

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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 NORDSTROM 401K PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 01/01/1953
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) NORDSTROM, INC. EMPLOYEE BENEFITS 1600 7TH AVE. SUITE 2500 SEATTLE, WA 98101
2b	Employer Identification Number (EIN) 91-0515058
2c	Plan Sponsor's telephone number 855-667-3947
2d	Business code (see instructions) 452200

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	Filed with authorized/valid electronic signature.	06/13/2024	TERRY LODES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor NORDSTROM 401K PLAN RETIREMENT COMMITTEE 1600 7TH AVE. SUITE 2500 SEATTLE, WA 98101	3b Administrator's EIN 91-0979776 3c Administrator's telephone number 855-667-3947
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 111352
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 61127 6a(2) 58225 6b 0 6c 50224 6d 108449 6e 332 6f 108781 6g(1) 104811 6g(2) 103450 6h 20711
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:

2F 2G 2J 2K 2R 2S 2T 3H

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2023
		This Form is Open to Public Inspection.

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan NORDSTROM 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSTROM, INC.	D Employer Identification Number (EIN) 91-0515058	

Part I	Service Provider Information (see instructions)
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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
CAPITAL BANK AND TRUST COMPANY
95-4797716

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LOOMIS SAYLES TRUST COMPANY, LLC
20-8080381

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NEUBERGER BERMAN INVSTMNT ADVISERS
02-0654486

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PUTNAM FIDUCIARY TRUST CO., LLC
04-2777224

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

THE VANGUARD GROUP, INC.

23-1945930

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

SEI TRUST COMPANY

06-1271230

(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)

ALIGHT SOLUTIONS LLC

82-1061233

(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?
15 50	RECORDKEEPER	3424752	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ALIGHT FINANCIAL ADVISORS, LLC

82-1061233

(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?
26 50	NONE	2636089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM BLAIR INVESTMENT MGMT LLC

47-2614791

(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 50 51 52 68	NONE	2033231	Yes ☒ No ☐	Yes ☒ No ☐	12027	Yes ☐ No ☒

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)

BANK OF NEW YORK MELLON

13-5160382

(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 25 28 50 51 52	NONE	1181928	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DODGE & COX

94-1441976

(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 50 51 52 68	NONE	789833	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

CALLAN ASSOCIATES

94-2192581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	358961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

THOMPSON HINE

34-0575300

(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?
29 50	ERISA COUNSEL	255013	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 59	NONE	210212	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VOYA INVESTMENT MANAGEMENT COMPANY

06-1440627

(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 50 51 52	NONE	181065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

MOSS ADAMS

91-0189318

(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	AUDITOR	64575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(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?
19 49 50 51	NONE	52246	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

PERSHING LLC

13-2741729

(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?
59 61 71 99	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	30183	Yes ☐ No ☒

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)

QDRO CONSULTANTS CO LLC

34-1820650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	CONSULTANT	2800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(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?
33 61 63	NONE	0	Yes ☒ No ☐	Yes ☒ No ☐	1485	Yes ☐ No ☒

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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
PERSHING LLC	71	23796
(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.	
ALIGHT FINANCIAL SOLUTIONS 82-1061233	CLEARING AGENT SERVICES PROVIDED TO ALIGHT FINANCIAL SOLUTIONS, LLC FOR THE SELF-DIRECTED BROKERAGE WINDOW	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN	68	3711
(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.	
WILLIAM BLAIR INVESTMENT MGMT LLC 47-2614791	THIRD PARTY RESEARCH	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BANK OF AMERICA MERRILL LYNCH	68	3373
(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.	
WILLIAM BLAIR INVESTMENT MGMT LLC 47-2614791	THIRD PARTY RESEARCH	

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
PERSHING LLC	61	3240
(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.	
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	FINDER'S FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	99	2848
(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.	
ALIGHT FINANCIAL SOLUTIONS 82-1061233	OTHER FEES RELATED TO CLEARING AGENT SERVICES PROVIDED TO ALIGHT FINANCIAL SOLUTIONS, LLC FOR THE SELF-DIRECTED BROKERAGE WINDOW	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	61	1228
(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.	
PERSHING LLC 13-2741729	FINDER'S FEES	

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
INSTINET	68	1210

(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.
WILLIAM BLAIR INVESTMENT MGMT LLC 47-2614791	THIRD PARTY RESEARCH

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PERSHING LLC	59	299

(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.
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	SHAREHOLDER SERVICING FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	63	257

(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.
MULTIPLE MUTUAL FUND COMPANIES 82-1061233	AGGREGATED INVESTMENT MANAGER FUND FEES

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

A Name of plan <u>NORDSTROM 401K PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORDSTROM, INC.</u>	D Employer Identification Number (EIN) <u>91-0515058</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: PUTNAM STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PUTNAM FIDUCIARY TRUST COMPANY

c EIN-PN <u>04-3159710-202</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>298979373</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>18015694</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TIPS INDEX

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN <u>90-0337987-168</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44456902</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE PLUS FIXED INCOM

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

c EIN-PN <u>84-6391546-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>404216194</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER INT'L MULTI-CAP EQTY TRUST

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

c EIN-PN <u>46-4679164-072</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>249847932</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: EUROPACIFIC GROWTH FUND

b Name of sponsor of entity listed in (a): THE CAPITAL GROUP EUROPACIFIC GROWTH TRUST

c EIN-PN <u>95-6597294-661</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>541913476</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM RETIREMENT REAL ESTATE FUND II

b Name of sponsor of entity listed in (a): PGIM INC.

c EIN-PN <u>83-1921274-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>92847012</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INST 500 IX

b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY

c EIN-PN 81-6327546-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 921550671
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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
		2023
		This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan NORDSTROM 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSTROM, INC.	D Employer Identification Number (EIN) 91-0515058	

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

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)	735546	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	105882	94546
(2) U.S. Government securities	1c(2)	69653167	91345572
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	19298263	21951113
(B) All other	1c(3)(B)	51345317	46394658
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1971779	2009741
(B) Common	1c(4)(B)	697919200	464572569
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	67150060	70192167
(9) Value of interest in common/collective trusts	1c(9)	1429374569	2478980242
(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)	80258143	92847012
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	947278105	545812858
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	37669950	46066759

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	51879012	59602928
(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	3454638993	3919870165
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	2471352	1364635
i Acquisition indebtedness	1i		
j Other liabilities	1j	15571265	3226231
k Total liabilities (add all amounts in lines 1g through 1j)	1k	18042617	4590866
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3436596376	3915279299

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)	69492346	
(B) Participants	2a(1)(B)	179096125	
(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)		248588471
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1108	
(B) U.S. Government securities	2b(1)(B)	2812151	
(C) Corporate debt instruments	2b(1)(C)	3804704	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3791640	
(F) Other	2b(1)(F)	273872	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10683475
(2) Dividends: (A) Preferred stock	2b(2)(A)	85904	
(B) Common stock	2b(2)(B)	8672572	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4748103	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		13506579
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1158680671	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1088294641	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		70386030
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	69446838	
(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)		133591242
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		255908027
c Other income	2c		8947217
d Total income. Add all income amounts in column (b) and enter total	2d		811057879

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	321189259	
(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)		321189259
f Corrective distributions (see instructions)	2f		47402
g Certain deemed distributions of participant loans (see instructions)	2g		-52461
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	3424752	
(4) IQPA audit fees.....	2i(4)	64575	
(5) Investment advisory and investment management fees	2i(5)	6051426	
(6) Bank or trust company trustee/custodial fees	2i(6)	1181928	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	255013	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	213062	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		11190756
j Total expenses. Add all expense amounts in column (b) and enter total	2j		332374956

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		478682923
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: **MOSS ADAMS LLP**

(2) EIN: **91-0189318**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023		
A Name of plan NORDSTROM 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORDSTROM, INC.	D Employer Identification Number (EIN) 91-0515058	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1926855		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
---------	--

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9	If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for: a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment) b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14a 14b 14c	
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to: a The corresponding number for the plan year immediately preceding the current plan year b The corresponding number for the second preceding plan year	15a 15b	
16 Information with respect to any employers who withdrew from the plan during the preceding plan year: a Enter the number of employers who withdrew during the preceding plan year b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16a 16b	
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐	
19 If the total number of participants is 1,000 or more, complete lines (a) and (b): a Enter the percentage of plan assets held as: Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____% High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____% b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets: ☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more	
20 PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation: _____	

Part VII	IRS Compliance Questions
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21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No 21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2). ☒ Design-based safe harbor method ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A 22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ____/____/____ (MM/DD/YYYY) and the Opinion Letter serial number _____.	
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Report of Independent Auditors

The Retirement Committee
Nordstrom 401(k) Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Nordstrom 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Nordstrom 401(k) Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Nordstrom 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Nordstrom 401(k) Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nordstrom 401(k) Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Nordstrom 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of the Schedule H, line 4(i) – schedule of assets (held at end of year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including the form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

A handwritten signature in cursive script that reads "Moss Adams LLP".

San Francisco, California
June 13, 2024

Nordstrom 401(k) Plan

Employer ID No: 91-0515058

Plan Number: 001

*Report of Independent Auditors and
Financial Statements as of December 31, 2023 and 2022
and for the Year Ended December 31, 2023,
with Supplementary Information*

NORDSTROM 401(k) PLAN **PLAN YEAR ENDED DECEMBER 31, 2023** **TABLE OF CONTENTS**

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All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

DEFINITIONS OF COMMONLY USED TERMS

Term	Definition
BNYM	Bank of New York Mellon
Board	Nordstrom, Inc.'s Board of Directors
Company	Nordstrom, Inc. and its participating subsidiaries
CCT	Common collective trust
DOL	Department of Labor
ERISA	Employee Retirement Income Security Act of 1974
GAAP	U.S. generally accepted accounting principles
IRA	Individual Retirement Account
IRC	Internal Revenue Code
IRS	Internal Revenue Service
NAV	Net asset value
Plan	Nordstrom 401(k) Plan
Plan Administrator	Nordstrom Retirement Committee appointed by the Board
PTE	Prohibited Transaction Exemption
VFCP	Voluntary Fiduciary Correction Program

Report of Independent Auditors

The Retirement Committee
Nordstrom 401(k) Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Nordstrom 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Nordstrom 401(k) Plan as of December 31, 2023 and 2022, and the changes in its net assets available for benefits for the year ended December 31, 2023, in accordance with accounting principles generally accepted in the United States of America (GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Nordstrom 401(k) Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Nordstrom 401(k) Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Nordstrom 401(k) Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Nordstrom 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of the Schedule H, line 4(i) – schedule of assets (held at end of year) as of December 31, 2023 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including the form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

/s/ Moss Adams LLP
San Francisco, California
June 13, 2024

NORDSTROM 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Amounts in thousands)

	December 31,	
	2023	2022
Assets		
Participant-directed investments at fair value (see Note 3: Fair Value Measurements)	\$3,849,678	\$3,386,753
Notes receivable from participants	70,192	67,150
Accrued income and broker receivable	—	736
Total assets	3,919,870	3,454,639
Liabilities		
Administrative expenses and other payables	1,365	2,471
Due to broker for securities purchased	3,226	15,571
Total liabilities	4,591	18,042
Net assets available for benefits	\$3,915,279	\$3,436,597

The accompanying Notes to Financial Statements are an integral part of these financial statements.

NORDSTROM 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Amounts in thousands)

Plan year ended	December 31, 2023
Additions	
Contributions	
Company contributions	\$69,492
Employee contributions	179,096
Total contributions	248,588
Investment income	
Net appreciation in fair value of investments	523,058
Interest and dividends	39,411
Total investment income	562,469
Total contributions and investment income	811,057
Deductions	
Benefit payments to participants	321,184
Administrative expenses and other	11,191
Total deductions	332,375
Net increase in net assets	478,682
Net assets available for benefits at beginning of year	3,436,597
Net assets available for benefits at end of year	\$3,915,279

The accompanying Notes to Financial Statements are an integral part of these financial statements.

NORDSTROM 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

(Dollar and share amounts in thousands)

NOTE 1: DESCRIPTION OF THE PLAN

The Nordstrom 401(k) Plan, as amended and restated, was originally established on January 1, 1953 and is a defined contribution plan. The following description of the Plan's provisions is for informational purposes only and does not bind the Plan. Participants should refer to the Plan documents for a more complete description of the Plan's provisions.

General

The Plan covers substantially all employees of the Company and is subject to the provisions of ERISA. Employees are eligible to make elective salary deferrals and receive Company matching contributions upon hire. The Plan contains eligibility provisions to ensure that all eligible employees enter the Plan by the latest participation date required under the applicable provisions of the IRC.

Company contributions are paid each pay period that an eligible participant contributes to the Plan.

Plan Year

The Plan operates on a calendar year ending on December 31. References to 2023 and 2022 relate to the Plan years ended December 31, 2023 and December 31, 2022.

Trustee and Administrator of the Plan

BNYM is the asset trustee of the Plan and Aight Solutions provides recordkeeping services for the Plan.

The Plan is administered by the Company in conjunction with the Plan Administrator.

Plan Contributions

Contributions to the Plan are made through employee contributions, including catch-up contributions, Company contributions and participant rollover contributions. Contributions are subject to certain limitations of the IRC.

Employee contributions — Eligible employees may elect to defer up to 50% of eligible compensation on a pre-tax basis, after-tax basis ("Roth") or a combination of both. Employees aged 50 and over are allowed a catch-up contribution on a pre-tax basis, Roth or a combination of both, beginning in the year they turn age 50. Eligible employees who neither make an affirmative salary deferral election nor affirmatively opt out of the Plan are automatically enrolled in the Plan with a deferral contribution equal to 3% of eligible compensation. This deferral percentage is automatically increased by 1% annually, up to 10%, unless the participant elects otherwise. Employees have the option to opt out of deferring or to change their deferral percentage at any time in accordance with the Plan.

Company contributions — The Company matches employee contributions dollar for dollar on the first 1% of eligible compensation and 50 cents per dollar on the next 6% of eligible compensation, up to a total of 4% of eligible compensation.

Participant rollover contributions — Participants eligible for a withdrawal from another eligible retirement plan or traditional IRA may roll over all or part of that amount into the Plan. Participants may not roll over amounts from a Roth IRA into the Plan.

Investments

Participants can direct the investment of their accounts (including employee and Company contributions) among various funds, debt securities and Company common stock. The funds as of December 31, 2023 and 2022 include a variety of mutual funds, CCT funds, separately managed funds and custom target retirement date funds. The available funds are regularly reviewed by the Plan Administrator and are subject to change at any time.

Participation in Investment Activity

Individual accounts are credited daily with a pro-rata share of investment income or loss experienced by the respective funds into which their account balances have been directed. This income or loss is included in net appreciation or depreciation in fair value of investments on the Statement of Changes in Net Assets Available for Benefits.

Vesting in the Plan

Employees who terminate employment due to retirement, disability or death are 100% vested in their Plan accounts, regardless of years of service. The Plan defines "retirement" as age 60 or older for the purposes of vesting. On termination of employment for reasons other than retirement, disability or death, the amounts credited to the accounts of participants are vested as follows:

Employee contributions — Employee contributions (salary deferral, catch-up and rollover contributions) are always 100% vested.

NORDSTROM 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

(Dollar and share amounts in thousands)

Company contributions — Company matching contributions are 100% vested after completion of two years of service. A year of service is any year in which an employee works at least 1,000 hours.

Forfeitures

Forfeitures of unvested Company matching contributions from terminated participant accounts can be used to offset Company matching contributions or to pay Plan administrative expenses, as determined by the Plan Administrator. As of December 31, 2023 and 2022, forfeited unvested accounts were \$1,401 and \$1,748. In 2023, the Plan used forfeitures of \$8,469 to offset Company matching contributions.

Benefit Payments

On termination of service, a participant (or participant's beneficiary in the case of death) may elect to roll over the value of the vested interest in his or her account to another qualified plan, to receive the value as a lump-sum distribution or elect to remain in the Plan, if the vested account balance exceeds \$1 (subject to required distributions under Section 401(a)(9) of the IRC). When an active participant reaches age 59½ and continues to work for the Company, the participant is eligible to receive a partial or full distribution of their account. The Plan also allows distributions to active participants for financial hardship if certain criteria are met.

Participant Loans (Notes Receivable from Participants)

Participants may borrow a minimum of \$1 from their account up to a maximum that is equal to the lesser of:

- 50% of their vested account balance, less the balance of any other outstanding loans from the Plan as of the loan request date, or
- \$50 less the highest outstanding principal balance of any loans, from this Plan or any other qualified Plan of the employer or a related employer, during the one-year period immediately preceding the loan request date

Loan terms are a maximum of five years or, if for the purchase of a principal residence, up to 20 years. The loans are secured by the balance in the participant's account. The interest rate for a loan is determined at the time it is approved. The rate will be the prime rate as reported by the Wall Street Journal on the 15th day of the prior month, plus 1%. Interest rates for participant loans outstanding on December 31, 2023 range from 4.25% to 9.50% with various maturities through November 2043. Principal and interest is paid through payroll deductions, following the participant's bi-weekly payroll cycle. A participant may have a maximum of two loans outstanding at any one time.

Participants may make monthly loan repayments during approved leaves of absence. Alternatively, payment obligations may be suspended during approved leaves of absence not longer than one year and during periods of qualified military service. Participants may continue to make loan repayments after termination of employment under procedures established by the Plan Administrator. Loan balances that become delinquent will be deemed distributed and become taxable income to the participant.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared in accordance with GAAP.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires Company plan management to make estimates, judgments and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities during the reporting period. Uncertainties regarding such estimates and assumptions are inherent in the preparation of financial statements and actual results may differ from these estimates and assumptions.

Risks and Uncertainties

The Plan holds various investment instruments, including, but not limited to, common stock, debt securities, mutual funds and CCTs. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the financial statements.

NORDSTROM 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

(Dollar and share amounts in thousands)

Investment Valuation and Income Recognition

The Plan's investments are held by the trustee and are recorded at fair value as follows:

- Common stock is valued at quoted market prices as of the last trading day of the Plan year.
- Shares of mutual funds are valued at quoted market prices as of the last trading day of the Plan year.
- CCTs and 103-12 investment entities are measured using the NAV practical expedient of each fund, as reported by the fund managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCT or investment entity, less its liabilities, and divided by the number of units outstanding.
- Investments in debt securities are valued using the market approach and observable inputs, such as observable trade prices, multiple broker/dealer quotes, related yield curves and other assumptions about the securities.
- Self-directed brokerage accounts allow participants to invest all or a portion of their account in investments of their choice. The fair value is based on the underlying investments, which may include common stock, mutual funds and debt securities.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded when earned.

Net realized gains or losses on investment sales represent the difference between the sale proceeds and cost of the investments, or the adjusted market price. Net unrealized appreciation or depreciation on investments held at the end of the Plan year represents the net change in the fair value of investments during the year. The Statement of Changes in Net Assets Available for Benefits presents the net appreciation or depreciation in fair value of investments, which consists of realized and unrealized gains and losses.

Notes Receivable from Participants

Participant loans are included in notes receivable from participants on the Statements of Net Assets Available for Benefits and are measured at their unpaid principal balance plus any accrued unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Benefit Payments

Benefits are recorded when paid. Amounts allocated to former participants who have withdrawn from the Plan, but have not yet been paid as of December 31, 2023 and 2022, were \$4,793 and \$3,833.

Administrative Expenses

Substantially all the administrative expenses, including recordkeeping, trustee and other fees, incurred in connection with the Plan are paid by the Plan through an allocation to participant accounts.

NOTE 3: FAIR VALUE MEASUREMENTS

The Plan discloses its assets that are measured at fair value in the Statements of Net Assets Available for Benefits by level within the fair value hierarchy as defined by applicable accounting standards:

- Level 1: Quoted market prices in active markets for identical assets or liabilities
- Level 2: Other observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3: Unobservable inputs that cannot be corroborated by market data that reflect the reporting entity's own assumptions

NORDSTROM 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

(Dollar and share amounts in thousands)

The following tables set forth, by level within the fair value hierarchy, a summary of the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2023 and 2022. There have been no changes in the methodologies used as of December 31, 2023 and 2022.

	December 31, 2023		
	Level 1	Level 2	Total
Fair value hierarchy:			
Common stock	\$524,175	\$—	\$524,175
Debt securities	21,740	143,278	165,018
Mutual funds	545,813	—	545,813
Brokerage securities	36,848	5,902	42,750
Interest-bearing cash securities	95	—	95
Total assets in fair value hierarchy	\$1,128,671	\$149,180	\$1,277,851
Investments measured at NAV practical expedient ¹			2,571,827
Total participant-directed investments at fair value			\$3,849,678

¹ Includes CCTs and a 103-12 investment entity.

	December 31, 2022		
	Level 1	Level 2	Total
Fair value hierarchy:			
Common stock	\$749,798	\$—	\$749,798
Debt securities	13,210	132,279	145,489
Mutual funds	947,278	—	947,278
Brokerage securities	29,580	4,869	34,449
Interest-bearing cash securities	106	—	106
Total assets in fair value hierarchy	\$1,739,972	\$137,148	\$1,877,120
Investments measured at NAV practical expedient ¹			1,509,633
Total participant-directed investments at fair value			\$3,386,753

¹ Includes CCTs and a 103-12 investment entity.

Certain investments are measured at NAV as a practical expedient, including CCTs and a 103-12 investment entity. They are measured daily and may be redeemed daily with no restrictions related to the redemption notice period.

The Plan did not have any Level 3 measurements as of December 31, 2023 and 2022. During 2023, there were no transfers in or out of Levels 1, 2 or 3.

NOTE 4: PARTY-IN-INTEREST TRANSACTIONS

Parties-in-interest include fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization or relatives of such persons. As of December 31, 2023 and 2022, Plan investments included units held in a collective trust managed by BNYM, BNYM common stock and interest-bearing cash managed by BNYM. As of December 31, 2023 and 2022, the Plan held 3,231 and 3,214 shares of Nordstrom, Inc. common stock, with a cost basis of \$101,520 and \$111,781. The Plan recorded \$2,407 of dividend income from Nordstrom, Inc. common stock during 2023. In addition, the Plan holds notes receivable from participants and paid certain expenses related to plan operations and investment activities to various service providers. Transactions with these entities qualify as exempt party-in-interest transactions.

NORDSTROM 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

(Dollar and share amounts in thousands)

NOTE 5: FEDERAL INCOME TAX STATUS

The Plan, as restated as of January 1, 2021, is an individually designed plan. While the restated Plan document does not have a determination letter from the IRS, the Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has concluded that as of December 31, 2023 and 2022, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE 6: PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Under the Plan, the Company may also temporarily suspend contributions, which does not constitute or require termination of the Plan.

In the event the Plan is terminated, the respective accounts of the participants under the Plan shall become fully vested and nonforfeitable. After payment of expenses properly chargeable against the Plan, the trustee shall distribute all Plan assets to the participants in the proportions determined by their respective accounts.

NOTE 7: EXCESS CONTRIBUTIONS PAYABLE TO PARTICIPANTS

The Plan is subject to certain non-discrimination rules under ERISA and the IRC. For 2023 and 2022, the Plan passed all applicable non-discrimination tests. Additionally, the Plan is required to return contributions received from participants during the Plan year in excess of the IRC limits. There were no refunds for 2023 and 2022.

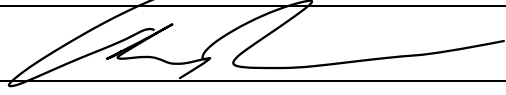
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 2023 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
	☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report
	☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. ▶	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program
	☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶	☐

Part II	Basic Plan Information—enter all requested information
1a Name of plan NORDSTROM 401K PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/1953
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) NORDSTROM, INC. EMPLOYEE BENEFITS 1600 7TH AVE. SUITE 2500 SEATTLE WA 98101	2b Employer Identification Number (EIN) 91-0515058 2c Plan Sponsor's telephone number 855-667-3947 2d Business code (see instructions) 452200

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		6-13-24	TERRY LODES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2023)
v. 2300728

3a Plan administrator's name and address ☐ Same as Plan Sponsor NORDSTROM 401K PLAN RETIREMENT COMMITTEE 1600 7TH AVE. SUITE 2500 SEATTLE WA 98101	3b Administrator's EIN 91-0979776 3c Administrator's telephone number 855-667-3947
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	5 111,352
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 61,127 6a(2) 58,225 6b 0 6c 50,224 6d 108,449 6e 332 6f 108,781 6g(1) 104,811 6g(2) 103,450 6h 20,711
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: 2F 2G 2J 2K 2R 2S 2T 3H	

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information) - Number Attached _____
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 _____

NORDSTROM 401(k) PLAN
SCHEDULE H, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2023
EIN: 91-0515058
Plan #: 001
(Dollars in thousands)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value (\$)
Investments Measured at NAV				
	Capital Group EuroPacific Fund	CCT	**	\$541,913
*	EB Temporary Investment Fund	CCT - due 12/31/2049 - 1.147%	**	18,016
	Loomis Core Plus Fixed Income Fund	CCT	**	404,216
	PGIM Retirement Real Estate Fund II LP	103-12 investment entity	**	92,847
	Putnam Stable Value Fund	CCT	**	298,979
	Schroder Collective International Multi-Cap Equity Trust	CCT	**	249,848
	SSGA TIPS Index	CCT	**	44,457
	Vanguard Fiduciary Trust Company	CCT	**	921,551
Total Investments Measured at NAV				2,571,827
Common Stock				
	Acadia Healthcare Co., Inc.	Common stock	**	4,110
	Accenture PLC	Common stock	**	7,732
	Advanced Drainage Systems, Inc.	Common stock	**	4,727
	Advanced Micro Devices, Inc.	Common stock	**	4,762
	Agilent Technologies, Inc.	Common stock	**	2,161
	Alarm.com Holdings, Inc.	Common stock	**	2,678
	Alphabet, Inc.	Common stock	**	20,015
	Amazon.com, Inc.	Common stock	**	18,070
	Ambarella, Inc.	Common stock	**	1,650
	Amicus Therapeutics, Inc.	Common stock	**	3,064
	Apollo Global Management, Inc.	Common stock	**	3,720
	Axon Enterprise, Inc.	Common stock	**	5,189
	Bio-Techne Corp.	Common stock	**	3,491
	Blueprint Medicines Corp.	Common stock	**	3,228
	Bright Horizons Family Solutions	Common stock	**	3,187
	The Brink's Co.	Common stock	**	3,999
	Builders Firstsource, Inc.	Common stock	**	3,775
	Burlington Stores, Inc.	Common stock	**	2,200
	BWX Technologies, Inc.	Common stock	**	6,103
	Cameco Corp.	Common stock	**	3,108
	The Carlyle Group, Inc.	Common stock	**	9,350
	Casella Waste Systems, Inc.	Common stock	**	3,353
	Certara, Inc.	Common stock	**	1,845
	CF Industries Holdings, Inc.	Common stock	**	3,373
	Charles River Laboratories International, Inc.	Common stock	**	2,122
	Chart Industries, Inc.	Common stock	**	2,899
	Chemed Corp.	Common stock	**	5,535
	Chipotle Mexican Grill, Inc.	Common stock	**	5,249
	Clearwater Analytics Holdings	Common stock	**	2,335
	Cognex Corp.	Common stock	**	2,221
	Copart, Inc.	Common stock	**	4,598
	CoStar Group, Inc.	Common stock	**	3,347
	Costco Wholesale Corp.	Common stock	**	6,145

Crown Holdings, Inc.	Common stock	**	3,954
Dynatrace, Inc.	Common stock	**	4,896
Eagle Materials, Inc.	Common stock	**	2,209
Elf Beauty, Inc.	Common stock	**	5,460
Encompass Health Corp.	Common stock	**	5,926
Entegris, Inc.	Common stock	**	2,202
Euronet Worldwide, Inc.	Common stock	**	1,257
Everest Group Ltd.	Common stock	**	2,469
Evolent Health, Inc.	Common stock	**	3,022
Exlservice Holdings, Inc.	Common stock	**	1,949
Firstservice Corp.	Common stock	**	2,636
Five Below, Inc.	Common stock	**	5,009
Flywire Corp.	Common stock	**	2,367
Freshpet, Inc.	Common stock	**	5,524
Globus Medical, Inc.	Common stock	**	1,581
Guidewire Software, Inc.	Common stock	**	5,187
HealthEquity, Inc.	Common stock	**	2,785
Heico Corp.	Common stock	**	3,724
Insmmed, Inc.	Common stock	**	2,406
Inspire Medical Systems, Inc.	Common stock	**	3,111
Insulet Corp.	Common stock	**	3,728
Intuit, Inc.	Common stock	**	7,318
Intuitive Surgical, Inc.	Common stock	**	5,586
Kosmos Energy Ltd.	Common stock	**	1,986
Lam Research Corp.	Common stock	**	4,452
Lancaster Colony Corp.	Common stock	**	4,614
Lattice Semiconductor Corp.	Common stock	**	1,856
Linde PLC	Common stock	**	4,680
Live Nation Entertainment, Inc.	Common stock	**	6,945
Martin Marietta Materials, Inc.	Common stock	**	3,994
Mastercard, Inc.	Common stock	**	10,777
Mercury Systems, Inc.	Common stock	**	3,952
Merit Medical Systems, Inc.	Common stock	**	4,542
Microsoft Corp.	Common stock	**	31,191
Monster Beverage Corp.	Common stock	**	4,305
National Vision Holdings, Inc.	Common stock	**	3,412
Neogen Corp.	Common stock	**	2,869
New Fortress Energy, Inc.	Common stock	**	4,145
Nice Ltd.	Common stock	**	3,988
Nike, Inc.	Common stock	**	3,207
Noble Corp. PLC	Common stock	**	1,809
* Nordstrom, Inc.	Common stock	**	59,603
Novanta, Inc.	Common stock	**	3,155
Nvidia Corp.	Common stock	**	11,996
O'Reilly Automotive, Inc.	Common stock	**	3,617
Palo Alto Networks, Inc.	Common stock	**	5,859
Penumbra, Inc.	Common stock	**	4,528
Pool Corp.	Common stock	**	5,368
Regal Rexnord Corp.	Common stock	**	1,737
Repligen Corp.	Common stock	**	3,370
Revolve Group, Inc.	Common stock	**	1,703
Salesforce, Inc.	Common stock	**	6,800
ServiceNow, Inc.	Common stock	**	5,987
Shoals Technologies Group, Inc.	Common stock	**	1,465
Siteone Landscape Supply, Inc.	Common stock	**	2,054

SPS Commerce, Inc.	Common stock	**	2,067
Starbucks Corp.	Common stock	**	2,904
Super Micro Computer, Inc.	Common stock	**	3,031
TechnipFMC plc	Common stock	**	1,487
Tenable Holdings, Inc.	Common stock	**	3,241
Texas Instruments, Inc.	Common stock	**	3,636
TopBuild Corp.	Common stock	**	3,288
Tradeweb Markets, Inc.	Common stock	**	3,421
Trex Co, Inc.	Common stock	**	3,385
Twist Bioscience Corp.	Common stock	**	2,566
Tyler Technologies, Inc.	Common stock	**	4,115
Uber Technologies, Inc.	Common stock	**	1,846
UnitedHealth Group, Inc.	Common stock	**	8,099
Varonis Systems, Inc.	Common stock	**	2,745
Veeva Systems, Inc.	Common stock	**	1,983
Virtu Financial, Inc.	Common stock	**	2,474
Western Alliance Bancorp	Common stock	**	2,428
Whitecap Resources, Inc.	Common stock	**	1,840
Willscot Mobile Mini Holdings	Common stock	**	1,709
Zoetis, Inc.	Common stock	**	4,297

Total Common Stock			524,175
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Debt Securities

American Electric Power Co, Inc.	Corporate Debt - due 08/15/2025 - 5.699%	**	201
AT&T, Inc.	Corporate Debt - due 03/09/2048 - 4.500%	**	243
AT&T, Inc.	Corporate Debt - due 09/15/2055 - 3.550%	**	330
AT&T, Inc.	Corporate Debt - due 09/15/2059 - 3.650%	**	477
Bank of America Corp.	Corporate Debt - due 08/26/2024 - 4.200%	**	297
Bank of America Corp.	Corporate Debt - due 03/03/2026 - 4.450%	**	148
Bank of America Corp.	Corporate Debt - due 11/25/2027 - 4.183%	**	219
Bank of America Corp.	Corporate Debt - due 10/20/2032 - Variable	**	166
Bank of America Corp.	Corporate Debt - due 03/08/2037 - Variable	**	836
Bank of America Corp.	Corporate Debt - due 07/22/2033 - Variable	**	149
Bank of America Corp.	Corporate Debt - due 11/10/2028 - Variable	**	209
Barclays PLC	Corporate Debt - due 05/09/2028 - 4.836%	**	561
Barclays PLC	Corporate Debt - due 06/20/2030 - Variable	**	194
Barclays PLC	Corporate Debt - due 08/09/2028 - Variable	**	251
Barclays PLC	Corporate Debt - due 05/09/2027 - Variable	**	303
Barclays PLC	Corporate Debt - due 06/27/2034 - Variable	**	454
B.A.T. Capital Corp.	Corporate Debt - due 08/02/2033 - 6.421%	**	551
B.A.T. Capital Corp.	Corporate Debt - due 08/15/2037 - 4.390%	**	63
B.A.T. Capital Corp.	Corporate Debt - due 08/15/2047 - 4.540%	**	154
B.A.T. Capital Corp.	Corporate Debt - due 03/25/2031 - 2.726%	**	315
B.A.T. Capital Corp.	Corporate Debt - due 09/25/2040 - 3.734%	**	37
B.A.T. Capital Corp.	Corporate Debt - due 03/16/2052 - 5.650%	**	113
B.A.T. Capital Corp.	Corporate Debt - due 03/16/2032 - 4.742%	**	865
Bayer US Finance II LLC 144A	Corporate Debt - due 12/15/2028 - 4.375%	**	832
BNP Paribas S.A.	Corporate Debt - due 10/15/2024 - 4.250%	**	469
BNP Paribas S.A. 144A	Corporate Debt - due 09/28/2025 - 4.375%	**	709
BNP Paribas S.A. 144A	Corporate Debt - due 03/13/2027 - 4.625%	**	907
BNP Paribas S.A. 144A	Corporate Debt - due 08/12/2035 - Variable	**	164
BNSF Railway Co. 2007-1 Pass Through Trust	Corporate Debt - due 04/01/2024 - 5.996%	**	26
Boston Properties LP	Corporate Debt - due 02/01/2026 - 3.650%	**	217
Boston Properties LP	Corporate Debt - due 01/15/2025 - 3.200%	**	170
Boston Properties LP	Corporate Debt - due 03/15/2030 - 2.900%	**	257

Boston Properties LP	Corporate Debt - due 01/30/2031 - 3.250%	**	258
Boston Properties LP	Corporate Debt - due 01/15/2034 - 6.500%	**	423
Capital One Financial Corp.	Corporate Debt - due 02/05/2025 - 3.200%	**	415
Capital One Financial Corp.	Corporate Debt - due 10/29/2025 - 4.200%	**	466
Capital One Financial Corp.	Corporate Debt - due 05/10/2028 - Variable	**	172
Capital One Financial Corp.	Corporate Debt - due 05/10/2033 - Variable	**	172
Capital One Financial Corp.	Corporate Debt - due 06/08/2034 - Variable	**	180
Capital One Financial Corp.	Corporate Debt - due 10/30/2031 - Variable	**	110
CCO Holdings LLC / CCO Holdings Capital Corp. 144A	Corporate Debt - due 06/01/2033 - 4.500%	**	423
CCO Holdings LLC / CCO Holdings Capital Corp. 144A	Corporate Debt - due 01/15/2034 - 4.250%	**	345
CCO Holdings LLC / CCO Holdings Capital Corp.	Corporate Debt - due 05/01/2032 - 4.500%	**	193
CEMEX S.A.B. de C.V. 144A	Corporate Debt - due 11/19/2029 - 5.450%	**	197
CEMEX S.A.B. de C.V. 144A	Corporate Debt - due 09/17/2030 - 5.200%	**	530
The Charles Schwab Corp.	Corporate Debt - due 05/19/2029 - Variable	**	154
The Charles Schwab Corp.	Corporate Debt - due 05/19/2034 - Variable	**	78
The Charles Schwab Corp.	Corporate Debt - due 08/24/2034 - Variable	**	105
The Charles Schwab Corp.	Corporate Debt - due 11/17/2029 - Variable	**	367
Charter Communications Operating LLC	Corporate Debt - due 10/23/2045 - 6.484%	**	1,331
Charter Communications Operating LLC	Corporate Debt - due 05/01/2047 - 5.375%	**	277
Charter Communications Operating LLC	Corporate Debt - due 04/01/2048 - 5.750%	**	557
Charter Communications Operating LLC	Corporate Debt - due 04/01/2033 - 4.400%	**	92
Charter Communications Operating LLC	Corporate Debt - due 04/01/2053 - 5.250%	**	252
The Cigna Group	Corporate Debt - due 10/15/2028 - 4.375%	**	149
The Cigna Group	Corporate Debt - due 05/15/2027 - 7.875%	**	207
Citigroup, Inc.	Corporate Debt - due 06/15/2032 - 6.625%	**	272
Citigroup, Inc.	Corporate Debt - due 08/05/2024 - 4.000%	**	519
Citigroup, Inc.	Corporate Debt - due 03/17/2033 - Variable	**	383
Cox Communications, Inc. 144A	Corporate Debt - due 02/01/2025 - 3.850%	**	403
Cox Communications, Inc. 144A	Corporate Debt - due 08/15/2027 - 3.500%	**	143
Cox Communications, Inc. 144A	Corporate Debt - due 10/01/2030 - 1.800%	**	163
CVS Health Corp.	Corporate Debt - due 03/25/2038 - 4.780%	**	261
CVS Health Corp.	Corporate Debt - due 04/01/2040 - 4.125%	**	151
Dillard's, Inc.	Corporate Debt - due 05/15/2027 - 7.750%	**	444
Dominion Energy, Inc.	Corporate Debt - due 10/01/2054 - Variable	**	688
Dominion Energy, Inc.	Corporate Debt - due 04/15/2026 - 1.450%	**	185
The Dow Chemical Co.	Corporate Debt - due 05/15/2039 - 9.400%	**	283
Elanco Animal Health, Inc.	Corporate Debt - due 08/28/2028 - Variable	**	389
Enel Finance International N.V. 144A	Corporate Debt - due 09/15/2037 - 6.800%	**	273
Enel Finance International N.V. 144A	Corporate Debt - due 10/07/2039 - 6.000%	**	509
Ford Motor Credit Co. LLC	Corporate Debt - due 06/16/2025 - 5.125%	**	444
Ford Motor Credit Co. LLC	Corporate Debt - due 08/10/2026 - 2.700%	**	672
Ford Motor Credit Co. LLC	Corporate Debt - due 03/06/2026 - 6.950%	**	205
Ford Motor Credit Co. LLC	Corporate Debt - due 05/12/2028 - 6.800%	**	732
Ford Motor Credit Co. LLC	Corporate Debt - due 01/09/2024 - 3.810%	**	225
Ford Motor Credit Co. LLC	Corporate Debt - due 11/01/2024 - 4.063%	**	491
GE Healthcare Technologies, Inc.	Corporate Debt - due 11/22/2032 - 5.905%	**	347
The Goldman Sachs Group, Inc.	Corporate Debt - due 03/15/2028 - Variable	**	816
HCA, Inc.	Corporate Debt - due 06/15/2039 - 5.125%	**	239
HCA, Inc. 144A	Corporate Debt - due 03/15/2032 - 3.625%	**	179
HSBC Holdings PLC	Corporate Debt - due 05/02/2036 - 6.500%	**	931
HSBC Holdings PLC	Corporate Debt - due 09/15/2037 - 6.500%	**	163
HSBC Holdings PLC	Corporate Debt - due 03/08/2026 - 4.300%	**	197
HSBC Holdings PLC	Corporate Debt - due 03/31/2030 - 4.950%	**	298
HSBC Holdings PLC	Corporate Debt - due 08/18/2031 - Variable	**	415
HSBC Holdings PLC	Corporate Debt - due 05/24/2025 - Variable	**	514

HSBC Holdings PLC	Corporate Debt - due 03/29/2033 - Variable	**	327
HSBC Holdings PLC	Corporate Debt - due 11/03/2033 - Variable	**	521
Imperial Brands Finance PLC 144A	Corporate Debt - due 07/26/2029 - 3.875%	**	724
Imperial Brands Finance PLC 144A	Corporate Debt - due 07/27/2027 - 6.125%	**	206
Imperial Brands Finance PLC 144A	Corporate Debt - due 07/21/2025 - 4.250%	**	1,252
JPMorgan Chase & Co.	Corporate Debt - due 04/22/2031 - Variable	**	281
JPMorgan Chase & Co.	Corporate Debt - due 05/13/2031 - Variable	**	1,584
JPMorgan Chase & Co.	Corporate Debt - due 09/14/2033 - Variable	**	466
Kinder Morgan, Inc.	Corporate Debt - due 06/01/2045 - 5.550%	**	169
Kinder Morgan Energy Partners	Corporate Debt - due 09/01/2039 - 6.500%	**	263
Kinder Morgan Energy Partners	Corporate Debt - due 08/15/2042 - 5.000%	**	474
Lloyds Banking Group PLC	Corporate Debt - due 11/15/2033 - Variable	**	544
Lloyds Banking Group PLC	Corporate Debt - due 11/04/2024 - 4.500%	**	568
Lloyds Banking Group PLC	Corporate Debt - due 03/24/2026 - 4.650%	**	514
Microchip Technology, Inc.	Corporate Debt - due 09/01/2024 - 0.983%	**	242
NatWest Group PLC	Corporate Debt - due 06/14/2027 - Variable	**	388
NatWest Group PLC	Corporate Debt - due 03/02/2034 - Variable	**	632
NatWest Group PLC	Corporate Debt - due 09/13/2029 - Variable	**	205
Nextera Energy Capital Holding	Corporate Debt - due 09/01/2024 - 4.255%	**	223
Nextera Energy Capital Holding	Corporate Debt - due 03/01/2025 - 6.051%	**	101
Nextera Energy Capital Holding	Corporate Debt - due 09/01/2025 - 5.749%	**	126
Nextera Energy Capital Holding	Corporate Debt - due 07/15/2027 - 4.625%	**	350
* Nordstrom, Inc.	Corporate Debt - due 03/15/2028 - 6.950%	**	271
Occidental Petroleum Corp.	Corporate Debt - due 08/15/2024 - 2.900%	**	1,057
Petrobras Global Finance B.V.	Corporate Debt - due 03/19/2049 - 6.900%	**	298
Petroleos Mexicanos	Corporate Debt - due 06/15/2035 - 6.625%	**	537
Petroleos Mexicanos	Corporate Debt - due 02/16/2032 - 6.700%	**	1,229
Petroleos Mexicanos	Corporate Debt - due 01/23/2050 - 7.690%	**	1,795
Philip Morris International Inc.	Corporate Debt - due 11/17/2029 - 5.625%	**	79
Philip Morris International Inc.	Corporate Debt - due 11/17/2032 - 5.750%	**	89
Philip Morris International Inc.	Corporate Debt - due 02/15/2033 - 5.375%	**	205
Prosus N.V. 144A	Corporate Debt - due 07/06/2027 - 4.850%	**	626
Prosus N.V. 144A	Corporate Debt - due 01/21/2030 - 3.680%	**	614
Prosus N.V. 144A	Corporate Debt - due 07/13/2031 - 3.061%	**	991
Prosus N.V. 144A	Corporate Debt - due 01/19/2032 - 4.193%	**	173
Prosus N.V. 144A	Corporate Debt - due 01/19/2052 - 4.987%	**	470
Rio Oil Finance Trust Series 144A	Corporate Debt - due 01/06/2027 - 9.750%	**	403
Rio Oil Finance Trust Series 144A	Corporate Debt - due 04/06/2028 - 8.200%	**	612
RTX Corp.	Corporate Debt - due 03/15/2031 - 6.000%	**	160
RTX Corp.	Corporate Debt - due 03/15/2034 - 6.100%	**	163
SLM Student Loan Trust 20 3 A6	Corporate Debt - due 04/25/2040 - Variable	**	2,356
SLM Student Loan Trust 20 3 A6	Corporate Debt - due 01/25/2041 - Variable	**	3,111
The Southern Co.	Corporate Debt - due 08/01/2024 - Variable	**	297
The Southern Co.	Corporate Debt - due 08/01/2027 - Variable	**	431
The Southern Co.	Corporate Debt - due 01/15/2051 - Variable	**	713
The Southern Co.	Corporate Debt - due 09/15/2051 - Variable	**	524
The Southern Co.	Corporate Debt - due 06/15/2028 - 4.850%	**	176
Telecom Italia Capital S.A.	Corporate Debt - due 07/18/2036 - 7.200%	**	126
Telecom Italia Capital S.A.	Corporate Debt - due 06/04/2038 - 7.721%	**	560
Telecom Italia Spa/Milano 144A	Corporate Debt - due 05/30/2024 - 5.303%	**	1,020
Time Warner Cable LLC	Corporate Debt - due 07/01/2038 - 7.300%	**	336
T-Mobile USA, Inc.	Corporate Debt - due 04/15/2030 - 3.875%	**	403
T-Mobile USA, Inc.	Corporate Debt - due 02/15/2026 - 2.250%	**	308
T-Mobile USA, Inc.	Corporate Debt - due 04/15/2031 - 3.500%	**	685
TransCanada Trust	Corporate Debt - due 05/20/2075 - Variable	**	542

TransCanada Trust	Corporate Debt - due 08/15/2076 - Variable	**	473
TransCanada Trust	Corporate Debt - due 03/15/2077 - Variable	**	955
TransCanada Trust	Corporate Debt - due 09/15/2079 - Variable	**	513
UBS Group Ag 144A	Corporate Debt - due 09/22/2034 - Variable	**	478
UBS Group Ag 144A	Corporate Debt - due 01/12/2034 - Variable	**	777
Ultrapar International S.A. 144A	Corporate Debt - due 10/06/2026 - 5.250%	**	340
UniCredit S.P.A. 144A	Corporate Debt - due 04/02/2034 - Variable	**	875
UniCredit S.P.A. 144A	Corporate Debt - due 06/30/2035 - Variable	**	329
Union Pacific Railroad Co. 2006	Corporate Debt - due 07/02/2030 - 5.866%	**	270
VMware, Inc.	Corporate Debt - due 08/15/2026 - 1.400%	**	229
The Walt Disney Co.	Corporate Debt - due 11/15/2037 - 6.650%	**	265
Wells Fargo & Co.	Corporate Debt - due 06/03/2026 - 4.100%	**	245
Wells Fargo & Co.	Corporate Debt - due 07/22/2027 - 4.300%	**	416
Wells Fargo & Co.	Corporate Debt - due 03/02/2033 - Variable	**	241
Wells Fargo & Co.	Corporate Debt - due 07/25/2033 - Variable	**	146
California State	Municipal Debt - due 10/01/2039 - 7.300%	**	695
Colombia Government International	Municipal Debt - due 02/26/2044 - 5.625%	**	441
Illinois State	Municipal Debt - due 06/01/2033 - 5.100%	**	742
Los Angeles CA Unified School District	Municipal Debt - due 07/01/2034 - 6.758%	**	480
New Jersey State Turnpike Authority	Municipal Debt - due 01/01/2041 - 7.102%	**	725
Univ. Of California CA Rgts Med	Municipal Debt - due 05/15/2053 - 4.563%	**	233
Citigroup Capital XIII	Preferred Stock - due 10/30/2040 - 11.949%	**	850
JPMorgan Chase & Co.	Preferred Stock - due 09/01/2030 - 8.750%	**	541
Vodafone Group PLC	Preferred Stock - due 04/04/2079 - Variable	**	619
FHLMC Multiclass Mtg 2957 VZ	U.S. Government Securities - due 02/15/2035 - 5.000%	**	199
FHLMC Multiclass Mtg 4283 EW	U.S. Government Securities - due 12/15/2043 - Variable	**	66
FHLMC Multiclass Mtg 4315 JZ	U.S. Government Securities - due 03/15/2044 - 3.500%	**	1,164
FHLMC Multiclass Mtg 4319 MA	U.S. Government Securities - due 03/15/2044 - Variable	**	120
FHLMC Multiclass Mtg 4440 ZD	U.S. Government Securities - due 02/15/2045 - 2.500%	**	2,286
FHLMC Pool #1H-2592	U.S. Government Securities - due 01/01/2036 - Variable	**	30
FHLMC Pool #78-1274	U.S. Government Securities - due 02/01/2034 - Variable	**	27
FHLMC Pool #84-0286	U.S. Government Securities - due 05/01/2046 - Variable	**	49
FHLMC Pool #84-1463	U.S. Government Securities - due 07/01/2052 - Variable	**	931
FHLMC Pool #84-9254	U.S. Government Securities - due 01/01/2042 - Variable	**	31
FHLMC Pool #84-9327	U.S. Government Securities - due 05/01/2044 - Variable	**	129
FHLMC Pool #84-9505	U.S. Government Securities - due 10/01/2044 - Variable	**	34
FHLMC Pool #84-9544	U.S. Government Securities - due 12/01/2044 - Variable	**	70
FHLMC Pool #84-9625	U.S. Government Securities - due 01/01/2045 - Variable	**	48
FHLMC Pool #84-9626	U.S. Government Securities - due 08/01/2044 - Variable	**	74
FHLMC Pool #84-9849	U.S. Government Securities - due 10/01/2045 - Variable	**	19
FHLMC Pool #C9-0981	U.S. Government Securities - due 07/01/2026 - 6.500%	**	25
FHLMC Pool #C9-1013	U.S. Government Securities - due 01/01/2027 - 6.500%	**	15
FHLMC Pool #G0-7600	U.S. Government Securities - due 03/01/2042 - 4.500%	**	104
FHLMC Pool #G0-8723	U.S. Government Securities - due 08/01/2046 - 4.000%	**	671
FHLMC Pool #G6-0153	U.S. Government Securities - due 10/01/2044 - 4.500%	**	66
FHLMC Pool #G6-0764	U.S. Government Securities - due 10/01/2042 - 4.500%	**	111
FHLMC Pool #G6-1080	U.S. Government Securities - due 03/01/2047 - 4.500%	**	683
FHLMC Pool #H0-1774	U.S. Government Securities - due 09/01/2037 - 6.500%	**	5
FHLMC Pool #H0-9197	U.S. Government Securities - due 10/01/2038 - 6.500%	**	6
FHLMC Pool #H0-9212	U.S. Government Securities - due 05/01/2038 - 5.500%	**	6
FHLMC Pool #Q0-3517	U.S. Government Securities - due 09/01/2041 - 4.500%	**	95
FHLMC Pool #Qe-0768	U.S. Government Securities - due 04/01/2052 - 3.500%	**	576
FHLMC Pool #Qe-7330	U.S. Government Securities - due 07/01/2052 - 3.500%	**	3,757
FHLMC Pool #Ra-2958	U.S. Government Securities - due 07/01/2050 - 2.000%	**	1,215
FHLMC Pool #Ra-3167	U.S. Government Securities - due 07/01/2050 - 2.000%	**	1,911

FHLMC Pool #Ra-7063	U.S. Government Securities - due 04/01/2052 - 3.500%	**	1,951
FHLMC Pool #Ra-7656	U.S. Government Securities - due 07/01/2052 - 3.500%	**	3,947
FHLMC Pool #Rb-5141	U.S. Government Securities - due 01/01/2042 - 2.000%	**	851
FHLMC Pool #Sd-0752	U.S. Government Securities - due 11/01/2051 - 2.500%	**	1,132
FHLMC Pool #Sd-2253	U.S. Government Securities - due 12/01/2052 - 3.500%	**	522
FHLMC Pool #Sd-7530	U.S. Government Securities - due 11/01/2050 - 2.500%	**	1,250
FHLMC Pool #Sd-7536	U.S. Government Securities - due 02/01/2051 - 2.500%	**	675
FHLMC Pool #Sd-8194	U.S. Government Securities - due 01/01/2052 - 2.500%	**	2,978
FHLMC Pool #Sd-8214	U.S. Government Securities - due 05/01/2052 - 3.500%	**	943
FHLMC Pool #Sd-8255	U.S. Government Securities - due 10/01/2052 - 3.500%	**	3,451
FNMA GTD Remic P/T 01-79 BA	U.S. Government Securities - due 03/25/2045 - 7.000%	**	10
FNMA GTD Remic P/T 01-T10 A1	U.S. Government Securities - due 12/25/2041 - 7.000%	**	79
FNMA GTD Remic P/T 04-W2 5A	U.S. Government Securities - due 03/25/2044 - 7.500%	**	68
FNMA GTD Remic P/T 07-50 DZ	U.S. Government Securities - due 06/25/2037 - 5.500%	**	154
FNMA GTD Remic P/T 07-W10 2A	U.S. Government Securities - due 08/25/2047 - Variable	**	51
FNMA GTD Remic P/T 12-46 BA	U.S. Government Securities - due 05/25/2042 - 6.000%	**	139
FNMA GTD Remic P/T 13-128 CF	U.S. Government Securities - due 12/25/2043 - Variable	**	297
FNMA Pool #0256851	U.S. Government Securities - due 08/01/2037 - 7.000%	**	10
FNMA Pool #0735503	U.S. Government Securities - due 04/01/2035 - 6.000%	**	37
FNMA Pool #0735608	U.S. Government Securities - due 03/01/2035 - Variable	**	39
FNMA Pool #0745329	U.S. Government Securities - due 07/01/2035 - 6.000%	**	57
FNMA Pool #0884704	U.S. Government Securities - due 06/01/2036 - Variable	**	13
FNMA Pool #0888154	U.S. Government Securities - due 11/01/2036 - Variable	**	47
FNMA Pool #0888367	U.S. Government Securities - due 03/01/2037 - 7.000%	**	100
FNMA Pool #0889984	U.S. Government Securities - due 10/01/2038 - 6.500%	**	41
FNMA Pool #0976853	U.S. Government Securities - due 11/01/2029 - 5.500%	**	25
FNMA Pool #0995487	U.S. Government Securities - due 08/01/2037 - 6.000%	**	70
FNMA Pool #0Ab1763	U.S. Government Securities - due 11/01/2030 - 4.000%	**	26
FNMA Pool #0Ab8086	U.S. Government Securities - due 10/01/2037 - 6.000%	**	13
FNMA Pool #0Ad0121	U.S. Government Securities - due 09/01/2029 - 4.500%	**	81
FNMA Pool #0Ad0130	U.S. Government Securities - due 08/01/2039 - 6.500%	**	11
FNMA Pool #0Ad0198	U.S. Government Securities - due 09/01/2038 - 5.500%	**	28
FNMA Pool #0Ad0217	U.S. Government Securities - due 08/01/2037 - 6.000%	**	66
FNMA Pool #0Ad0218	U.S. Government Securities - due 09/01/2036 - 6.000%	**	62
FNMA Pool #0Ad0964	U.S. Government Securities - due 11/01/2039 - 5.500%	**	136
FNMA Pool #0Ai1845	U.S. Government Securities - due 06/01/2039 - Variable	**	11
FNMA Pool #0Ai1900	U.S. Government Securities - due 08/01/2026 - 4.500%	**	17
FNMA Pool #0Ai4577	U.S. Government Securities - due 01/01/2034 - 4.500%	**	88
FNMA Pool #0Ai5145	U.S. Government Securities - due 10/01/2033 - 4.000%	**	146
FNMA Pool #0Ai5749	U.S. Government Securities - due 07/01/2042 - 4.500%	**	103
FNMA Pool #0Ai6120	U.S. Government Securities - due 11/01/2044 - Variable	**	199
FNMA Pool #0Ai6132	U.S. Government Securities - due 03/01/2029 - 4.500%	**	13
FNMA Pool #0Ai6245	U.S. Government Securities - due 01/01/2045 - Variable	**	73
FNMA Pool #0Ai7205	U.S. Government Securities - due 12/01/2029 - 3.500%	**	93
FNMA Pool #0Ai7384	U.S. Government Securities - due 09/01/2045 - 4.500%	**	88
FNMA Pool #0Ai8556	U.S. Government Securities - due 08/01/2044 - 4.500%	**	473
FNMA Pool #0Ai8816	U.S. Government Securities - due 09/01/2045 - 4.500%	**	119
FNMA Pool #0Ai8919	U.S. Government Securities - due 07/01/2046 - Variable	**	22
FNMA Pool #0Ai9407	U.S. Government Securities - due 09/01/2042 - 4.500%	**	50
FNMA Pool #0Ai9781	U.S. Government Securities - due 02/01/2046 - 4.500%	**	180
FNMA Pool #0Ao4105	U.S. Government Securities - due 06/01/2042 - Variable	**	27
FNMA Pool #0Ao8469	U.S. Government Securities - due 05/01/2042 - Variable	**	19
FNMA Pool #0Ap7562	U.S. Government Securities - due 09/01/2042 - Variable	**	31
FNMA Pool #0Aw4697	U.S. Government Securities - due 05/01/2044 - Variable	**	27
FNMA Pool #0Bf0118	U.S. Government Securities - due 06/01/2056 - 4.500%	**	253

FNMA Pool #0Bh7071	U.S. Government Securities - due 12/01/2047 - 4.500%	**	160
FNMA Pool #0Bm1357	U.S. Government Securities - due 01/01/2043 - 4.500%	**	244
FNMA Pool #0Bm6149	U.S. Government Securities - due 10/01/2049 - Variable	**	154
FNMA Pool #0Bm6908	U.S. Government Securities - due 04/01/2052 - Variable	**	833
FNMA Pool #0Bm6921	U.S. Government Securities - due 05/01/2052 - Variable	**	1,375
FNMA Pool #0Ca6271	U.S. Government Securities - due 07/01/2050 - 2.500%	**	2,558
FNMA Pool #0Ca6398	U.S. Government Securities - due 07/01/2050 - 2.500%	**	974
FNMA Pool #0Ca6662	U.S. Government Securities - due 08/01/2050 - 2.000%	**	2,044
FNMA Pool #0Ca6925	U.S. Government Securities - due 09/01/2050 - 2.000%	**	1,019
FNMA Pool #0Ca8099	U.S. Government Securities - due 12/01/2050 - 2.000%	**	1,639
FNMA Pool #0Ca8847	U.S. Government Securities - due 02/01/2051 - 2.000%	**	1,642
FNMA Pool #0Cb3576	U.S. Government Securities - due 05/01/2052 - 3.000%	**	2,979
FNMA Pool #0Cb3841	U.S. Government Securities - due 06/01/2052 - 3.500%	**	1,711
FNMA Pool #0Fm7599	U.S. Government Securities - due 01/01/2051 - 3.500%	**	1,832
FNMA Pool #0Fm8206	U.S. Government Securities - due 08/01/2051 - 2.500%	**	340
FNMA Pool #0Fm8768	U.S. Government Securities - due 02/01/2051 - 2.500%	**	272
FNMA Pool #0Fs1453	U.S. Government Securities - due 04/01/2052 - 3.500%	**	2,871
FNMA Pool #0Ma0232	U.S. Government Securities - due 11/01/2029 - 4.500%	**	96
FNMA Pool #0Ma2366	U.S. Government Securities - due 08/01/2035 - 4.000%	**	103
FNMA Pool #0Ma2455	U.S. Government Securities - due 11/01/2035 - 4.000%	**	209
FNMA Pool #0Ma2480	U.S. Government Securities - due 12/01/2035 - 4.000%	**	113
FNMA Pool #0Ma2880	U.S. Government Securities - due 01/01/2037 - 4.000%	**	560
FNMA Pool #0Ma2923	U.S. Government Securities - due 03/01/2037 - 3.500%	**	249
FNMA Pool #0Ma4933	U.S. Government Securities - due 01/01/2053 - 3.500%	**	597
GNMA GTD Remic P/T 15-H23 FA	U.S. Government Securities - due 09/20/2065 - Variable	**	388
GNMA GTD Remic P/T 16-H24 FD	U.S. Government Securities - due 11/20/2066 - Variable	**	772
GNMA GTD Remic P/T 17-H24 FQ	U.S. Government Securities - due 11/20/2067 - Variable	**	1,253
GNMA GTD Remic P/T 19-H02 FG	U.S. Government Securities - due 12/20/2068 - Variable	**	296
GNMA GTD Remic P/T 19-H17 FA	U.S. Government Securities - due 11/20/2069 - Variable	**	419
GNMA GTD Remic P/T 20-H01 FV	U.S. Government Securities - due 01/20/2070 - Variable	**	2,464
GNMA GTD Remic P/T 21-H19 FM	U.S. Government Securities - due 12/20/2071 - Variable	**	739
GNMA GTD Remic P/T 22-H08 FE	U.S. Government Securities - due 03/20/2072 - Variable	**	741
GNMA GTD Remic P/T 22-H09 FA	U.S. Government Securities - due 04/20/2072 - Variable	**	1,075
GNMA GTD Remic P/T 23-H04 FC	U.S. Government Securities - due 01/20/2073 - Variable	**	929
SBA GTD Partn Ctfs 2006-20E 1	U.S. Government Securities - due 05/01/2026 - 5.870%	**	13
SBA GTD Partn Ctfs 2007-20B 1	U.S. Government Securities - due 02/01/2027 - 5.490%	**	18
SBA GTD Partn Ctfs 2007-20D 1	U.S. Government Securities - due 04/01/2027 - 5.320%	**	10
U.S. Treasury Bond	U.S. Government Securities - due 05/15/2052 - 2.875%	**	1,000
U.S. Treasury Bond	U.S. Government Securities - due 08/15/2052 - 3.000%	**	1,648
U.S. Treasury Bond	U.S. Government Securities - due 08/15/2042 - 3.375%	**	1,640
U.S. Treasury Bond	U.S. Government Securities - due 02/15/2053 - 3.625%	**	413
U.S. Treasury Bond	U.S. Government Securities - due 05/15/2053 - 3.625%	**	1,082
U.S. Treasury Bond	U.S. Government Securities - due 08/15/2053 - 4.125%	**	7,760
U.S. Treasury Note	U.S. Government Securities - due 05/15/2033 - 3.375%	**	3,505
U.S. Treasury Note	U.S. Government Securities - due 11/15/2033 - 4.500%	**	1,683
U.S. Treasury Note	U.S. Government Securities - due 11/30/2030 - 4.375%	**	2,060
U.S. Treasury Note - CPI Inflation	U.S. Government Securities - due 02/15/2053 - 1.500%	**	949
Total Debt Securities			165,018
Mutual Funds			
Dodge & Cox Stock Fund Class X	Mutual fund	**	352,024
Neuberger Berman Genesis Fund Class R-6	Mutual fund	**	193,789
Total Mutual Funds			545,813
Brokerage Securities			

Brokerage securities	Self-directed brokerage securities	**	42,750
Total Brokerage Securities			42,750
* BNY Mellon Cash Reserve	Interest-bearing cash	**	95
Total Investments			3,849,678
* Loans To Participants	Loan interest rates range from 4.25% to 9.5% with various maturities through November 2043		70,192
Total			\$3,919,870

* Party-in-interest

** Cost information is not required for participant-directed investments and therefore is not included.