

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

2022

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) M
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - 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

1a Name of plan <u>NAVISTAR, INC. SALARIED EMPLOYEES PENSION PLAN MASTER TRUST</u>	1b Three-digit plan number (PN) ▶ <u>100</u>
	1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>NAVISTAR, INC.</u> <u>2701 NAVISTAR DRIVE</u> <u>LISLE, IL 60532</u>	2b Employer Identification Number (EIN) <u>13-3248318</u>
	2c Plan Sponsor's telephone number <u>331-332-5000</u>
	2d Business code (see instructions)

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

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

SIGN HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/13/2023</u>	<u>ROSE MURTAUGH</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

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
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). 6a(1) Total number of active participants at the beginning of the plan year 6a(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 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) 6a(2) 6b 6c 6d 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> 0 A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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 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 _____

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> 2022 This Form is Open to Public Inspection.
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>NAVISTAR, INC. SALARIED EMPLOYEES PENSION PLAN MASTER TRUST</u>	B Three-digit plan number (PN) ▶	<u>100</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NAVISTAR, INC.</u>	D Employer Identification Number (EIN) <u>13-3248318</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

THE NORTHERN TRUST COMPANY

36-1561860

(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)

AON INVESTMENT CONSULTING, INC.

27-2436452

(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	353367	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)

THE NORTHERN TRUST COMPANY

36-1561860

(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?
21 50	NONE	238918	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

MILLER COOPER & CO. LTD

36-2897372

(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?
10 50	NONE	10650	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

A Name of plan NAVISTAR, INC. SALARIED EMPLOYEES PENSION PLAN MASTER TRUST	B Three-digit plan number (PN) ▶	100
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NAVISTAR, INC.	D Employer Identification Number (EIN) 13-3248318	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	AON 20+ YR US TREASURY STRIPS CL I		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	137924767
a Name of MTIA, CCT, PSA, or 103-12 IE:	AON GLOBAL EQUITY CLASS I		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	58317342
a Name of MTIA, CCT, PSA, or 103-12 IE:	AON GLOBAL REAL ESTATE		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	480194
a Name of MTIA, CCT, PSA, or 103-12 IE:	AON NON-US EQUITY		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	43929440
a Name of MTIA, CCT, PSA, or 103-12 IE:	AON SMALL & MID CAP EQUITY		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	13154970
a Name of MTIA, CCT, PSA, or 103-12 IE:	AON NON-US EQUITY INDEX		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	24292297
a Name of MTIA, CCT, PSA, or 103-12 IE:	AON US INTERMEDIATE GOVT BOND INDEX		
b Name of sponsor of entity listed in (a):	AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51710

a Name of MTIA, CCT, PSA, or 103-12 IE: AON US LONG GOVT BOND INDEX		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70977
a Name of MTIA, CCT, PSA, or 103-12 IE: AON INT CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS CLASS I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 425651
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGT CLTV SHORT TERM INVEST FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9885348
a Name of MTIA, CCT, PSA, or 103-12 IE: NT CLTV S&P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6138589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 99287221
a Name of MTIA, CCT, PSA, or 103-12 IE: AON RETRN ENHNCING ALT PORT SP CL A		
b Name of sponsor of entity listed in (a): AON HEWITT INVESTMENT CONSULTING, INC.		
c EIN-PN 98-1419542-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35283065
a Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE CLASS I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 129853579
a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI-ASSET CREDIT CLASS I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23291131
a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND CLASS I		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 653325
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)
(Complete as many entries as needed to report all participating plans)

a Plan name NAVISTAR, INC. SALARIED EMPLOYEES PENSION PLAN

b Name of plan sponsor NAVISTAR, INC. **c** EIN-PN 36-1264810-037

a Plan name NAVISTAR, INC. SALARIED EMPLOYEES PENSION PLAN NO. 2

b Name of plan sponsor NAVISTAR, INC. **c** EIN-PN 36-1264810-039

a Plan name

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

a Plan name

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

a Plan name

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a Plan name

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

a Plan name

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

a Plan name

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

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

A Name of plan NAVISTAR, INC. SALARIED EMPLOYEES PENSION PLAN MASTER TRUST	B Three-digit plan number (PN) ▶	100
C Plan sponsor's name as shown on line 2a of Form 5500 NAVISTAR, INC.	D Employer Identification Number (EIN) 13-3248318	

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	13852171
		6846284
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	9885348
(2) U.S. Government securities.....	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred.....	1c(3)(A)	
(B) All other.....	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred.....	1c(4)(A)	
(B) Common.....	1c(4)(B)	
(5) Partnership/joint venture interests.....	1c(5)	78454680
(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)	531732604
(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)	35283065
(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)	6759110
		13601223

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	1054498759	675966978
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	286815	253934
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	286815	253934
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1054211944	675713044

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	1572754	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		1572754
(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)	14896498	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	20240076	
(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)	7228783	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-169621884
(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)		3574351
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		2100269
d Total income. Add all income amounts in column (b) and enter total	2d		-160489305
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	10650	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)	353367	
(4) Other	2i(4)	4995802	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		5359819
j Total expenses. Add all expense amounts in column (b) and enter total	2j		5359819
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-165849124
l Transfers of assets:			
(1) To this plan	2l(1)		100361734
(2) From this plan.....	2l(2)		313011510

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
4a			

		Yes	No	Amount
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.).....	4b		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.)	4c		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.).....	4d		X	
e Was this plan covered by a fidelity bond?.....	4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f			
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?	4g			
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?.....	4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i	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.).....	4j	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?	4k			
l Has the plan failed to provide any benefit when due under the plan?	4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 _____.

◆ 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	Value of Asset on Transaction
			Acquisition Price	Disposition Price				
COLTV SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	182	49,982,794.25			0.00	49,982,794.25	49,982,794.25
COLTV SHORT TERM INVT FD CUSIP: 66586U452	Total dispositions	64		72,365,387.33		0.00	72,365,387.33	72,365,387.33
MFO AGT US LONG FIXED ACTIVE CREDI CUSIP: 00187K530	Total acquisitions	1	1,000,000.00			0.00	1,000,000.00	1,000,000.00
	Total dispositions	12		178,082,089.91		0.00	205,384,288.63	178,082,089.91
MFO AON COLLECTIVE INVT TR US LONG GOVERNMENT BOND INDEX FD CUSIP: 00187K456	Total acquisitions	3	24,500,000.00			0.00	24,500,000.00	24,500,000.00
	Total dispositions	8		35,602,137.97		0.00	37,254,458.54	35,602,137.97
MFO AON HEWITT COLLECTIVE INVT TR 20+ YR US TREAS STRIPS CUSIP: 00187K555	Total acquisitions	12	171,600,000.00			0.00	171,600,000.00	171,600,000.00
	Total dispositions	2		4,125,380.00		0.00	5,584,738.95	4,125,380.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	133	147,116,875.74			0.00	147,116,875.74	147,116,875.74
	Total dispositions	54		137,231,527.28		0.00	137,231,527.28	137,231,527.28

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 1,034,374,045.23

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Value of Asset on Transaction
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Although this report has been prepared using information believed to be reliable, it may contain information provided by third parties or derived from third party information, and/or information that may have been obtained from, categorized or otherwise reported based upon client direction. The Northern Trust Company does not guarantee the accuracy, timeliness or completeness of any such information. The information included in this report is intended to assist clients with their financial reporting needs, but you must consult with your accountants, auditors and/or legal counsel to ensure your accounting and financial reporting complies with applicable laws, regulations and accounting guidance. The Northern Trust Company and its affiliates shall have no responsibility for the consequences of investment decisions made in reliance on information contained in this report.

NOTE: TRANSACTIONS ARE BASED ON THE 2021-12-31 VALUE (INCLUDING ACCRUALS) OF 1,034,374,045.23

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	229,823.07	229,823.07
Total - all currencies		229,823.07	229,823.07
Other Receivables: United States dollar	0.000	24,111.29	24,111.29
Total - all currencies		24,111.29	24,111.29
Total Receivables - Other - USD		253,934.36	253,934.36
<i>Partnership/Joint Venture Interests</i>			
Global Region - USD			
Brookfield Strategic Real Estate Partners III CUSIP : 9939QZ997	11,447,348.650	11,447,348.65	12,539,979.00
Brookfield Strategic Real Estate Partners III CUSIP : 993HU8994	1,726,028.480	1,726,028.48	2,367,789.00
Total Global Region - USD		13,173,377.13	14,907,768.00
United States - USD			
AON OPPORTUNISTIC CREDIT PORTFOLIO SP CUSIP : 993LZS996	2,307,447.000	2,307,447.00	2,586,904.00
AON OPPORTUNISTIC CREDIT PORTFOLIO SP CUSIP : 993LZQ990	13,023,478.000	13,023,478.00	14,874,678.00
AON PRIVATE CREDIT OPPORTUNITIES FUND, LLC CUSIP : 992RF9998	19,473,155.830	19,473,155.83	25,933,397.00
AON PRIVATE CREDIT OPPORTUNITIES FUND, LLC CUSIP : 993HU7996	3,375,712.170	3,375,712.17	4,896,694.00
CS STRATEGIC PARTNERS IV, LP CUSIP : 000606137	19,779.750	19,779.75	814,714.00
CS STRATEGIC PARTNERS V, LP CUSIP : 9918G1997	2.000	1.00	2,871,573.00
STRATEGIC PARTNERS FUND IV, LP CUSIP : 993HU9992	0.160	0.16	151,733.00
STRATEGIC PARTNERS FUND V, LP CUSIP : 993HV0990	1.000	1.00	534,804.00
TPG REAL ESTATE PARTNERS III (C) LP CUSIP : 993HV1998	795,640.050	795,640.05	1,107,550.00
TPG REAL ESTATE PARTNERS III (C) LP CUSIP : 9939B1998	6,661,739.750	6,661,739.75	5,865,680.00
TPG REAL ESTATE PARTNERS III EU AIV B, SCSP CUSIP : 9939A8994	437,715.680	437,715.68	1,772,398.00
TPG REAL ESTATE PARTNERS III EU AIV B, SCSP CUSIP : 993HV2996	61,538.780	61,538.78	334,658.00
Total United States - USD		46,156,209.17	61,744,783.00
Total Partnership/Joint Venture Interests		59,329,586.30	76,652,551.00

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Real Estate</i>			
United States - USD			
AON CORE REAL ESTATE- CLASS I APL CUSIP : 99089NFW0	800,000.000	800,000.00	800,000.00
AON CORE REAL ESTATE- CLASS I CUSIP : 99089NFV2	8,654,181.320	87,653,641.53	136,043,730.35
Total United States - USD		88,453,641.53	136,843,730.35
Total Real Estate		88,453,641.53	136,843,730.35

Value of Interest in Common/Collective Trusts

United States - USD			
CF MULTI ASSET CREDIT CLASS-I CUSIP : 67999AA17	2,359,193.870	23,591,938.67	23,273,754.22
MFB NT COLLECTIVE S&P500 INDEX FUND-NON LENDING CUSIP : 658991310	6,915.140	63,560,604.34	99,287,220.53
MFO AGT GLOBAL REAL ESTATE CUSIP : 00185C423	36,994.920	478,631.43	480,194.06
MFO AGT NON-US ACTIVE EQ CUSIP : 00185C480	2,787,401.000	39,190,858.03	43,929,439.76
MFO AGT US LONG FIXED ACTIVE CREDI CUSIP : 00187K530	84,518.130	868,472.53	653,325.14
MFO AGT US SMALL-MID CAP ACTIVE EQ CUSIP : 00185C522	684,798.020	10,169,250.61	13,154,969.96
MFO AHGT HIGH YIELD PLUS BOND CUSIP : 00185C381	34,052.110	446,910.41	425,651.38
MFO AON COLLECTIVE INVT TR FORMERLY AON HEW NON US EQUITY INDEX CUSIP : 00187K480	2,283,110.580	23,115,941.92	24,292,296.57
MFO AON COLLECTIVE INVT TR US INTERMEDIATE GOVERNMENT BOND INDEX CUSIP : 00187K464	5,726.450	56,207.94	51,709.84
MFO AON COLLECTIVE INVT TR US LONG GOVERNMENT BOND INDEX FD CUSIP : 00187K456	10,869.370	102,333.59	70,976.99
MFO AON HEWITT COLLECTIVE INVT TR 20+ YR US TREAS STRIPS CUSIP : 00187K555	25,214,765.510	201,650,885.82	137,924,767.34
MFO AON HEWITT COLLECTIVE INVT TR GLOBALEQUITY CL I CUSIP : 00185C456	3,279,940.480	44,314,476.33	58,317,341.73
NT COLLECTIVE SHORT TERM INVT FD CUSIP : 66586U452	9,885,348.460	9,885,348.46	9,885,348.46
Total United States - USD		417,431,860.08	411,746,995.98
Total Value of Interest in Common/Collective Trusts		417,431,860.08	411,746,995.98

Other

Global Region - USD			
CF AEOLUS PROPERTY CATASTROPHE KEYSTONE PF FUND LP - KEYSTONE PF UNITS - J21 SUB CUSIP : 991458571	1,443.630	1,443,630.00	1,129,421.17

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Other</i>			
Global Region - USD			
CF AEOLUS PROPERTY CATASTROPHE KEYSTONE PF FUND LP - KYS PF UNITS - J22 SUB CUSIP : 7T2999K17	2,847.500	3,316,870.00	2,911,574.16
CF AEOLUS PROPERTY CATASTROPHE KEYSTONE PF FUND LP - KYS PF UNITS - J22 SUB CUSIP : 1AG999J60	552.500	643,570.00	564,932.30
CF AEOLUS PROPERTY CATASTROPHE KEYSTONE PF FUND LP - MY21 SUB ACCOUNT CUSIP : 1G7999K32	469.050	469,050.00	544,411.59
Total Global Region - USD		5,873,120.00	5,150,339.22
United States - USD			
CF AON RETURN ENHANCING ALTERNATIVES PORTFOLIO SP CLASS A- INITIAL CUSIP : 32999GH78	37,330.990	37,330,102.11	47,566,037.36
CF AON RETURN ENHANCING ALTERNATIVES PORTFOLIO SP CLASS A CUSIP : 17999IAO5	1,150.580	1,150,583.60	1,607,913.12
CF SECURIS II FUND - SPC 14 - INVESTOR ACCOUNT CUSIP : 991813809	1,366.950	22,188.98	353,255.42
CF SECURIS II FUND - SPC 14 - INVESTOR ACCOUNT CUSIP : 990661555	7,519.400	751,940.00	100,041.11
CF SECURIS II FUND SPC 14 - USD CLASS A1 CUSIP : 996073607	20,132.620	2,488,304.18	320,444.87
CF SECURIS II FUND SPC 14 - USD CLASS A1 CUSIP : 994536662	7,955.380	357,667.30	1,115,002.19
Total United States - USD		42,100,786.17	51,062,694.07
CAD - Canadian dollar	0.000	0.00	0.00
USD - United States dollar	0.000	0.00	0.00
Total - all currencies		0.00	0.00
Total Other		47,973,906.17	56,213,033.29
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	40,060.28	40,060.28
Total - all currencies		40,060.28	40,060.28
Other Payables: United States dollar	0.000	-293,994.64	-293,994.64

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Other Liabilities</i>			
Total - all currencies		-293,994.64	-293,994.64
Total Other Liabilities		-253,934.36	-253,934.36
Total		613,188,994.08	681,456,310.62

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