)**

(4) Ammortization of all unpredictable contingent event liabilities **m(4)**

(5) "RPA '94" additional amount (see instructions) **m(5)**

(6) Enter the greatest of lines 12m(3), 12m(4), or 12m(5) **m(6)**

n Preliminary additional funding charge: Enter the excess of line 12k over line 12l (if any), plus line 12m(6), adjusted to end of year with interest **12n**

o Contributions needed to increase current liability percentage to 100% (see instructions) **12o**

p Additional funding charge prior to adjustment: Enter the lesser of line 12n or 12o **12p**

q Adjusted additional funding charge. (_____ .0% of line 12p) **12q**

0 8 0 7 3 5 0 5 0 S



2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and 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 | 6.0% | 10,000 | 600 | 33,000 |
| 56 | 6.0% | 9,400 | 564 | 31,584 |
| 57 | 8.0% | 8,836 | 707 | 40,299 |
| 58 | 8.0% | 8,129 | 650 | 37,700 |
| 59 | 9.0% | 7,479 | 673 | 39,707 |
| 60 | 10.0% | 6,806 | 681 | 40,860 |
| 61 | 10.0% | 6,125 | 612 | 37,332 |
| 62 | 10.0% | 5,513 | 551 | 34,162 |
| 63 | 10.0% | 4,962 | 496 | 31,248 |
| 64 | 10.0% | 4,465 | 447 | 28,608 |
| 65 | 25.0% | 4,019 | 1,005 | 65,325 |
| 66 | 20.0% | 3,014 | 603 | 39,798 |
| 67 | 20.0% | 2,411 | 482 | 32,294 |
| 68 | 20.0% | 1,929 | 386 | 26,248 |
| 69 | 20.0% | 1,543 | 308 | 21,252 |
| 70 | 100.0% | 1,235 | 1,235 | 86,450 |
| Total | | | 10,000 | 625,867 |
| Average | | | | 62.59 |

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Statement of Actuarial Assumptions/Methods**Actuarial assumptions for January 1, 2024 funding valuation**

| Discount rate sponsor elections | | |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| PPA interest rates (sponsor elections) | | |
| • Segment rates or full yield curve | Segment | |
| • Look-back months | 4 | |
| | Stabilized | Nonstabilized |
| • First 5 years | 4.75% | 3.62% |
| • Next 15 years | 4.87% | 4.46% |
| • Over 20 years | 5.59% | 4.52% |
| Non-PPA interest rates | | |
| • Funding | 7.75% | |
| • Current liability | 5.59% | |
| PPA mortality (sponsor elections) | | |
| • All participants | Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables with IRS-developed adjustments and projected with modified mortality improvement scale MP-2021. | |
| Non-PPA mortality | | |
| • Funding – all participants | Pri-2012 sex-distinct, separate employee and retiree tables with contingent survivor adjustments for existing survivors and no collar adjustments applied with future improvement using the MMP-2021 projection scale. | |
| • Current liability – all participants | Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables with IRS-developed adjustments and projected with modified mortality improvement scale MP-2021. | |
| Other economic assumptions | | |
| • Salary increases | N/A | |
| • Inflation | N/A | |
| • Expected investment return for PPA calculations | 7.00% for 2022 and 7.75% for 2023 and 2024. | |
| • Expenses | \$230,000 added to current year normal cost | |

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Statement of Actuarial Assumptions/Methods

Demographic assumptions

- | Withdrawal | Withdrawal rates for active participants not eligible for retirement | |
|------------|----------------------------------------------------------------------|-----------------------|
| | Age | Percentage withdrawal |
| | 20 years | 23.0% |
| | 25 years | 23.0% |
| | 30 years | 18.0% |
| | 35 years | 15.0% |
| | 40 years | 11.0% |
| | 45 years | 9.6% |
| | 50 years | 6.0% |
| | 55 years | 5.0% |
| | 60 years | 1.0% |
| | 61 years | 0.5% |
| | 62 years + | 0.0% |

Rates for ages between those shown are linearly interpolated

- | Terminated vested forfeiture | Terminated vested participants are assumed to commence receiving benefits at age 65. Deferred vested participants currently over age 70 are assumed to commence benefits based on the rates shown in the table below. No liability is assumed for benefits not expected to commence. | |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| | Age | Percentage commencement |
| | 70 - 74 years | 100.0% |
| | 75 - 79 years | 90.0% |
| | 80 - 84 years | 80.0% |
| | 85 - 89 years | 70.0% |
| | 90 - 94 years | 50.0% |
| | 95 years + | 20.0% |

- | | |
|----------------------|------|
| Disability incidence | None |
|----------------------|------|

- | | |
|-------------------------------------------------|---------------------------|
| Retirement age for active disabled participants | 100% retirement at age 65 |
|-------------------------------------------------|---------------------------|

- | Retirement age for active participants | Attained Age | Percentage |
|----------------------------------------|--------------|------------|
| | Under 55 | 0% |
| | 55 | 6% |
| | 56 | 6% |
| | 57 | 8% |
| | 58 | 8% |
| | 59 | 9% |
| | 60 – 64 | 10% |
| | 65 | 25% |
| | 66 – 69 | 20% |
| | 70+ | 100% |

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Statement of Actuarial Assumptions/Methods

| | | |
|---------------------------------------------------|---------------------------------|-----------------------------------|
| • Benefit commencement age for | | |
| – Future vested deferred | 65 | |
| – Current vested deferred | 65 | |
| • Spouse assumptions | <u>Male participants</u> | <u>Female participants</u> |
| – Percentage married | 80% | 80% |
| – Spouse age difference | 4 years younger | 4 years older |
| Form of payment | <u>Single life</u> | <u>50% J&S</u> |
| • Active retirements | 70% | 30% |
| • Future vested deferred | 70% | 30% |
| • Future deaths | 0% | 100% |
| • Current vested deferred | 70% | 30% |
| Unpredictable contingent event assumptions | Not applicable | |

Rationale for Significant Economic Assumptions

- Discount rate for PPA funding – The funding discount rate is prescribed by the IRS and based on the plan sponsor’s election.
- Discount rate for Non-PPA funding – The funding interest rate is the median simulated investment return rounded to the nearest 25 bps level using Mercer’s Portfolio Return Calculator with capital market assumptions published in Mercer Investment Consulting’s January 2024 *Capital Markets Outlook* for the plan’s target asset mix. The expected return on assets assumption is net of expected investment management fees.
- Discount rate for current liability – The current liability interest rate is an IRS prescribed rate based on the third stabilized segment rate.
- Expected investment return for PPA funding – Equal to the discount rate for non-PPA funding.
- Administrative expenses – Expected expenses include expected PBGC premiums for the upcoming year.

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Statement of Actuarial Assumptions/Methods**Rationale for Significant Demographic Assumptions**

- Mortality for PPA Funding and Current Liability – The funding mortality assumption is prescribed by the IRS.
- Mortality for Non-PPA Funding – The plan is not large enough to have credible experience, but is not expected to have mortality significantly different from that included in one of the Society of Actuaries' recent studies. More recent mortality tables are considered if the impact on the plan's population appears significant.
- Mortality Improvement for Non-PPA Funding – MMP-2021 is similar to SOA-published scales, but reflects a faster transition to ultimate improvement rates and uses lower ultimate improvement rates than the SOA's projection scale MP-2021, based on Mercer's analysis of the SOA's methods in projecting life expectancies. The plan does not have enough data to suggest that future mortality improvements would be significantly different from those projected; therefore, the most recent table was selected.
- Retirement incidence, withdrawal incidence and form of payment – Assumptions were developed by Buck Global, LLC in 2016 based on an experience analysis covering the period January 1, 2010 to January 1, 2015. We have reviewed the assumptions to assure ourselves that the prior actuary's assumptions are reasonable based on last year's experience, and we continue to reassess those assumptions until we have sufficient experience to make our own assumptions via an experience study.
- Terminated Vested Forfeiture – Assumption was developed by Buck Global, LLC in 2016 based on experience analysis covering the period January 1, 2010 to 1 January 2015. We have reviewed the assumption to assure ourselves that the prior actuary's assumption is reasonable, and we continue to reassess the assumption until we have sufficient experience to make our own assumption via an experience study.

Actuarial methods for funding**Cooperative and Small Employer Charity Plan (Non-PPA) Asset Methods**

The asset valuation method is the smoothed market value with phase-in method, using a smoothing period of 5 years, as described in paragraph 3.15 of IRS Revenue Procedure 2000-40. The actuarial value of assets will equal the market value of assets with gains subtracted or losses added at the rates described below:

- 4/5 of the prior year's gain or loss
- 3/5 of the second preceding year's gain or loss
- 2/5 of the third preceding year's gain or loss
- 1/5 of the fourth preceding year's gain or loss

The gain or loss for a year is determined by calculating the difference between the expected value of assets for the year and the market value of assets at the valuation date. The expected value of assets for the year is the market value of assets at the prior-year valuation date brought forward with interest at the valuation interest rate to the current valuation date, plus contributions minus benefit disbursements minus expenses, all adjusted with interest at the valuation rate to the current valuation date. If the expected value is less than the market value, the difference is a gain. If the expected value is greater than the market value, there is a loss.

The asset value determined under this method will be adjusted to be no greater than 120 percent and no less than 80 percent of the fair market value as defined in Section 1.412(c)(2)-1(c) of the Internal Revenue Code.

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Statement of Actuarial Assumptions/Methods**PPA Asset Method**

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. 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 percent and no less than 90 percent of the fair market value, as defined in 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 as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for non-vested 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.

Non-PPA liability methods

Liabilities for minimum funding calculations are estimated 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 estimated 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. Typically, when this method is introduced, there will be an initial liability for benefits credited for service prior to that date, and to the extent that the liability is not covered by assets of the plan, there is an unfunded liability to be funded over a stipulated period in accordance with an amortization schedule.

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Statement of Actuarial Assumptions/Methods

A detailed description of the calculation follows:

- An individual's estimated **accrued benefit** for valuation purposes related to a particular separation date is the accrued benefit described under the plan that would be used in the calculation of the benefit on the expected separation date.
- The **benefit** deemed to accrue for an individual during a plan year is the excess of the accrued benefit for valuation purposes at the end of the plan year over the accrued benefit for valuation purposes at the beginning of the plan year. Both accrued benefits are estimated from the same projections to the various anticipated separation dates as described above.
- An individual's estimated **accrued liability** is the present value of the accrued benefit for valuation purposes at the beginning of the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities associated with the various anticipated separation dates. Such accrued liabilities reflect the estimated accrued benefits as modified to obtain the benefits payable on those dates and the probability of the individual separating on those dates.
- The plan's **accrued liability** is the sum of the accrued liabilities for all participants under the plan.

Current liability: The current liability is a present value of accrued benefits determined in accordance with IRC Section 412(l). The accrued benefits, including benefits accruing during the year, are valued under the following measure:

- The current liability is computed using the third segment interest rate in effect under PPA. The required mortality tables are separate for the period before benefits are assumed to begin (nonannuitant table) and after benefits are assumed to – or actually – begin (annuitant table) and for male and female participants. For disabled participants, different IRS mandated tables may be used, as specified in Revenue Ruling 96-7.

PPA Liability Methods

The funding target liability for PPA 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. If multiple decrements are used, the funding target for an individual are the sum of the component funding targets associated with the various anticipated separation dates.
- The plan's **funding target** is the sum of the individual funding targets for all participants under the plan.
- Beginning with the January 1, 2019 valuation, the Plan was designated a Cooperative and Small Employer Charity Pension Plan (CSEC) and the minimum funding requirements are determined

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Statement of Actuarial Assumptions/Methods

under IRC Section 433. Guidance for transition of PPA funding results to CSEC rules was provided by the IRS on June 22, 2021.

Method Changes Since Prior Valuation

None.

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Summary of Plan Provisions**Summary of major plan provisions**

| | |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year | Original plan: August 1, 1948 Restated plan: January 1, 2016 Plan year: January 1 through December 31 |
| Status of the plan | Effective December 31, 2016 the Plan froze all benefit accruals. |
| Significant events that occurred during the year | None. |
| Definitions | |
| • Participation | Completion of one year of service and hired prior to January 1, 2006 |
| • Employee contributions | None |
| • Benefit service | One year of benefit service is credited for each plan year in which an employee earns at least 1,000 hours of service. Partial benefit service is credited by taking the number of days in a partial year and dividing by 365. Benefit service is frozen as of December 31, 2016. |
| • Vesting service | One year of vesting service is credited for each plan year in which an employee earns at least 1,000 hours of service. A Participant is vested after completing at least five years of Vesting Service. |
| • Final average earnings | The Average Monthly Earnings for the highest five consecutive plan years with the 10 plan year period ending with the plan year containing retirement or termination. Annual Earnings after December 31, 2016 are not used in the determination of the Final Average Earnings. |
| • Accrued benefit | The sum of (a) and (b): (a) 1.90% of Final Average Earnings multiplied by Benefit Service as of December 31, 2003. (b) 1.05% of Final Average Earnings multiplied by Benefit Service after December 31, 2003. Total Benefit Service for (a) and (b) above limited to 30 years. The life annuity benefit at retirement will be the greater of the benefit determined above or the actuarial equivalent of the benefit accrued at December 31, 2003 payable as a life annuity. The Accrued Benefit is frozen as of December 31, 2016. |
| Normal retirement | |
| • Eligibility | The first day of the month following the later of the participants 65th birthday and the 5th anniversary of the date the participant first became a participant. For a participant who first became a participant prior to June 22, 1990, it is the first day of the month following the participant's 65th birthday. |
| • Benefit | 1/12 of Accrued Benefit as of Normal Retirement Date. |
| Early retirement | |
| • Eligibility | The earlier of (a) and (b): (a) The first day of any month following attainment of age 55 and completion of 5 years of Vesting Service. (b) The date a participant has completed 25 years of Vesting Service (only applies if the participant was hired prior to January 1, 2004). |

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Summary of Plan Provisions

| | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit | 1/12 of Accrued Benefit reduced 5% per year for the first 4 years before Normal Retirement Date, 4% per year for the next 3 years and 3% per year for the next 3 years. Effective January 1, 2000, if a participant has completed 25 years of Vesting Service and was hired prior to January 1, 2004 there is no reduction for early retirement. |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Late retirement

| | |
|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | Any date of retirement subsequent to a Participant's Normal Retirement Date. |
| • Benefit | The greater of 1/12 of Accrued Benefit at Normal Retirement Date increased 1% per month (starting at age 70 ½) to reflect the delayed payment or 1/12 of Accrued Benefit at the Delayed Retirement Date including Benefit Service and Earnings (prior to January 1, 2017) after Normal Retirement Date. |

Deferred vested

| | |
|---------------|--------------------------------------------------------------------------------------------------------|
| • Eligibility | A participant who terminates employment and is not eligible to retire on a Normal or Early Retirement. |
| • Benefit | 1/12 of Accrued Benefit as of date of termination, multiplied by the applicable vesting percentage. |

Pre-retirement death

| | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | With regard to the benefit accrued under the traditional formulas, a death benefit is payable to the spouse if death occurs after five years of Vesting Service have been completed, before a pension commencement date, and while legally married to such surviving spouse for at least a one-year period as of the date of death. |
| • Benefit | 50% of the Early Retirement Benefit the eligible employee would have been entitled to receive under the 50% Joint & Contingent Survivor Annuity Option commencing at the participant's earliest retirement age subsequent to his death. |

| | |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Annuity purchase | In 2018, 557 in-pay participants were included in an annuity buyout. March of Dimes, Inc. purchased annuities for this group from an insurance provider. |
|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Deferred vested cashout Opportunity | In 2019, 227 participants elected a lump sum distribution in the terminated vested cash out offering. |
|-------------------------------------|-------------------------------------------------------------------------------------------------------|

Form of benefits

| | |
|---------------------------------------------|-----------------------------------------|
| • Automatic form for unmarried participants | Life Annuity |
| • Automatic form for married participants | 50% Joint & Contingent Survivor Annuity |

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Summary of Plan Provisions

| | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Optional forms | 50% Joint & Contingent Survivor Annuity 75% Joint & Contingent Survivor Annuity 100% Joint & Contingent Survivor Annuity 10-Year Certain & Life Annuity 10-Year Certain & Continuous and 50% Joint & Contingent Survivor Annuity 10-Year Certain & Continuous and 100% Joint & Contingent Survivor Annuity Lump Sum – for terminations on or after December 31, 2012 and if the actuarial present value is between \$1,000 and \$30,000 |
| • Optional form conversion factors | 8% interest rate and 1971 Group Annuity Mortality Male table |
| Miscellaneous | |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. |

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as amended and restated as of January 1, 2016 and the Second Amendment are included in this valuation:

- **Most recent plan amendments included:** Second Amendment adopted on December 31, 2019
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan does not provide benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement increases apply to participants who defer retirement beyond age 65.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the value of missed payments since normal retirement date accumulated with 5% interest per year.
- **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.

2024 Schedule SB, line 27 and Schedule B, line 6b – Actuarial Information for CSEC plan and Summary of Plan Provisions

Plan provision changes since prior valuation

None.

2024 Schedule SB, line 27 and Schedule B, line 9c and 9j — Actuarial Information for CSEC Plans and Schedule for Funding Standard Account Bases

Amortization schedule for Minimum Funding Standard- 2024

| Charge | Amortization Period | | | Balances | | |
|-----------------------------------------------|---------------------|---------------|------------|--------------|---------------|---------------------------|
| | Date Created | Initial Years | Years Left | Initial | Outstanding | Beginning of Year Payment |
| Combine and Offset Amortization - Transition | 1/1/2019 | 15 | 10 | \$ 5,629,690 | \$ 4,345,340 | \$ 594,246 |
| Mid-Year Plan Amendment (effective 12/1/2019) | 1/1/2019 | 15 | 10 | 500,000 | 385,931 | 52,778 |
| Plan Amendment | 1/1/2020 | 15 | 11 | 5,500,000 | 4,532,258 | 582,073 |
| Actuarial Loss | 1/1/2020 | 5 | 1 | 4,357,919 | 994,521 | 994,521 |
| Assumption Change | 1/1/2021 | 10 | 7 | 5,872,487 | 4,510,609 | 797,188 |
| Actuarial Loss | 1/1/2023 | 5 | 4 | 11,809,907 | 9,786,711 | 2,727,057 |
| Total Charges | | | | | \$ 24,555,430 | \$ 5,747,863 |

| Credit | Amortization Period | | | Balances | | |
|-------------------|---------------------|---------------|------------|------------|---------------|---------------------------|
| | Date Created | Initial Years | Years Left | Initial | Outstanding | Beginning of Year Payment |
| Assumption Change | 1/1/2020 | 10 | 6 | \$ 823,437 | \$ 559,408 | \$ 111,455 |
| Actuarial Gain | 1/1/2021 | 5 | 2 | 2,203,527 | 972,805 | 504,548 |
| Assumption Change | 1/1/2022 | 10 | 8 | 5,474,912 | 4,667,689 | 746,689 |
| Actuarial Gain | 1/1/2022 | 5 | 3 | 2,473,838 | 1,588,451 | 569,460 |
| Assumption Change | 1/1/2023 | 10 | 9 | 7,500,597 | 6,976,655 | 1,025,743 |
| Actuarial Gain | 1/1/2024 | 5 | 5 | 3,449,123 | \$ 3,449,123 | \$ 796,446 |
| Total Credits | | | | | \$ 18,214,131 | \$ 3,754,341 |
| Net Total | | | | | \$ 6,341,299 | \$ 1,993,522 |

2024 Schedule SB, line 27 and Schedule B, line 11 — Actuarial Information for CSEC Plans and Justification for Change in Actuarial Assumptions

- PPA and Current Liability funding interest discount and mortality rates were updated in accordance with PPA.
- The expense component of normal cost was updated from \$480,000 to \$230,000 to reflect expectations for the current plan year.

2024 Schedule SB, line 27 and Schedule B, line 8c — Actuarial Information for CSEC Plans and Schedule of Active Participant Data

| Attained age | Years of credited service as of December 31, 2016 | | | | | | | | | | |
|--------------|---------------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|---------|-------|
| | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & up | Total |
| Under 25 | | | | | | | | | | | |
| 25-29 | | | | | | | | | | | |
| 30-34 | | | | | | | | | | | |
| 35-39 | | | | | | | | | | | |
| 40-44 | | | | 4 | | | | | | | 4 |
| 45-49 | | | | 6 | 4 | 1 | | | | | 11 |
| 50-54 | | | | | 8 | 4 | | | | | 12 |
| 55-59 | | | 1 | 3 | 5 | | 1 | | | | 10 |
| 60-64 | | | | 4 | | 1 | | 1 | | | 6 |
| 65-69 | | | 2 | 1 | 1 | | | | | | 4 |
| 70 & up | | | | | 2 | | | | | | 2 |
| Total | | | 3 | 18 | 20 | 6 | 1 | 1 | | | 49 |

In each cell, the top number is the count of active participants for each age/service combination. Average annual accrued benefits are not shown for plans with less than 1,000 active participants or cells with fewer than 20 participants.

2024 Schedule SB, Part V – Summary of Plan Provisions**Summary of major plan provisions**

| | |
|--------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date and plan year | Original plan: August 1, 1948 Restated plan: January 1, 2016 Plan year: January 1 through December 31 |
| Status of the plan | Effective December 31, 2016 the Plan froze all benefit accruals. |
| Significant events that occurred during the year | None. |
| Definitions | |
| • Participation | Completion of one year of service and hired prior to January 1, 2006 |
| • Employee contributions | None |
| • Benefit service | One year of benefit service is credited for each plan year in which an employee earns at least 1,000 hours of service. Partial benefit service is credited by taking the number of days in a partial year and dividing by 365. Benefit service is frozen as of December 31, 2016. |
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| • Accrued benefit | The sum of (a) and (b): (a) 1.90% of Final Average Earnings multiplied by Benefit Service as of December 31, 2003. (b) 1.05% of Final Average Earnings multiplied by Benefit Service after December 31, 2003. Total Benefit Service for (a) and (b) above limited to 30 years. The life annuity benefit at retirement will be the greater of the benefit determined above or the actuarial equivalent of the benefit accrued at December 31, 2003 payable as a life annuity. The Accrued Benefit is frozen as of December 31, 2016. |
| Normal retirement | |
| • Eligibility | The first day of the month following the later of the participants 65th birthday and the 5th anniversary of the date the participant first became a participant. For a participant who first became a participant prior to June 22, 1990, it is the first day of the month following the participant's 65th birthday. |
| • Benefit | 1/12 of Accrued Benefit as of Normal Retirement Date. |
| Early retirement | |
| • Eligibility | The earlier of (a) and (b): (a) The first day of any month following attainment of age 55 and completion of 5 years of Vesting Service. (b) The date a participant has completed 25 years of Vesting Service (only applies if the participant was hired prior to January 1, 2004). |

2024 Schedule SB, Part V – Summary of Plan Provisions

| | |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Benefit | 1/12 of Accrued Benefit reduced 5% per year for the first 4 years before Normal Retirement Date, 4% per year for the next 3 years and 3% per year for the next 3 years. Effective January 1, 2000, if a participant has completed 25 years of Vesting Service and was hired prior to January 1, 2004 there is no reduction for early retirement. |
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Late retirement

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| • Benefit | 1/12 of Accrued Benefit as of date of termination, multiplied by the applicable vesting percentage. |

Pre-retirement death

| | |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Eligibility | With regard to the benefit accrued under the traditional formulas, a death benefit is payable to the spouse if death occurs after five years of Vesting Service have been completed, before a pension commencement date, and while legally married to such surviving spouse for at least a one-year period as of the date of death. |
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| | |
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|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------|-------------------------------------------------------------------------------------------------------|
| Deferred vested cashout Opportunity | In 2019, 227 participants elected a lump sum distribution in the terminated vested cash out offering. |
|-------------------------------------|-------------------------------------------------------------------------------------------------------|

Form of benefits

| | |
|---------------------------------------------|-----------------------------------------|
| • Automatic form for unmarried participants | Life Annuity |
| • Automatic form for married participants | 50% Joint & Contingent Survivor Annuity |

2024 Schedule SB, Part V – Summary of Plan Provisions

| | |
|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| • Optional forms | 50% Joint & Contingent Survivor Annuity 75% Joint & Contingent Survivor Annuity 100% Joint & Contingent Survivor Annuity 10-Year Certain & Life Annuity 10-Year Certain & Continuous and 50% Joint & Contingent Survivor Annuity 10-Year Certain & Continuous and 100% Joint & Contingent Survivor Annuity Lump Sum – for terminations on or after December 31, 2012 and if the actuarial present value is between \$1,000 and \$30,000 |
| <hr/> | |
| • Optional form conversion factors | 8% interest rate and 1971 Group Annuity Mortality Male table |
| <hr/> | |
| Miscellaneous | |
| <hr/> | |
| • Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. |
| <hr/> | |

Benefits included or excluded

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- **Most recent plan amendments included:** Second Amendment adopted on December 31, 2019
- **Plan amendments excluded:** None
- **Late retirement increases:**
 - *Active participants:* The plan does not provide benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement increases apply to participants who defer retirement beyond age 65.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the value of missed payments since normal retirement date accumulated with 5% interest per year.
- **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.

2024 Schedule SB, Part V – Summary of Plan Provisions

Plan provision changes since prior valuation

None.

**Retirement Plan for National Office
and Field Staff Employees of
the March of Dimes Foundation**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

EIN #: 13-1846366, PLAN #: 001

Schedule Pursuant to Department of Labor Requirements

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Units | (d) Cost | (e) Current Value |
|-----|-----------------------------------------------------------------|--------------|--------------|-----------------------------|
| | Short-term security | | | |
| | First Am Government Ob Fund Class Z | 3,040,092 | \$ 3,040,092 | <u>\$ 3,040,092</u> |
| | Collective trusts | | | |
| | Mercer Non-US Core Equity* | 510,303 | 8,931,278 | 13,854,730 |
| | Mercer Active Long Corp Inv* | 1,775,591 | 37,138,469 | 31,126,112 |
| | Mercer US Small-Mid Cap Equity* | 121,350 | 3,595,205 | 5,938,853 |
| | Mercer Global Low Volatility* | 301,163 | 6,246,506 | 9,218,599 |
| | Mercer Emerging Markets Equity* | 776,748 | 9,335,949 | 9,383,119 |
| | SSGA S&P 500 Index | 5,787 | 517,161 | <u>748,343</u> |
| | Total collective trusts | | | 70,269,756 |
| | U.S. treasuries | | | |
| | U.S. Treasury Note | 24,125,000 | 9,170,187 | 8,980,742 |
| | Cash | 10,346,487 | 10,346,487 | 10,346,487 |
| | Alternative investment | | | |
| | Domestic equity futures | 103 | 6,160 | <u>(1,155,145)</u> |
| | Total net assets available for benefits | | | <u><u>\$ 91,481,932</u></u> |

* Party-in-interest as defined by ERISA.