

<p><b>Form 5500</b></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><b>Annual Return/Report of Employee Benefit Plan</b></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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<p><b>A</b> This return/report is for:</p> <p><input type="checkbox"/> a multiemployer plan</p> <p><input type="checkbox"/> a single-employer plan</p> <p><b>B</b> This return/report is:</p> <p><input type="checkbox"/> the first return/report</p> <p><input type="checkbox"/> an amended return/report</p> <p><b>C</b> If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/></p> <p><b>D</b> Check box if filing under:</p> <p><input type="checkbox"/> Form 5558</p> <p><input type="checkbox"/> special extension (enter description)</p> <p><b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/></p>	<p><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input checked="" type="checkbox"/> a DFE (specify) <u>M</u></p> <p><input checked="" type="checkbox"/> the final return/report</p> <p><input type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p><input type="checkbox"/> automatic extension</p> <p><input type="checkbox"/> the DFVC program</p>

<b>Part II Basic Plan Information</b> —enter all requested information	
<p><b>1a</b> Name of plan <u>LOOMIS HIGH YIELD-UNIT 8 HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST</u></p> <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HALLIBURTON COMPANY</u></p> <p><u>3000 N SAM HOUSTON PKWY EAST</u> <u>HOUSTON, TX 77032</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>208</u></p> <p><b>1c</b> Effective date of plan <u>10/01/2017</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>80-6176426</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>713-839-2021</u></p> <p><b>2d</b> Business code (see instructions) <u>211120</u></p>

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

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

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>10/09/2023</u>	<u>ROBERT CLOUD</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)  
v. 220413

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input checked="" type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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

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

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

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**11c** Enter the Receipt Confirmation Code for the 2022 Form M-1 annual report. If the plan was not required to file the 2022 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

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<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>LOOMIS HIGH YIELD-UNIT 8 HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>208</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HALLIBURTON COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>80-6176426</u>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

LOOMIS, SAYLES & CO., LP

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(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	598769	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>LOOMIS HIGH YIELD-UNIT 8 HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>208</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HALLIBURTON COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>80-6176426</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>NORTHERN TRUST COLLECT. GOV'T STIF</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>THE NORTHERN TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>45-6138589-068</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity  
code

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

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

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

**c** EIN-PN

**d** Entity  
code

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

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

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

**c** EIN-PN

**d** Entity  
code

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

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

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

**c** EIN-PN

**d** Entity  
code

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

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

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

**c** EIN-PN

**d** Entity  
code

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

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

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

**c** EIN-PN

**d** Entity  
code

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

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

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

**c** EIN-PN

**d** Entity  
code

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

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

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

**c** EIN-PN

**d** Entity  
code

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

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

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

**c** EIN-PN

**d** Entity  
code

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

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

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

**c** EIN-PN

**d** Entity  
code

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

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	INCOME RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLIBURTON COMPANY	<b>c</b> EIN-PN 80-6176426-118
<b>a</b>	Plan name	2045 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLIBURTON COMPANY	<b>c</b> EIN-PN 80-6176426-134
<b>a</b>	Plan name	2015 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLIBURTON COMPANY	<b>c</b> EIN-PN 80-6176426-121
<b>a</b>	Plan name	2020 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLIBURTON COMPANY	<b>c</b> EIN-PN 80-6176426-122
<b>a</b>	Plan name	2025 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLIBURTON COMPANY	<b>c</b> EIN-PN 80-6176426-123
<b>a</b>	Plan name	2030 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLIBURTON COMPANY	<b>c</b> EIN-PN 80-6176426-124
<b>a</b>	Plan name	2035 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLIBURTON COMPANY	<b>c</b> EIN-PN 80-6176426-125
<b>a</b>	Plan name	2040 RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLIBURTON COMPANY	<b>c</b> EIN-PN 80-6176426-126
<b>a</b>	Plan name	LONG TARGET DATE RETIREMENT PORTFOLIO HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST	
<b>b</b>	Name of plan sponsor	HALLIBURTON COMPANY	<b>c</b> EIN-PN 80-6176426-127
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE G</b> <b>(Form 5500)</b> Department of Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>Financial Transaction Schedules</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2022</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

<b>A</b> Name of plan <u>LOOMIS HIGH YIELD-UNIT 8 HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST</u>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <u>208</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>HALLIBURTON COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>80-6176426</u>

**Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible**  
 Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	<u>KAISA GROUP HOLDINGS LTD. 33F JIALI CENTER RENMIN SOUTH ROAD LUOHU DISTRI SHENZHEN, GNG 518005 CN</u>	<u>KAISA GROUP HOLDINGS 11.70% 11/11/2025 (CUSIP BP2862657) SECURED BONDS</u>

Amount received during reporting year			Amount overdue		
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
<u>67520</u>			<u>27152</u>		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	<u>YUZHOU GROUP HOLDINGS CO. LTD. YUZHOU PLAZA 299 JINGANG ROAD PUDONG NEW DIST, SHANGHAI 200129 CN</u>	<u>YUZHOU GROUP HOLDINGS CO. 6.35% 1/13/2027 1ST LIEN BONDS</u>

Amount received during reporting year			Amount overdue		
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
<u>236000</u>		<u>13700</u>	<u>35116</u>		

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
<input type="checkbox"/>	<u>SHIMAO GROUP HOLDINGS LTD. 38F TOWER ONE LIPPO CENTRE 89 QUEENSWAY HONG KONG, HONG KONG 00000 HK</u>	<u>SHIMAO GROUP HOLDINGS 4.75% 7/3/2024 SECURED BONDS</u>

Amount received during reporting year			Amount overdue		
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest
<u>176000</u>		<u>4750</u>	<u>37000</u>		

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

Schedule G (Form 5500) 2022  
v. 220413

<b>(a)</b>	<b>(b)</b> Identity and address of obligor		<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	OLD STEELCO INC 1839688 ALBERTA ULC 105 WEST STREET SAULT STE MARIE, ONTARIO P6A7B4 CA		ALBERTA 14% 2/13/2020 2ND LIEN		
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
472472			245		
<b>(a)</b>	<b>(b)</b> Identity and address of obligor		<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	ENDO LUXEMBOURG FINANCE CO. LTD. 2A RUE NICOLAS BOVE, 1253 MAREL LUXEMBOURG, LUXEMBOURG 00000 LU		ENDO LUXEMBOURG FINANCE CO 6.125% 4/1/2029 1ST LIEN BONDS		
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
35000		4857	26552		
<b>(a)</b>	<b>(b)</b> Identity and address of obligor		<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	ENDO DAC FIRST FLOOR MINERVA HOUSE SIMMONSCOURT ROAD BALLSBRIDGE, DUBLIN 00000 IE		6.00% 6/30/2028 SNR. UNSECURED BONDS		
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
133204		6600	11550		
<b>(a)</b>	<b>(b)</b> Identity and address of obligor		<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>	KAISA GROUP HOLDINGS LTD. 33F JIALI CENTER RENMIN SOUTH ROAD LUOHU DISTRI SHENZHEN, GUANGDONG 518005 CN		KAISA GROUP HOLDINGS 9.375% 6/30/2024 (CUSIP AO0807757) SECURED BONDS		
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest
70000			27096		
<b>(a)</b>	<b>(b)</b> Identity and address of obligor		<b>(c)</b> Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
<input type="checkbox"/>					
		Amount received during reporting year		Amount overdue	
<b>(d)</b> Original amount of loan	<b>(e)</b> Principal	<b>(f)</b> Interest	<b>(g)</b> Unpaid balance at end of year	<b>(h)</b> Principal	<b>(i)</b> Interest

<b>Part II Schedule of Leases in Default or Classified as Uncollectible</b>					
Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)					
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears
(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)		
<input type="checkbox"/>					
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears



**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**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.**

OMB No. 1210-0110

**2022**

**This Form is Open to Public Inspection**

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

<b>A</b> Name of plan <b>LOOMIS HIGH YIELD-UNIT 8 HALLIBURTON COMPANY EMPLOYEE BENEFIT MASTER TRUST</b>	<b>B</b> Three-digit plan number (PN) ► <b>208</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HALLIBURTON COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>80-6176426</b>

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	41756	
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>	1999431	
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	5053614	
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	126543152	
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	749645	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	4304790	
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>		
<b>(8)</b> Participant loans.....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	3496739	
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	2076235	

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	144265362	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	496603	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	496603	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	143768759	0

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	40620	
(C) Corporate debt instruments.....	2b(1)(C)	7013251	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	85763	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		7139634
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)	42070	
(B) Common stock.....	2b(2)(B)	24856	
(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)		66926
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	71989345	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	78381393	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-19295664	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		55032
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		61
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		-18426059
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>	5408	
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>	598769	
(4) Other .....	<b>2i(4)</b>		
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		604177
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		604177
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-19030236
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		10961282
(2) From this plan.....	<b>2l(2)</b>		135699805

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** because:

- (1)  This form is filed for a CCT, PSA, 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.

During the plan year:

**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.) .....

	Yes	No	Amount
<b>4a</b>			

		Yes	No	Amount
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....	<b>4b</b>	X		164711
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....	<b>4c</b>		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....	<b>4d</b>		X	
<b>e</b> Was this plan covered by a fidelity bond?.....	<b>4e</b>			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....	<b>4f</b>			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....	<b>4g</b>			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....	<b>4h</b>			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<b>4i</b>	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	<b>4j</b>	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....	<b>4k</b>			
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....	<b>4l</b>			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....	<b>4m</b>			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....	<b>4n</b>			

**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 \_\_\_\_\_.

## ◆ Schedule of Acquisitions &amp; Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
SBP4Z8K1	#REORG/ U S ACUTE CARE SOLN LLC MANDATRY EXCH U S ACUTE CARE SOL 4S1UAUM 2-11-22	Acquisitions	185,000.00	-187,775.00	
		Dispositions	-185,000.00		188,407.40
SBP4F9W0	#REORG/BLOCK INC MANDATORY EXCHANGE BLOCK INC TNT#000491XATQ 05-20-2022	Acquisitions	370,000.00	-336,906.25	
		Free Delivery	-370,000.00		
SBN46Y80	#REORG/UNITY SOFTWARE MANDATORY EXCHANGE UNITY SOFTWARE 3A29B44 11-19-2022	Acquisitions	5,000.00	-3,577.00	
		Free Delivery	-5,000.00		
S2002305	ABBOTT LAB COM	Acquisitions	44.00	-4,929.72	
		Dispositions	-509.00		57,135.00
SB92SR70	ABBVIE INC COM USD0.01	Acquisitions	134.00	-20,483.34	
		Dispositions	-694.00		100,940.29
SB4BNMY3	ACCENTURE PLC SHS CL A NEW	Acquisitions	26.00	-7,938.37	
		Dispositions	-198.00		60,803.43
SB7FBFL2	AMERICAN TOWER CORP	Acquisitions	52.00	-11,999.78	
		Dispositions	-289.00		75,932.48
SBP82M40	ANYWHERE REAL ESTATE GROUP LLC / SR NT 144A 5.25% 04-15-2030	Acquisitions	35,000.00	-35,000.00	
		Dispositions	-35,000.00		24,193.75
S2046251	APPLE INC COM STK	Acquisitions	44.00	-6,856.36	
		Dispositions	-495.00		81,025.56
S2065308	AUTOMATIC DATA PROCESSING INC COM	Acquisitions	14.00	-3,045.17	
		Dispositions	-152.00		32,607.88
SBNM3Z57	BANCO SANTANDER SA 5.147% DUE 08-18-2025BEO	Acquisitions	600,000.00	-600,000.00	
		Dispositions	-400,000.00		396,650.00
S2126335	BRISTOL MYERS SQUIBB CO COM	Acquisitions	79.00	-5,932.89	
		Dispositions	-979.00		71,340.86
SBDZ78H9	BROADCOM INC COM	Acquisitions	31.00	-17,181.67	

## ◆ Schedule of Acquisitions &amp; Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-91.00		50,813.40
SBMBVFS8	CCO HLDGS LLC/CCO HLDGS CAP CORP 4.5% 05-01-2032	Acquisitions	75,000.00	-60,000.00	
		Dispositions	-75,000.00		60,562.50
SBP9RBL4	CELANESE US HLDGS LLC 6.33% 07-15-2029	Acquisitions	95,000.00	-95,000.00	
		Dispositions	-95,000.00		97,430.10
SBP9RBF8	CELANESE US HLDGS 6.165% DUE 07-15-2027	Acquisitions	640,000.00	-640,000.00	
		Dispositions	-640,000.00		649,710.10
S2198163	CISCO SYSTEMS INC	Acquisitions	159.00	-7,902.31	
		Dispositions	-1,313.00		61,417.31
SBMF04M8	CLEVELAND-CLIFFS FIXED 5.875% DUE 06-01-2027	Acquisitions	125,000.00	-129,181.25	
		Dispositions	-125,000.00		116,512.50
S2206657	COCA COLA CO COM	Acquisitions	119.00	-7,490.01	
		Dispositions	-1,347.00		85,192.45
S2044545	COMCAST CORP NEW-CL A	Acquisitions	463.00	-19,259.92	
		Dispositions	-1,949.00		78,300.15
S2701271	COSTCO WHOLESALE CORP NEW COM	Acquisitions	26.00	-14,160.60	
		Dispositions	-26.00		13,970.69
S2240202	CUMMINS INC	Acquisitions	1.00	-199.03	
		Dispositions	-276.00		58,146.01
S2261203	DEERE & CO COM	Acquisitions	21.00	-7,898.65	
		Dispositions	-202.00		74,452.09
S2480677	DEVON ENERGY CORP NEW COM	Acquisitions	103.00	-6,311.42	
		Dispositions	-103.00		5,799.05
SB7VD3F2	DUKE ENERGY CORP NEW COM NEW COM NEW	Acquisitions	1.00	-113.34	
		Dispositions	-649.00		71,406.94
SBSPHGL4	ELEVANCE HEALTH INC				

## ◆ Schedule of Acquisitions &amp; Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	11.00	-5,402.44	
		Dispositions	-147.00		69,693.24
S2313405	EMERSON ELECTRIC CO COM	Acquisitions	230.00	-20,505.52	
		Dispositions	-230.00		20,652.46
SB94Q0Z1	FORD MTR CO DEL NT 4.75 01-15-2043	Acquisitions	395,000.00	-276,825.00	
		Dispositions	-210,000.00		170,512.50
SBMWWS70	FORD MTR CO DEL 9% DUE 04-22-2025	Acquisitions	280,000.00	-319,231.25	
		Dispositions	-1,640,000.00		1,847,050.00
SBP8Y7Q3	GENERAL MTRS CO 6.25% DUE 10-02-2043	Acquisitions	175,000.00	-173,196.55	
		Dispositions	-60,000.00		59,572.20
CG3962JAA9	GLOBAL AIR LEASE CO 7.25% PAY IN KIND DUE 09-15-2024	Acquisitions	5,256.00	-4,281.44	
		Dispositions	-70,000.00		65,205.00
SBP6L0C3	GLOBAL PMTS INC 4.95% DUE 08-15-2027	Acquisitions	340,000.00	-339,679.55	
		Dispositions	-340,000.00		327,222.80
S2434209	HOME DEPOT INC COM	Acquisitions	42.00	-12,892.66	
		Dispositions	-159.00		48,296.98
SBLGSGV7	ICAHN ENTERPRISES LP/CORP 5.25% DUE 05-15-2027	Acquisitions	205,000.00	-201,512.50	
		Dispositions	-200,000.00		187,887.50
SBMCN9G9	IONIS PHARMACEUTICALS INC SR NT CONV 0% 04-01-2026	Dispositions	-95,000.00		91,804.39
		Free Receipt	95,000.00	-95,000.00	
S2475833	JOHNSON & JOHNSON COM USD1	Acquisitions	189.00	-31,636.10	
		Dispositions	-551.00		95,322.29
C53523LAA8	LINDBLAD 6.75% DUE 02-15-2027	Acquisitions	35,000.00	-35,000.00	
		Dispositions	-35,000.00		35,262.50
S2522096	LOCKHEED MARTIN CORP COM	Acquisitions	17.00	-7,348.65	
		Dispositions	-222.00		95,542.35

## ◆ Schedule of Acquisitions &amp; Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
SBK9DTN5	L3HARRIS TECHNOLOGIES INC COM	Acquisitions	44.00	-11,233.91	
		Dispositions	-44.00		10,940.04
CC54294AF7	MEG ENERGY CORP 7.125% DUE 02-01-2027	Dispositions	-160,000.00		160,508.00
		Free Receipt	160,000.00	-131,525.00	
S2778844	MERCK & CO INC NEW COM	Acquisitions	571.00	-44,599.71	
		Dispositions	-1,211.00		105,412.07
S2592174	MICROCHIP TECHNOLOGY INC COM	Acquisitions	704.00	-49,624.38	
		Dispositions	-704.00		49,393.97
S2588173	MICROSOFT CORP COM	Acquisitions	73.00	-20,767.08	
		Dispositions	-265.00		74,204.17
S2262314	MORGAN STANLEY COM STK USD0.01	Acquisitions	63.00	-5,096.33	
		Dispositions	-711.00		61,087.91
C62886HBD2	NCL CORP LTD GTD SR NT EXCHANGEABLE 1.125% 02-15-2027	Dispositions	-10,000.00		7,719.88
		Free Receipt	335,000.00	-326,036.45	
C62886HBG5	NCL CORP LTD SR NT 144A 7.75% 02-15-2029	Acquisitions	260,000.00	-260,000.00	
		Dispositions	-260,000.00		209,768.75
S2636607	NEWMONT CORPORATION	Acquisitions	3.00	-219.91	
		Dispositions	-1,223.00		72,625.14
S2328915	NEXTERA ENERGY INC COM	Acquisitions	223.00	-16,287.72	
		Dispositions	-983.00		83,572.59
SBKVKRK7	OCCIDENTAL PETE CORP SR NT 6.6% 03-15-2046	Acquisitions	495,000.00	-562,443.75	
		Dispositions	-365,000.00		408,312.50
SBNSPQ21	ONEMAIN FIN CORP SR NT 3.5% 01-15-2027	Acquisitions	40,000.00	-36,375.00	
		Dispositions	-50,000.00		41,000.00
SBMYLX70	ORACLE CORP FIXED 2.875% DUE 03-25-2031	Acquisitions	405,000.00	-315,053.55	

## ◆ Schedule of Acquisitions &amp; Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-405,000.00		318,950.95
SBQ69734	ORACLE CORP 6.15% DUE 11-09-2029	Acquisitions	280,000.00	-279,734.00	
		Dispositions	-280,000.00		289,856.00
SBP6LB64	OXFORD FIN LLC / OXFORD FIN 6.375% 02-01-2027	Acquisitions	200,000.00	-200,000.00	
		Dispositions	-200,000.00		195,674.25
S2504566	PACKAGING CORP AMER COM ISIN US6951561090	Acquisitions	140.00	-19,338.16	
		Dispositions	-140.00		18,908.17
SBP92B86	PELTON INTERACTIVE INC 0.0% CONV 02-15-2026	Dispositions	-145,000.00		121,437.50
		Free Receipt	145,000.00	-140,338.53	
S2690830	PIONEER NAT RES CO COM	Acquisitions	245.00	-56,519.68	
		Dispositions	-245.00		55,837.35
S2704407	PROCTER & GAMBLE COM NPV	Acquisitions	147.00	-22,064.90	
		Dispositions	-589.00		87,201.54
SBMHXK05	PVTPL ANTERO RES CORP 8.375% DUE 07-15-2026 BEO	Acquisitions	95,000.00	-105,184.00	
		Dispositions	-95,000.00		103,550.00
SBNHTSC8	PVTPL ASCENT RESOURCES 5.875% 06-30-2029	Acquisitions	25,000.00	-24,187.50	
		Dispositions	-170,000.00		152,125.00
C071734AD9	PVTPL BAUSCH HEALTH COS INC 7.0% 01-15-2028	Acquisitions	50,000.00	-44,937.50	
		Dispositions	-50,000.00		17,625.00
C071734AH0	PVTPL BAUSCH HEALTH COS INC SR NT 5.0% DUE 01-30-2028 BEO	Acquisitions	260,000.00	-226,506.25	
		Dispositions	-560,000.00		196,600.00
C071734AJ6	PVTPL BAUSCH HEALTH COS INC 5.25% 01-30-2030	Acquisitions	55,000.00	-44,357.75	
		Dispositions	-345,000.00		176,812.50
C071734AL1	PVTPL BAUSCH HEALTH COS INC 5.25% DUE 02-15-2031 BEO	Acquisitions	210,000.00	-169,263.25	
		Dispositions	-555,000.00		284,175.00
C071734AK3	PVTPL BAUSCH HEALTH COS INC 6.25% DUE 02-15-2029 BEO				

## ◆ Schedule of Acquisitions &amp; Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	15,000.00	-12,562.50	
		Dispositions	-205,000.00		70,725.00
SBP6C8J9	PVTPL CALLON PETE CO DEL 8.0% DUE 08-01-2028 BEO				
		Acquisitions	80,000.00	-83,600.00	
		Dispositions	-200,000.00		198,150.00
SBMV10G8	PVTPL CARVANA CO 4.875% DUE 09-01-2029 BEO				
		Acquisitions	340,000.00	-296,431.20	
		Dispositions	-240,000.00		189,337.50
SMBBYZ7	PVTPL CARVANA CO 5.625% DUE 10-01-2025 BEO				
		Acquisitions	90,000.00	-82,566.00	
		Dispositions	-90,000.00		59,400.00
SBMV1FZ5	PVTPL CCO HLDGS LLC/CAP CORP 4.75% DUE 02-01-2032 BEO				
		Acquisitions	210,000.00	-210,000.00	
		Dispositions	-210,000.00		174,706.25
SBN2R7D1	PVTPL CCO HLDGS LLC/CCO HLDGS CAP CORP 4.25% DUE 02-01-2031				
		Acquisitions	145,000.00	-138,837.50	
		Dispositions	-235,000.00		197,256.25
SBKZHR3	PVTPL CCO HLDGS LLC/CCO HLDGS CAP CORP 4.5% DUE 08-15-2030				
		Acquisitions	760,000.00	-767,828.00	
		Dispositions	-760,000.00		647,900.00
SBM9M1M9	PVTPL CSC HLDGS LLC 4.625% 12-01-2030				
		Acquisitions	1,625,000.00	-1,199,375.00	
		Dispositions	-200,000.00		140,000.00
SBMHMCZ1	PVTPL FREEDOM MTG CORP SR NT 7.625% 05-01-2026				
		Acquisitions	85,000.00	-85,000.00	
		Dispositions	-115,000.00		94,300.00
SBNKCJL0	PVTPL HILTON GRAND VACATIONS BORROWER ESC 4.875% 07-01-2031				
		Acquisitions	285,000.00	-231,525.00	
		Dispositions	-155,000.00		145,112.50
SBMXKCL5	PVTPL HILTON GRAND VACATIONS BORROWER ESCROW L SR NT 5.0% 06-01-2029				
		Acquisitions	95,000.00	-83,600.00	
		Dispositions	-125,000.00		121,093.75
SBF4PG96	PVTPL JELD-WEN INC SR NT 4.625% 12-15-2025				
		Acquisitions	465,000.00	-450,910.50	
		Dispositions	-165,000.00		142,312.50
SBMH1559	PVTPL L BRANDS INC SR NT 6.625% 10-01-2030				
		Acquisitions	205,000.00	-203,675.00	
		Dispositions	-205,000.00		190,650.00

## ◆ Schedule of Acquisitions &amp; Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
SBMCCSS1	PVTPL LIGADO NETWORKS LLC 15.5% DUE 11-01-2023 BEO	Acquisitions	44,589.00	-25,777.24	
		Dispositions	-55,000.00		41,800.00
C552704AE8	PVTPL MEG ENERGY CORP 7.125% 02-01-2027	Acquisitions	135,000.00	-141,775.00	
		Dispositions	-275,000.00		275,860.00
C552704AF5	PVTPL MEG ENERGY CORP 5.875% DUE 02-01-2029/02-02-2021 BEO	Acquisitions	90,000.00	-83,700.00	
		Dispositions	-135,000.00		129,262.50
C603051AC7	PVTPL MINERAL RES LTD 8% DUE 11-01-2027 BEO	Acquisitions	500,000.00	-500,000.00	
		Dispositions	-190,000.00		185,062.50
SBJ7HPV2	PVTPL POST HLDGS INC SR NT 144A 5.5% DUE12-15-2029/07-03-2019 BEO	Acquisitions	0.00	0.00	
		Dispositions	-185,000.00		174,048.00
SBN7NDB4	PVTPL QUICKEN LNS LLC/QUICKEN LNS CO-ISSUER IN 3.625% 03-01-2029	Acquisitions	195,000.00	-156,987.50	
		Dispositions	-45,000.00		36,731.25
		Free Delivery	-210,000.00		
SBP815Z9	PVTPL ROCKET MTG LLC/ROCKET MTG CO-ISSUER INC 2.875%DUE 10-15-2026 BEO	Acquisitions	280,000.00	-242,600.35	
		Dispositions	-425,000.00		401,584.25
C80007RAP0	PVTPL SANDS CHINA LTD 2.85% 03-08-2029	Acquisitions	200,000.00	-142,500.00	
		Free Delivery	-200,000.00		
SBP6T4Q9	PVTPL TARGA RES PARTNERS LP 4.875% 08-30-2021	Acquisitions	40,000.00	-36,636.35	
		Dispositions	-195,000.00		184,762.50
SBQB7JL5	PVTPL TENET HEALTHCARE CORP 6.125% DUE 06-15-2030	Acquisitions	510,000.00	-510,000.00	
		Dispositions	-510,000.00		463,056.25
C89383JAA6	PVTPL TRANSOCEAN POSEIDON LTD SR SECD NT6.875% 02-01-2027	Acquisitions	281,250.00	-277,734.38	
		Dispositions	-40,625.00		40,625.00
S2714923	QUALCOMM INC COM	Acquisitions	323.00	-44,442.85	
		Dispositions	-323.00		48,391.50
SBMH3K83	QUICKEN LNS LLC/QUICKEN LNS CO-ISSU 3.625% 03-01-2021				

## ◆ Schedule of Acquisitions &amp; Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-60,000.00		48,975.00
		Free Receipt	210,000.00	-209,964.05	
SBN7RYH9	QUICKEN LNS 3.875% DUE 03-01-2031	Acquisitions	310,000.00	-283,112.50	
		Dispositions	-80,000.00		63,187.50
C80007RAQ8	SANDS CHINA LTD SR NT 3.1% 03-08-2029	Dispositions	-200,000.00		151,000.00
		Free Receipt	200,000.00	-142,500.00	
C80007RAL9	SANDS CHINA LTD 4.375% SNR NTS 06-18-2030 USD	Acquisitions	600,000.00	-440,000.00	
		Dispositions	-600,000.00		475,725.00
C81180WBE0	SEAGATE HDD CAYMAN 3.375% DUE 07-15-2031REG	Acquisitions	20,000.00	-15,925.00	
		Dispositions	-5,000.00		3,573.50
		Free Delivery	-15,000.00		
C81180WAR2	SEAGATE HDD CAYMAN 4.875% DUE 06-01-2027	Acquisitions	70,000.00	-67,450.00	
		Dispositions	-5,000.00		4,548.50
SBKTMHD8	SPRINGLEAF FIN 5.375% DUE 11-15-2029	Acquisitions	100,000.00	-101,500.00	
		Dispositions	-100,000.00		93,337.50
S2842255	STARBUCKS CORP COM	Acquisitions	285.00	-21,099.97	
		Dispositions	-863.00		72,485.33
SBNNGWW1	TARGA RES PARTNERS LP/TARGA RES FIN 5.5% SNR NTS 03-01-2030 USD	Acquisitions	245,000.00	-225,447.65	
		Dispositions	-390,000.00		382,200.00
SBD3GSZ6	TEVA PHARMACEUTICAL INDST LTD 4.1% BDS 10-01-2046 USD2000	Acquisitions	5,000.00	-4,037.50	
		Dispositions	-505,000.00		314,362.50
S2885409	TEXAS INSTRUMENTS INC COM	Acquisitions	13.00	-2,218.47	
		Dispositions	-211.00		35,670.93
S2886907	THERMO FISHER CORP	Acquisitions	52.00	-28,265.60	
		Dispositions	-52.00		30,236.66
SBP8Z584	TWITTER INC CB TWITTER INC 0% DUE 03-15-2026 REG	Dispositions	-205,000.00		176,312.50

◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Free Receipt	205,000.00	-205,000.00	
S2914734	UNION PAC CORP COM	Acquisitions	31.00	-7,309.46	
		Dispositions	-298.00		68,905.35
S2517382	UNITED PARCEL SVC INC CL B	Acquisitions	39.00	-7,196.20	
		Dispositions	-342.00		65,787.69
S2917766	UNITEDHEALTH GROUP INC COM	Acquisitions	24.00	-12,649.65	
		Dispositions	-111.00		57,286.75
S2936921	WALMART INC COM	Acquisitions	139.00	-19,630.42	
		Dispositions	-577.00		78,532.06
C958254AJ3	WESTN GAS PARTNERS 5.3% 03-01-2048	Acquisitions	170,000.00	-150,608.35	
		Dispositions	-25,000.00		28,375.00
SBKRMRB8	WESTN MIDSTREAM STEP CPN 5.75% DUE 02-01-2050	Acquisitions	125,000.00	-110,690.00	
		Dispositions	-180,000.00		174,075.00
S2967181	WILLIAMS CO INC COM	Acquisitions	153.00	-5,210.95	
		Dispositions	-1,903.00		62,131.07
SBN7S9F5	YUM BRANDS INC 3.625% DUE 03-15-2031	Acquisitions	250,000.00	-230,600.00	
		Dispositions	-665,000.00		568,162.50

◆ 5% Report - Part A

*Single Transaction in Excess of 5%*

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Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 143,768,759.04

◆ 5% Report - Part B

*Series of Non-Security Transactions with Same Party in Excess of 5%*

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Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 143,768,759.04

◆ 5% Report - Part C Summary

*Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
NT COLLECTIVE GOVT SHORT TERM INVT FD CUSIP: 66586U445	Total acquisitions	81	33,948,182.43			0.00	33,948,182.43	33,948,182.43
	Total dispositions	83		29,467,113.46		0.00	29,467,113.46	29,467,113.46

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 143,768,759.04

◆ 5% Report - Part D

*Series of Transactions with Same Party in Excess of 5%*

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Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 143,768,759.04