

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2023

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 09/01/2023 and ending 08/31/2024

- A This return/report is for: [X] a multiemployer plan [] a multiple-employer plan... B This return/report is: [] a single-employer plan [] a DFE... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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 UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1546 HEALTH AND WELFARE FUND
1b Three-digit plan number (PN) 501
1c Effective date of plan 08/13/1949
2a Plan sponsor's name (employer, if for a single-employer plan) TRUSTEES OF UFCW LOCAL 1546 HEALTH AND WELFARE FUND
2b Employer Identification Number (EIN) 36-2139906
2c Plan Sponsor's telephone number 312-829-1134
2d Business code (see instructions) 311110

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include Robert O'Toole (plan administrator) and Dwight Stiehl (employer/plan sponsor).

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

Form 5500 (2023) v. 230707

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	4487
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)	4487
	6a(2)	4466
	6b	
	6c	
	6d	4466
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	55

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4B 4D 4E 4F

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

- b General Schedules**
- (1) **H** (Financial Information)
 - (2) **I** (Financial Information – Small Plan)
 - (3) **A** (Insurance Information) – Number Attached 1
 - (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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1546 HEALTH AND WELFARE FUND		B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF UFCW LOCAL 1546 HEALTH AND WELFARE FUND		D Employer Identification Number (EIN) 36-2139906

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

AURORA DENTRIX

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
	N/A	N/A	232	09/01/2023	08/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year..... **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b**

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits **7c(2)**
 (3) Interest credited during the year **7c(3)**
 (4) Transferred from separate account..... **7c(4)**
 (5) Other (specify below) **7c(5)**
 ▶

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d**

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier **7e(2)**
 (3) Transferred to separate account..... **7e(3)**
 (4) Other (specify below) **7e(4)**
 ▶

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f**

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

- 8** Benefit and contract type (check all applicable boxes)
- | | | | |
|--|--|---|--|
| a <input type="checkbox"/> Health (other than dental or vision) | b <input checked="" type="checkbox"/> Dental | c <input type="checkbox"/> Vision | d <input type="checkbox"/> Life insurance |
| e <input type="checkbox"/> Temporary disability (accident and sickness) | f <input type="checkbox"/> Long-term disability | g <input type="checkbox"/> Supplemental unemployment | h <input type="checkbox"/> Prescription drug |
| i <input type="checkbox"/> Stop loss (large deductible) | j <input type="checkbox"/> HMO contract | k <input type="checkbox"/> PPO contract | l <input type="checkbox"/> Indemnity contract |
| m <input type="checkbox"/> Other (specify) ▶ | | | |

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)	
(2) Increase (decrease) in amount due but unpaid.....	9a(2)	
(3) Increase (decrease) in unearned premium reserve	9a(3)	
(4) Earned ((1) + (2) - (3)).....	9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)	
(2) Increase (decrease) in claim reserves	9b(2)	
(3) Incurred claims (add (1) and (2)).....	9b(3)	
(4) Claims charged	9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --		
(A) Commissions	9c(1)(A)	
(B) Administrative service or other fees	9c(1)(B)	
(C) Other specific acquisition costs	9c(1)(C)	
(D) Other expenses	9c(1)(D)	
(E) Taxes	9c(1)(E)	
(F) Charges for risks or other contingencies.....	9c(1)(F)	
(G) Other retention charges	9c(1)(G)	
(H) Total retention	9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)	9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	9d(1)	
(2) Claim reserves	9d(2)	
(3) Other reserves.....	9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)	9e	
10 Nonexperience-rated contracts:		
a Total premiums or subscription charges paid to carrier	10a	21317
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount	10b	
Specify nature of costs.		

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A?..... Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1546 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF UFCW LOCAL 1546 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 36-2139906	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

THE NORTHERN TRUST COMPANY

36-1561860

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

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

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

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

ADVOCATE ILLINOIS MASONIC MED GROUP

36-2169147

(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?
49	NONE	378212	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ESTRELLA MATYAS, MD

36-2139906

(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?
30	EMPLOYEE	307209	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HARVARD MAINTENANCE, INC.

13-1954860

(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?
49	NONE	291873	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

STANISLAW BANAS, MD

36-2139906

(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?
30	EMPLOYEE	291807	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WALTER KOZIN

36-2139906

(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?
30	EMPLOYEE	273133	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARK SIMON

36-2139906

(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?
30	EMPLOYEE	264141	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SHEYLA VILLENA

36-2139906

(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?
30	EMPLOYEE	261332	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GLORIA REDONDO

36-2139906

(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?
30	EMPLOYEE	228212	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAREK MROCZKA

36-2139906

(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?
30	EMPLOYEE	221469	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

LAKE SHORE FOOT & ANKLE, PC

36-4485069

(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?
49	NONE	218948	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MYROSLAW DYCHYI, DDS

36-2139906

(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?
30	EMPLOYEE	218537	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KENNETH BOYD

36-2139906

(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 30	EMPLOYEE	211970	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

RENATA STRZALKA

36-2139906

(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?
30	EMPLOYEE	187317	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RASHMI SHUKLA, DDS

36-2139906

(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?
30	EMPLOYEE	173899	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARIA HERNANDEZ

36-2139906

(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?
30	EMPLOYEE	153899	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ANITA PEACHEY

36-2139906

(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?
30	EMPLOYEE	150054	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORAYMA LARA

36-2139906

(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?
30	EMPLOYEE	149341	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SEGALL BRYANT & HAMILL

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52 68	NONE	140281	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SYLVIA WOLFE

36-2139906

(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?
30	EMPLOYEE	139435	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ANA NEVAREZ

36-2139906

(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?
30	EMPLOYEE	137916	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LISA BANK

36-2139906

(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?
30	EMPLOYEE	131620	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

LEGACY PROFESSIONALS LLP

32-0043599

(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 15	NONE	129635	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SYED BASEER, MD

36-2139906

(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?
30	EMPLOYEE	128326	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SANDRA MEJIA

36-2139906

(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?
30	EMPLOYEE	124077	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

LASALLE CONSULTING PARTNERS, INC.

36-4030449

(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?
49	NONE	116120	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIE CARROLL

36-2139906

(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?
30	EMPLOYEE	108336	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BLANCA TOVAR

36-2139906

(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?
30	EMPLOYEE	94997	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRIDGEWAY BENEFIT TECHNOLOGIES, LLC

52-1796473

(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?
49	NONE	91280	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FABIOLA MONTERO

36-2139906

(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?
30	EMPLOYEE	86316	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

YOLANDA DIAZ

36-2139906

(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?
30	EMPLOYEE	85690	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

TONI MCGEE

36-2139906

(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?
30	EMPLOYEE	84685	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ZOFIA BANASIAK

36-2139906

(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?
30	EMPLOYEE	83839	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

KENIA TOLEDO

36-2139906

(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?
30	EMPLOYEE	82707	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

NANCY REY

36-2139906

(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?
30	EMPLOYEE	81707	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SANDRA BOSQUE

36-2139906

(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?
30	EMPLOYEE	81044	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CLAUDIA SANDOVAL

36-2139906

(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?
30	EMPLOYEE	79961	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

MICHAEL NEAL

36-2139906

(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?
30	EMPLOYEE	79614	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARIBEL AVILA

36-2139906

(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?
30	EMPLOYEE	79234	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

WILLIAM DART LLC

01-0944164

(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	NONE	78682	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

HECTOR ACEVES

36-2139906

(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?
30	EMPLOYEE	78141	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DR. MUKESH JAIN

36-3326077

(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?
49	NONE	75678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ERNESTINA ORTEGA

36-2139906

(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?
30	EMPLOYEE	74908	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

HILDA PINEDA

36-2139906

(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?
30	EMPLOYEE	74672	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEVEN MCNULTY

36-2139906

(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?
30	EMPLOYEE	73288	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARTA OLESIEWICZ

36-2139906

(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?
30	EMPLOYEE	72873	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ADRIANA PRADO

36-2139906

(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?
30	EMPLOYEE	72127	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ROSALIA CASTILLO

36-2139906

(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?
30	EMPLOYEE	71096	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CARMEN PEREZ

36-2139906

(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?
30	EMPLOYEE	70202	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

JOBA SAUCEDO

36-2139906

(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?
30	EMPLOYEE	69536	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ELIZABETH FRAIRE

36-2139906

(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?
30	EMPLOYEE	69437	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOANN MERCADO

36-2139906

(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?
30	EMPLOYEE	68463	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

KARINA TINOCO

36-2139906

(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?
30	EMPLOYEE	67915	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARTYNA BRZOSTOWSKA

36-2139906

(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?
30	EMPLOYEE	67441	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANUTA LANOWSKI

36-2139906

(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?
30	EMPLOYEE	66922	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ALEJANDRO OREJEL

36-2139906

(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?
30	EMPLOYEE	66007	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARIBEL VALLE

36-2139906

(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?
30	EMPLOYEE	65320	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EVELYN MUNIZ

36-2139906

(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?
30	EMPLOYEE	65106	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JOANNA GOLEBIOWSKI

36-2139906

(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?
30	EMPLOYEE	64943	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LAURA GONZALEZ

36-2139906

(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?
30	EMPLOYEE	64513	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NATALY BOLDEN

36-2139906

(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?
30	EMPLOYEE	64452	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

JODI HUCKO-BIGANE

36-2139906

(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?
30	EMPLOYEE	63756	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

STEVEN HAMMER

36-2139906

(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?
30	EMPLOYEE	63750	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LUISA ALDANA

36-2139906

(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?
30	EMPLOYEE	63415	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

KARINA OSEGUERA

36-2139906

(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?
30	EMPLOYEE	62496	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ALDA EMERIC

36-2139906

(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?
30	EMPLOYEE	61718	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ISABEL GALVEZ

36-2139906

(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?
30	EMPLOYEE	60803	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

REYNA BECERRA

36-2139906

(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?
30	EMPLOYEE	60656	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARIA LANDEROS

36-2139906

(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?
30	EMPLOYEE	60640	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

BRENDA VALLEJO

36-2139906

(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?
30	EMPLOYEE	60152	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

CHICAGO ENT

36-2679194

(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?
49	NONE	59550	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RAQUEL HERNANDEZ

36-2139906

(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?
30	EMPLOYEE	58700	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JONATHAN MARTINEZ

36-2139906

(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?
30	EMPLOYEE	58665	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

GEORGE CARRIZALES

36-2139906

(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?
30	EMPLOYEE	58173	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LESLIE SERRANO

36-2139906

(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?
30	EMPLOYEE	57370	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

SUSANA GONZALEZ-FLORES

36-2139906

(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?
30	EMPLOYEE	57254	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

LILIANA HERNANDEZ

36-2139906

(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?
30	EMPLOYEE	55639	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JANNET RODRIGUEZ

36-2139906

(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?
30	EMPLOYEE	54537	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MAYRA GONZALEZ

36-2139906

(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?
30	EMPLOYEE	54459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

LANER MUCHIN, LTD.

36-3088463

(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	NONE	54055	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MIREYA BAHENA

36-2139906

(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?
30	EMPLOYEE	53738	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MIGUEL ALVAREZ JIMENEZ

36-2139906

(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?
30	EMPLOYEE	53734	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

PATTY GUFFEY

36-2139906

(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?
30	EMPLOYEE	53142	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EMILY JACOBO

36-2139906

(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?
30	EMPLOYEE	52731	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARIA LARIOS

36-2139906

(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?
30	EMPLOYEE	51880	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SINAI MEDICAL GROUP

26460 NETWORK PLACE
CHICAGO, IL 60673

(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?
49	NONE	50678	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

JINGTAO GUO

1304 W. 33RD PLACE
CHICAGO, IL 60608

(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?
49	NONE	48813	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MILAGROS GUZMAN

36-2139906

(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?
30	EMPLOYEE	48708	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

VERONICA JONES

36-2139906

(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?
30	EMPLOYEE	48159	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MARLIN QUEZADA

36-2139906

(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?
30	EMPLOYEE	47339	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

EPIC RETIREMENT SERVICES

16-1450952

(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?
49	NONE	46178	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

JENNIFER ECHEVERRIA

36-2139906

(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?
30	EMPLOYEE	44945	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FABIOLA CUELLAR

36-2139906

(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?
30	EMPLOYEE	43366	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

CAROLINA INIGUEZ

36-2139906

(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?
30	EMPLOYEE	41096	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SOMMERS & FAHRENBACH

36-1796440

(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?
36	NONE	36137	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ASHER GITTLER & D'ALBA LTD.

36-2786883

(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	NONE	36021	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

YURI TAMAYO

36-2139906

(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?
30	EMPLOYEE	33442	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

EXTRITY SERVICES

625 W. ADAMS STREET, FLOOR 19
CHICAGO, IL 60661

(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?
49	NONE	32406	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DR. DAVID GARELICK, MD

2923 N. CALIFORNIA AVE. 300
CHICAGO, IL 60618

(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?
49	NONE	32130	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HFN, INC.

36-3353242

(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?
49	NONE	30000	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

VICTOR SANTIZO

4143 N. WESTERN AVENUE, UNIT 2
CHICAGO, IL 60618

(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?
49	NONE	26950	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST CORPORATION

36-2723087

(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 51 52 68 72	NONE	24627	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RICHARD NORTON

6030 N. SHERIDAN, UNIT 1106
CHICAGO, IL 60660

(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?
49	NONE	21120	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

SEGAL MARCO ADVISORS

13-2646110

(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?
27	NONE	18000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

GMP SERVICES, LLP

602 E. ALGONQUIN ROAD, UNIT 107
ARLINGTON HEIGHTS, IL 60005

(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?
49	NONE	15683	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

ARTHUR J GALLAGHER RISK MGMNT SERV

36-2151613

(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?
22	NONE	15603	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

UNITED ACTUARIAL SERVICES, INC.

35-2156428

(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	NONE	14000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

DANIEL MAJERCZYK

404 WOODGATE COURT
WILLOWBROOK, IL 60527

(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?
49	NONE	9156	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

TFBC, LLC

27-3782504

(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 16	NONE	6360	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

ANDREA TRUJILLO

5442 W. SCHUBERT AVENUE
CHICAGO, IL 60639

(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?
49	NONE	5468	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
ADVOCATE ILLINOIS MASONIC MED GROUP 36-2169147	49	DID NOT RESPOND TO PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
HARVARD MAINTENANCE, INC. 13-1954860	49	DID NOT RESPOND TO PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
EXTRITY SERVICES 625 W. ADAMS STREET, FLOOR 19 CHICAGO, IL 60661	49	DID NOT RESPOND TO PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
HFN, INC. 36-3353242	49	DID NOT RESPOND TO PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
VICTOR SANTIZO 4143 N. WESTERN AVENUE, UNIT 2 CHICAGO, IL 60618	49	DID NOT RESPOND TO PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
RICHARD NORTON 6030 N. SHERIDAN, UNIT 1106 CHICAGO, IL 60660	49	DID NOT RESPOND TO PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.

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
ANDREA TRUJILLO 5442 W. SCHUBERT AVENUE CHICAGO, IL 60639	49	DID NOT RESPOND TO PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.

(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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **09/01/2023** and ending **08/31/2024**

A Name of plan UNITED FOOD AND COMMERCIAL WORKERS LOCAL 1546 HEALTH AND WELFARE FUND	B Three-digit plan number (PN) ► 501
C Plan sponsor's name as shown on line 2a of Form 5500 TRUSTEES OF UFCW LOCAL 1546 HEALTH AND WELFARE FUND	D Employer Identification Number (EIN) 36-2139906

Part I Asset and Liability Statement

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2118238	2305783
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3587104	3334372
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	479925	585606
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	400000	400000
(2) U.S. Government securities	1c(2)	11895252	13744976
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	11662159	16326062
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	15043810	20614863
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5114414	4482874
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1402824	1630406

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e	2083931	1982407
f Total assets (add all amounts in lines 1a through 1e)	1f	53787657	65407349
Liabilities			
g Benefit claims payable	1g	4541765	5909072
h Operating payables	1h	406855	410962
i Acquisition indebtedness	1i		
j Other liabilities	1j	427994	450354
k Total liabilities (add all amounts in lines 1g through 1j)	1k	5376614	6770388
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	48411043	58636961

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)	41670072	
(B) Participants	2a(1)(B)	122962	
(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)		41793034
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19421	
(B) U.S. Government securities	2b(1)(B)	383897	
(C) Corporate debt instruments	2b(1)(C)	528770	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	69462	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1001550
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	207214	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	225419	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		432633
(3) Rents	2b(3)		99079
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	12581406	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	12445678	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		135728
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	4483627	
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		1089166
d Total income. Add all income amounts in column (b) and enter total.....	2d		49034817

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	27693606	
(2) To insurance carriers for the provision of benefits.....	2e(2)	21317	
(3) Other.....	2e(3)	2263334	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		29978257
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)	5880287	
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)	6911	
(4) IQPA audit fees.....	2i(4)	118735	
(5) Investment advisory and investment management fees.....	2i(5)	158281	
(6) Bank or trust company trustee/custodial fees.....	2i(6)	24627	
(7) Actuarial fees.....	2i(7)	20757	
(8) Legal fees.....	2i(8)	89209	
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)	18001	
(11) Other expenses.....	2i(11)	2513834	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8830642
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		38808899

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10225918
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: LEGACY PROFESSIONALS LLP

(2) EIN: 32-0043599

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
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 _____.

**United Food and Commercial Workers Union
Local 1546 Health and Welfare Fund and Union Medical Center**

Combined Financial Statements

August 31, 2024

**United Food and Commercial Workers Union
Local 1546 Health and Welfare Fund and Union Medical Center**

Combined Financial Statements

August 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
United Food and Commercial Workers
Union Local 1546 Health and Welfare Fund

Opinion

We have audited the combined financial statements of United Food and Commercial Workers Union Local 1546 Health and Welfare Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), and its affiliate, Union Medical Center (collectively, the Organizations), which comprise the combined statements of net assets available for benefits and of benefit obligations as of August 31, 2024 and 2023, and the related combined statements of changes in net assets available for benefits and of changes in benefit obligations for the year ended August 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the combined net assets available for benefits and benefit obligations of United Food and Commercial Workers Union Local 1546 Health and Welfare Fund and its affiliate as of August 31, 2024 and 2023, and the changes in their combined net assets available for benefits and benefit obligations for the year ended August 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

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 *Auditors' Responsibilities for the Audit of the Financial Statements* section of our report. We are required to be independent of the Organizations 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of Management for the Financial Statements (continued)

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organizations' 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 Organizations, and determining that the Organizations' transactions that are presented and disclosed in the financial statements are in conformity with plan 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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit;
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements;
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organizations' 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; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Organizations' 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.

Other Matters

As discussed in Note 1 to the financial statements, the Trustees of United Food and Commercial Workers Union Local 1546 Health and Welfare Fund adopted a combined financial statement presentation in order to comply with a request from the U.S. Department of Labor. Our audits were conducted for the purposes of forming an opinion on the basic financial statements taken as a whole. Supplemental Schedules 1 and 2 are presented for the purpose of additional analysis and are not a required part of the basic financial statements, but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Organizations' management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined 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 auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Legacy Professionals LLP

Westchester, Illinois

March 12, 2025

**United Food and Commercial Workers Union
Local 1546 Health and Welfare Fund and Union Medical Center**

Combined Statements of Net Assets Available for Benefits

August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Cash and cash equivalents	\$ 3,144,956	\$ 3,681,745
Inventory - pharmacy	<u>70,750</u>	<u>76,904</u>
Receivables		
Contributions	3,334,372	3,587,104
Due from affiliated organizations	55,243	15,181
Accrued interest and dividends	<u>296,331</u>	<u>226,484</u>
Total receivables	<u>3,685,946</u>	<u>3,828,769</u>
Investments - at fair value		
U.S. Government and Government Agency obligations	13,744,976	11,895,252
Corporate bonds and notes	16,326,062	11,662,159
Corporate stocks	20,614,863	15,043,810
State and municipal bonds	938,363	807,136
Foreign obligations	692,043	595,688
Short-term investment	4,482,874	5,114,414
Certificates of deposit	<u>400,000</u>	<u>400,000</u>
Total investments	<u>57,199,181</u>	<u>45,518,459</u>
Property and equipment - net	<u>1,982,407</u>	<u>2,083,931</u>
Prepaid expenses and other assets	<u>163,282</u>	<u>161,356</u>
Total assets	<u>66,246,522</u>	<u>55,351,164</u>

Liabilities and Net Assets

Liabilities		
Bank overdraft - checking accounts	839,173	1,563,507
Due to broker - net	-	30,000
Accounts payable and accrued expenses	410,962	406,855
Accrued vacation and sick pay	<u>450,354</u>	<u>397,994</u>
Total liabilities	<u>1,700,489</u>	<u>2,398,356</u>
Net assets available for benefits	<u>\$ 64,546,033</u>	<u>\$ 52,952,808</u>

See accompanying notes to combined financial statements.

**United Food and Commercial Workers Union
Local 1546 Health and Welfare Fund and Union Medical Center
Combined Statement of Changes in Net Assets Available for Benefits**

Year Ended August 31, 2024

Additions

Contribution income		
Employer		\$ 38,833,691
Premiums		2,836,381
Participant		<u>122,962</u>
Total contribution income		<u>41,793,034</u>
Investment income		
Net appreciation in fair value of investments		4,619,355
Interest, dividends and other investment income		<u>1,434,183</u>
		6,053,538
Less investment fees		<u>(182,908)</u>
Investment income - net		<u>5,870,630</u>
Pharmacy income		<u>791,507</u>
Dental income		<u>261,908</u>
Mammogram income		<u>15,422</u>
Rental income		<u>99,079</u>
Other income		<u>20,329</u>
Total additions		<u>48,851,909</u>

Deductions

Cost of benefits		
Health care		24,126,518
Pharmacy/prescription drug		2,427,493
Dental		1,941,934
Dental care premiums		21,317
Hospital audit, utilization review and preferred provider expenses		<u>93,688</u>
Total cost of benefits		28,610,950
Fees mandated by ACA		25,701
Administrative expenses		<u>8,622,033</u>
Total deductions		<u>37,258,684</u>

Net increase 11,593,225

Net assets available for benefits

Beginning of year		<u>52,952,808</u>
End of year		<u>\$ 64,546,033</u>

See accompanying notes to combined financial statements.

**United Food and Commercial Workers Union
Local 1546 Health and Welfare Fund and Union Medical Center**

Combined Statements of Benefit Obligations

August 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 5,844,000	\$ 4,491,000
Benefit expenses payable	<u>65,072</u>	<u>50,765</u>
Total	5,909,072	4,541,765
Other obligations for current benefit coverage, at estimated amounts		
Participants' continuing eligibility	<u>2,852,000</u>	<u>2,839,000</u>
Total benefit obligations	<u>\$ 8,761,072</u>	<u>\$ 7,380,765</u>

See accompanying notes to combined financial statements.

**United Food and Commercial Workers Union
Local 1546 Health and Welfare Fund and Union Medical Center**

Combined Statement of Changes in Benefit Obligations

Year Ended August 31, 2024

Amounts currently payable

Balance at beginning of year	\$ 4,541,765
Healthcare, death, pharmacy/prescription drug, dental and other benefits reported and approved for payment	29,186,803
Healthcare, death, pharmacy/prescription drug, dental and other benefits paid	(27,819,496)
Premiums due to healthcare providers	3,677,507
Premiums paid to healthcare providers	<u>(3,677,507)</u>
Balance at end of year	<u>5,909,072</u>

**Other obligations for current benefit coverage,
at estimated amounts**

Balance at beginning of year	2,839,000
Increase during the year attributable to benefits earned and other changes	<u>13,000</u>
Balance at end of year	<u>2,852,000</u>
Total benefit obligations	<u>\$ 8,761,072</u>

See accompanying notes to combined financial statements.

**United Food and Commercial Workers Union
Local 1546 Health And Welfare Fund and Union Medical Center**

Notes to Combined Financial Statements

August 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Basis of Combination - United Food and Commercial Workers Union Local 1546 Health and Welfare Fund (the Plan) and Union Medical Center (the Center), herein collectively referred to as the Organizations, share common control, and the Center relies on the Plan for a large portion of its capitation fees. The net assets of the Center are not available to pay benefits on behalf of the participants of the Plan. Financial data for the Center as of December 31, 2024 and 2023 included total assets of \$5,229,533 and \$5,840,177 respectively; liabilities of \$2,706,012 and \$2,627,913 respectively; and net worth of \$2,523,521 and \$3,212,264 respectively.

The Board of Trustees of the Plan and the Board of Directors of the Center have adopted a combined financial statement presentation for purposes of filing Form 5500, *Annual Return/Report of Employee Benefit Plan*, in order to comply with a request from the U.S. Department of Labor. The financial results of the Center as of December 31, 2024 and 2023 and for the year ended December 31, 2024, are included in the financial statements of the Plan as of August 31, 2024 and 2023, respectively, and for the year ended August 31, 2024. Adjustments that might be necessary for activity outside of the Plan's fiscal year ended August 31, 2024 were considered to be immaterial. All significant interorganization transactions are eliminated in combination.

New Accounting Pronouncement - In June 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-13, *Financial Instruments - Credit Losses* (Topic 326), which is effective for the Plan for the year ended August 31, 2024. This new standard provides financial instruments and other commitments to extend credit held by a reporting entity at each reporting date. The standard replaced the incurred loss impairment model with a methodology that reflects expected credit losses and requires consideration of a broader range of reasonable and supportable information to inform credit loss estimates. The standard had no material impact on the Organizations' financial statements.

Activity Eliminated in Combination - The Plan extended a loan to the Center collateralized by land and building owned by the Center located in Chicago, Illinois. Effective January 1, 2023, the Plan extended the due date of the balloon loan for one year to January 1, 2024. Effective January 1, 2024, the Plan extended the due date of the balloon loan one additional year to January 1, 2025. The extended loan is for \$2,103,565 with an interest rate of 9.50%. Interest payments of \$16,653 are due on the first of every month. Subsequent to August 31, 2024, the Plan extended the loan with an interest rate of 8.50% with interest payments of \$14,900 for an additional year to January 1, 2026. Total interest expense for the year ended August 31, 2024 was \$192,827.

Note 1. Summary of Significant Accounting Policies (continued)

Activity Eliminated in Combination (continued) - The Plan provides for its participants a pharmacy and dental clinic on the premises of the Center.

The Plan currently leases space from the Center under operating leases for office space, the dental clinic and the pharmacy that expire on December 31, 2027. Monthly rent for these leases totaled \$23,456 as of September 1, 2024. The leases include a provision that the Plan is responsible for real estate taxes and insurance premiums that are in excess of the base year. The short-term lease exception was elected by the Plan during the year ended August 31, 2024. The following is a summary by year of future minimum rental payments required under this operating lease at August 31, 2024:

Year ending December 31,	
2025	\$ 285,227
2026	290,931
2027	296,750
2028	<u>99,568</u>
Total	<u>\$ 972,476</u>

Lease expense totaled \$273,044 for the year ended August 31, 2024. Cash paid for operating leases for the year ended August 31, 2024 amounted to \$280,552.

Contributions Receivable - Employer contributions due and not received prior to year end are recorded as contributions receivable. Payroll compliance audit deficiencies are recognized upon settlement with the employer. An allowance for uncollectible accounts was not considered necessary.

Investments - The investments of the Organizations are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Organizations' gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

Note 1. Summary of Significant Accounting Policies (continued)

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently.

All Plan property and equipment placed in service are depreciated over their estimated useful lives using the straight-line method. Center assets are depreciated using various methods. The following are the estimated useful lives of the related assets:

Building and improvements	5 - 50 years
Office and computer equipment and furniture	5 - 10 years
Dental clinic furniture and equipment	5 years
Automobile	5 years
Parking lot and improvements	10 - 39 years
Leasehold improvements	5 years

Benefits - The Plan is self-insured for all benefits paid to or on behalf of participants and their dependents.

Benefit Obligations - The estimated obligations for claims payable, claims incurred but not reported and participants' continuing eligibility were determined by the Plan consultant based on paid and incurred claims cost studies, Plan benefits, claims experience, and other data as considered necessary.

The obligation for participants' continuing eligibility represents an estimate of claims which will be due the following year for participants who had earned eligibility prior to August 31 to maintain coverage after year end. Under certain Plan provisions, a participant may be eligible for an additional month or more of coverage.

Premiums and Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of participants covered and the monthly contribution rates currently in effect, as set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within a jurisdiction primarily located in Cook County, Illinois and its collar counties, as well as certain areas of Northwest Indiana.

The Center's revenue consists primarily of premiums from employers and benefit plans under contracts for health services for their employees and participants. Revenue derived from premiums is recognized over the period to which the premiums relate. Services are provided for a monthly premium in varying amounts depending on the coverage desired. Premiums are due at the beginning of the month and provide coverage for that month in which premiums are paid. In addition, certain retired participants who were previously eligible when actively employed continue their coverage as a Medicare eligible member. The Center carries out its purpose described in Note 2 within a jurisdiction primarily located in the Chicago Metropolitan area in Illinois.

Note 1. Summary of Significant Accounting Policies (continued)

Inventory - The Organizations' inventories of pharmaceutical merchandise available for sale are reported at the lower of cost or net realizable value on a first-in first-out basis.

Collective Bargaining Agreement - The majority of employees are covered under a collective bargaining agreement, which is effective July 1, 2023 through June 30, 2026.

Pharmacy, Dental and Mammogram Income - The Plan receives co-payments and discounted service fees from participants for prescription drugs, dental procedures and mammograms.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through March 12, 2025, which is the date the combined financial statements of the Plan and the Center were available to be issued.

Note 2. Description of the Organizations

Plan

The Plan was established during 1949 as a result of a collective bargaining agreement to provide health care, death, disability and dental benefits for eligible employees and their dependents. The Plan is a multiemployer health and welfare plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Participants become initially eligible for benefits on the first day of the fourth calendar month of employment. An employee of an employer who initially becomes signatory to an collective bargaining agreement subsequent to the employee's date of employment is eligible for benefits on the first day of the calendar month following the day the employer becomes a contributor to the Plan. A participant's benefit coverage terminates either at the end of one or two months following the month employment is terminated, depending on coverage.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA) has been adopted by the Plan.

Participants should refer to the summary plan description for more complete information.

Center

On December 1, 1959, the Center was organized as a nonprofit corporation under the Voluntary Health Services Plans Act of the State of Illinois and was licensed for the practice of these services on April 30, 1960. Services are provided for UFCW members who work in a diverse range of industries including grocery and drug retailers. The Center is treated as a taxable corporation for federal and state tax purposes.

Note 3. Funding Policy

The Plan is primarily funded by contributions from employers and from participants electing COBRA coverage. The participating employers contribute such amounts as specified in their respective collective bargaining agreements. Participant contribution rates are determined annually.

For the year ended August 31, 2024, the monthly contribution rates ranged from \$626 to \$818 for contributing employers and from \$100 to \$999 for participants electing COBRA, depending on the participant's coverage options.

Note 4. Property and Equipment - Combined

A summary of the composition of land, building and equipment follows:

	2024		
	<u>Plan</u>	<u>Center</u>	<u>Combined</u>
Land	\$ 485,645	\$ 143,769	\$ 629,414
Building and improvements	71,232	4,668,965	4,740,197
Parking lot and improvements	71,773	180,532	252,305
Office and computer equipment and furnitu	227,975	928,971	1,156,946
Dental furniture and equipment	304,600	-	304,600
Automobile	-	21,458	21,458
	<u>1,161,225</u>	<u>5,943,695</u>	<u>7,104,920</u>
Less accumulated depreciation	<u>(588,514)</u>	<u>(4,533,999)</u>	<u>(5,122,513)</u>
Net property and equipment	<u>\$ 572,711</u>	<u>\$ 1,409,696</u>	<u>\$ 1,982,407</u>

	2023		
	<u>Plan</u>	<u>Center</u>	<u>Combined</u>
Land	\$ 485,645	\$ 143,769	\$ 629,414
Building and improvements	71,232	4,655,473	4,726,705
Parking lot and improvements	71,773	180,532	252,305
Office and computer equipment and furnitu	217,176	915,570	1,132,746
Dental furniture and equipment	295,451	-	295,451
Automobile	-	21,458	21,458
	<u>1,141,277</u>	<u>5,916,802</u>	<u>7,058,079</u>
Less accumulated depreciation	<u>(564,174)</u>	<u>(4,409,974)</u>	<u>(4,974,148)</u>
Net property and equipment	<u>\$ 577,103</u>	<u>\$ 1,506,828</u>	<u>\$ 2,083,931</u>

Depreciation and amortization expense was \$156,866 for the year ended August 31, 2024.

Note 5. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants and make payments of reasonable administrative expenses.

Note 6. Risks and Uncertainties

The Organizations invest in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the combined statements of net assets available for benefits.

Benefit obligations are estimated based on paid and incurred claims cost studies, plan benefits, claims experience and other data as considered necessary. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates in the near term would be material to the combined financial statements.

Note 7. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

Note 7. Fair Value Measurements (continued)

The following tables set forth, by level within the fair value hierarchy, the Organizations' investment assets at fair value as of August 31, 2024 and 2023. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	<u>Total</u>	<u>Fair Value Measurements at 8/31/24 Using</u>		
		<u>Quoted Prices</u> <u>in Active</u> <u>Markets for</u> <u>Identical</u> <u>Assets</u> <u>(Level 1)</u>	<u>Significant</u> <u>Other</u> <u>Observable</u> <u>Inputs</u> <u>(Level 2)</u>	<u>Significant</u> <u>Unobservable</u> <u>Inputs</u> <u>(Level 3)</u>
U.S. Government and Government				
Agency obligations	\$ 13,744,976	\$ 8,158,482	\$ 5,586,494	\$ -
Corporate bonds and notes	16,326,062	-	16,326,062	-
Corporate stocks	20,614,863	20,614,863	-	-
State and municipal bonds	938,363	-	938,363	-
Foreign obligations	692,043	-	692,043	-
Short-term investment	4,482,874	4,482,874	-	-
Certificates of deposit	400,000	-	400,000	-
Total	<u>\$ 57,199,181</u>	<u>\$ 33,256,219</u>	<u>\$ 23,942,962</u>	<u>\$ -</u>

	<u>Total</u>	<u>Fair Value Measurements at 8/31/23 Using</u>		
		<u>Quoted Prices</u> <u>in Active</u> <u>Markets for</u> <u>Identical</u> <u>Assets</u> <u>(Level 1)</u>	<u>Significant</u> <u>Other</u> <u>Observable</u> <u>Inputs</u> <u>(Level 2)</u>	<u>Significant</u> <u>Unobservable</u> <u>Inputs</u> <u>(Level 3)</u>
U.S. Government and Government				
Agency obligations	\$ 11,895,252	\$ 7,158,250	\$ 4,737,002	\$ -
Corporate bonds and notes	11,662,159	-	11,662,159	-
Corporate stocks	15,043,810	15,043,810	-	-
State and municipal bonds	807,136	-	807,136	-
Foreign obligations	595,688	-	595,688	-
Short-term investment	5,114,414	5,114,414	-	-
Certificates of deposit	400,000	-	400,000	-
Total	<u>\$ 45,518,459</u>	<u>\$ 27,316,474</u>	<u>\$ 18,201,985</u>	<u>\$ -</u>

Note 7. Fair Value Measurements (continued)

Level 1 Measurements

U.S. Treasury securities and corporate stocks are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The short-term investment represents shares held in a mutual fund. The fair value of the mutual fund is determined by reference to the fund's underlying assets, which are principally marketable short-term fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value on the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency obligations, corporate bonds and notes, state and municipal bonds and foreign obligations are generally valued by benchmarking model-derived prices to quoted market prices and trade date for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that includes inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimate.

Certificates of deposit are valued at cost, which approximates their fair value.

Note 8. Tax Status - Plan

The Plan obtained a notice of exemption in 1975 in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require the Plan to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9. Income Taxes - Union Medical Center

Accounting principles generally accepted in the United States of America require the Center to evaluate tax positions taken by the Center and recognize a tax liability if the Center has taken an uncertain position that more likely than not would not be sustained upon examination by tax authorities. The Center is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Income taxes are provided for the effects of transactions reported in the financial statements and consist of taxes due plus deferred taxes. Deferred taxes are recognized for differences between the bases of assets and liabilities for financial statement and income tax purposes. The deferred tax assets and liabilities represent the future tax return consequences of those differences, which will be either deductible or taxable when the assets and liabilities are recovered or settled.

Deferred income taxes are the result of the following timing differences:

- Using different depreciation elections for financial reporting purposes and for tax purposes.
- Using the cash basis of accounting for vacation and sick pay for income tax purposes and the accrual basis of accounting for financial statement reporting.

The expected income tax provision that would result from applying statutory tax rates to income before income taxes differs from current expenses for the following reasons:

- Temporary differences created by using different depreciation elections for income tax purposes and vacation and sick pay accruals for financial statement purposes which are nondeductible for tax purposes until paid.
- Permanent difference for meals and entertainment expense limitation, which is not deductible for income tax purposes.
- Tax rates used to calculate deferred taxes, which do not reflect actual graduated rates.

Note 9. Income Taxes - Union Medical Center (continued)

The tax effect of cumulative temporary differences that gave rise to the deferred tax assets and liabilities at December 31, 2024 and 2023 is as follows:

	2024		
	<u>Assets</u>	<u>Liabilities</u>	<u>Total</u>
Depreciation	\$ -	\$ 19,437	\$ 19,437
Net operating loss carryforward	529,795	-	529,795
Accrued vacation and sick pay	69,343	-	69,343
State deferred taxes	-	-	-
Total	<u>\$ 599,138</u>	<u>\$ 19,437</u>	<u>\$ 618,575</u>

	2023		
	<u>Assets</u>	<u>Liabilities</u>	<u>Total</u>
Depreciation	\$ -	\$ 14,104	\$ 14,104
Net operating loss carryforward	434,144	-	434,144
Accrued vacation and sick pay	59,473	-	59,473
State deferred taxes	-	-	-
Total	<u>\$ 493,617</u>	<u>\$ 14,104</u>	<u>\$ 507,721</u>

As of December 31, 2024 and 2023, Union Medical Center had aggregate deferred tax assets of \$618,575 and \$507,721 respectively. Such deferred tax assets primarily relate to net operating loss carryforwards. Realization of these deferred tax assets is dependent upon future taxable income, the amount and timing of which are uncertain. Accordingly, Union Medical Center's deferred tax assets have been fully offset by valuation allowances at both December 31, 2024 and 2023. The valuation allowance decreased by \$110,854 and \$9,323 for the years ended December 31, 2024 and 2023, respectively.

At December 31, 2024, Union Medical Center had available federal and state net operating loss carryforwards of \$1,942,507 and \$1,282,823 respectively. The federal and state net operating loss carryforwards expire through 2036.

Note 9. Income Taxes - Union Medical Center (continued)

The provision for income taxes (benefit) consists of the following:

	<u>2024</u>	<u>2023</u>
Current tax:		
Federal	\$ -	\$ -
State	-	-
Total current	<u>-</u>	<u>-</u>
Deferred tax (benefit):		
Federal	(144,032)	6,367
State	<u>33,178</u>	<u>2,956</u>
Total deferred	<u>(110,854)</u>	<u>9,323</u>
Valuation allowance change	<u>110,854</u>	<u>(9,323)</u>
Total	<u><u>\$ -</u></u>	<u><u>\$ -</u></u>

Note 10. Statutory Reserve

In accordance with Illinois State Statutes, the Center is required to calculate statutory contingency reserves under both the Voluntary Health Services Plans Act and the Health Maintenance Organization Act. Both Acts require an annual addition to the statutory contingency reserve equal to 2% of annual premiums (up to 8% of the annual net income for the preceding 12 months) under the Voluntary Health Services Plans Act.

The Center maintained a statutory contingency reserve of \$378,206 at December 31, 2024 and 2023. The minimum cumulative reserve requirement was \$378,206 as of December 31, 2024 and 2023.

The required statutory contingency reserve at December 31, 2024 and 2023 is calculated as follows:

	2% of Subscription <u>Premiums</u>	8% of Statutory Basis Net <u>Income</u>	<u>Accumulation</u>
Required reserve - December 31, 2022			\$ 376,591
Year ended December 31, 2023	\$ 130,167	\$ 1,615	<u>1,615</u>
Required reserve - December 31, 2023			378,206
Year ended December 31, 2024	\$ 129,851	\$ (54,877)	<u>-</u>
Required reserve - December 31, 2024			<u><u>\$ 378,206</u></u>

Note 11. Malpractice Insurance Reserve

The Center is a health services plan corporation incorporated prior to January 1, 1965, under the Illinois Voluntary Health Services Plans Act (the Act). The Act grants to a health services plan corporation incorporated prior to January 1, 1965, immunity from liability for injuries resulting from various causes including negligence and malpractice. The Trustees previously designated a \$3,000,000 reserve fund to be used for the payment of medical malpractice claims, legal defense costs and the payment of medical malpractice judgments or the settlement of such claims, which are or may be incurred by the Center, but only if and to the extent the Trustees determine, in their sole discretion, that it is in the Center's best interests to do so. This reserve fund is included as part of the combined net assets available for benefits. The fair value of the assets related to the reserve fund as of August 31, 2024 and 2023 is \$6,557,894 and \$5,842,004 respectively. As of August 31, 2024, the Trustees continue to approve maintaining the reserve fund as well as to purchase malpractice insurance to reduce the risks from potential claims.

Note 12. Operating Leases

As Lessor - The Center leases office space to the related pension plan under a cancellable operating lease that expires on December 31, 2027. The lease requires fixed monthly payments. Future minimum lease receipts under the operating lease are as follows:

Year ending December 31,	
2025	\$ 100,275
2026	102,281
2027	<u>104,326</u>
Total	<u>\$ 306,882</u>

Total rental income from the pension plan for 2024 was \$99,079.

As Lessee - The Center leases copiers under an operating lease expiring in 2026, with the option to renew for successive three-month terms. The Center also leases lunchroom space on a month-to-month basis from the related local union at a flat monthly rate of \$550. Future minimum lease payments under the operating lease are as follows:

Year ending December 31,	
2025	\$ 25,032
2026	<u>18,774</u>
Total	<u>\$ 43,806</u>

The leases provide for a 90-day notice period for termination by either the lessor or lessee. The Center has determined that due to the mutual termination option, enforceable rights and obligations do not exist under the leasing arrangements beyond the 90-day notice period. Therefore, neither a right-of-use asset nor a lease liability was recorded on the balance statements of net assets available for benefits.

Total rental payments for 2024 were \$31,902.

Note 13. Participation in Multiemployer Plans

Defined Benefit Pension Plan

Most of the Organizations' full-time employees are covered by a defined benefit multiemployer pension plan. The risk of participating in a multiemployer defined benefit pension plan is different from a single employer plan. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to a multiemployer defined benefit pension plan, the unfunded obligations of that plan may be borne by the remaining participating employers.

The Organizations' participation in the multiemployer defined benefit pension plan is outlined in the table below. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone status are below 65 percent funded, plans in the yellow zone are between 65 and 80 percent funded, and plans in the green zone are at least 80 percent funded. The FIP/RP Pending/Implemented column indicates whether a funding improvement plan (FIP) or rehabilitation plan (RP) is either pending or has been implemented. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

<u>Pension Plan</u>	<u>EIN/PN</u>	<u>Pension Protection Act Zone Status</u>	<u>FIP/RP Status</u>	<u>Contributions</u>	<u>Most Recently Available Annual Report (Form 5500)</u>
United Food and Commercial Workers Union Local 1546 Pension Fund	51-6049165/001	Green as of 9/1/2024	Implemented	\$ <u>233,701</u>	8/31/2023

Contributions from the Plan are made monthly under the terms of a participation agreement, which does not have an expiration date. Contributions from the Center are made under a collective bargaining agreement with an expiration date of June 30, 2026. The Organizations' contributions do not represent more than 5% of total contributions to this plan as indicated in the plan's most recently available annual report.

Defined Contribution Retirement Plan

The Organizations' full-time eligible employees are also covered by a savings and retirement plan, a defined contribution plan that covers all full-time employees. Under the terms of this plan, employees may elect to contribute pretax earnings up to the maximum allowable amount. Effective January 1, 2024, Union Medical Center began offering a Basic Safe Harbor match to eligible employees of up to 4%. Matching contributions for 2024 totaled \$148,952.

Note 14. Related Parties

The Center and the Plan have two related organizations which include a pension plan and a local union. The financial activities of these organizations are not included in the accompanying combined financial statements.

The Organizations share expenses for salaries, office supplies and various other expenses with the related organizations. Each organization's share is based on estimates of time spent, space used and costs incurred. For the year ended August 31, 2024, the net payments made to the Plan by the pension plan were \$422,897. For the same time period, the Center made net reimbursements to the related pension plan of \$96,959 and received net reimbursements from the local union of \$128,011.

At August 31, 2024, the pension plan owed the Organizations \$16,910. At August 31, 2023, the Organizations owed the pension plan \$1,710. At December 31, 2024 and 2023, the local union owed the Organizations \$38,333 and \$15,400 respectively.

Note 15. Major Employers

Contributions from three employers accounted for approximately 36% of employer contributions during the year ended August 31, 2024. In the event the employers suspend contributions, the Plan would terminate coverage to the employers' participants, as set forth in the Plan document. The Plan would retain the risk of meeting current fixed administrative expenses until the appropriate adjustments were made.

Note 16. Concentration of Cash

Cash consists of monies held in checking and certificate of deposit accounts without significant withdrawal restrictions. The Organizations place their cash with financial institutions deemed to be creditworthy. Balances are insured by FDIC up to \$250,000 per financial institution, per depositor. Balances may at times exceed insured limits.

Note 17. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the combined financial statements to the Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 64,546,033	\$ 52,952,808
Less - amounts currently payable	<u>(5,909,072)</u>	<u>(4,541,765)</u>
Net assets available for benefits per the Form 5500	<u>\$ 58,636,961</u>	<u>\$ 48,411,043</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended August 31, 2024:

Benefits paid to or for participants per the financial statements	\$ 28,610,950
Add - amounts currently payable at end of year	5,909,072
Less - amounts currently payable at beginning of year	<u>(4,541,765)</u>
Benefits paid to or for participants per the Form 5500	<u>\$ 29,978,257</u>

REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
United Food and Commercial Workers
Union Local 1546 Health and Welfare Fund

We have audited the combined financial statements of United Food and Commercial Workers Union Local 1546 Health and Welfare Fund and its affiliate, Union Medical Center, as of and for the years ended August 31, 2024 and 2023, and our report thereon dated March 12, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 through 3. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedules 1 and 2 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such 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 schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules 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.

Legacy Professionals LLP

Westchester, Illinois

March 12, 2025

SCHEDULE C OTHER SERVICE PROVIDER SERVICE CODES STATEMENT 1

NAME	SERVICE CODES
NORTHERN TRUST CORPORATION	19
NORTHERN TRUST CORPORATION	49
NORTHERN TRUST CORPORATION	51
NORTHERN TRUST CORPORATION	52
NORTHERN TRUST CORPORATION	68
NORTHERN TRUST CORPORATION	72

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H OTHER RECEIVABLES STATEMENT 2

DESCRIPTION	BEGINNING	ENDING
DUE FROM AFFILIATES	15,181.	55,243.
PREPAID EXPENSES AND OTHER ASSETS	161,356.	163,282.
ACCRUED INVESTMENT INCOME	226,484.	296,331.
PHARMACY INVENTORY	76,904.	70,750.
TOTAL TO SCHEDULE H, LINE 1B(3)	479,925.	585,606.

SCHEDULE H OTHER GENERAL INVESTMENTS STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
FOREIGN OBLIGATIONS	595,688.	692,043.
STATE & MUNICIPAL BONDS	807,136.	938,363.
TOTAL TO SCHEDULE H, LINE 1C(15)	1,402,824.	1,630,406.

SCHEDULE H OTHER PLAN LIABILITIES STATEMENT 4

DESCRIPTION	BEGINNING	ENDING
EST LIAB.-ACCRUED VACATION	397,994.	450,354.
DUE TO BROKER - NET	30,000.	0.
TOTAL TO SCHEDULE H, LINE 1J	427,994.	450,354.

SCHEDULE H	OTHER INCOME	STATEMENT	5
DESCRIPTION		AMOUNT	
PHARMACY INCOME		791,507.	
MAMMOGRAM INCOME		15,422.	
MISCELLANEOUS		20,329.	
DENTAL INCOME		261,908.	
TOTAL TO SCHEDULE H, LINE 2C		1,089,166.	

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT	6
DESCRIPTION		AMOUNT	
HOSPITAL AUDIT, UTILIZATION REVIEW, PREFERRED PROVIDER EXPENSE		93,688.	
PHARMACISTS' SALARY & RELATED EXPENSE		488,933.	
DENTISTS' SALARY & RELATED EXPENSE		1,680,713.	
TOTAL TO SCHEDULE H, LINE 2E(3)		2,263,334.	

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT	7
DESCRIPTION		AMOUNT	
EMPLOYEE RELATIONS EXPENSE		33,987.	
OFFICE EXPENSE		168,628.	
INSURANCE		255,051.	
CONFERENCES		8,715.	
COMPUTER OPERATING EXPENSE		257,904.	
DEPRECIATION AND AMORTIZATION		156,866.	
TELEPHONE AND UTILITIES		150,528.	
AUTO EXPENSE		786.	
CLEANING, MAINTENANCE, & REPAIRS		545,649.	
PAYROLL PROCESSING		44,632.	
REAL ESTATE TAXES		168,195.	
LABORATORY		257,462.	
RENT		6,600.	
LICENSES & FEES		14,418.	
EMPLOYEE RECRUITMENT		14,850.	
REFERRAL EXPENSE		27,509.	
FEES MANDATED BY ACA		25,701.	
LAUNDRY		60.	
INTEREST EXPENSE		7,012.	
PAYROLL TAXES		369,281.	
TOTAL TO SCHEDULE H, LINE 2I(11)		2,513,834.	

5500 Supplemental Schedules

1 SEP 23 - 31 AUG 24



◆ 5% Report - Part A

Single Transaction in Excess of 5%

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

NOTE: TRANSACTIONS ARE BASED ON THE 2023-08-31 VALUE (INCLUDING ACCRUALS) OF 45,306,793.32

5500 Supplemental Schedules

1 SEP 23 - 31 AUG 24



◆ 5% Report - Part B

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

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

NOTE: TRANSACTIONS ARE BASED ON THE 2023-08-31 VALUE (INCLUDING ACCRUALS) OF 45,306,793.32

5500 Supplemental Schedules

1 SEP 23 - 31 AUG 24



◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID	Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
		Acquisition Price	Disposition Price				
MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404	Total acquisitions	339	35,940,974.05		0.00	35,940,974.05	35,940,974.05
	Total dispositions	334		36,569,836.95	0.00	36,569,836.95	36,569,836.95

NOTE: TRANSACTIONS ARE BASED ON THE 2023-08-31 VALUE (INCLUDING ACCRUALS) OF 45,306,793.32

5500 Supplemental Schedules

1 SEP 23 - 31 AUG 24



◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

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

NOTE: TRANSACTIONS ARE BASED ON THE 2023-08-31 VALUE (INCLUDING ACCRUALS) OF 45,306,793.32

	<u>@ COST</u>	<u>@ FMV</u>
Interest Bearing Cash		
CD - Bank of America NA 4.30% - 2/14/2025	200,000	200,000
CD - Goldman Sachs BK USA 5.25% - 6/4/2025	200,000	200,000
		<u>400,000</u>
U.S. Government		
U.S. Government Securities	See Attached	13,744,976 - pg. 49
Total U.S. Gov't		<u>13,744,976</u>
Corporate Debt Instruments		
Corporate Debt Instruments	See Attached	15,709,465 - pg. 42
Corporate Debt Instruments	See Attached	616,597 - pg. 51
Total Corporate Debt		<u>16,326,062</u>
Corporate Stock		
Common Stock	See Attached	<u>20,614,863</u> - pg. 14
Registered Inv. Companies		
	See Attached	<u>4,482,874</u> - pg. 52
Other Investments		
Foreign Obligations		
Corporate Debt - Belgium	See Attached	198,613 - pg. 24
Corporate Debt - Canada	See Attached	414,214 - pg. 24
Corporate Debt - United Kingdom	See Attached	79,216 - pg. 25
		692,043
State & Municipal Holdings	See Attached	<u>938,363</u> - pg. 23
Total Other Investments		<u>1,630,406</u>

Portfolio Statement

31 AUG 2024



Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total	
					Market	Translation		
Equities								
Common stock								
Canada - USD								
SUNCOR ENERGY INC NEW COM STK CUSIP: 867224107								
SU	7,786.00	40,5400000	0,00	315,644.44	274,318.67	41,325.77	0,00	41,325.77
<hr/>								
Total USD		0,00	315,644.44	274,318.67	41,325.77	0,00	41,325.77	
<hr/>								
Total Canada		0,00	315,644.44	274,318.67	41,325.77	0,00	41,325.77	
Denmark - USD								
ADR NOVO-NORDISK A S ADR CUSIP: 670100205								
	3,991.00	139,1600000	0,00	555,387.56	282,718.85	272,668.71	0,00	272,668.71
<hr/>								
Total USD		0,00	555,387.56	282,718.85	272,668.71	0,00	272,668.71	
<hr/>								
Total Denmark		0,00	555,387.56	282,718.85	272,668.71	0,00	272,668.71	
Netherlands - USD								
ADR ASML HLDG NV NY REG 2012 (POST REV SPLIT) CUSIP: N07059210								
ASML	407.00	903,8700000	0,00	367,875.09	268,537.44	99,337.65	0,00	99,337.65
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Portfolio Statement

31 AUG 2024



Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Equities

Common stock

Total USD		0.00	367,875.09	268,537.44	99,337.65	0.00	99,337.65
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Total Netherlands		0.00	367,875.09	268,537.44	99,337.65	0.00	99,337.65
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United Kingdom - USD

ADR INTERCONTINENTAL HOTELS GROUP PLC NEW SPON ADS EACH REPR 1 ORD SHS CUSIP: 45857P806

1,809.00	100.5100000	962.38	181,822.59	189,619.54	- 7,796.95	0.00	- 7,796.95
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ADR UNILEVER PLC SPONSORED ADR NEW CUSIP: 904767704
 UL

5,878.00	64.7900000	2,776.17	380,835.62	278,574.14	102,261.48	0.00	102,261.48
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Total USD		3,738.55	562,658.21	468,193.68	94,464.53	0.00	94,464.53
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Total United Kingdom		3,738.55	562,658.21	468,193.68	94,464.53	0.00	94,464.53
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United States - USD

ADVANCED DRAIN SYS INC DEL COM CUSIP: 00790R104

1,492.00	156.7600000	238.72	233,885.92	157,225.46	76,660.46	0.00	76,660.46
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Portfolio Statement

31 AUG 2024



Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Equities							
Common stock							
ALPHABET INC CAP STK USD0.001 CL C CUSIP: 02079K107							
4,396.00	165.1100000	0.00	725,823.56	398,497.95	327,325.61	0.00	327,325.61
AMAZON COM INC COM CUSIP: 023135106							
1,971.00	178.5000000	0.00	351,823.50	200,584.48	151,239.02	0.00	151,239.02
APPLE INC COM STK CUSIP: 037833100							
2,302.00	229.0000000	0.00	527,158.00	387,891.13	139,266.87	0.00	139,266.87
ARES MANAGEMENT LP COM SHS REPSTG LTD PARTNER CUSIP: 03990B101							
3,463.00	146.4000000	0.00	506,983.20	216,950.22	290,032.98	0.00	290,032.98
AVERY DENNISON CORP COM CUSIP: 053611109							
1,836.00	221.8500000	0.00	407,316.60	300,846.94	106,469.66	0.00	106,469.66
AZEK CO INC CL A CL A CUSIP: 05478C105							
7,492.00	42.6300000	0.00	319,383.96	223,283.49	96,100.47	0.00	96,100.47
BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B' CUSIP: 084670702							
720.00	475.9200000	0.00	342,662.40	166,641.05	176,021.35	0.00	176,021.35

Portfolio Statement

31 AUG 2024



◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Equities							
Common stock							
BIO-TECHNE CORP COM CUSIP: 09073M104							
3,933.00	73.9900000	0.00	291,002.67	289,201.54	1,801.13	0.00	1,801.13
CADENCE DESIGN SYS INC COM CUSIP: 127387108 CDNS							
1,147.00	268.9300000	0.00	308,462.71	321,358.53	- 12,895.82	0.00	- 12,895.82
CBRE GROUP INC CL A CL A CUSIP: 12504L109							
2,239.00	115.1400000	0.00	257,798.46	190,897.93	66,900.53	0.00	66,900.53
CHEVRON CORP COM CUSIP: 166764100 CVX							
1,530.00	147.9500000	2,493.90	226,363.50	198,061.55	28,301.95	0.00	28,301.95
CHIPOTLE MEXICAN GRILL INC COM STK CUSIP: 169656105 CMG							
3,747.00	56.0800000	0.00	210,131.76	201,192.17	8,939.59	0.00	8,939.59
CHURCH & DWIGHT INC COM CUSIP: 171340102 CHD							
3,016.00	101.8800000	855.78	307,270.08	283,555.53	23,714.55	0.00	23,714.55
CONOCOPHILLIPS COM CUSIP: 20825C104							
2,494.00	113.7900000	1,945.32	283,792.26	256,246.93	27,545.33	0.00	27,545.33

Portfolio Statement

31 AUG 2024



◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Equities							
Common stock							
CONSTELLATION BRANDS INC CL A CL A CUSIP: 21036P108							
1,212.00	240.7100000	0.00	291,740.52	313,014.40	- 21,273.88	0.00	- 21,273.88
DOVER CORP COM USD1.00 CUSIP: 260003108							
1,427.00	186.0300000	734.90	265,464.81	214,400.48	51,064.33	0.00	51,064.33
FAIR ISAAC CORPORATION COM CUSIP: 303250104 FICO							
244.00	1,730.2700000	0.00	422,185.88	208,348.24	213,837.64	0.00	213,837.64
GLOBE LIFE INC COM CUSIP: 37959E102							
4,518.00	105.0500000	0.00	474,615.90	414,496.82	60,119.08	0.00	60,119.08
HOME DEPOT INC COM CUSIP: 437076102 HD							
627.00	368.5000000	1,410.75	231,049.50	183,767.24	47,282.26	0.00	47,282.26
JACOBS SOLUTIONS INC COM CUSIP: 46982L108							
1,977.00	150.8800000	0.00	298,289.76	262,180.46	36,109.30	0.00	36,109.30
JPMORGAN CHASE & CO COM CUSIP: 46625H100 JPM							
2,595.00	224.8000000	0.00	583,356.00	319,273.34	264,082.66	0.00	264,082.66

Portfolio Statement

31 AUG 2024



◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Equities							
Common stock							
MARSH & MCLENNAN CO'S INC COM CUSIP: 571748102							
1,151.00	227.5100000	0.00	261,864.01	189,679.44	72,184.57	0.00	72,184.57
MARVELL TECHNOLOGY INC COM CUSIP: 573874104							
5,825.00	76.2400000	0.00	444,098.00	337,081.27	107,016.73	0.00	107,016.73
MCKESSON CORP CUSIP: 58155Q103 MCK							
698.00	561.0800000	495.58	391,633.84	240,255.71	151,378.13	0.00	151,378.13
MICROCHIP TECHNOLOGY INC COM CUSIP: 595017104							
2,762.00	82.1600000	1,253.94	226,925.92	232,482.99	- 5,557.07	0.00	- 5,557.07
MICROSOFT CORP COM CUSIP: 594918104 MSFT							
2,238.00	417.1400000	1,678.50	933,559.32	508,442.26	425,117.06	0.00	425,117.06
MONDELEZ INTL INC COM CUSIP: 609207105							
4,335.00	71.8100000	0.00	311,296.35	268,902.79	42,393.56	0.00	42,393.56
MONOLITHIC PWR SYS INC COM CUSIP: 609839105							
359.00	934.6800000	0.00	335,550.12	129,892.33	205,657.79	0.00	205,657.79

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Equities							
Common stock							
MOTOROLA SOLUTIONS INC MSI	CUSIP: 620076307						
813.00	442.0400000	0.00	359,378.52	289,156.77	70,221.75	0.00	70,221.75
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NASDAQ INC	CUSIP: 631103108						
2,950.00	72.0800000	0.00	212,636.00	199,737.71	12,898.29	0.00	12,898.29
<hr/>							
O REILLY AUTOMOTIVE INC NEW COM USD0.01 ORLY	CUSIP: 67103H107						
333.00	1,129.9700000	0.00	376,280.01	200,946.81	175,333.20	0.00	175,333.20
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PALO ALTO NETWORKS INC COM USD0.0001 RGA	CUSIP: 697435105						
1,447.00	362.7200000	0.00	524,855.84	383,714.57	141,141.27	0.00	141,141.27
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QUANTA SVCS INC COM	CUSIP: 74762E102						
1,973.00	275.1300000	0.00	542,831.49	215,441.85	327,389.64	0.00	327,389.64
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REINSURANCE GROUP AMER INC COM NEW STK RGA	CUSIP: 759351604						
2,497.00	220.7600000	0.00	551,237.72	313,053.32	238,184.40	0.00	238,184.40
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REPUBLIC SVCS INC COM	CUSIP: 760759100						
1,597.00	208.2100000	0.00	332,511.37	234,064.36	98,447.01	0.00	98,447.01

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Equities							
Common stock							
ROPER TECHNOLOGIES INC CUSIP: 776696106							
557.00	554.4100000	0.00	308,806.37	295,808.62	12,997.75	0.00	12,997.75
RTX CORPORATION COMSTK CUSIP: 75513E101							
2,365.00	123.3400000	1,489.95	291,699.10	202,873.52	88,825.58	0.00	88,825.58
SERVICE CORP INTL COM CUSIP: 817565104							
2,668.00	78.2700000	0.00	208,824.36	176,944.61	31,879.75	0.00	31,879.75
SERVICENOW INC COM USD0.001 CUSIP: 81762P102							
644.00	855.0000000	0.00	550,620.00	317,137.63	233,482.37	0.00	233,482.37
STARBUCKS CORP COM CUSIP: 855244109							
2,135.00	94.5700000	0.00	201,906.95	200,585.60	1,321.35	0.00	1,321.35
STERIS PLC ORD USD0.001 CUSIP: G8473T100							
1,716.00	241.1000000	0.00	413,727.60	355,066.85	58,660.75	0.00	58,660.75
TETRA TECH INC NEW COM CUSIP: 88162G103							
1,261.00	237.7400000	0.00	299,790.14	227,349.53	72,440.61	0.00	72,440.61

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total	
					Market	Translation		
Equities								
Common stock								
THE COOPER COMPANIES, INC. CUSIP: 216648501								
2,718.00	105.7300000	0.00	287,374.14	252,971.43	34,402.71	0.00	34,402.71	
THERMO FISHER SCIENTIFIC INC COM USD1 CUSIP: 883556102								
TMO	480.00	615.0700000	0.00	295,233.60	216,335.08	78,898.52	0.00	78,898.52
TJX COS INC COM NEW CUSIP: 872540109								
TJX	4,281.00	117.2700000	1,605.37	502,032.87	273,723.74	228,309.13	0.00	228,309.13
UNITEDHEALTH GROUP INC COM CUSIP: 91324P102								
UNH	923.00	590.2000000	0.00	544,754.60	356,927.79	187,826.81	0.00	187,826.81
VISA INC COM CL A STK CUSIP: 92826C839								
V	2,144.00	276.3700000	1,114.88	592,537.28	395,261.35	197,275.93	0.00	197,275.93
ZEBRA TECHNOLOGIES CORP CL A CUSIP: 989207105								
ZBRA	986.00	345.3800000	0.00	340,544.68	303,404.58	37,140.10	0.00	37,140.10
ZOETIS INC COM USD0.01 CL 'A' CUSIP: 98978V103								
	1,658.00	183.4900000	716.24	304,226.42	240,699.74	63,526.68	0.00	63,526.68
Total USD								
		16,033.83	18,813,297.57	13,265,858.13	5,547,439.44	0.00	5,547,439.44	

Portfolio Statement

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◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Equities

Common stock

Total United States		16,033.83	18,813,297.57	13,265,858.13	5,547,439.44	0.00	5,547,439.44
Total Common Stock		19,772.38	20,614,862.87	14,559,626.77	6,055,236.10	0.00	6,055,236.10
	127,763.00						

Total Equities

127,763.00	19,772.38	20,614,862.87	14,559,626.77	6,055,236.10	0.00	6,055,236.10
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Fixed Income

Government bonds

United States - USD

UNITED STATES OF AMER TREAS BOND 3.125% 11-15-2028 CUSIP: 9128285M8	400,000.00	97.5039060	3,702.43	390,015.63	394,015.96	- 4,000.33	0.00	- 4,000.33
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Issue Date: 15 Nov 18 Rate: 3.125% Yield to Maturity: 3.771% Maturity Date: 15 Nov 28

UNITED STATES OF AMER TREAS NOTES .625% DUE 08-15-2030 CUSIP: 91282CAE1	785,000.00	83.3281250	226.64	654,125.78	703,922.07	- 49,796.29	0.00	- 49,796.29
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Issue Date: 15 Aug 20 Rate: 0.625% Yield to Maturity: 3.775% Maturity Date: 15 Aug 30

Portfolio Statement

31 AUG 2024



Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Government bonds

UNITED STATES OF AMER TREAS NOTES DTD 11/15/2022 4.125%11-15-2032 CUSIP: 91282CFV8

585,000.00	101.8710940	7,147.56	595,945.90	598,232.97	- 2,287.07	0.00	- 2,287.07
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Issue Date: 15 Nov 22 Rate: 4.125% Yield to Maturity: 3.856% Maturity Date: 15 Nov 32

UNITED STATES OF AMER TREAS NOTES T-NOTE 1.625% 09-30-2026 CUSIP: 912828YG9

265,000.00	95.4765620	1,811.91	253,012.89	262,863.88	- 9,850.99	0.00	- 9,850.99
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Issue Date: 30 Sep 19 Rate: 1.625% Yield to Maturity: 3.905% Maturity Date: 30 Sep 26

UNITED STATES OF AMER TREAS NOTES 2.25% DUE 11-15-2025 CUSIP: 912828M56

175,000.00	97.6601560	1,166.27	170,905.27	178,838.16	- 7,932.89	0.00	- 7,932.89
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Issue Date: 15 Nov 15 Rate: 2.25% Yield to Maturity: 4.253% Maturity Date: 15 Nov 25

UNITED STATES OF AMER TREAS NOTES 4.0% 02-15-2034 CUSIP: 91282CJZ5

380,000.00	100.6250000	702.17	382,375.00	367,888.85	14,486.15	0.00	14,486.15
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Issue Date: 15 Feb 24 Rate: 4% Yield to Maturity: 3.92% Maturity Date: 15 Feb 34

UNITED STATES TREAS BDS 1.5% DUE 08-15-2026 REG CUSIP: 9128282A7

285,000.00	95.4453120	197.47	272,019.13	266,861.17	5,157.96	0.00	5,157.96
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Issue Date: 15 Aug 16 Rate: 1.5% Yield to Maturity: 3.938% Maturity Date: 15 Aug 26

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Government bonds

UNITED STATES TREAS DTD 02/15/2015 2.0% 02-15-2025 CUSIP: 912828J27							
285,000.00	98.7363280	263.30	281,398.54	283,770.87	- 2,372.33	0.00	- 2,372.33

Issue Date: 15 Feb 15 Rate: 2% Yield to Maturity: 4.813% Maturity Date: 15 Feb 25

UNITED STATES TREAS NTS DTD 11/15/2016 2.0% 11-15-2026 REG CUSIP: 912828U24							
505,000.00	96.0507810	2,991.57	485,056.44	480,275.01	4,781.43	0.00	4,781.43

Issue Date: 15 Nov 16 Rate: 2% Yield to Maturity: 3.881% Maturity Date: 15 Nov 26

UNITED STATES TREAS NTS DTD 11/30/2023 4.375% 11-30-2030 CUSIP: 91282CJM4							
465,000.00	103.1640620	5,169.30	479,712.89	471,930.77	7,782.12	0.00	7,782.12

Issue Date: 30 Nov 23 Rate: 4.375% Yield to Maturity: 3.8% Maturity Date: 30 Nov 30

UNITED STATES TREAS NTS 2.75% 08-15-2032 CUSIP: 91282CFF3							
640,000.00	92.4804690	813.04	591,875.01	576,620.14	15,254.87	0.00	15,254.87

Issue Date: 15 Aug 22 Rate: 2.75% Yield to Maturity: 3.856% Maturity Date: 15 Aug 32

UNITED STATES TREAS 2.75% 02-15-2028 CUSIP: 9128283W8							
580,000.00	96.6484380	736.81	560,560.94	589,631.73	- 29,070.79	0.00	- 29,070.79

Issue Date: 15 Feb 18 Rate: 2.75% Yield to Maturity: 3.792% Maturity Date: 15 Feb 28

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Fixed Income							
Government bonds							
UNITED STS TREAS NTS 1.125% DUE 02-15-2031 REG CUSIP: 91282CBL4							
640,000.00	85.0234380	332.60	544,150.00	580,837.73	- 36,687.73	0.00	- 36,687.73
Issue Date: 15 Feb 21 Rate: 1.125% Yield to Maturity: 3.758% Maturity Date: 15 Feb 31							
US TREASURY N/B 1.25% DUE 08-15-2031 REG CUSIP: 91282CCS8							
815,000.00	84.4140620	470.61	687,974.60	714,711.85	- 26,737.25	0.00	- 26,737.25
Issue Date: 15 Aug 21 Rate: 1.25% Yield to Maturity: 3.821% Maturity Date: 15 Aug 31							
US TREASURY N/B 1.5% DUE 02-15-2030 REG CUSIP: 912828Z94							
460,000.00	88.8750000	318.74	408,825.00	429,927.78	- 21,102.78	0.00	- 21,102.78
Issue Date: 15 Feb 20 Rate: 1.5% Yield to Maturity: 3.774% Maturity Date: 15 Feb 30							
US TREASURY N/B 2.375% 05-15-2029 CUSIP: 9128286T2							
665,000.00	94.1210940	4,678.03	625,905.27	659,659.37	- 33,754.10	0.00	- 33,754.10
Issue Date: 15 May 19 Rate: 2.375% Yield to Maturity: 3.747% Maturity Date: 15 May 29							
WI TREASURY SEC 3.375% 05-15-2033 CUSIP: 91282CHC8							
805,000.00	96.2265620	8,047.26	774,623.82	773,626.28	997.54	0.00	997.54
Issue Date: 15 May 23 Rate: 3.375% Yield to Maturity: 3.889% Maturity Date: 15 May 33							
Total USD							
		38,775.71	8,158,482.11	8,333,614.59	- 175,132.48	0.00	- 175,132.48

Portfolio Statement

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◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Government bonds

Total United States		38,775.71	8,158,482.11	8,333,614.59	- 175,132.48	0.00	- 175,132.48
Total Government Bonds		38,775.71	8,158,482.11	8,333,614.59	- 175,132.48	0.00	- 175,132.48

Government agencies

United States - USD

FHLMC MTN 6.25 07-15-2032 CUSIP: 3134A4KX1

375,000.00	115.6098370	2,994.78	433,536.88	436,596.45	- 3,059.57	0.00	- 3,059.57
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Issue Date: 20 Feb 02 Rate: 6.25% Yield to Maturity: 3.925% Maturity Date: 15 Jul 32

FNMA DTD 11/03/2000 6.625 11-15-2030 CUSIP: 31359MGK3

305,000.00	114.6463410	5,949.61	349,671.34	371,495.90	- 21,824.56	0.00	- 21,824.56
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Issue Date: 3 Nov 00 Rate: 6.625% Yield to Maturity: 3.941% Maturity Date: 15 Nov 30

FNMA FANNIE MAE 2,125 04-24-2026 CUSIP: 3135G0K36

100,000.00	97.0076960	749.65	97,007.70	97,564.21	- 556.51	0.00	- 556.51
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Issue Date: 26 Apr 16 Rate: 2.125% Yield to Maturity: 4.016% Maturity Date: 24 Apr 26

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Fixed Income							
Government agencies							
FNMA TRANCHE 862 0.375%	08-25-2025	CUSIP: 3135G05X7					
265,000.00	96.2010000	16.55	254,932.65	255,528.07	- 595.42	0.00	- 595.42
Issue Date: 27 Aug 20 Rate: 0.375% Yield to Maturity: 4.352% Maturity Date: 25 Aug 25							
FNMA 0.87% DUE	08-05-2030	CUSIP: 3135G05Q2					
630,000.00	84.3216770	398.11	531,226.57	556,394.25	- 25,167.68	0.00	- 25,167.68
Issue Date: 5 Aug 20 Rate: 0.875% Yield to Maturity: 3.857% Maturity Date: 5 Aug 30							
TENNESSEE VY AUTH .75% DUE 05-15-2025	REG	CUSIP: 880591EW8					
105,000.00	97.2693190	231.87	102,132.78	102,790.37	- 657.59	0.00	- 657.59
Issue Date: 11 May 20 Rate: 0.75% Yield to Maturity: 4.714% Maturity Date: 15 May 25							
Total USD		10,340.57	1,768,507.92	1,820,369.25	- 51,861.33	0.00	- 51,861.33
Total United States		10,340.57	1,768,507.92	1,820,369.25	- 51,861.33	0.00	- 51,861.33
Total Government Agencies		10,340.57	1,768,507.92	1,820,369.25	- 51,861.33	0.00	- 51,861.33

Portfolio Statement

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◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Municipal/provincial bonds

United States - USD

CHICAGO ILL MIDWAY ARPT REV 3.655% 01-01-2025 BEO TAXABLE CUSIP: 167562RL3

80,000.00	99.5713500	487.32	79,657.08	77,451.20	2,205.88	0.00	2,205.88
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Issue Date: 1 Aug 18 Rate: 3.655% Yield to Maturity: 4.942% Maturity Date: 1 Jan 25

COLORADO HSG & FIN AUTH 4.515% 11-01-2027 CUSIP: 1964802Z9

20,000.00	100.8053300	301.00	20,161.07	20,000.00	161.07	0.00	161.07
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Issue Date: 10 May 23 Rate: 4.515% Maturity Date: 1 Nov 27

COLORADO HSG & FIN AUTH 4.665% 05-01-2029 CUSIP: 1964803C9

115,000.00	101.6635800	1,788.25	116,913.12	115,000.00	1,913.12	0.00	1,913.12
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Issue Date: 10 May 23 Rate: 4.665% Maturity Date: 1 May 29

COLORADO HSG & FIN AUTH 5.272% 11-01-2026 BEO TAXABLE CUSIP: 19648GBB7

30,000.00	101.8745400	527.19	30,562.36	30,000.00	562.36	0.00	562.36
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Issue Date: 20 Sep 23 Rate: 5.272% Yield to Maturity: 4.354% Maturity Date: 1 Nov 26

COLORADO HSG & FIN AUTH 5.743% 10-01-2026 BEO TAXABLE CUSIP: 19648GDW9

55,000.00	102.7122100	1,316.10	56,491.72	55,199.65	1,292.07	0.00	1,292.07
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Issue Date: 25 Oct 23 Rate: 5.743% Yield to Maturity: 4.366% Maturity Date: 1 Oct 26

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Municipal/provincial bonds

DALLAS FORT WORTH TEX INTL ARPT REV 2.256% 11-01-2026 BEO TAXABLE CUSIP: 2350364M9							
75,000.00	95.8768600	564.00	71,907.65	74,161.60	- 2,253.95	0.00	- 2,253.95
Issue Date: 1 Aug 19 Rate: 2.256% Yield to Maturity: 4.265% Maturity Date: 1 Nov 26							
HONOLULU HAWAII CITY & CNTY WASTEWTR SYSREV 2.316% 07-01-2025 BEO TAXABLE CUSIP: 438701Y32							
80,000.00	98.0890100	308.80	78,471.21	78,906.00	- 434.79	0.00	- 434.79
Issue Date: 6 Nov 19 Rate: 2.316% Yield to Maturity: 4.669% Maturity Date: 1 Jul 25							
METRO WASTEWTR RECLAMATION DIST COLO SWRREV 2.124% 04-01-2025 BEO TAXABLE CUSIP: 59164GEN8							
50,000.00	98.6454000	442.50	49,322.70	50,000.00	- 677.30	0.00	- 677.30
Issue Date: 10 Dec 19 Rate: 2.124% Yield to Maturity: 4.489% Maturity Date: 1 Apr 25							
METRO WASTEWTR RECLAMATION DIST COLO SWRREV 2.363% 04-01-2027 BEO TAXABLE CUSIP: 59164GEQ1							
15,000.00	95.9279200	147.68	14,389.19	15,000.00	- 610.81	0.00	- 610.81
Issue Date: 10 Dec 19 Rate: 2.363% Yield to Maturity: 4.036% Maturity Date: 1 Apr 27							
NEBRASKA PUB PWR DIST REV 2.493% 01-01-2027 BEO TAXABLE CUSIP: 63968A2D6							
55,000.00	96.0325400	228.52	52,817.90	55,000.00	- 2,182.10	0.00	- 2,182.10
Issue Date: 29 Oct 19 Rate: 2.493% Yield to Maturity: 4.295% Maturity Date: 1 Jan 27							

Portfolio Statement

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◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Municipal/provincial bonds

NEW YORK ST URBAN DEV CORP REV 3.27% 03-15-2028 BEO TAXABLE CUSIP: 6500355X2

60,000.00	97.5575500	904.69	58,534.53	58,556.05	- 21.52	0.00	- 21.52
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Issue Date: 21 Dec 17 Rate: 3.27% Call Date: 15 Sep 27 Call Price: 100.00 Yield to Maturity: 4.016% Maturity Date: 15 Mar 28

OHIO ST TPK COMMN TPK REV 2.251% 02-15-2028 BEO TAXABLE CUSIP: 67760HMMW8

50,000.00	93.8300600	50.02	46,915.03	50,000.00	- 3,084.97	0.00	- 3,084.97
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Issue Date: 13 Feb 20 Rate: 2.251% Yield to Maturity: 4.185% Maturity Date: 15 Feb 28

OREGON ST DEPT TRANSN HWY USER TAX REV 1.33% 11-15-2028 BEO TAXABLE CUSIP: 68607DVE2

80,000.00	89.3203700	313.28	71,456.30	66,737.60	4,718.70	0.00	4,718.70
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Issue Date: 17 Sep 20 Rate: 1.33% Yield to Maturity: 4.119% Maturity Date: 15 Nov 28

PRINCE GEORGES CNTY MD .844% 09-15-2024 BEO TAXABLE CUSIP: 7417017G5

35,000.00	99.8676200	136.20	34,953.67	35,000.00	- 46.33	0.00	- 46.33
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Rate: 0.844% Yield to Maturity: 4.063% Maturity Date: 15 Sep 24

RALEIGH N C COMB ENTERPRISE SYS REV 2.275% 03-01-2026 BEO TAXABLE CUSIP: 751100MH8

40,000.00	96.9866200	455.00	38,794.65	40,000.00	- 1,205.35	0.00	- 1,205.35
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Issue Date: 26 Nov 19 Rate: 2.275% Yield to Maturity: 4.369% Maturity Date: 1 Mar 26

Portfolio Statement

31 AUG 2024



Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Municipal/provincial bonds

UNIVERSITY MICH UNIV REVS 1.004% 04-01-2025 BEO TAXABLE CUSIP: 914455UC2

105,000.00	97.9417500	439.23	102,838.84	101,384.85	1,453.99	0.00	1,453.99
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Issue Date: 16 Jun 20 Rate: 1.004% Call Date: 1 Oct 24 Call Price: 100.00 Yield to Maturity: 4.603% Maturity Date: 1 Apr 25

VIRGINIA ST RES AUTH INFRASTRUCTURE REV 2.53% 11-01-2028 BEO TAXABLE CUSIP: 92818NHP6

15,000.00	94.5051900	126.49	14,175.78	15,000.00	- 824.22	0.00	- 824.22
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Issue Date: 20 Nov 19 Rate: 2.53% Yield to Maturity: 3.972% Maturity Date: 1 Nov 28

Total USD		8,536.27	938,362.80	937,396.95	965.85	0.00	965.85
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Total United States		8,536.27	938,362.80	937,396.95	965.85	0.00	965.85
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Total Municipal/Provincial Bonds

960,000.00		8,536.27	✓ 938,362.80	937,396.95	965.85	0.00	965.85
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Corporate bonds

Belgium - USD

ANHEUSER-BUSCH INBEV WORLDWIDE INC 4.75% 01-23-2029 CUSIP: 035240AQ3

195,000.00	101.8527360	977.70	198,612.83	205,261.43	- 6,648.60	0.00	- 6,648.60
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Issue Date: 23 Jan 19 Rate: 4.75% Call Date: 23 Oct 28 Call Price: 100.00 Yield to Maturity: 4.282% Maturity Date: 23 Jan 29

Portfolio Statement

31 AUG 2024



◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

Total USD		977.70	198,612.83	205,261.43	- 6,648.60	0.00	- 6,648.60
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Total Belgium		977.70	✓ 198,612.83	205,261.43	- 6,648.60	0.00	- 6,648.60
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Canada - USD

CDN NATL RY CO 6.9% DUE 07-15-2028 CUSIP: 136375BD3

230,000.00	109.4710540	2,027.83	251,783.43	278,069.20	- 26,285.77	0.00	- 26,285.77
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Issue Date: 7 Jul 98 Rate: 6.9% Yield to Maturity: 4.222% Maturity Date: 15 Jul 28

CDN PAC RY CO NEW FIXED 4% 06-01-2028 CUSIP: 13645RAY0

165,000.00	98.4427110	1,650.00	162,430.47	161,947.50	482.97	0.00	482.97
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Issue Date: 16 May 18 Rate: 4% Call Date: 1 Mar 28 Call Price: 100.00 Yield to Maturity: 4.453% Maturity Date: 1 Jun 28

Total USD		3,677.83	414,213.90	440,016.70	- 25,802.80	0.00	- 25,802.80
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Total Canada		3,677.83	✓ 414,213.90	440,016.70	- 25,802.80	0.00	- 25,802.80
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Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

United Kingdom - USD

NVENT FINANCE S A R L 4.55% DUE 04-15-2028 CUSIP: 67078AAD5	80,000.00	99.0208970	1,375.10	79,216.72	84,251.10	- 5,034.38	0.00	- 5,034.38
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Issue Date: 15 Oct 18 Rate: 4.55% Call Date: 15 Jan 28 Call Price: 100.00 Yield to Maturity: 4.846% Maturity Date: 15 Apr 28

Total USD			1,375.10	79,216.72	84,251.10	- 5,034.38	0.00	- 5,034.38
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Total United Kingdom			1,375.10	✓ 79,216.72	84,251.10	- 5,034.38	0.00	- 5,034.38
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United States - USD

ABBOTT LABS 3.75% DUE 11-30-2026 CUSIP: 002824BF6	280,000.00	99.1222960	2,654.16	277,542.43	296,582.90	- 19,040.47	0.00	- 19,040.47
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Issue Date: 22 Nov 16 Rate: 3.75% Call Date: 30 Aug 26 Call Price: 100.00 Yield to Maturity: 4.16% Maturity Date: 30 Nov 26

ABBVIE INC 4.95% 03-15-2031 CUSIP: 00287YDT3	210,000.00	102.9655670	5,341.87	216,227.69	210,112.65	6,115.04	0.00	6,115.04
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Issue Date: 26 Feb 24 Rate: 4.95% Call Date: 15 Jan 31 Call Price: 100.00 Yield to Maturity: 4.422% Maturity Date: 15 Mar 31

ADOBE INC FIXED 2.15% DUE 02-01-2027 CUSIP: 00724PAC3	65,000.00	95.4059910	116.45	62,013.90	64,483.15	- 2,469.25	0.00	- 2,469.25
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Issue Date: 3 Feb 20 Rate: 2.15% Call Date: 1 Dec 26 Call Price: 100.00 Yield to Maturity: 4.165% Maturity Date: 1 Feb 27

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Fixed Income							
Corporate bonds							
ADOBE INC 4.8% 04-04-2029 CUSIP: 00724PAF6							
245,000.00	102.5287090	4,802.00	251,195.33	243,884.10	7,311.23	0.00	7,311.23
Issue Date: 4 Apr 24 Rate: 4.8% Call Date: 4 Mar 29 Call Price: 100.00 Yield to Maturity: 4.188% Maturity Date: 4 Apr 29							
AIR PRODS & CHEMS INC 4.8% 03-03-2033 CUSIP: 009158BF2							
75,000.00	102.0654870	1,779.99	76,549.12	75,879.86	669.26	0.00	669.26
Issue Date: 3 Mar 23 Rate: 4.8% Call Date: 3 Dec 32 Call Price: 100.00 Yield to Maturity: 4.505% Maturity Date: 3 Mar 33							
AIR PRODS & CHEMS INC 4.85% 02-08-2034 CUSIP: 009158BK1							
120,000.00	101.5092540	371.82	121,811.11	119,561.00	2,250.11	0.00	2,250.11
Issue Date: 8 Feb 24 Rate: 4.85% Call Date: 8 Nov 33 Call Price: 100.00 Yield to Maturity: 4.65% Maturity Date: 8 Feb 34							
ALLSTATE CORP .75% DUE 12-15-2025 CUSIP: 020002BH3							
180,000.00	95.1811300	284.99	171,326.04	170,499.72	826.32	0.00	826.32
Issue Date: 24 Nov 20 Rate: 0.75% Call Date: 15 Nov 25 Call Price: 100.00 Yield to Maturity: 4.635% Maturity Date: 15 Dec 25							
AMAZON COM INC 3.15% DUE 08-22-2027 BEO CUSIP: 023135BC9							
225,000.00	97.5628120	177.18	219,516.32	230,949.20	- 11,432.88	0.00	- 11,432.88
Issue Date: 22 Feb 18 Rate: 3.15% Call Date: 22 May 27 Call Price: 100.00 Yield to Maturity: 4.026% Maturity Date: 22 Aug 27							

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

AMERN WTR CAP CORP FIXED 3.4% DUE 03-01-2025 CUSIP: 03040WAL9							
55,000.00	99.1372300	935.00	54,525.48	57,834.16	- 3,308.68	0.00	- 3,308.68
Issue Date: 14 Aug 14 Rate: 3.4% Call Date: 1 Dec 24 Call Price: 100.00 Yield to Maturity: 5.16% Maturity Date: 1 Mar 25							
AMPHENOL CORP NEW 4.75% DUE 03-30-2026 CUSIP: 032095AM3							
280,000.00	100.2468360	5,578.60	280,691.14	278,842.40	1,848.74	0.00	1,848.74
Issue Date: 30 Mar 23 Rate: 4.75% Yield to Maturity: 4.584% Maturity Date: 30 Mar 26							
ANALOG DEVICES INC 2.95% DUE 04-01-2025 CUSIP: 032654AS4							
115,000.00	98.7989690	1,413.53	113,618.82	118,446.53	- 4,827.71	0.00	- 4,827.71
Issue Date: 8 Apr 20 Rate: 2.95% Call Date: 1 Mar 25 Call Price: 100.00 Yield to Maturity: 5.052% Maturity Date: 1 Apr 25							
APPLE INC 2.05% DUE 09-11-2026 CUSIP: 037833DN7							
235,000.00	95.9470700	2,274.92	225,475.62	234,405.36	- 8,929.74	0.00	- 8,929.74
Issue Date: 11 Sep 19 Rate: 2.05% Call Date: 11 Jul 26 Call Price: 100.00 Yield to Maturity: 4.151% Maturity Date: 11 Sep 26							
APPLIED MATERIALS INC 4.8% 06-15-2029 CUSIP: 038222AS4							
110,000.00	102.2588650	1,173.33	112,484.75	109,657.90	2,826.85	0.00	2,826.85
Issue Date: 11 Jun 24 Rate: 4.8% Call Date: 15 May 29 Call Price: 100.00 Yield to Maturity: 4.272% Maturity Date: 15 Jun 29							

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

AT&T INC 2.3% DUE 06-01-2027 CUSIP: 00206RJX1

260,000.00	94.5838070	1,495.00	245,917.90	239,646.60	6,271.30	0.00	6,271.30
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Issue Date: 28 May 20 Rate: 2.3% Call Date: 1 Apr 27 Call Price: 100.00 Yield to Maturity: 4.41% Maturity Date: 1 Jun 27

AUTOMATIC DATA PROCESSING INC SR NT 1.7%05-15-2028 CUSIP: 053015AG8

202,000.00	91.9018080	1,011.11	185,641.65	193,663.44	- 8,021.79	0.00	- 8,021.79
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Issue Date: 14 May 21 Rate: 1.7% Call Date: 15 Mar 28 Call Price: 100.00 Yield to Maturity: 4.074% Maturity Date: 15 May 28

AVERY DENNISON 4.875% DUE 12-06-2028 CUSIP: 053611AJ8

270,000.00	101.2092800	3,107.80	273,265.06	280,809.51	- 7,544.45	0.00	- 7,544.45
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Issue Date: 6 Dec 18 Rate: 4.875% Call Date: 6 Sep 28 Call Price: 100.00 Yield to Maturity: 4.558% Maturity Date: 6 Dec 28

BANK AMER CORP 3.824% 01-20-2028 CUSIP: 06051GGF0

125,000.00	98.2555510	544.38	122,819.44	131,749.30	- 8,929.86	0.00	- 8,929.86
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Issue Date: 20 Jan 17 Rate: 3.824% Call Date: 20 Jan 27 Call Price: 100.00 Yield to Maturity: 4.382% Maturity Date: 20 Jan 28

BRISTOL MYERS SQUIBB CO 5.75% 02-01-2031 CUSIP: 110122DY1

245,000.00	107.0952220	1,173.95	262,383.30	249,481.30	12,902.00	0.00	12,902.00
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Issue Date: 13 Nov 23 Rate: 5.75% Call Date: 1 Dec 30 Call Price: 100.00 Yield to Maturity: 4.465% Maturity Date: 1 Feb 31

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

BROWN FORMAN CORP 4.75% 04-15-2033 CUSIP: 115637AU4

140,000.00	100.9510820	2,512.21	141,331.52	140,926.20	405.32	0.00	405.32
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Issue Date: 23 Mar 23 Rate: 4.75% Call Date: 15 Jan 33 Call Price: 100.00 Yield to Maturity: 4.614% Maturity Date: 15 Apr 33

CATERPILLAR FINANCIAL SERVICES LTD 4.35%DUE 05-15-2026 CUSIP: 14913UAA8

245,000.00	99.9851610	3,138.03	244,963.65	242,331.95	2,631.70	0.00	2,631.70
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Issue Date: 15 May 23 Rate: 4.35% Yield to Maturity: 4.355% Maturity Date: 15 May 26

CBOE GLOBAL MKTS INC SR NT 1.625% 12-15-2030 CUSIP: 12503MAC2

200,000.00	84.9023410	686.10	169,804.69	180,136.65	- 10,331.96	0.00	- 10,331.96
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Issue Date: 15 Dec 20 Rate: 1.625% Call Date: 15 Sep 30 Call Price: 100.00 Yield to Maturity: 4.397% Maturity Date: 15 Dec 30

CIN GAS & ELEC CO 6.9% DUE 06-01-2025 CUSIP: 172070BT0

85,000.00	101.3752200	1,466.25	86,168.94	102,404.70	- 16,235.76	0.00	- 16,235.76
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Issue Date: 1 Jun 95 Rate: 6.9% Yield to Maturity: 5.001% Maturity Date: 1 Jun 25

CINTAS CORP NO 2 3.7% DUE 04-01-2027 CUSIP: 17252MAN0

270,000.00	98.5655130	4,162.49	266,126.89	276,247.55	- 10,120.66	0.00	- 10,120.66
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Issue Date: 14 Mar 17 Rate: 3.7% Call Date: 1 Jan 27 Call Price: 100.00 Yield to Maturity: 4.291% Maturity Date: 1 Apr 27

Portfolio Statement

31 AUG 2024



Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Fixed Income							
Corporate bonds							
CITIGROUP INC 3.2% DUE 10-21-2026 CUSIP: 172967KY6							
145,000.00	97.3190860	1,675.55	141,112.67	137,753.69	3,358.98	0.00	3,358.98
Issue Date: 21 Oct 16 Rate: 3.2% Call Date: 21 Jul 26 Call Price: 100.00 Yield to Maturity: 4.525% Maturity Date: 21 Oct 26							
CNH INDL CAP LLC 5.5% 01-12-2029 CUSIP: 12592BAR5							
120,000.00	103.4249380	898.33	124,109.92	119,467.80	4,642.12	0.00	4,642.12
Issue Date: 13 Sep 23 Rate: 5.5% Call Date: 12 Dec 28 Call Price: 100.00 Yield to Maturity: 4.623% Maturity Date: 12 Jan 29							
COMCAST CORP NEW 4.25% DUE 10-15-2030 CUSIP: 20030NCU3							
245,000.00	98.8719290	3,933.60	242,236.23	238,432.05	3,804.18	0.00	3,804.18
Issue Date: 5 Oct 18 Rate: 4.25% Call Date: 15 Jul 30 Call Price: 100.00 Yield to Maturity: 4.461% Maturity Date: 15 Oct 30							
CONNECTICUT LIGHT & POWER CO 1ST & REF MTG BD 2020 SER A .75% 12-01-2025 CUSIP: 207597EM3							
185,000.00	95.5104390	346.87	176,694.31	173,091.15	3,603.16	0.00	3,603.16
Issue Date: 1 Dec 20 Rate: 0.75% Call Date: 1 Nov 25 Call Price: 100.00 Yield to Maturity: 4.474% Maturity Date: 1 Dec 25							
CONOCO INC 6.95% DUE 04-15-2029 CUSIP: 208251AE8							
220,000.00	111.0108700	5,776.21	244,223.91	240,494.70	3,729.21	0.00	3,729.21
Issue Date: 20 Apr 99 Rate: 6.95% Yield to Maturity: 4.297% Maturity Date: 15 Apr 29							

Portfolio Statement

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◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

CONTL AIRLS INC 4% DUE 04-29-2026 CUSIP: 210795QB9

179,198.23	99.6742200	2,429.12	178,614.44	177,399.52	1,214.92	0.00	1,214.92
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Issue Date: 3 Oct 12 Rate: 4% Yield to Maturity: 5.914% Maturity Date: 29 Apr 26

CUMMINS INC 5.15% 02-20-2034 CUSIP: 231021AW6

145,000.00	103.7203180	228.17	150,394.46	145,573.70	4,820.76	0.00	4,820.76
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Issue Date: 20 Feb 24 Rate: 5.15% Call Date: 20 Nov 33 Call Price: 100.00 Yield to Maturity: 4.659% Maturity Date: 20 Feb 34

DICKS SPORTING GOODS INC 3.15% 01-15-2032 CUSIP: 253393AF9

95,000.00	88.4676030	382.37	84,044.22	85,546.10	- 1,501.88	0.00	- 1,501.88
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Issue Date: 14 Jan 22 Rate: 3.15% Call Date: 15 Oct 31 Call Price: 100.00 Yield to Maturity: 5.041% Maturity Date: 15 Jan 32

DUKE ENERGY CAROLINAS LLC 4.85% 01-15-2034 CUSIP: 26442CBM5

155,000.00	100.4108960	960.56	155,636.89	151,934.15	3,702.74	0.00	3,702.74
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Issue Date: 5 Jan 24 Rate: 4.85% Call Date: 15 Oct 33 Call Price: 100.00 Yield to Maturity: 4.794% Maturity Date: 15 Jan 34

EATON CORP OHIO 4.15% 03-15-2033 CUSIP: 278062AH7

225,000.00	97.2118210	4,305.62	218,726.60	213,639.05	5,087.55	0.00	5,087.55
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Issue Date: 23 Aug 22 Rate: 4.15% Call Date: 15 Dec 32 Call Price: 100.00 Yield to Maturity: 4.547% Maturity Date: 15 Mar 33

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

ECOLAB INC NT 5.25% 01-15-2028 CUSIP: 278865BP4

185,000.00	103.2985120	1,241.03	191,102.25	187,128.20	3,974.05	0.00	3,974.05
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Issue Date: 17 Nov 22 Rate: 5.25% Call Date: 15 Dec 27 Call Price: 100.00 Yield to Maturity: 4.19% Maturity Date: 15 Jan 28

EMERSON ELEC CO FIXED 1.8% DUE 10-15-2027 CUSIP: 291011BL7

195,000.00	92.9938850	1,326.00	181,338.08	186,823.42	- 5,485.34	0.00	- 5,485.34
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Issue Date: 29 Apr 20 Rate: 1.8% Call Date: 15 Aug 27 Call Price: 100.00 Yield to Maturity: 4.216% Maturity Date: 15 Oct 27

ESTEE LAUDER COMPANIES INC 4.65% 05-15-2033 CUSIP: 29736RAT7

75,000.00	99.7805490	1,026.86	74,835.41	73,614.40	1,221.01	0.00	1,221.01
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Issue Date: 12 May 23 Rate: 4.65% Call Date: 15 Feb 33 Call Price: 100.00 Yield to Maturity: 4.68% Maturity Date: 15 May 33

EVERGY INC 2.45% DUE 09-15-2024 CUSIP: 30034WAA4

255,000.00	99.8749490	2,880.78	254,681.12	255,773.28	- 1,092.16	0.00	- 1,092.16
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Rate: 2.45% Yield to Maturity: 5.487% Maturity Date: 15 Sep 24

EXXON MOBIL CORP 2.44% DUE 08-16-2029 CUSIP: 30231GBE1

260,000.00	92.5775480	264.33	240,701.62	247,663.55	- 6,961.93	0.00	- 6,961.93
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Issue Date: 16 Aug 19 Rate: 2.44% Call Date: 16 May 29 Call Price: 100.00 Yield to Maturity: 4.109% Maturity Date: 16 Aug 29

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

FISERV INC 4.75%	03-15-2030 CUSIP: 337738BM9							
140,000.00	101.0979430	350.96	141,537.12	139,679.40	1,857.72	0.00	1,857.72	

Issue Date: 12 Aug 24 Rate: 4.75% Call Date: 15 Feb 30 Call Price: 100.00 Yield to Maturity: 4.523% Maturity Date: 15 Mar 30

FLORIDA POWER & LIGHT COMPANY 5.05% DUE 04-01-2028 CUSIP: 341081GK7								
270,000.00	102.4071030	5,681.24	276,499.18	272,139.80	4,359.38	0.00	4,359.38	

Issue Date: 3 Mar 23 Rate: 5.05% Call Date: 1 Mar 28 Call Price: 100.00 Yield to Maturity: 4.317% Maturity Date: 1 Apr 28

GENERAL MTRS FINL CO INC 1.25% DUE 01-08-2026 REG CUSIP: 37045XDD5								
270,000.00	95.4151210	496.86	257,620.82	257,603.75	17.07	0.00	17.07	

Issue Date: 8 Jan 21 Rate: 1.25% Call Date: 8 Dec 25 Call Price: 100.00 Yield to Maturity: 4.782% Maturity Date: 8 Jan 26

GEORGIA PAC CORP 7.375% DUE 12-01-2025 CUSIP: 373298BN7								
225,000.00	103.3125420	4,148.43	232,453.22	252,512.05	- 20,058.83	0.00	- 20,058.83	

Issue Date: 8 Dec 95 Rate: 7.375% Yield to Maturity: 4.615% Maturity Date: 1 Dec 25

GEORGIA PWR CO 4.65% 05-16-2028 CUSIP: 373334KS9								
235,000.00	101.0181140	3,187.18	237,392.56	234,460.25	2,932.31	0.00	2,932.31	

Issue Date: 4 May 23 Rate: 4.65% Call Date: 16 Mar 28 Call Price: 100.00 Yield to Maturity: 4.348% Maturity Date: 16 May 28

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

GRAINGER W W INC 1.85% DUE 02-15-2025 CUSIP: 384802AE4

130,000.00	98.3943880	106.88	127,912.71	128,555.05	- 642.34	0.00	- 642.34
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Issue Date: 26 Feb 20 Rate: 1.85% Call Date: 15 Jan 25 Call Price: 100.00 Yield to Maturity: 5.443% Maturity Date: 15 Feb 25

HCA INC 5.875% DUE 02-15-2026 CUSIP: 404119BS7

230,000.00	100.8221780	600.55	231,891.01	230,643.15	1,247.86	0.00	1,247.86
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Issue Date: 13 Nov 15 Rate: 5.875% Call Date: 15 Aug 25 Call Price: 100.00 Yield to Maturity: 5.279% Maturity Date: 15 Feb 26

HERSHEY COMPANY 3.2% 08-21-2025 CUSIP: 427866AU2

295,000.00	98.8076120	262.22	291,482.45	303,703.85	- 12,221.40	0.00	- 12,221.40
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Issue Date: 21 Aug 15 Rate: 3.2% Call Date: 21 May 25 Call Price: 100.00 Yield to Maturity: 4.463% Maturity Date: 21 Aug 25

HOME DEPOT INC 4.95% 09-30-2026 CUSIP: 437076CV2

205,000.00	101.4500670	4,256.31	207,972.64	205,068.15	2,904.49	0.00	2,904.49
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Issue Date: 4 Dec 23 Rate: 4.95% Call Date: 30 Aug 26 Call Price: 100.00 Yield to Maturity: 4.213% Maturity Date: 30 Sep 26

HOME DEPOT INC 5.15% DUE 06-25-2026 CUSIP: 437076CZ3

100,000.00	101.5785940	944.16	101,578.59	99,970.20	1,608.39	0.00	1,608.39
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Issue Date: 25 Jun 24 Rate: 5.15% Yield to Maturity: 4.236% Maturity Date: 25 Jun 26

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

IL TOOL WKS INC 2.65% DUE 11-15-2026 CUSIP: 452308AX7

315,000.00	96.9765280	2,457.86	305,476.06	306,218.20	- 742.14	0.00	- 742.14
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Issue Date: 7 Nov 16 Rate: 2.65% Call Date: 15 Aug 26 Call Price: 100.00 Yield to Maturity: 4.094% Maturity Date: 15 Nov 26

INTEL CORP FIXED 3.75% DUE 08-05-2027 CUSIP: 458140BY5

195,000.00	97.0967300	528.11	189,338.62	191,781.93	- 2,443.31	0.00	- 2,443.31
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Issue Date: 5 Aug 22 Rate: 3.75% Call Date: 5 Jul 27 Call Price: 100.00 Yield to Maturity: 4.823% Maturity Date: 5 Aug 27

JACOBS ENGR GROUP INC 6.35% 08-18-2028 CUSIP: 469814AB3

110,000.00	105.7294880	252.23	116,302.44	110,841.80	5,460.64	0.00	5,460.64
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Issue Date: 18 Aug 23 Rate: 6.35% Call Date: 18 Jul 28 Call Price: 100.00 Yield to Maturity: 4.747% Maturity Date: 18 Aug 28

KENVUE INC SR NT 5.35% 03-22-2026 CUSIP: 49177JAD4

230,000.00	101.4426870	5,434.70	233,318.18	230,088.90	3,229.28	0.00	3,229.28
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Issue Date: 22 Sep 23 Rate: 5.35% Call Date: 22 Feb 26 Call Price: 100.00 Yield to Maturity: 4.382% Maturity Date: 22 Mar 26

KEURIG DR PEPPER INC 5.2% 03-15-2031 CUSIP: 49271VAU4

230,000.00	103.1464750	5,780.65	237,236.89	227,471.50	9,765.39	0.00	9,765.39
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Issue Date: 7 Mar 24 Rate: 5.2% Call Date: 15 Jan 31 Call Price: 100.00 Yield to Maturity: 4.636% Maturity Date: 15 Mar 31

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

KIMBERLY CLARK CORP 3.95% DUE 11-01-2028REG CUSIP: 494368BY8

280,000.00	99.2468430	3,686.66	277,891.17	288,597.32	- 10,706.15	0.00	- 10,706.15
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Issue Date: 29 Oct 18 Rate: 3.95% Call Date: 1 Aug 28 Call Price: 100.00 Yield to Maturity: 4.147% Maturity Date: 1 Nov 28

KLA CORP 4.65% DUE 11-01-2024 CUSIP: 482480AE0

155,000.00	99.8666040	2,402.50	154,793.24	160,680.23	- 5,886.99	0.00	- 5,886.99
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Issue Date: 6 Nov 14 Rate: 4.65% Yield to Maturity: 5.413% Maturity Date: 1 Nov 24

LILLY ELI & CO 4.5% 02-09-2027 CUSIP: 532457CJ5

275,000.00	100.8921440	756.25	277,453.40	274,308.40	3,145.00	0.00	3,145.00
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Issue Date: 9 Feb 24 Rate: 4.5% Call Date: 9 Jan 27 Call Price: 100.00 Yield to Maturity: 4.111% Maturity Date: 9 Feb 27

LOCKHEED MARTIN CORP 4.5% 02-15-2029 CUSIP: 539830CC1

250,000.00	100.9349540	500.00	252,337.39	249,026.15	3,311.24	0.00	3,311.24
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Issue Date: 29 Jan 24 Rate: 4.5% Call Date: 15 Jan 29 Call Price: 100.00 Yield to Maturity: 4.267% Maturity Date: 15 Feb 29

LOWES COS INC 3.125% DUE 09-15-2024 CUSIP: 548661DD6

290,000.00	99.9014370	4,178.81	289,714.16	298,626.75	- 8,912.59	0.00	- 8,912.59
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Rate: 3.125% Yield to Maturity: 5.496% Maturity Date: 15 Sep 24

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

MOLSON COORS 3% DUE 07-15-2026 CUSIP: 60871RAG5

180,000.00	97.2644150	689.99	175,075.94	174,049.55	1,026.39	0.00	1,026.39
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Issue Date: 7 Jul 16 Rate: 3% Call Date: 15 Apr 26 Call Price: 100.00 Yield to Maturity: 4.536% Maturity Date: 15 Jul 26

MONDELEZ INTERNATIONAL INC 2.625% 03-17-2027 CUSIP: 609207BA2

265,000.00	95.6997340	3,168.95	253,604.30	247,040.60	6,563.70	0.00	6,563.70
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Issue Date: 17 Mar 22 Rate: 2.625% Call Date: 17 Feb 27 Call Price: 100.00 Yield to Maturity: 4.428% Maturity Date: 17 Mar 27

NATIONAL RURAL UTILS COOP FIN CORP 2.4% DUE 03-15-2030 CUSIP: 637432NV3

195,000.00	89.5538600	2,157.99	174,630.03	185,004.27	- 10,374.24	0.00	- 10,374.24
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Issue Date: 5 Feb 20 Rate: 2.4% Call Date: 15 Dec 29 Call Price: 100.00 Yield to Maturity: 4.554% Maturity Date: 15 Mar 30

O REILLY 3.9% DUE 06-01-2029 CUSIP: 67103HAH0

215,000.00	97.3207330	2,096.25	209,239.58	203,966.64	5,272.94	0.00	5,272.94
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Issue Date: 20 May 19 Rate: 3.9% Call Date: 1 Mar 29 Call Price: 100.00 Yield to Maturity: 4.531% Maturity Date: 1 Jun 29

OGE ENERGY CORP 5.45% 05-15-202 CUSIP: 670837AD5

185,000.00	103.4841650	3,136.76	191,445.70	186,167.55	5,278.15	0.00	5,278.15
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Issue Date: 9 May 24 Rate: 5.45% Call Date: 15 Apr 29 Call Price: 100.00 Yield to Maturity: 4.616% Maturity Date: 15 May 29

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

ORACLE CORP 6.15% DUE 11-09-2029 CUSIP: 68389XCH6

130,000.00	107.1771550	2,487.32	139,330.30	135,017.37	4,312.93	0.00	4,312.93
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Issue Date: 9 Nov 22 Rate: 6.15% Call Date: 9 Sep 29 Call Price: 100.00 Yield to Maturity: 4.579% Maturity Date: 9 Nov 29

PAC GAS & ELEC CO FIXED 5.9% DUE 06-15-2032 CUSIP: 694308KG1

90,000.00	103.6388290	1,120.99	93,274.94	91,209.60	2,065.34	0.00	2,065.34
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Issue Date: 8 Jun 22 Rate: 5.9% Call Date: 15 Mar 32 Call Price: 100.00 Yield to Maturity: 5.322% Maturity Date: 15 Jun 32

PACCAR FINANCIAL CORP 4.45% 08-06-2027 CUSIP: 69371RT30

65,000.00	100.8379820	200.86	65,544.69	64,913.55	631.14	0.00	631.14
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Issue Date: 6 Aug 24 Rate: 4.45% Yield to Maturity: 4.143% Maturity Date: 6 Aug 27

PACCAR FINL CORP 5.2% DUE 11-09-2026 CUSIP: 69371RS72

135,000.00	101.9277910	2,183.99	137,602.52	135,305.50	2,297.02	0.00	2,297.02
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Issue Date: 9 Nov 23 Rate: 5.2% Yield to Maturity: 4.266% Maturity Date: 9 Nov 26

PEPSICO INC FIXED 2.75% 03-19-2030 CUSIP: 713448ES3

285,000.00	92.6254280	3,526.87	263,982.47	274,828.85	- 10,846.38	0.00	- 10,846.38
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Issue Date: 19 Mar 20 Rate: 2.75% Call Date: 19 Dec 29 Call Price: 100.00 Yield to Maturity: 4.255% Maturity Date: 19 Mar 30

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

PG&E RECOVERY FDG LLC SR SECD NT CL A-1 1.46% 07-15-2033 CUSIP: 71710TAA6

101,524.25	90.7138390	189.39	92,096.55	96,909.53	- 4,812.98	0.00	- 4,812.98
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Issue Date: 12 Nov 21 Rate: 1.46% Yield to Maturity: 4.395% Maturity Date: 15 Jul 33

PROGRESSIVE CORP OH 3.0% 03-15-2032 CUSIP: 743315AZ6

175,000.00	90.5649420	2,420.82	158,488.65	152,371.75	6,116.90	0.00	6,116.90
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Issue Date: 9 Mar 22 Rate: 3% Call Date: 15 Dec 31 Call Price: 100.00 Yield to Maturity: 4.488% Maturity Date: 15 Mar 32

PUB SVC ELEC GAS FIXED 3.05% DUE 11-15-2024 CUSIP: 74456QBK1

101,000.00	99.5283640	907.02	100,523.64	103,603.16	- 3,079.52	0.00	- 3,079.52
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Issue Date: 7 Nov 14 Rate: 3.05% Yield to Maturity: 5.334% Maturity Date: 15 Nov 24

PUBLIC SERVICE COLORADO 05-15-2025 CUSIP: 744448CL3

85,000.00	98.5028090	725.80	83,727.39	86,969.90	- 3,242.51	0.00	- 3,242.51
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Issue Date: 12 May 15 Rate: 2.9% Call Date: 15 Nov 24 Call Price: 100.00 Yield to Maturity: 5.073% Maturity Date: 15 May 25

PUBLIC STORAGE 5.1% 08-01-2033 CUSIP: 74460WAG2

125,000.00	102.3317570	531.25	127,914.69	124,879.90	3,034.79	0.00	3,034.79
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Issue Date: 26 Jul 23 Rate: 5.1% Call Date: 1 May 33 Call Price: 100.00 Yield to Maturity: 4.775% Maturity Date: 1 Aug 33

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

PUBLIC SVC ELEC 5.2%	03-01-2034	CUSIP: 74456QCQ7						
155,000.00	103.3976580	4,030.00	160,266.37	155,308.45	4,957.92	0.00	4,957.92	

Issue Date: 1 Mar 24 Rate: 5.2% Call Date: 1 Dec 33 Call Price: 100.00 Yield to Maturity: 4.751% Maturity Date: 1 Mar 34

QUANTA SVCS INC SR NT .95% 10-01-2024	CUSIP: 74762EAG7						
165,000.00	99.6145800	653.11	164,364.06	155,576.80	8,787.26	0.00	8,787.26

Issue Date: 23 Sep 21 Rate: 0.95% Yield to Maturity: 5.493% Maturity Date: 1 Oct 24

REPUBLIC SVCS INC 3.95% DUE 05-15-2028	CUSIP: 760759AT7						
290,000.00	98.7131720	3,372.85	286,268.20	276,707.60	9,560.60	0.00	9,560.60

Issue Date: 14 May 18 Rate: 3.95% Call Date: 15 Feb 28 Call Price: 100.00 Yield to Maturity: 4.327% Maturity Date: 15 May 28

ROPER TECHNOLOGIES INC 4.75%	02-15-2032	CUSIP: 776696AH9					
120,000.00	99.9117080	158.33	119,894.05	120,094.00	- 199.95	0.00	- 199.95

Issue Date: 21 Aug 24 Rate: 4.75% Call Date: 15 Dec 31 Call Price: 100.00 Yield to Maturity: 4.764% Maturity Date: 15 Feb 32

T-MOBILE USA INC 3.5% 04-15-2025	CUSIP: 87264ABB0						
170,000.00	98.9283880	2,247.77	168,178.26	173,362.05	- 5,183.79	0.00	- 5,183.79

Issue Date: 15 Apr 21 Rate: 3.5% Call Date: 15 Mar 25 Call Price: 100.00 Yield to Maturity: 5.259% Maturity Date: 15 Apr 25

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Corporate bonds

TEXAS INSTRS INC FIXED 4.6% DUE	02-08-2027	CUSIP: 882508CE2						
156,000.00	101.0649280	458.45	157,661.29	155,790.74	1,870.55	0.00	1,870.55	

Issue Date: 8 Feb 24 Rate: 4.6% Call Date: 8 Jan 27 Call Price: 100.00 Yield to Maturity: 4.135% Maturity Date: 8 Feb 27

TRANSCONT GAS PIPE LINE	4.0% 03-15-2028	CUSIP: 893574AK9						
125,000.00	97.9651630	2,305.54	122,456.45	124,233.80	- 1,777.35	0.00	- 1,777.35	

Issue Date: 20 Sep 18 Rate: 4% Call Date: 15 Dec 27 Call Price: 100.00 Yield to Maturity: 4.629% Maturity Date: 15 Mar 28

UN PAC RR CO 3.227% DUE 05-14-2026	CUSIP: 907825AA1							
209,920.90	97.3919400	2,013.41	204,446.04	208,670.43	- 4,224.39	0.00	- 4,224.39	

Issue Date: 20 May 14 Rate: 3.227% Yield to Maturity: 4.838% Maturity Date: 14 May 26

UNITED PARCEL SERVICE INC 4.875% DUE	03-03-2033	CUSIP: 911312BZ8						
175,000.00	102.1990750	4,218.22	178,848.39	176,934.47	1,913.92	0.00	1,913.92	

Issue Date: 27 Feb 23 Rate: 4.875% Call Date: 3 Dec 32 Call Price: 100.00 Yield to Maturity: 4.56% Maturity Date: 3 Mar 33

VISA INC 3.15% DUE 12-14-2025	CUSIP: 92826CAD4							
100,000.00	98.4466130	673.74	98,446.61	103,519.23	- 5,072.62	0.00	- 5,072.62	

Issue Date: 14 Dec 15 Rate: 3.15% Call Date: 14 Sep 25 Call Price: 100.00 Yield to Maturity: 4.4% Maturity Date: 14 Dec 25

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Fixed Income							
Corporate bonds							
WELLS FARGO & CO 3% DUE 04-22-2026 CUSIP: 949746RW3							
200,000.00	97.6020940	2,150.00	195,204.18	189,350.55	5,853.63	0.00	5,853.63
Issue Date: 22 Apr 16 Rate: 3% Yield to Maturity: 4.527% Maturity Date: 22 Apr 26							
WI ELEC PWR CO 3.1% DUE 06-01-2025 CUSIP: 976656CH9							
155,000.00	98.5698840	1,201.25	152,783.32	155,663.85	- 2,880.53	0.00	- 2,880.53
Issue Date: 20 May 15 Rate: 3.1% Call Date: 1 Mar 25 Call Price: 100.00 Yield to Maturity: 5.054% Maturity Date: 1 Jun 25							
WISCONSIN ELEC PWR CO 5.0% 05-15-2029 CUSIP: 976656CQ9							
150,000.00	102.7410410	2,229.16	154,111.56	149,385.25	4,726.31	0.00	4,726.31
Issue Date: 14 May 24 Rate: 5% Call Date: 15 Apr 29 Call Price: 100.00 Yield to Maturity: 4.348% Maturity Date: 15 May 29							
Total USD		171,145.20	15,709,464.94	15,751,682.66	- 42,217.72	0.00	- 42,217.72
Total United States		171,145.20	✓ 15,709,464.94	15,751,682.66	- 42,217.72	0.00	- 42,217.72
Total Corporate Bonds		177,175.83	16,401,508.39	16,481,211.89	- 79,703.50	0.00	- 79,703.50

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Government mortgage backed securities

United States - USD

FEDERAL HOME LN MTG CORP POOL #G15922 3%08-01-2031 BEO CUSIP: 3128MEYT2

7,691,61	96,8841800	19,22	7,451,95	8,120,68	- 668,73	0,00	- 668,73
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Issue Date: 1 Aug 16 Rate: 3% Yield to Maturity: 4.192% Maturity Date: 1 Aug 31

FEDERAL HOME LN MTG CORP POOL #G18527 3%10-01-2029 BEO CUSIP: 3128MMSR5

15,615,41	97,3677950	39,03	15,204,38	15,839,69	- 635,31	0,00	- 635,31
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Issue Date: 1 Oct 14 Rate: 3% Yield to Maturity: 4.238% Maturity Date: 1 Oct 29

FEDERAL HOME LN MTG CORP POOL #G18578 3%12-01-2030 BEO CUSIP: 3128MMUC5

9,448,42	96,9740760	23,61	9,162,52	9,796,09	- 633,57	0,00	- 633,57
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Issue Date: 1 Dec 15 Rate: 3% Yield to Maturity: 4.182% Maturity Date: 1 Dec 30

FEDERAL HOME LN MTG CORP POOL #SB8186 4.5% 09-01-2037 BEO CUSIP: 3132D6CX6

283,925,24	99,7871700	1,064,71	283,320,96	282,190,80	1,130,16	0,00	1,130,16
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Issue Date: 1 Aug 22 Rate: 4.5% Yield to Maturity: 4.477% Maturity Date: 1 Sep 37

FEDERAL HOME LN MTG CORP POOL #SB8191 4.5% 10-01-2037 BEO CUSIP: 3132D6C40

243,767,18	99,7795750	914,12	243,229,86	242,856,70	373,16	0,00	373,16
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Issue Date: 1 Sep 22 Yield to Maturity: 4.479% Maturity Date: 1 Oct 37

Portfolio Statement

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◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Government mortgage backed securities

FEDERAL HOME LN MTG CORP POOL #SB8217 5%03-01-2038 BEO CUSIP: 3132D6DW7

269,523.31	100.7888510	1,123.00	271,649.45	269,316.33	2,333.12	0.00	2,333.12
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Issue Date: 1 Feb 23 Rate: 5% Yield to Maturity: 4.654% Maturity Date: 1 Mar 38

FEDERAL HOME LOAN MORTGAGE CORP 2.5% 04-01-2037 CUSIP: 3132CWWWW0

173,826.75	93.2146640	362.13	162,032.02	161,034.19	997.83	0.00	997.83
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Issue Date: 1 Apr 22 Rate: 2.5% Yield to Maturity: 4.092% Maturity Date: 1 Apr 37

FEDERAL HOME LOAN MORTGAGE CORP 4% 10-01-2037 CUSIP: 3132D6CV0

290,717.54	98.6208200	969.05	286,708.02	285,733.16	974.86	0.00	974.86
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Issue Date: 1 Sep 22 Rate: 4% Yield to Maturity: 4.265% Maturity Date: 1 Oct 37

FEDERAL HOME LOAN MORTGAGE CORP 5.5% 02-01-2038 CUSIP: 3132D6DZ0

268,243.02	101.5414300	1,229.44	272,377.80	266,613.61	5,764.19	0.00	5,764.19
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Issue Date: 1 Jan 23 Rate: 5.5% Yield to Maturity: 4.864% Maturity Date: 1 Feb 38

FEDERAL HOME LOAN MORTGAGE CORP 5% 04-01-2039 CUSIP: 3132D6GA2

136,830.13	100.6852330	570.11	137,767.73	135,910.81	1,856.92	0.00	1,856.92
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Issue Date: 1 Mar 24 Rate: 5% Yield to Maturity: 4.691% Maturity Date: 1 Apr 39

Portfolio Statement

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◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Fixed Income							
Government mortgage backed securities							
FHLMC POOL #G15144 2.5 07-01-2029 CUSIP: 3128MD5D1							
26,250.16	96.8565160	54.68	25,424.99	26,622.04	- 1,197.05	0.00	- 1,197.05
Issue Date: 1 Jul 14 Rate: 2.5% Yield to Maturity: 4.376% Maturity Date: 1 Jul 29							
FHLMC POOL#SB8216 4.5% 03-01-2038 CUSIP: 3132D6DV9							
38,632.62	99.8757390	144.86	38,584.62	37,950.51	634.11	0.00	634.11
Issue Date: 1 Feb 23 Rate: 4.5% Yield to Maturity: 4.453% Maturity Date: 1 Mar 38							
FHLMC SUPER 15Y FIXED 5% 05-01-2039 CUSIP: 3132D6GL8							
211,642.82	100.6852330	881.84	213,093.06	213,246.67	- 153.61	0.00	- 153.61
Issue Date: 1 Apr 24 Yield to Maturity: 4.697% Maturity Date: 1 May 39							
FNMA POOL #AX8309 3% 11-01-2029 BEO CUSIP: 3138YAGT6							
26,409.35	97.2367700	66.01	25,679.60	26,899.64	- 1,220.04	0.00	- 1,220.04
Issue Date: 1 Nov 14 Rate: 3% Yield to Maturity: 4.246% Maturity Date: 1 Nov 29							
FNMA POOL #MA2964 3% 04-01-2032 BEO CUSIP: 31418CJJ4							
13,289.35	96.4194280	33.21	12,813.52	13,706.70	- 893.18	0.00	- 893.18
Issue Date: 1 Mar 17 Rate: 3% Yield to Maturity: 4.19% Maturity Date: 1 Apr 32							

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Government mortgage backed securities

FNMA POOL #MA4667 3.5% 07-01-2037 BEO CUSIP: 31418EFH8

127,773.66	96.9625440	372.66	123,892.59	128,642.13	- 4,749.54	0.00	- 4,749.54
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Issue Date: 1 Jun 22 Rate: 3.5% Yield to Maturity: 4.151% Maturity Date: 1 Jul 37

FNMA POOL #MA4713 4% 07-01-2037 BEO CUSIP: 31418EGX2

119,020.90	98.6208200	396.73	117,379.38	120,051.04	- 2,671.66	0.00	- 2,671.66
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Issue Date: 1 Jun 22 Rate: 4% Yield to Maturity: 4.269% Maturity Date: 1 Jul 37

FNMA POOL #MA4797 4% 11-01-2037 BEO CUSIP: 31418EKK5

129,128.36	98.6233520	430.42	127,350.72	126,570.85	779.87	0.00	779.87
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Issue Date: 1 Oct 22 Rate: 4% Yield to Maturity: 4.262% Maturity Date: 1 Nov 37

FNMA POOL #MA4825 5% 10-01-2037 BEO CUSIP: 31418ELF5

218,156.85	100.6852330	908.98	219,651.74	217,946.39	1,705.35	0.00	1,705.35
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Issue Date: 1 Sep 22 Rate: 5% Yield to Maturity: 4.709% Maturity Date: 1 Oct 37

FNMA POOL #MA4991 5.5% 04-01-2038 BEO CUSIP: 31418ERM4

116,751.87	101.4495640	535.10	118,444.26	117,226.18	1,218.08	0.00	1,218.08
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Issue Date: 1 Mar 23 Rate: 5.5% Yield to Maturity: 4.897% Maturity Date: 1 Apr 38

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Government mortgage backed securities

FNMA POOL #MA5014 5% 05-01-2038 BEO CUSIP: 31418ESC5

115,885.24	100.6852330	482.85	116,679.32	116,233.37	445.95	0.00	445.95
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Issue Date: 1 Apr 23 Rate: 5% Yield to Maturity: 4.692% Maturity Date: 1 May 38

FNMA POOL #MA5145 6% 09-01-2038 BEO CUSIP: 31418EWF3

308,456.41	102.2820960	1,542.27	315,495.68	310,968.74	4,526.94	0.00	4,526.94
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Issue Date: 1 Aug 23 Rate: 6% Yield to Maturity: 5.031% Maturity Date: 1 Sep 38

FNMA POOL #890790 3% DUE 08-01-2032 BEO CUSIP: 31410LUP5

15,612.31	96.4490220	39.03	15,057.92	16,146.40	- 1,088.48	0.00	- 1,088.48
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Issue Date: 1 Aug 17 Rate: 3% Yield to Maturity: 4.147% Maturity Date: 1 Aug 32

Total USD		12,203.06	3,158,452.09	3,149,622.72	8,829.37	0.00	8,829.37
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Total United States		12,203.06	3,158,452.09	3,149,622.72	8,829.37	0.00	8,829.37
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Total Government Mortgage Backed Securities

3,166,598.51		12,203.06	Ⓐ 3,158,452.09	3,149,622.72	8,829.37	0.00	8,829.37
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Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Gov't-issued commercial mortgage-backed

United States - USD

FED HOME LN MTG 2.92000007629% DUE 06-25-2032 CUSIP: 3137H7ZB2

165,000.00	91.1212800	401.49	150,350.11	148,295.11	2,055.00	0.00	2,055.00
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Issue Date: 1 Jun 22 Rate: 2.92% Yield to Maturity: 4.241% Maturity Date: 25 Jun 32

FEDERAL HOME LN MTG CORP SER K043 CL A-2 3.062% 12-25-2024 CUSIP: 3137BGK24

67,219.08	99.2155700	171.52	66,691.79	65,013.45	1,678.34	0.00	1,678.34
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Issue Date: 1 Mar 15 Rate: 3.062% Yield to Maturity: 5.296% Maturity Date: 25 Dec 24

FEDERAL HOME LN MTG CORP SER K733 CL A2 FLTG 08-25-2025 REG CUSIP: 3137FJXQ7

60,423.89	98.8809500	188.81	59,747.72	65,248.36	- 5,500.64	0.00	- 5,500.64
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Issue Date: 1 Nov 18 Rate: 3.75% Yield to Maturity: 4.754% Maturity Date: 25 Aug 25

FHLMC MULTICLASS SER K048 CL A2 VAR RT 06-25-2025 CUSIP: 3137BLAC2

66,584.33	98.7155700	182.21	65,729.10	69,534.97	- 3,805.87	0.00	- 3,805.87
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Issue Date: 1 Sep 15 Rate: 3.284% Yield to Maturity: 4.948% Maturity Date: 25 Jun 25

FHLMC MULTICLASS TRANCHE 00871 2.995 12-25-2025 CUSIP: 3137BN6G4

120,000.00	98.0258500	299.49	117,631.02	117,862.50	- 231.48	0.00	- 231.48
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Issue Date: 1 Mar 16 Rate: 2.995% Yield to Maturity: 4.565% Maturity Date: 25 Dec 25

Portfolio Statement

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Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Gov't-issued commercial mortgage-backed

FHLMC MULTICLASS TRANCHE 2.673	03-25-2026	CUSIP: 3137BPW21						
205,000.00	97.2606400	456.63	199,384.31	200,633.79	- 1,249.48	0.00	- 1,249.48	

Issue Date: 1 Jun 16 Rate: 2.673% Yield to Maturity: 4.49% Maturity Date: 25 Mar 26

Total USD		1,700.15	659,534.05	666,588.18	- 7,054.13	0.00	- 7,054.13
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Total United States		1,700.15	659,534.05	666,588.18	- 7,054.13	0.00	- 7,054.13
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Total Gov't-issued Commercial Mortgage-Backed

684,227.30		1,700.15	(A) 659,534.05	666,588.18	- 7,054.13	0.00	- 7,054.13
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Asset backed securities

(A) \$13,744,976.17 US Government Securities ✓

United States - USD

BK OF AMER CR CARD FIXED 4.98% DUE	11-15-2028	CUSIP: 05522RDH8						
75,000.00	101.5038500	165.99	76,127.89	74,989.93	1,137.96	0.00	1,137.96	

Issue Date: 14 Dec 23 Rate: 4.98% Yield to Maturity: 4.265% Maturity Date: 15 Nov 28

CAPITAL ONE MULTI-ASSET EXECUTION TR SER22-A1 CL A1 2.8% 03-15-2027	CUSIP: 14041NFZ9							
175,000.00	98.7461700	217.76	172,805.79	173,109.64	- 303.85	0.00	- 303.85	

Issue Date: 30 Mar 22 Rate: 2.8% Yield to Maturity: 5.152% Maturity Date: 15 Mar 27

Portfolio Statement

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◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	
Fixed Income							
Asset backed securities							
DAIMLER TRUCKS RETAIL TR 2023-1 SER 23-1 CL A3 5.9% 03-15-2027 CUSIP: 233868AC2							
190,000.00	101.1949300	498.21	192,270.36	189,992.68	2,277.68	0.00	2,277.68
Issue Date: 27 Sep 23 Rate: 5.9% Yield to Maturity: 4.855% Maturity Date: 15 Mar 27							
JOHN DEERE OWNER TR SR 24-A CL A3 4.96% 11-15-2028 CUSIP: 47800RAD5							
5,000.00	101.2216800	11.02	5,061.08	4,999.72	61.36	0.00	61.36
Issue Date: 19 Mar 24 Rate: 4.96% Yield to Maturity: 4.392% Maturity Date: 15 Nov 28							
JOHN DEERE OWNER TR 2023-B SER 23-B CL A3 5.18% 03-15-2028 CUSIP: 477920AC6							
105,000.00	100.6809700	241.72	105,715.02	104,686.25	1,028.77	0.00	1,028.77
Issue Date: 28 Jun 23 Rate: 5.18% Yield to Maturity: 4.697% Maturity Date: 15 Mar 28							
VERIZON MASTER TR SR 2021-2 CL A .99% 04-20-2028 CUSIP: 92348KAD5							
65,000.00	99.4103000	19.65	64,616.70	64,990.63	- 373.93	0.00	- 373.93
Issue Date: 4 Nov 21 Rate: 0.99% Yield to Maturity: 2.462% Maturity Date: 20 Apr 28							
Total USD		1,154.35	616,596.84	612,768.85	3,827.99	0.00	3,827.99
Total United States		1,154.35	616,596.84	612,768.85	3,827.99	0.00	3,827.99

Portfolio Statement

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◆ Asset Detail - Base Currency

Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Fixed Income

Asset backed securities

Total Asset Backed Securities

615,000.00		1,154.35	✓ 616,596.84	612,768.85	3,827.99	0.00	3,827.99
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Total Fixed Income

32,465,469.19		249,885.94	31,701,444.20	32,001,572.43	- 300,128.23	0.00	- 300,128.23
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Cash and Cash Equivalents

Funds - short term investment

United States - USD

MFB NORTHERN INSTL FDS GOVT PORTFOLIO CL A CUSIP: 665278404

4,482,874.32	1.0000000	17,305.02	4,482,874.32	4,482,874.32	0.00	0.00	0.00
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Total USD		17,305.02	4,482,874.32	4,482,874.32	0.00	0.00	0.00
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Total United States		17,305.02	4,482,874.32	4,482,874.32	0.00	0.00	0.00
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Total Funds - Short Term Investment

4,482,874.32		17,305.02	4,482,874.32	4,482,874.32	0.00	0.00	0.00
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Portfolio Statement

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◆ Asset Detail - Base Currency

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Description/Asset ID Investment Mgr ID Shares/PAR value	Exchange rate/ Local market price	Accrued income/expense	Market value	Cost	Unrealized gain/loss		Total
					Market	Translation	

Cash and Cash Equivalents

Funds - short term investment

Total Cash and Cash Equivalents

4,482,874.32	17,305.02	✓ 4,482,874.32	4,482,874.32	0.00	0.00	0.00
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Total	37,076,106.51	286,963.34	56,799,181.39	51,044,073.52	5,755,107.87	0.00	5,755,107.87
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++ Informational Only Asset - an asset that is not held in the account but that is included in Northern Trust's reports at the client's request solely as a matter of convenience to the client. Custodial and other responsibilities for this asset rest solely with the client or another custodian. Northern Trust has no custodial or other responsibilities for this asset, and the asset is not an asset of any Northern Trust account for purposes of the applicable account agreement.

5500 Supplemental Schedules

01 SEP 23 - 31 AUG 24



◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C00724PAC3	ADOBE INC FIXED 2.15% DUE 02-01-2027	Acquisitions	40,000.00	-37,183.20	
		Dispositions	-80,000.00		74,303.95
CN07059210	ADR ASML HLDG NV NY REG 2012 (POST REV SPLIT)	Acquisitions	217.00	-166,181.30	
		Dispositions	-108.00		85,348.59
C45857P806	ADR INTERCONTINENTAL HOTELS GROUP PLC NEW SPON ADS EACH REPR 1 ORD SHS	Acquisitions	1,854.00	-194,344.97	
		Dispositions	-45.00		4,719.34
C670100205	ADR NOVO-NORDISK A S ADR	Acquisitions	1,048.00	-127,864.99	
		Dispositions	-1,384.00		165,720.49
		Free Receipt	2,187.00		
C904767704	ADR UNILEVER PLC SPONSORED ADR NEW	Acquisitions	900.00	-45,583.73	
		Dispositions	-1,122.00		61,612.21
C00790R104	ADVANCED DRAIN SYS INC DEL COM	Acquisitions	245.00	-36,164.97	
		Dispositions	-342.00		57,724.33
C009158BF2	AIR PRODS & CHEMS INC 4.8% 03-03-2033	Acquisitions	25,000.00	-25,259.50	
		Dispositions	-60,000.00		59,308.05
C02079K107	ALPHABET INC CAP STK USD0.001 CL C	Acquisitions	579.00	-84,114.37	
		Dispositions	-114.00		17,796.40
C023135106	AMAZON COM INC COM	Acquisitions	259.00	-40,766.19	
		Dispositions	-53.00		9,566.42
C032654AS4	ANALOG DEVICES INC 2.95% DUE 04-01-2025	Acquisitions	25,000.00	-24,315.25	
		Dispositions	-90,000.00		87,937.20
C035240AQ3	ANHEUSER-BUSCH INBEV WORLDWIDE INC 4.75% 01-23-2029	Acquisitions	20,000.00	-19,927.40	
		Dispositions	-15,000.00		14,462.70
C037833100	APPLE INC COM STK	Acquisitions	317.00	-58,332.27	
		Dispositions	-266.00		50,907.67
C03990B101	ARES MANAGEMENT LP COM SHS REPSTG LTD PARTNER				

5500 Supplemental Schedules

01 SEP 23 - 31 AUG 24



◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	557.00	-68,065.76	
		Dispositions	-1,146.00		145,855.31
C040555CQ5	ARIZONA PUB SVC CO 3.35% DUE 06-15-2024				
		Acquisitions	10,000.00	-9,945.80	
		Dispositions	-205,000.00		205,000.00
C00206RJX1	AT&T INC 2.3% DUE 06-01-2027				
		Acquisitions	75,000.00	-68,753.75	
		Dispositions	-30,000.00		27,576.90
C053611109	AVERY DENNISON CORP COM				
		Acquisitions	242.00	-48,917.78	
		Dispositions	-44.00		9,793.88
C05478C105	AZEK CO INC CL A CL A				
		Acquisitions	1,446.00	-57,936.67	
		Dispositions	-3,489.00		165,315.56
C05722G100	BAKER HUGHES CO				
		Acquisitions	497.00	-16,597.54	
		Dispositions	-6,128.00		179,776.91
C06051GGF0	BANK AMER CORP 3.824% 01-20-2028				
		Acquisitions	25,000.00	-24,009.50	
		Dispositions	-25,000.00		23,096.25
C075887109	BECTON DICKINSON & CO COM				
		Acquisitions	341.00	-81,307.20	
		Dispositions	-1,475.00		348,712.97
C084423102	BERKLEY W R CORP COM				
		Acquisitions	620.00	-46,598.34	
		Dispositions	-6,873.50		383,606.51
		Free Receipt	2,059.50		
C084670702	BERKSHIRE HATHAWAY INC COM USD0.0033 CLASS'B'				
		Acquisitions	95.00	-36,116.26	
		Dispositions	-21.00		8,829.16
C09073M104	BIO-TECHNE CORP COM				
		Acquisitions	1,556.00	-121,463.46	
		Dispositions	-71.00		4,914.58
C127387108	CADENCE DESIGN SYS INC COM				
		Acquisitions	1,170.00	-327,749.13	
		Dispositions	-23.00		7,154.78
C14041NFW6	CAPITAL ONE MULTI-ASSET EXECUTION TR 2021-A1 NT CL A1 .55% DUE 07-15-2026 REG				
		Acquisitions	80,000.00	-76,996.87	

5500 Supplemental Schedules

01 SEP 23 - 31 AUG 24



◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-80,000.00		80,000.00
C12504L109	CBRE GROUP INC CL A CL A	Acquisitions	2,294.00	-195,565.15	
		Dispositions	-55.00		5,239.27
C166764100	CHEVRON CORP COM	Acquisitions	282.00	-43,531.66	
		Dispositions	-718.00		112,660.43
C171340102	CHURCH & DWIGHT INC COM	Acquisitions	3,077.00	-289,099.61	
		Dispositions	-61.00		6,381.76
C172967KY6	CITIGROUP INC 3.2% DUE 10-21-2026	Acquisitions	35,000.00	-33,305.50	
		Dispositions	-15,000.00		13,872.60
C125896BM1	CMS ENERGY CORP 3.875 DUE 03-01-2024	Acquisitions	45,000.00	-44,715.30	
		Dispositions	-255,000.00		254,736.30
C20825C104	CONOCOPHILLIPS COM	Acquisitions	393.00	-45,271.63	
		Dispositions	-445.00		50,350.38
C21036P108	CONSTELLATION BRANDS INC CL A CL A	Acquisitions	571.00	-139,975.94	
		Dispositions	-31.00		8,253.06
C231021AU0	CUMMINS INC .75% DUE 09-01-2025 REG	Acquisitions	25,000.00	-22,876.50	
		Dispositions	-135,000.00		126,766.75
C247109BS9	DELMARVA PWR & LT 3.5% DUE 11-15-2023	Acquisitions	40,000.00	-39,845.20	
		Dispositions	-240,000.00		240,000.00
C24737BAA3	DELTA AIR LINES PASS THRU TRS 2019-1AA 3.204% 04-25-2024	Acquisitions	36,000.00	-35,497.44	
		Dispositions	-186,000.00		186,000.00
C256677105	DOLLAR GEN CORP NEW COM	Acquisitions	36.00	-4,681.08	
		Dispositions	-1,656.00		219,877.77
C260003108	DOVER CORP COM USD1.00	Acquisitions	221.00	-34,864.49	
		Dispositions	-339.00		52,017.87
C518439104	ESTEE LAUDER COMPANIES INC CL A USD0.01				

5500 Supplemental Schedules

01 SEP 23 - 31 AUG 24



◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	40.00	-5,873.64	
		Dispositions	-906.00		103,288.05
C303250104	FAIR ISAAC CORPORATION COM				
		Acquisitions	95.00	-93,960.06	
		Dispositions	-41.00		64,539.94
C302491303	FMC CORP COM (NEW)				
		Acquisitions	30.00	-2,583.00	
		Dispositions	-1,427.00		108,276.60
C351858105	FRANCO NEV CORP COM STK				
		Acquisitions	93.00	-12,165.42	
		Dispositions	-1,444.00		151,973.99
C37959E102	GLOBE LIFE INC COM				
		Acquisitions	2,569.00	-230,558.86	
		Dispositions	-659.00		49,164.51
C384802AE4	GRAINGER W W INC 1.85% DUE 02-15-2025				
		Acquisitions	15,000.00	-14,416.35	
		Dispositions	-140,000.00		135,715.65
C437076102	HOME DEPOT INC COM				
		Acquisitions	83.00	-27,580.34	
		Dispositions	-17.00		6,276.51
C458140BY5	INTEL CORP FIXED 3.75% DUE 08-05-2027				
		Acquisitions	85,000.00	-82,288.25	
		Dispositions	-40,000.00		38,798.00
C46982L108	JACOBS SOLUTIONS INC COM				
		Acquisitions	261.00	-35,962.01	
		Dispositions	-48.00		7,239.78
C46625H100	JPMORGAN CHASE & CO COM				
		Acquisitions	342.00	-58,582.78	
		Dispositions	-62.00		12,334.81
C49338L103	KEYSIGHT TECHNOLOGIES INC COM				
		Acquisitions	694.00	-105,992.42	
		Dispositions	-2,003.00		301,953.37
C494368BY8	KIMBERLY CLARK CORP 3.95% DUE 11-01-2028REG				
		Acquisitions	60,000.00	-57,527.20	
		Dispositions	-5,000.00		4,711.30
C482480AE0	KLA CORP 4.65% DUE 11-01-2024				
		Acquisitions	20,000.00	-19,851.20	
		Dispositions	-15,000.00		14,894.40

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◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C571748102	MARSH & MCLENNAN CO'S INC COM	Acquisitions	178.00	-35,389.87	
		Dispositions	-268.00		51,734.73
C573874104	MARVELL TECHNOLOGY INC COM	Acquisitions	1,936.00	-131,761.82	
		Dispositions	-146.00		10,618.50
C58155Q103	MCKESSON CORP	Acquisitions	180.00	-89,494.72	
		Dispositions	-17.00		9,126.80
C592688105	METTLER-TOLEDO INTL INC COM	Acquisitions	10.00	-10,730.52	
		Dispositions	-160.00		187,856.51
C595017104	MICROCHIP TECHNOLOGY INC COM	Acquisitions	786.00	-69,937.53	
		Dispositions	-65.00		5,799.90
C594918104	MICROSOFT CORP COM	Acquisitions	366.00	-139,262.72	
		Dispositions	-307.00		119,164.04
C609207105	MONDELEZ INTL INC COM	Acquisitions	1,642.00	-111,409.23	
		Dispositions	-1,035.00		67,630.25
C609839105	MONOLITHIC PWR SYS INC COM	Acquisitions	58.00	-36,100.84	
		Dispositions	-139.00		94,300.07
C67103H107	O REILLY AUTOMOTIVE INC NEW COM USD0.01	Acquisitions	44.00	-43,139.98	
		Dispositions	-9.00		10,104.75
C67103HAH0	O REILLY 3.9% DUE 06-01-2029	Acquisitions	85,000.00	-80,707.75	
		Dispositions	-85,000.00		79,616.10
C68389XCH6	ORACLE CORP 6.15% DUE 11-09-2029	Acquisitions	20,000.00	-21,102.25	
		Dispositions	-5,000.00		5,350.40
C697435105	PALO ALTO NETWORKS INC COM USD0.0001	Acquisitions	1,480.00	-392,321.70	
		Dispositions	-33.00		9,224.74
C698813102	PAPA JOHNS INTL INC COM	Acquisitions	45.00	-3,476.05	

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◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Dispositions	-2,088.00		134,328.97
CG97822103	PERRIGO COMPANY LIMITED COM EUR0.001	Acquisitions	3,437.00	-109,552.33	
		Dispositions	-8,987.00		249,168.63
C718546AR5	PHILLIPS 66 3.9% DUE 03-15-2028	Acquisitions	25,000.00	-23,572.75	
		Dispositions	-90,000.00		86,581.80
C74762E102	QUANTA SVCS INC COM	Acquisitions	465.00	-103,947.60	
		Dispositions	-2,044.00		442,905.81
C759351604	REINSURANCE GROUP AMER INC COM NEW STK	Acquisitions	407.00	-70,325.41	
		Dispositions	-861.00		167,504.92
C760759100	REPUBLIC SVCS INC COM	Acquisitions	211.00	-35,370.35	
		Dispositions	-44.00		8,352.46
C776696106	ROPER TECHNOLOGIES INC	Acquisitions	567.00	-301,152.14	
		Dispositions	-10.00		5,537.75
C75513E101	RTX CORPORATION COMSTK	Acquisitions	348.00	-31,491.60	
		Dispositions	-1,862.00		141,203.67
C817565104	SERVICE CORP INTL COM	Acquisitions	522.00	-34,434.48	
		Dispositions	-2,226.00		161,848.78
C81762P102	SERVICENOW INC COM USD0.001	Acquisitions	229.00	-148,779.31	
		Dispositions	-14.00		10,706.69
CG8473T100	STERIS PLC ORD USD0.001	Acquisitions	579.00	-127,132.78	
		Dispositions	-41.00		8,969.86
C867224107	SUNCOR ENERGY INC NEW COM STK	Acquisitions	7,919.00	-278,813.71	
		Dispositions	-133.00		4,950.22
C88162G103	TETRA TECH INC NEW COM	Acquisitions	1,288.00	-232,061.74	
		Dispositions	-27.00		5,058.67
C883556102	THERMO FISHER SCIENTIFIC INC COM USD1				

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◆ Schedule of Acquisitions & Dispositions

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Acquisitions	64.00	-34,015.47	
		Dispositions	-12.00		6,911.94
C872540109	TJX COS INC COM NEW				
		Acquisitions	564.00	-53,875.17	
		Dispositions	-116.00		11,540.74
C911312BZ8	UNITED PARCEL SERVICE INC 4.875% DUE 03-03-2033				
		Acquisitions	15,000.00	-15,202.35	
		Dispositions	-15,000.00		15,016.95
C91324P102	UNITEDHEALTH GROUP INC COM				
		Acquisitions	200.00	-102,620.68	
		Dispositions	-23.00		11,263.46
C91879Q109	VAIL RESORTS INC COM				
		Acquisitions	525.00	-108,400.14	
		Dispositions	-1,138.00		203,461.06
C92348KAA1	VERIZON COMMUNICATIONS INC SR 21-1 CL A .5% 05-20-2027				
		Acquisitions	205,000.00	-203,145.30	
		Dispositions	-205,000.00		205,000.00
C92826C839	VISA INC COM CL A STK				
		Acquisitions	425.00	-112,633.02	
		Dispositions	-50.00		13,860.13
C94106LAZ2	WASTE MGMT INC DEL 3.5% DUE 05-15-2024				
		Acquisitions	15,000.00	-14,930.55	
		Dispositions	-171,000.00		170,987.00
C976656CH9	WI ELEC PWR CO 3.1% DUE 06-01-2025				
		Acquisitions	40,000.00	-38,819.35	
		Dispositions	-135,000.00		131,750.15
C989207105	ZEBRA TECHNOLOGIES CORP CL A				
		Acquisitions	279.00	-84,826.17	
		Dispositions	-20.00		5,993.69
C98978V103	ZOETIS INC COM USD0.01 CL 'A'				
		Acquisitions	489.00	-83,501.26	
		Dispositions	-250.00		48,480.97