

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here.▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan LINE CONSTRUCTION BENEFIT FUND	1b Three-digit plan number (PN) ▶ 501
		1c Effective date of plan 01/01/1963
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND 821 PARKVIEW BOULEVARD LOMBARD, IL 60148	2b Employer Identification Number (EIN) 36-6066988 2c Plan Sponsor's telephone number 800-323-7268 2d Business code (see instructions) 238210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/22/2025	TRAVIS ERI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/21/2025	MIKE TROUTMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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 64488
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) 61535 6a(2) 65981 6b 3047 6c 6d 69028 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 1278

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 4L

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☒ **A** (Insurance Information) – Number Attached 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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE 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 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan LINE CONSTRUCTION BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND	D Employer Identification Number (EIN) 36-6066988	

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.
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1 Coverage Information:

(a) Name of insurance carrier
TRUSTMARK LIFE INSURANCE COMPANY

(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
36-3421358	62863	24276	64792	01/01/2024	12/31/2024

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	(b) Total amount of fees paid
0	0

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

(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

(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

(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. Specify nature of costs ▶	6d	

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)	
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)	
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** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☒ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☒ Other (specify) ▶ **ACCIDENTAL DEATH & DISMEMBERMENT**

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 ☐ paid in cash, or ☐ 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	2936662
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. Specify nature of costs.	10b	

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan LINE CONSTRUCTION BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND	D Employer Identification Number (EIN) 36-6066988	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GROSVENOR CAPITAL MANAGEMENT LP
36-3795985

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JMB INSURANCE AGENCY, INC
36-2711359

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC
23-1945930

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ASB CAPITAL MANAGEMENT, LLC
80-0618452

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

BRIGADE CAPITAL MANAGEMENT, LP

20-4895879

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

AMERICAN REALTY ADVISORS, LLC

33-0123114

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

SCHRODER INVESTMENT MGMT NA, INC

13-4064414

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

JOHN HANCOCK FUNDS, LLC

04-3111116

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

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

INTERCONTINENTAL REAL ESTATE CORP.

04-2895544

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

ULLICO INVESTMENT ADVISORS, INC.

52-6435649

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)

BLUECROSS BLUESHIELD OF IL

36-1236610

(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?
12 73 99	NONE	21512432	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

EXPRESS SCRIPTS, INC

43-1420563

(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?
12	NONE	11324178	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONIFER VALUE BASED CARE LLC

52-1964905

(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	3644975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CARELON BEHAVIORAL HEALTH, INC

54-1414194

(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?
23	NONE	1251060	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INCLUDED HEALTH, INC.

45-3580052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	851933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEX HEALTH, INC

06-1593514

(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?
12 99	NONE	839071	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

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

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	682470	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

VISION SERVICE PLAN

20-0891619

(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?
12	NONE	633845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEVIN CHESNIAK

36-6066988

(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?
14 30 56	EMPLOYEE	573382	Yes ☒ No ☐	Yes ☐ No ☒	1750	Yes ☐ No ☒

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

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

FOSTER & FOSTER, INC

59-1921114

(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	512698	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DENTAL NETWORK OF AMERICA LLC

36-3339483

(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?
12	NONE	505385	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	373669	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

UNITED SYSTEMS AND SOFTWARE, INC.

59-1918677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	350565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZELIS CLAIMS INTEGRITY, LLC

84-2694744

(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	335933	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTERN ASSET MGMT CO.

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	315103	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MITTERA GROUP, INC

42-1028248

(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	308470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY GARITE

36-6066988

(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	258115	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	237177	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JEFFREY MARSHALL

36-6066988

(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	225882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INV. ASSET MGMT. LLC

20-1733361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	223077	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHLYN HAMES

36-6066988

(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	206752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DAVID MINEAU

36-6066988

(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 56	EMPLOYEE	204458	Yes ☒ No ☐	Yes ☐ No ☒	150	Yes ☐ No ☒

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

HEALTH DATA & MGMT SOLUTIONS, INC

52-2182411

(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	NONE	193875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY HAYES

36-6066988

(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	187417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SARAH GUST

36-6066988

(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	173873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TELADOC, INC

04-3705970

(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	168746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DWAYNE JOYNER

36-6066988

(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	165361	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ABHISHEK GOYAL

36-6066988

(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	161227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBORAH FEINGOLD

36-6066988

(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	160836	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELLE BIESCHEL-NEWTON

36-6066988

(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	159297	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MULTIEMPLOYER.COM, INC

94-3378692

(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	155827	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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	150000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUSTMARK LIFE INS. CO.

36-3421358

(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?
12	NONE	148015	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GERALYN HAMES

36-6066988

(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	148014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KARA THOMAS

36-6066988

(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	135532	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHAMILA CASSIM

36-6066988

(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	129687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARIA RAMIREZ

36-6066988

(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	128143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VENESSA PATCH

36-6066988

(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	127525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAURA BUSSMAN

36-6066988

(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	126027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PENNY GARMAN

36-6066988

(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	125666	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	125071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDY RAMEY

36-6066988

(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	125027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORMA ALCANTAR

36-6066988

(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	123043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CATHY HUBBARD

36-6066988

(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	122437	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIANNA BRADFORD

36-6066988

(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	122228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GEORGIANNE HUDSON

36-6066988

(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	121810	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROL KURAS

36-6066988

(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	121803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTINA MICARI

36-6066988

(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	121449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PEGGY OLSON

36-6066988

(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	121355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUZANNE THOMPSON

36-6066988

(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	115950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAWN ALTAMORE

36-6066988

(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	115546	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CAROLYN FRUEH

36-6066988

(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	114260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACQUELINE MCCUTCHEON

36-6066988

(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	114229	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL JAROS

36-6066988

(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	113761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JENNIFER CALCAGNO

36-6066988

(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	112727	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARYN KENNICOTT

36-6066988

(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	112684	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NANCY STAMPLE

36-6066988

(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	112242	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ALISON HUNT

36-6066988

(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	111586	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DINA COLIN

36-6066988

(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	111298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTUM FINANCIAL

20-5731067

(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 49	NONE	108194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NELLY SMITH

36-6066988

(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	106176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAITLIN HINCHEY

36-6066988

(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	104206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BANK OF AMERICA

94-1687665

(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?
18	NONE	102425	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

LUCY DIFIORE

36-6066988

(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	100652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER MAY

36-6066988

(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	100628	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DARCY RANDAZZO

36-6066988

(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	100577	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUSAN CLARK

36-6066988

(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	100534	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEANNA LONG

36-6066988

(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	100343	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELISSA MORENO

36-6066988

(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	99607	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIA MORENO

36-6066988

(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	98832	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELISSA SCOTT

36-6066988

(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	98354	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZINA COLEMAN

36-6066988

(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	97690	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LYNETTE STEWART

36-6066988

(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	96403	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RENEE VISCUM

36-6066988

(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	96239	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIMBERLY MARS

36-6066988

(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	96108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARBARA PAYNE

36-6066988

(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	95880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHERRY MOORE

36-6066988

(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	94466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MONSHEREE ALLEN

36-6066988

(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	94457	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LILIANA RAMOS

36-6066988

(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	92985	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXIS COVELLO

36-6066988

(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	92518	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIMBERLY MORITZ

36-6066988

(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	91867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WITHUM SMITH BROWN PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	89448	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARBARA SCHEMAN

36-6066988

(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	89015	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRYSTAL HALL

36-6066988

(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	87107	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JOANNE LAKE

36-6066988

(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	87028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZARIA MCGEE

36-6066988

(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	85618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELSA ROMERO

36-6066988

(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	85479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KELLEE BURGESS

36-6066988

(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	84999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PERLA REYES

36-6066988

(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	84920	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAURA PELLEGRINE

36-6066988

(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	84889	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JENNIFER KISIEL

36-6066988

(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	84592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEARIA COLEMAN

36-6066988

(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	84527	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAZMINE RODRIGUEZ

36-6066988

(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	84247	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KATI GEE

36-6066988

(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	83063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATERINA TALESKA

36-6066988

(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	83046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELINDA BERBERENA

36-6066988

(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	79209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAIL BOEHME

36-6066988

(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	71812	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSICA RODRIGUEZ

36-6066988

(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	70589	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMANDA FISCHER

36-6066988

(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	70500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDRA SANTANA

36-6066988

(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	70449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENEVIEVE HEROLD

36-6066988

(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	67715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSARIO SANDOVAL

36-6066988

(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	67325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LISA BULLEN

36-6066988

(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	66121	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

42-1741646

(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 59 62 72	NONE	64789	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SIGNE HEYOB

36-6066988

(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	64490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARISON RAMIREZ-HERNANDEZ

36-6066988

(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	63308	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIA BORGENSON

36-6066988

(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	62038	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER BENGSTON

36-6066988

(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	61806	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SHARON ROTH

36-6066988

(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	61563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 68	NONE	59613	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

BOND BROTHERS & CO.

36-2433269

(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	56311	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DARYL PITROWSKI

821 PARKVIEW BLVD.
LOMBARD, IL 60148

(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	NONE	54848	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELISSA MORALES

36-6066988

(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	53569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALYSSA RILEY

36-6066988

(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	49967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CRYSTAL PALMER

36-6066988

(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	47174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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?
28 51 52 64 65	NONE	47060	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PROFESSIONAL BENEFIT ADMINISTRATORS

38-3668782

(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?
12	NONE	38909	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SAMANTHA HARMER

36-6066988

(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	38319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOANNE ROBBINS

36-6066988

(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	34469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES POULOS, MD

8319 N ELMORE ST
PARK RIDGE, IL 60068

(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	NONE	33488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BRIANNE SCHANABERGER

36-6066988

(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	31487	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHLEEN GOODELL

36-6066988

(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	31169	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYCHEX

230 W. MONROE - SUITE 1020
CHICAGO, IL 60606

(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	29263	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOIS A. NEBRASKE

36-6066988

(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	25615	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BELEN PULIDO

36-6066988

(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	25065	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INFORMATION SYSTEMS ENGINEERING

39-1497970

(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	21239	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

MEDICAL REVIEW INSTITUTE OF AMERICA

87-0515201

(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	20873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VALENZ CARE

36-4869660

(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	15572	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

JEFFREY MARKETT, DDS

81-3874623

(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	NONE	15158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SMART DATA SOLUTIONS, INC

41-2006324

(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	14000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONTEXT 4 HEALTHCARE, INC

27-0386030

(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	13158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IT SOLUTIONS GROUP, INC

36-4404971

(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	10265	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

MARK PELLERITO

36-6066988

(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?
20	TRUSTEE	9373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROPEER RESOURCES, INC

35-2559074

(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	9072	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRAVIS ERI

36-6066988

(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?
20	TRUSTEE	8204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MINDIE MCIFF

36-6066988

(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?
20	TRUSTEE	8146	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARK CUNNINGHAM

36-6066988

(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?
20	TRUSTEE	8081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROBERT REILLY

36-6066988

(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?
20	TRUSTEE	7774	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GLEN PETZNICK

36-6066988

(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?
20	TRUSTEE	7705	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BHM HEALTHCARE SOLUTIONS

36-4505362

(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	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VYNE DENTAL

6510 TELECOM DRIVE, SUITE 300
INDIANAPOLIS, IN 46278

(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	7196	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

ROBERT FOX

36-6066988

(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?
20	TRUSTEE	7137	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GRANT RAINS

36-6066988

(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?
20	TRUSTEE	7081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDY CARMEAN

36-6066988

(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?
20	TRUSTEE	7050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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
BANK OF AMERICA 94-1687665	18	DID NOT RESPOND TO THE PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
INFORMATION SYSTEMS ENGINEERING 39-1497970	49	DID NOT RESPOND TO THE PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
VALENZ CARE 36-4869660	49	DID NOT RESPOND TO THE PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
VYNE DENTAL 6510 TELECOM DRIVE, SUITE 300 INDIANAPOLIS, IN 46278	49	DID NOT RESPOND TO THE PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
IT SOLUTIONS GROUP, INC 36-4404971	49	DID NOT RESPOND TO THE PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan LINE CONSTRUCTION BENEFIT FUND		B Three-digit plan number (PN) ▶ 501
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND		D Employer Identification Number (EIN) 36-6066988
Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)	
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM AFL-CIO CF SL STOCK INDEX FUND		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 84-7064589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 203062738
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US INTERMEDIATE PLUS		
b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY, LLC		
c EIN-PN 20-4712392-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153949075
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE PLUS FIXED INCOME TRUST		
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC		
c EIN-PN 20-8080381-018	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 134215359
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM NEWTON GBL REAL RETURN CF FD		
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON		
c EIN-PN 61-1599207-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 118354144
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI ACWI EX USA INDEX FD NL		
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY		
c EIN-PN 80-6103053-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95564916
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COMMON RUSSELL 2000 INDEX FD NL		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.		
c EIN-PN 45-6626214-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69215335
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD		
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC.		
c EIN-PN 90-0622302-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 59856582
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule D (Form 5500) 2024 v. 240311		

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

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

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

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

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

A Name of plan LINE CONSTRUCTION BENEFIT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND	D Employer Identification Number (EIN) 36-6066988

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	12362572	12983938
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	80716397	86805925
(2) Participant contributions.....	1b(2)	411054	292274
(3) Other	1b(3)	37664666	44655950
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	211672657	224627637
(2) U.S. Government securities	1c(2)	63086180	97003206
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	39046408	52566601
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	240236860	240959008
(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)	536658865	620412492
(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)	205491550	213805657
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	182157789	187556770
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	95348833	93758358

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	427284	329003
f Total assets (add all amounts in lines 1a through 1e)	1f	1705281115	1875756819
Liabilities			
g Benefit claims payable	1g	123472000	142394000
h Operating payables	1h	2506487	3010520
i Acquisition indebtedness	1i		
j Other liabilities	1j	7582834	8123225
k Total liabilities (add all amounts in lines 1g through 1j)	1k	133561321	153527745
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1571719794	1722229074

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)	1058127406	
(B) Participants	2a(1)(B)	28069090	
(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)		1086196496
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6802498	
(B) U.S. Government securities	2b(1)(B)	4173678	
(C) Corporate debt instruments	2b(1)(C)	2628993	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	369474	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13974643
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1860186	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1860186
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	12565003	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	13536991	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-971988
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5610334	
(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)		63827768
(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)		8314280
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2551817
c Other income	2c		91597202
d Total income. Add all income amounts in column (b) and enter total	2d		1272960738

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1071703318	
(2) To insurance carriers for the provision of benefits	2e(2)	2936662	
(3) Other	2e(3)	29615607	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1104255587
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)	9864487	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	427624	
(4) IQPA audit fees	2i(4)	67000	
(5) Investment advisory and investment management fees	2i(5)	1602397	
(6) Bank or trust company trustee/custodial fees	2i(6)	167214	
(7) Actuarial fees	2i(7)	344698	
(8) Legal fees	2i(8)	379592	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	244693	
(11) Other expenses	2i(11)	5098166	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		18195871
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1122451458

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		150509280
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.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		201966040
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Line Construction Benefit Fund

Financial Statements

December 31, 2024

Line Construction Benefit Fund

Financial Statements with Supplementary Information

December 31, 2024 and 2023

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Report of Independent Auditors

To the Participants and Trustees of
Line Construction Benefit Fund

Opinion

We have audited the financial statements of Line Construction Benefit Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Line Construction Benefit Fund as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, 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 Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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.

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

Responsibilities of Management for the Financial Statements (continued)

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

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 Plan's internal control. Accordingly, no such opinion is expressed;
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements; and
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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.

Legacy Professionals LLP

Westchester, Illinois

June 12, 2025

Line Construction Benefit Fund

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Investments - at fair value		
U.S. Government and Government Agency obligations	\$ 97,003,206	\$ 63,086,180
Corporate bonds	52,566,601	39,046,408
Common and collective funds	958,589,063	854,767,821
Mutual funds	187,556,770	182,157,789
Real estate investment funds	111,085,360	118,966,437
Hedge funds	99,261,092	104,001,850
Short-term investments	139,455,372	162,056,310
Total investments	<u>1,645,517,464</u>	<u>1,524,082,795</u>
Receivables		
Contributions	87,098,199	81,127,451
Prescription drug rebates	37,411,633	32,525,203
Prescription drug government subsidies	4,278,650	2,927,147
Accrued investment income	2,022,423	1,788,681
Due from broker for pending investment trades - net	518,098	-
Total receivables	<u>131,329,003</u>	<u>118,368,482</u>
Other assets		
Cash	98,156,203	61,978,919
Property and equipment - net	329,003	427,284
Deposits	387,988	387,988
Prepaid expenses	37,158	35,647
Total other assets	<u>98,910,352</u>	<u>62,829,838</u>
Total assets	<u>1,875,756,819</u>	<u>1,705,281,115</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and other accrued expenses	3,010,520	2,506,487
Reciprocal contributions payable	3,344,319	2,096,126
Due to broker for pending investment trades - net	-	944,345
Contributions paid in advance	4,778,906	4,542,363
Total liabilities	<u>11,133,745</u>	<u>10,089,321</u>
Net assets available for benefits	<u>\$ 1,864,623,074</u>	<u>\$ 1,695,191,794</u>

See accompanying notes to financial statements.

Line Construction Benefit Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Additions		
Contributions		
Employer - regular	\$ 947,808,145	\$ 880,853,904
Employer - HRA	110,319,261	98,618,082
Participant	<u>28,069,090</u>	<u>27,072,674</u>
Total contributions	<u>1,086,196,496</u>	<u>1,006,544,660</u>
Investment income		
Net appreciation in fair value of investments	78,226,622	70,856,127
Interest and dividends	<u>16,940,418</u>	<u>23,156,730</u>
	95,167,040	94,012,857
Less direct investment expenses	<u>(1,667,186)</u>	<u>(1,593,427)</u>
Investment income - net	<u>93,499,854</u>	<u>92,419,430</u>
Other income		
Prescription drug rebates	74,267,857	55,254,793
Prescription drug government subsidies	17,091,805	10,638,252
Miscellaneous income	<u>237,540</u>	<u>262,531</u>
Total other income	<u>91,597,202</u>	<u>66,155,576</u>
Total additions	<u>1,271,293,552</u>	<u>1,165,119,666</u>
Deductions		
Cost of benefits		
Medical	696,877,002	629,324,471
Prescription drug	210,017,375	187,719,071
HRA reimbursements	76,502,238	66,635,587
Dental	50,212,921	47,655,893
Disability	12,905,344	11,812,534
Vision	6,266,438	5,652,902
Life insurance and AD&D	2,936,662	3,420,050
PPO fees and benefit administration	<u>29,615,607</u>	<u>30,326,243</u>
Total cost of benefits	1,085,333,587	982,546,751
Fees mandated by ACA	429,213	386,818
Administrative expenses	<u>16,099,472</u>	<u>16,006,356</u>
Total deductions	<u>1,101,862,272</u>	<u>998,939,925</u>
Net increase	169,431,280	166,179,741
Net assets available for benefits		
Beginning of year	<u>1,695,191,794</u>	<u>1,529,012,053</u>
End of year	<u>\$ 1,864,623,074</u>	<u>\$ 1,695,191,794</u>

See accompanying notes to financial statements.

Line Construction Benefit Fund

Statements of Benefit Obligations

December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	\$ 142,394,000	\$ 123,472,000
Other obligations for current benefit coverage, at estimated amounts		
Accumulated eligibility credits for active participants	314,380,000	269,720,000
Reserve for waiver of life insurance premiums	3,514,000	3,754,000
COBRA and disability benefits	34,882,000	33,589,000
Total other obligations for current benefit coverage	352,776,000	307,063,000
Postretirement benefit obligations, net of amounts currently payable		
Retired participants and beneficiaries	246,905,000	266,137,000
Other participants fully eligible for benefits	195,580,000	215,768,000
Participants not yet fully eligible for benefits	357,594,000	398,936,000
Total postretirement benefit obligations	800,079,000	880,841,000
Total benefit obligations	\$ 1,295,249,000	\$ 1,311,376,000

See accompanying notes to financial statements.

Line Construction Benefit Fund
Statements of Changes in Benefit Obligations

Years Ended December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Amount currently payable		
Balance at beginning of year	\$ 123,472,000	\$ 107,888,000
Increase during the year attributable to changes in		
Claims payable and claims incurred but not reported	<u>18,922,000</u>	<u>15,584,000</u>
Balance at end of year	<u>142,394,000</u>	<u>123,472,000</u>
Other obligations for current benefit coverage, at estimated amounts		
Balance at beginning of year	307,063,000	294,532,000
Increase (decrease) during the year attributable to changes in		
Accumulated eligibility credits for active participants	44,660,000	8,642,000
Reserve for waiver of life insurance premiums	(240,000)	90,000
COBRA and disability benefits	<u>1,293,000</u>	<u>3,799,000</u>
Balance at end of year	<u>352,776,000</u>	<u>307,063,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	880,841,000	689,484,000
Increase (decrease) during the year attributable to		
Changes in demographics and other actuarial (gains) losses	6,146,000	(1,574,000)
Changes in actuarial assumptions	(99,450,000)	(15,952,000)
Plan amendment	-	95,621,000
Changes in expected claims	(45,337,000)	64,006,000
Benefits earned	43,610,000	37,476,000
Interest	42,342,000	33,659,000
Benefits paid	<u>(28,073,000)</u>	<u>(21,879,000)</u>
Balance at end of year	<u>800,079,000</u>	<u>880,841,000</u>
Total benefit obligations	<u>\$ 1,295,249,000</u>	<u>\$ 1,311,376,000</u>

See accompanying notes to financial statements.

Line Construction Benefit Fund

Notes to Financial Statements

December 31, 2024 and 2023

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of Line Construction Benefit Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan 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 Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the 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.

Contributions Receivable - Employer contributions due and unpaid prior to year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is considered unnecessary and is not provided.

Prescription Drug Rebates and Subsidies - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. Refunds from the PBM due at year end have been reported as a receivable.

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. Depreciation is computed by the straight-line method over the following estimated useful lives of the related assets:

Furniture, fixtures and equipment	10 years
Computer system and related equipment	3 - 7 years

Depreciation expense was \$160,552 for 2024 and \$130,917 in 2023.

Deposits - Per the terms of the contracts with the Plan's life, accidental death and dismemberment and vision insurance providers, cash deposits are required to be maintained at the insurance companies.

Note 1. Summary of Significant Accounting Policies (continued)

Contributions Paid in Advance - Certain employers and participants make contributions in advance to receive benefits under the Plan. Contributions received in advance of the corresponding eligibility period are recognized as deferred income.

Benefit Obligations - Benefit obligations are estimated by the Plan's consulting actuary using accepted actuarial principles, based on paid and incurred claim cost studies, Plan benefits, eligibility counts and other data as considered necessary.

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits (net of self-contribution amounts) that are attributed to participant service rendered to December 31. Postretirement benefits include future benefits expected to be paid for currently retired or terminated participants and their beneficiaries and dependents, and active participants and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

Leases - The Plan occupies an administrative office under a lease that expires in September 2033. Under generally accepted accounting principles (GAAP), a right-of-use asset and lease liability would be recognized; however, the Plan has determined that the recognition of these items would not be material to the Plan's financial statements. Monthly rent required under the lease was \$20,708 as of January 1, 2025. Rent expense, including other occupancy expenses, for the years ended December 31, 2024 and 2023 was \$432,776 and \$371,862 respectively.

Revenue Recognition - Revenue derived from employer contributions is recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates 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 the outside electrical construction industry throughout the United States.

Note 1. Summary of Significant Accounting Policies (continued)

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other multiemployer welfare plans for its participants who perform work outside the geographic jurisdiction of the Plan's participating local unions. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit plans. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$47,624,392 and \$46,558,008 for the years ended December 31, 2024 and 2023, respectively, from various other welfare plans under the terms of reciprocity agreements. The Plan remitted a total of \$25,339,381 and \$24,877,733 in reciprocal contributions to various other welfare plans under the terms of reciprocity agreements for the years ended December 31, 2024 and 2023, respectively.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

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 June 12, 2025, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established pursuant to a collective bargaining agreement between various employers and the union to provide health and welfare benefits for eligible participants. The Plan is a multiemployer welfare plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides medical, prescription drug, dental, vision, disability, accident and life insurance benefits for eligible participants and their beneficiaries and covered dependents. The Plan is self-insured for all benefits except life insurance. Generally, eligibility is based on 125 credited hours of employment per month.

Note 2. Description of the Plan (continued)

Once eligible, participants generally remain eligible for benefits for each month they work at least 125 credited hours. Hours worked in excess of 125 credited hours are available to determine future eligibility in that participants maintain coverage if they have averaged 125 credited hours per month after looking back at the previous 12 work months. Eligible retired participants as defined by the Plan may make self-contributions and are entitled to certain medical (in excess of Medicare coverage, if applicable), vision and dental benefits.

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), was adopted by the Plan.

The Plan also offers a Health Reimbursement Account (HRA) program. An HRA is a recordkeeping account that the Plan sets up and maintains on behalf of participants to track contributions, reimbursements, and a participant's available balance. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account. Participant accounts are funded through contributions made on a participant's behalf by a participating employer pursuant to a collective bargaining agreement. Participants become eligible under the HRA program when their account balance reaches \$100. Participants are not vested in the contributions made on their behalf and their available balance may be used only for certain health care expenses that are not otherwise covered under the Plan. Investment income or loss, net of administrative costs, is credited to participants' accounts on an annual basis. All contributions and interest credited to the participants' accounts are assets of the Plan. Net assets available for benefits as of December 31, 2024 and 2023 include approximately \$325,714,000 and \$275,582,000 respectively, of HRA account balances. During the years ended December 31, 2024 and 2023, a total of \$123,200 and \$196,300 in HRA accounts were forfeited under the provisions of the Plan. No HRA reimbursements were approved but not yet paid at either December 31, 2024 or 2023.

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

Note 3. Funding Policy

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The hourly contribution rates in effect during the years ended December 31, 2024 and 2023 were \$7.25 and \$7.00 respectively, for most participating employers, and \$9.43 and \$9.10 respectively, for employers contributing under the utility group.

Note 3. Funding Policy (continued)

In addition to participants being able to self-pay to continue coverage, participant contributions are allowed to provide COBRA benefits and benefits to retired and disabled participants. Participant contribution rates are determined annually based on claims experience. Participant contributions to provide benefits under COBRA were paid at monthly rates ranging from \$994 to \$1,648 during the years ended December 31, 2024 and 2023, depending on the participant's coverage option. The monthly contribution rates for retirees and retiree spouses ranged from \$260 to \$1,648 during the years ended December 31, 2024 and 2023, depending on the participant's coverage option.

Note 4. Concentration of Cash

Cash consists of monies held in checking, savings and highly liquid interest bearing accounts without significant withdrawal restrictions. The Plan places its cash with financial institutions deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000 per financial institution. Balances may at times exceed insured limits.

Note 5. Property and Equipment

Property and equipment at December 31, 2024 and 2023 consisted of the following:

	<u>2024</u>	<u>2023</u>
Furniture, fixtures and equipment	\$ 592,642	\$ 592,642
Computer system and related equipment	<u>1,543,277</u>	<u>1,481,007</u>
	2,135,919	2,073,649
Less accumulated depreciation	<u>(1,806,916)</u>	<u>(1,646,365)</u>
Net property and equipment	<u>\$ 329,003</u>	<u>\$ 427,284</u>

Note 6. 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. Discontinuance or 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.

Note 7. Capital Commitments

As of December 31, 2024 the Plan had an outstanding capital commitment of approximately \$38,000,000 to one of the Plan's limited partnership investments.

Note 8. Tax Status

The Plan's notice of exemption is dated July 12, 1982, 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 legal 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. The Plan is subject to tax, however, on the flow-through of certain partnership income through its investments structured as limited partnerships. For the years ended December 31, 2024 and 2023, the Plan paid \$0 and \$110,390 respectively, in unrelated business income taxes, which are included in investment expenses.

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. 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 as follows:

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 9. Fair Value Measurements (continued)

The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 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. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		Fair Value Measurements at 12/31/24 Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Total			
U.S. Government and Government Agency obligations	\$ 97,003,206	\$ 71,033,142	\$ 25,970,064	\$ -
Corporate bonds	52,566,601	-	52,566,601	-
Mutual funds	187,556,770	187,556,770	-	-
Short-term investments	<u>139,455,372</u>	<u>-</u>	<u>139,455,372</u>	<u>-</u>
	476,581,949	<u>\$ 258,589,912</u>	<u>\$ 217,992,037</u>	<u>\$ -</u>
Investments measured at net asset value:				
Real estate investment funds	111,085,360			
Hedge funds	99,261,092			
Common and collective funds	<u>958,589,063</u>			
Total	<u>\$ 1,645,517,464</u>			

Note 9. Fair Value Measurements (continued)

		<u>Fair Value Measurements at 12/31/23 Using</u>		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	<u>Total</u>			
U.S. Government and Government Agency obligations	\$ 63,086,180	\$ 48,073,849	\$ 15,012,331	\$ -
Corporate bonds	39,046,408	-	39,046,408	-
Mutual funds	182,157,789	182,157,789	-	-
Short-term investments	162,056,310	-	162,056,310	-
	<u>446,346,687</u>	<u>\$ 230,231,638</u>	<u>\$ 216,115,049</u>	<u>\$ -</u>
Investments measured at net asset value:				
Real estate investment funds	118,966,437			
Hedge funds	104,001,850			
Common and collective funds	854,767,821			
Total	<u>\$ 1,524,082,795</u>			

Level 1 Measurements

U.S. Treasury securities 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 fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency obligations and corporate bonds are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include 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 estimates.

Short-term investments are valued at cost, which approximates their fair value.

Note 9. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The following table summarizes information regarding investments valued at the net asset value per share, used as a practical expedient to estimate fair value as of December 31, 2024 and 2023:

Description	Fair Value		Underlying Assets/Strategy	Redemptions	
	2024	2023		Frequency	Notice Period
Real estate investment fund	\$23,105,742	\$27,408,398	Domestic properties	Quarterly	None - subject to cash availability
Real estate investment fund	\$47,648,858	\$49,453,666	Domestic properties	Quarterly	30 days
Real estate investment fund	\$40,330,760	\$42,104,373	Domestic properties	Quarterly	90 days
Hedge funds	\$25,521,364	\$33,731,979	Strategic credit opportunities	None - subject to manager approval	N/A
Hedge fund	\$5,502,734	\$8,653,018	Private equity and credit	Not eligible	N/A
Hedge fund	\$68,236,994	\$61,616,853	Strategic credit opportunities	Quarterly	60 days
Common and collective fund	\$124,370,914	\$112,620,211	Blended strategy	Monthly	10 days - partial withdrawals subject to minimum funding requirements

The remaining common and collective funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. No significant redemption restrictions exist for these investments.

Note 10. Postretirement Benefit Obligations

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for self-contribution payments, the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The following significant assumptions were used in the valuations as of December 31, 2024 and 2023:

Weighted-average discount rate:

2024 - 5.40%

2023 - 4.65%

Average retirement age:

Approximately 62

Mortality rates:

Healthy - RP-2000 Mortality Table with Blue Collar Adjustment sex-distinct and set back one year

Disabled - RP-2000 Disabled Mortality Table for males set back four years

Medical cost trend rates:

7% graded down to 4% by 2074

The medical cost trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point in each year, the accumulated postretirement obligation would increase by approximately \$132,430,000 as of December 31, 2024 and by approximately \$153,442,000 as of December 31, 2023.

The decrease in the obligation of \$99,450,000 during the year ended December 31, 2024 related to changes in actuarial assumptions is due to the increase in the discount rate from 4.65% to 5.40%. The decrease in the obligation of \$15,952,000 during the year ended December 31, 2023 related to changes in actuarial assumptions was due to changes in retirement rates offset by a decrease in the discount rate from 4.70% to 4.65%.

During the year ended December 31, 2023, the Plan was amended to increase the subsidy to 75% for certain retirees who met a total service threshold of 57,600 hours worked at the time of retirement. This amendment increased obligations by \$95,621,000.

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

Note 10. Postretirement Benefit Obligations (continued)

The cost of the postretirement benefit obligations is shared by the Plan's participating employers and retirees. The cost of the postretirement benefits is estimated annually by the Plan's consulting actuary. The Plan's Trustees then periodically adjust the portion to be paid by the participants. Retiree contributions were projected to cover approximately 37% of the estimated cost of retirement benefits as of both December 31, 2024 and 2023.

Note 11. Risks and Uncertainties

The Plan invests 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 the investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits. The current economic environment has increased the degree of uncertainty.

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. In addition, the Plan has ownership interest in real estate investment funds. The estimated fair values of these funds as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 12. Participation in Multiemployer Plans

Defined Benefit Pension Plan

All of the Plan's employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. 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 the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

The Plan's participation in the multiemployer defined benefit pension plan for the years ended December 31, 2024 and 2023 is outlined in the following table. 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.

Note 12. Participation in Multiemployer Plans (continued)

Defined Benefit Pension Plan (continued)

Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The "FIP/RP Status Pending/Implemented" column indicates plans for which 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</u>		<u>FIP/RP</u>			<u>Most Recently</u>
				<u>Status</u>			<u>Available</u>
				<u>Pending/</u>			<u>Annual Report</u>
		<u>Zone Status</u>		<u>Implemented</u>	<u>Contributions</u>		<u>(Form 5500)</u>
		<u>2024</u>	<u>2023</u>		<u>2024</u>	<u>2023</u>	
		<u>Green as of</u>	<u>Green as of</u>				
National Electrical Benefit Fund	53-0181657-001	1/1/25	1/1/24	N/A	\$ 184,391	\$ 174,944	12/31/2023

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

Defined Contribution Retirement Plan

All of the Plan's employees are covered by a noncontributory multiemployer defined contribution retirement plan. Contributions to the defined contribution plan are based upon a percentage of salary and totaled \$1,380,744 and \$1,344,067 for the years ended December 31, 2024 and 2023, respectively.

Welfare Plan that Provides Postretirement Benefits

The Plan's full-time employees are also covered by a multiemployer welfare plan that provides health benefits to retirees and to eligible employees working under collective bargaining agreements, and their dependents. Contributions to this plan for the years ended December 31, 2024 and 2023 totaled \$1,301,129 and \$1,254,854 respectively.

Note 13. Reconciliation to Form 5500

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 1,864,623,074	\$ 1,695,191,794
Less - benefit obligations currently payable	<u>(142,394,000)</u>	<u>(123,472,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 1,722,229,074</u>	<u>\$ 1,571,719,794</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 December 31, 2024:

Total benefits paid per the financial statements	\$ 1,085,333,587
Add - amounts currently payable at end of year	142,394,000
Less - amounts currently payable at beginning of year	<u>(123,472,000)</u>
Total benefits paid per the Form 5500	<u>\$ 1,104,255,587</u>



REPORT OF INDEPENDENT AUDITORS ON SUPPLEMENTAL SCHEDULES

To the Participants and Trustees of
Line Construction Benefit Fund

We have audited the financial statements of Line Construction Benefit Fund (the Plan) as of and for the years ended December 31, 2024 and 2023, and our report thereon dated June 12, 2025, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedule 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

June 12, 2025

FOOTNOTES

STATEMENT 1

SCHEDULE C - DIRECT COMPENSATION FOR EMPLOYEES:
THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO
PLAN TRUSTEES AND EMPLOYEES AND REPORTED ON
SCHEDULE C HAS BEEN DETERMINED IN ACCORDANCE
WITH DEPARTMENT OF LABOR RULES AND REGULATIONS
FOR COMPLETING FORM 5500. THESE AMOUNTS MAY
CONSIST OF ELEMENTS CONSIDERED TO BE TAXABLE (SALARY)
AND NON-TAXABLE (BENEFITS AND EXPENSE REIMBURSEMENTS).

SCHEDULE C

OTHER SERVICE PROVIDER SERVICE CODES

STATEMENT 2

NAME	SERVICE CODES
NORTHERN TRUST CORPORATION	28
NORTHERN TRUST CORPORATION	51
NORTHERN TRUST CORPORATION	52
NORTHERN TRUST CORPORATION	64
NORTHERN TRUST CORPORATION	65
COMERICA BANK	19
COMERICA BANK	49
COMERICA BANK	59
COMERICA BANK	62
COMERICA BANK	72

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H

OTHER RECEIVABLES

STATEMENT 3

DESCRIPTION	BEGINNING	ENDING
ACCRUED INVESTMENT INCOME	1,788,681.	2,022,423.
LIFE INSURANCE DEPOSIT	228,448.	228,448.
VISION BENEFIT DEPOSIT	159,540.	159,540.
PRESCRIPTION DRUG GOVERNMENT SUBSIDI	2,927,147.	4,278,650.
PRESCRIPTION DRUG REBATES	32,525,203.	37,411,633.
PREPAID EXPENSES	35,647.	37,158.
DUE FROM BROKER - PENDING TRADES - NET	0.	518,098.
TOTAL TO SCHEDULE H, LINE 1B(3)	37,664,666.	44,655,950.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
OPPORTUNISTIC CREDIT FUNDS	33,731,979.	25,521,364.
BRIGADE CREDIT OFFSHORE FUND II LTD.	61,616,854.	68,236,994.
TOTAL TO SCHEDULE H, LINE 1C(15)	95,348,833.	93,758,358.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 5
DESCRIPTION	BEGINNING	ENDING
RECIPROCITY CONTRIBUTIONS PAYABLE	2,096,126.	3,344,319.
DUE TO BROKER - PENDING TRADES - NET	944,345.	0.
DEFERRED CONTRIBUTIONS	4,542,363.	4,778,906.
TOTAL TO SCHEDULE H, LINE 1J	7,582,834.	8,123,225.

SCHEDULE H	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
PRESCRIPTION DRUG REBATES		74,267,857.
PRESCRIPTION DRUG GOVERNMENT SUBSIDIES		17,091,805.
PRINTING AND POSTAGE PROVIDER REBATES		237,540.
TOTAL TO SCHEDULE H, LINE 2C		91,597,202.

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 7
DESCRIPTION		AMOUNT
PPO FEES AND BENEFIT ADMINISTRATIVE EXPENSE		29,615,607.
TOTAL TO SCHEDULE H, LINE 2E(3)		29,615,607.

SCHEDULE H	OTHER ADMINISTRATIVE EXPENSES	STATEMENT 8
DESCRIPTION		AMOUNT
DATA PROCESSING		1,092,531.
DEPRECIATION		160,552.
OCCUPANCY		432,776.
OFFICE SUPPLIES AND OTHER MISCELLANEOUS EXPENSE		535,214.
PAYROLL TAXES		700,883.
POSTAGE		533,894.
PRINTING		337,447.
TELEPHONE		257,675.
INSURANCE		308,437.
FEEES MANDATED BY ACA		429,213.
CLAIMS INVESTIGATION AND CONSULTING		279,891.
CONFERENCES AND SEMINARS		29,653.
TOTAL TO SCHEDULE H, LINE 2I(11)		5,098,166.

Line Construction Benefit Fund
Schedule of Investments - Y/E 12/31/24

	COST		FMV
Interest Bearing Cash			
Bank of America Invested Cash	85,172,265		85,172,265
Blackstone Invested Cash	6,980,928		6,980,928
Comerica Invested Cash	2,910,000		2,910,000
Goldman Finl Square Gov't Money Market	129,564,444		129,564,444
Total Interest Bearing Cash	<u>224,627,637</u>		<u>224,627,637</u>
U.S. Government			
U.S. Government Securities	see attached		71,033,142
Mortgage Backed Securities	see attached		19,859,314
Collateralized Mortgage Obligations	see attached		6,110,750
Total U.S. Government			<u>97,003,206</u>
Corporate Debt Instruments			
Asset Backed Securities	see attached		12,285,726
Corporate Bonds	see attached		32,590,588
Foreign Bonds and Notes	see attached		4,100,536
Private Placements	see attached		3,589,751
Total Corporate Debt			<u>52,566,601</u>
Limited Partnerships			
American Strategic Value Realty Fund	51,893,535	G	47,648,858
Schroder Diversified Growth Portfolio, LP	108,375,884		124,370,914
ASB Allegiance Real Estate Fund	23,193,373	G	23,105,742
Intercontinental U.S. Real Estate Fund	51,487,742	G	40,330,760
Hamilton Lane-Strat Opp Offshore Fund IV	3,743,875	G	5,502,734
	<u>238,694,409</u>		<u>240,959,008</u>
Common & Collective Trusts			
SSgA MSCI ACWI ex USA Index Non-Lending Fund	76,620,525		95,564,916
CIF - Loomis Sayles NH Trust Core Plus	138,742,132		134,215,359
NTGI-QM Common Russell 2000 Index Fund	54,255,979		69,215,335
BNYM Mellon AFL CIO Stock	137,648,197		203,062,738
BNYM Newton Global Real Return CF Fund	109,489,217		118,354,144
	<u>516,756,050</u>		<u>620,412,492</u>
103-12 Investment Entities			
ULLICO Infrastructure Tax-Exempt Fund, LP	49,607,001	G	59,856,582
Western Asset U.S. Intermediate Plus, LLC	129,517,008		153,949,075
	<u>179,124,009</u>		<u>213,805,657</u>
Registered Investment Companies			
John Hancock Income Fund - R6	106,690,869		112,015,629
Vanguard Inflation-Protected Securities Fund	84,750,391		75,541,141
Total Registered Investment Companies	<u>191,441,260</u>		<u>187,556,770</u>
Other Investments			
Grosvenor Opportunistic Credit Fund III	2,411,525	G	1,595,349
Grosvenor Opportunistic Credit Fund IV	2,113,237	G	1,161,740
Grosvenor Opportunistic Credit Fund V	21,226,815	G	22,764,275
Brigade Credit Offshore Fund	56,000,000		68,236,994
	<u>81,751,577</u>		<u>93,758,358</u>

G **Σ** 201,966,040

To Schedule H Part IV line 4g



Consolidated Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

LINE CONSTRUCTION BENEFIT FUND

Account Number:

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Debt Securities							
U S Government Obligations							
UNITED STATES TREAS 3.5% NTS DTD 1/31/2023 3.50% 1/31/2030 Cusip: 91282CGJ4	3,000,000.0000	95.94	2,878,140.00	2,934,030.00	(55,890.00)	43,940.22 105,000.00	0.0440
UNITED STATES TREAS 3.5% NTS DTD 2/15/2023 3.50% 2/15/2033 Cusip: 91282CGM7	2,200,000.0000	93.03	2,046,638.00	2,133,406.00	(86,768.00)	29,084.24 77,000.00	0.0450
UNITED STATES TREAS 3.625% 05/15/2053 DTD 5/15/2023 3.625% 5/15/2053 Cusip: 912810TR9	600,000.0000	81.29	487,740.00	554,718.00	(66,978.00)	2,823.90 21,750.00	0.0480
UNITED STATES TREAS 4.125% NTS DTD 11/2/2022 4.125% 11/15/2032 11/15/2032 Cusip: 91282CFV8	1,100,000.0000	97.53	1,072,852.00	1,112,496.00	(39,644.00)	5,891.23 45,375.00	0.0450
UNITED STATES TREAS BDS DTD 02/15/2024 4.25% 02/15/2054 Cusip: 912810TX6	6,955,000.0000	91.23	6,344,698.75	6,647,653.78	(302,955.03)	111,648.54 295,587.50	0.0480
UNITED STATES TREAS BDS DTD 11/15/2024 4.50% 11/15/2054 Cusip: 912810UE6	523,000.0000	95.34	498,643.89	499,178.99	(535.10)	3,030.53 23,535.00	0.0480
UNITED STATES TREAS BDS DTD 5/15/2024 4.625% 5/15/2054 Cusip: 912810UA4	1,280,000.0000	97.16	1,243,648.00	1,282,164.07	(38,516.07)	7,686.19 59,200.00	0.0480
UNITED STATES TREAS BDS DTD 8/15/2023 4.125% 8/15/2053 Cusip: 912810TT5	584,000.0000	89.06	520,133.76	590,295.52	(70,161.76)	9,099.21 24,090.00	0.0480
UNITED STATES TREAS BDS DTD 8/15/2024 4.375% 8/15/2054 Cusip: 912810UC0	1,700,000.0000	91.32	1,552,440.00	1,706,226.57	(153,786.57)	28,323.63 74,375.00	0.0490



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LINE CONSTRUCTION BENEFIT FUND

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
U S Government Obligations							
UNITED STATES TREAS BDS 0% BDS DTD 2/15/2023 3.625% 2/15/2053 Cusip: 912810TN8	7,209,000.0000	81.25	5,857,240.41	6,657,450.48	(800,210.07)	98,707.47 261,326.25	0.0490
UNITED STATES TREAS BDS 4% DTD 11/10/2022 4.00% 11/15/2042 Cusip: 912810TM0	4,000,000.0000	89.98	3,599,120.00	3,887,360.00	(288,240.00)	20,773.48 160,000.00	0.0480
UNITED STATES TREAS NTS DTD 01/31/2024 4.00% 01/31/2031 Cusip: 91282CJX0	7,400,000.0000	97.57	7,219,810.00	7,377,507.81	(157,697.81)	123,869.57 296,000.00	0.0450
UNITED STATES TREAS NTS DTD 02/29/2024 4.25% 02/28/2031 Cusip: 91282CKC4	2,000,000.0000	98.87	1,977,300.00	1,999,000.00	(21,700.00)	28,881.22 85,000.00	0.0450
UNITED STATES TREAS NTS DTD 11/30/2023 4.375% 11/30/2030 Cusip: 91282CJM4	2,900,000.0000	99.64	2,889,444.00	2,982,012.00	(92,568.00)	11,153.85 126,875.00	0.0440
UNITED STATES TREAS NTS Ser S-2031 DTD 11/30/2024 4.125% 11/30/ Cusip: 91282CLZ2	3,375,000.0000	97.87	3,302,943.75	3,342,855.94	(39,912.19)	12,239.01 139,218.75	0.0450
UNITED STATES TREAS NTS Ser T-2031 DTD 12/31/2024 4.50% 12/31/2 Cusip: 91282CMC2	1,500,000.0000	100.08	1,501,245.00	1,505,673.13	(4,428.13)	186.46 67,500.00	0.0450
UNITED STATES TREASURY NOTE DTD 08/15/2024 0.00% 08/15/2034 Cusip: 91282CLF6	6,710,000.0000	94.55	6,344,573.40	6,675,271.60	(330,698.20)	0.00 0.00	
UNITED STATES TREASURY NOTE DTD 10/31/2023 4.875% 10/31/2030 Cusip: 91282CJG7	500,000.0000	102.21	511,035.00	528,830.00	(17,795.00)	4,174.72 24,375.00	0.0440
US TREASURY NOTE 01/31/2029 Ser U-2029 DTD 1/31/2024 4.00% 1/31/2029 Cusip: 91282CJW2	7,200,000.0000	98.63	7,101,360.00	7,206,468.75	(105,108.75)	120,521.74 288,000.00	0.0440



Consolidated Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

LINE CONSTRUCTION BENEFIT FUND

Account Number:

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
U S Government Obligations							
US TREASURY NOTE 02/15/2034 Ser B-2034 DTD 2/15/2024 4.00% 2/15/2034 Cusip: 91282CJZ5	1,240,000.0000	95.74	1,187,126.40	1,212,293.75	(25,167.35)	18,734.78 49,600.00	0.0460
US TREASURY NOTE 07/31/2028 Ser AB-2028 DTD 7/31/2023 4.125% 7/31/2 Cusip: 91282CHQ7	2,500,000.0000	99.31	2,482,750.00	2,526,550.00	(43,800.00)	43,155.57 103,125.00	0.0430
US TREASURY NOTE 11/15/2033 Cusip: 91282CJJ1	4,800,000.0000	99.55	4,778,256.00	4,962,000.00	(183,744.00)	28,044.20 216,000.00	0.0460
US TREASURY NOTE 3.375% 05/15/2033 Cusip: 91282CHC8	2,314,000.0000	91.90	2,126,519.72	2,220,510.00	(93,990.28)	10,139.73 78,097.50	0.0450
US TREASURY NOTE 3.75% 05/31/2030 Cusip: 91282CHF1	2,100,000.0000	96.79	2,032,569.00	2,081,373.00	(48,804.00)	6,923.08 78,750.00	0.0440
US TREASURY NOTE 4.125% 08/31/2030 Cusip: 91282CHW4	1,500,000.0000	98.46	1,476,915.00	1,518,810.00	(41,895.00)	21,023.83 61,875.00	0.0440
Total U S Government Obligations			71,033,142.08	74,144,135.39	(3,110,993.31)	790,056.40 2,761,655.00	
Mortgage Backed Securities							
Federal Home Loan Mortgage Corp. DTD 6/1/2021 1.50% 7/1/2036 Cusip: 3132D6AK6	24,849.5200	86.15	21,408.11	21,254.05	154.06	31.06 372.74	
Federal Home Loan Mortgage Corporation DTD 6/1/2021 2.00% 7/1/2041 Cusip: 3132D9FB5	65,957.2100	83.51	55,078.23	56,584.69	(1,506.46)	109.93 1,319.14	
FEDERAL HOME LOAN MTG CORP DTD 12/1/2024 6.00% 1/1/2055 Cusip: 3132DWNM1	350,000.0000	100.50	351,732.50	353,308.59	(1,576.09)	1,750.00 21,000.00	



Consolidated Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

LINE CONSTRUCTION BENEFIT FUND

Account Number:

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Mortgage Backed Securities							
FEDERAL HOME LOAN MTG CORP DTD 2/1/2024 2.00% 4/1/2042 Cusip: 3132D9RA4	506,998.9000	83.47	423,212.26	429,364.69	(6,152.43)	845.00 10,139.98	
FEDERAL HOME LOAN MTG CORP DTD 3/1/2021 1.50% 4/1/2041 Cusip: 3133D3YA7	125,670.8200	79.87	100,378.31	100,644.64	(266.33)	157.09 1,885.06	
FEDERAL HOME LOAN MTG CORP DTD 5/1/2022 3.00% 5/1/2052 Cusip: 3133KPFQ6	187,183.3200	85.64	160,311.28	163,402.27	(3,090.99)	467.96 5,615.50	
FEDERAL HOME LOAN MTG CORP 1.500 2035-07-01 USD 1.5% 08/01/2035 Cusip: 3132D56B3	112,549.9200	86.40	97,247.63	98,356.24	(1,108.61)	140.69 1,688.25	
FEDERAL HOME LOAN MTG CORP 1.500 2035-11-01 USD 1.5% 11/01/2035 Cusip: 3132D56J6	145,247.6800	86.40	125,496.90	126,681.11	(1,184.21)	181.56 2,178.72	
FEDERAL HOME LOAN MTG CORP 1.500 2051-06-01 USD 1.5% 06/01/2051 Cusip: 3133AMKL9	108,503.6100	74.15	80,454.34	84,672.97	(4,218.63)	135.63 1,627.55	
FEDERAL HOME LOAN MTG CORP 2.000 2035-07-01 USD 2% 07/01/2035 Cusip: 3133G84W8	232,648.4600	89.03	207,131.58	209,876.83	(2,745.25)	387.75 4,652.97	
FEDERAL HOME LOAN MTG CORP 2.000 2052-02-01 USD 2% 02/01/2052 Cusip: 3132DWC68	901,970.7900	78.03	703,780.75	737,162.53	(33,381.78)	1,503.28 18,039.42	
FEDERAL HOME LOAN MTG CORP 2.000 DTD 2/1/2022 2.00% 3/1/2052 Cusip: 3132DWDC4	585,268.0000	78.05	456,830.93	478,257.60	(21,426.67)	975.45 11,705.36	
FEDERAL HOME LOAN MTG CORP 2.500 2041-08-01 USD 2.5% 08/01/2041 Cusip: 3133KYVP1	285,768.2400	84.68	241,997.12	247,636.04	(5,638.92)	595.35 7,144.21	



Consolidated Detailed Holdings
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LINE CONSTRUCTION BENEFIT FUND

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Mortgage Backed Securities							
FEDERAL HOME LOAN MTG CORP 2.500 2051-09-01 USD 2.5% 09/01/2051 Cusip: 3133AR2T1	61,595.0600	82.42	50,767.88	51,439.09	(671.21)	128.32 1,539.88	
FEDERAL HOME LOAN MTG CORP 2.500 2051-12-01 USD 2.5% 12/01/2051 Cusip: 3132DWCU5	43,641.0200	81.77	35,687.01	37,142.43	(1,455.42)	90.92 1,091.03	
FEDERAL HOME LOAN MTG CORP 2.500 2052-02-01 USD 2.5% 02/01/2052 Cusip: 3133KNSE4	647,201.1800	82.16	531,727.55	553,641.78	(21,914.23)	1,348.34 16,180.03	
FEDERAL HOME LOAN MTG CORP 2.500 2052-04-01 USD 2.5% 04/01/2052 Cusip: 3132DVMB8	207,120.2600	82.65	171,184.90	174,814.35	(3,629.45)	431.50 5,178.01	
FEDERAL HOME LOAN MTG CORP 3.500 2052-02-01 USD 3.5% 02/01/2052 Cusip: 3133KNRU9	75,040.1300	88.89	66,706.17	69,194.49	(2,488.32)	218.87 2,626.40	
FEDERAL HOME LOAN MTG CORP 5.500 2053-03-01 USD 5.5% 03/01/2053 Cusip: 3132DVMG7	169,023.8000	100.05	169,110.01	172,291.03	(3,181.02)	774.69 9,296.31	
FEDERAL NATIONAL MORTGAGE ASSOC DTD 7/1/2019 4.50% 5/1/2039 Cusip: 3140X4KG0	81,289.7800	97.89	79,577.00	81,127.19	(1,550.19)	304.84 3,658.04	
FEDERAL NATL MTG ASSN 2.500 DTD 12/1/2021 2.50% 1/1/2052 Cusip: 31418EAN0	43,814.0300	81.77	35,828.92	37,268.20	(1,439.28)	91.28 1,095.35	
FEDERAL NATL MTG ASSN 3.000 2052-03-01 USD 3% 03/01/2052 Cusip: 3132DPPC6	86,990.4800	85.17	74,092.40	77,118.79	(3,026.39)	217.48 2,609.71	
FEDERAL NATL MTG ASSN 3.500 DTD 8/1/2022 3.50% 9/1/2052 Cusip: 31418EHH6	41,828.7900	88.55	37,040.23	37,077.31	(37.08)	122.00 1,464.01	



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Mortgage Backed Securities							
FEDERAL NATL MTG ASSN 4.500 2052-12-01 USD 4.5% 12/01/2052 Cusip: 31418ELW8	714,660.4200	94.22	673,331.61	692,977.63	(19,646.02)	2,679.98 32,159.72	
FEDERAL NATL MTG ASSN GTD MTG PA 1.500 2035-12-01 USD 1.5% 12/01/2035 Cusip: 31418DU75	23,684.5400	86.40	20,463.68	20,257.63	206.05	29.61 355.27	
FEDERAL NATL MTG ASSN GTD MTG PA 1.500 2036-06-01 USD 1.5% 07/01/2036 Cusip: 31418D2Q4	20,123.9600	85.78	17,261.53	17,212.24	49.29	25.15 301.86	
FEDERAL NATL MTG ASSN GTD MTG PA 2.000 2036-07-01 USD 2% 07/01/2036 Cusip: 31418D2R2	43,065.6000	88.65	38,178.08	38,690.08	(512.00)	71.78 861.31	
FEDERAL NATL MTG ASSN GTD MTG PA 2.000 2040-10-01 USD 2% 11/01/2040 Cusip: 31418DUA8	91,123.2900	83.55	76,130.78	78,445.36	(2,314.58)	151.87 1,822.47	
FEDERAL NATL MTG ASSN GTD MTG PA 2.500 2051-05-01 USD 2.5% 05/01/2051 Cusip: 31418DYY2	88,280.7400	82.21	72,573.83	75,307.02	(2,733.19)	183.92 2,207.02	
FEDERAL NATL MTG ASSN GTD MTG PA DTD 10/1/2021 2.50% 11/1/2051 Cusip: 31418D6C1	217,959.1500	81.99	178,704.71	185,531.19	(6,826.48)	454.08 5,448.98	
FEDERAL NATL MTG ASSN GTD MTG PA DTD 9/1/2021 2.50% 10/1/2051 10/01/2051 Cusip: 31418D4Y5	130,757.8000	81.79	106,948.11	111,223.89	(4,275.78)	54.48 3,268.94	
FHLMC DTD 12/1/2023 2.00% 3/1/2052 Cusip: 3132DSA36	50,226.9600	77.84	39,094.16	39,689.62	(595.46)	83.71 1,004.54	



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Mortgage Backed Securities							
FHLMC DTD 7/1/2024 6.00% 6/1/2054 Cusip: 3133WG3M5	175,148.9200	100.49	176,012.40	175,820.74	191.66	875.74 10,508.94	
FHLMC DTD 8/1/2023 6.50% 9/1/2053 Cusip: 3133CCJW7	45,137.9200	103.67	46,795.39	47,179.97	(384.58)	244.50 2,933.97	
FHLMC POOL #8083 1.5% 01/01/2036 DTD 12/1/2020 1.50% 1/1/2036 Cusip: 3132D56U1	24,236.4100	86.28	20,910.45	20,729.72	180.73	30.30 363.55	
FHLMC POOL #QD-4275 3.00% 01/01/2052 Cusip: 3133B1XC0	54,200.1700	85.84	46,523.26	46,834.45	(311.19)	135.50 1,626.01	
FHLMC POOL #QN-4142 1.5% 11/01/2035 Cusip: 3133GAS72	33,833.4200	86.40	29,232.41	28,938.19	294.22	42.29 507.50	
FHLMC POOL #RA-4575 2.5% 02/01/2051 Cusip: 3133KLCL9	107,145.4700	82.43	88,315.72	91,725.08	(3,409.36)	223.22 2,678.64	
FHLMC POOL #RA-4749 2.50% 03/01/2051 Cusip: 3133KLH26	127,058.5300	82.46	104,769.92	108,772.28	(4,002.36)	264.71 3,176.46	
FHLMC POOL #RA-5267 3.00% 05/01/2051 Cusip: 3133KLZ83	67,044.5900	85.81	57,528.95	59,613.36	(2,084.41)	167.61 2,011.34	
FHLMC POOL #RA-5901 3.00% 09/01/2051 Cusip: 3133KMRW7	74,365.3300	85.84	63,832.23	66,340.58	(2,508.35)	185.91 2,230.96	
FHLMC POOL #RA-6926 3.00% 03/01/2052 Cusip: 3133KNVT7	26,733.8300	85.80	22,937.36	23,100.75	(163.39)	66.83 802.01	
FHLMC POOL #RA-7800 5.5% 08/01/52 Cusip: 3133KPUZ9	34,694.4800	99.17	34,405.82	34,910.96	(505.14)	159.02 1,908.20	
FHLMC POOL #RA-9373 5.5% 07/01/2053 Cusip: 3133KRMW1	173,603.5000	99.60	172,914.30	174,444.40	(1,530.10)	795.68 9,548.19	
FHLMC POOL #RA-9856 6.00% 09/01/2053 Cusip: 3133KR5R1	45,754.4600	101.02	46,220.70	45,974.29	246.41	228.77 2,745.27	



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Mortgage Backed Securities							
FHLMC POOL #RA6347 3.00% 11/01/2051 Cusip: 3133KNBQ5	85,819.5400	85.84	73,664.06	76,558.75	(2,894.69)	214.55 2,574.59	
FHLMC POOL #SB-0535 2.5% 07/01/2036 Cusip: 3132CWSY1	88,506.0800	91.57	81,049.44	82,138.97	(1,089.53)	184.39 2,212.65	
FHLMC POOL #SB-8078 1.5% 12/01/2035 Cusip: 3132D56P2	14,097.2000	86.40	12,180.12	12,057.52	122.60	17.62 211.46	
FHLMC POOL #SB-8088 1.5% 02/01/2036 Cusip: 3132D56Z0	25,297.1500	86.27	21,824.61	21,637.00	187.61	31.62 379.46	
FHLMC POOL #SB-8092 1.5% 03/01/2036 Cusip: 3132D57D8	16,042.3200	86.27	13,840.19	13,721.17	119.02	20.05 240.63	
FHLMC POOL #SB-8097 1.5% 04/01/2036 Cusip: 3132D57J5	27,562.1400	86.21	23,762.15	23,574.27	187.88	34.45 413.43	
FHLMC POOL #SB-8106 1.5% 06/01/2036 Cusip: 3132D6AF7	28,710.8100	86.08	24,714.84	24,556.71	158.13	35.89 430.66	
FHLMC POOL #SB-8107 2.00% 06/01/2036 Cusip: 3132D6AG5	39,284.1100	88.65	34,826.15	35,438.24	(612.09)	65.47 785.68	
FHLMC POOL #SB-8114 1.5% 08/01/2036 Cusip: 3132D6AP5	17,530.8500	86.02	15,080.39	14,994.33	86.06	21.91 262.96	
FHLMC POOL #SC-0136 2.00% 03/01/2041 Cusip: 3132D9EH3	59,242.7900	83.53	49,484.91	50,990.28	(1,505.37)	98.74 1,184.86	
FHLMC POOL #SD-0978 2.5% 04/01/2047 Cusip: 3132DNCP6	45,713.5100	82.66	37,788.62	39,410.99	(1,622.37)	95.24 1,142.84	
FHLMC POOL #SD-1082 3.00% 06/01/2052 Cusip: 3132DNFX6	89,436.3900	85.73	76,671.14	77,282.12	(610.98)	223.59 2,683.09	
FHLMC POOL #SD-7561 4.00% 02/01/2053 Cusip: 3132DVMJ1	335,532.7700	92.56	310,575.84	325,309.50	(14,733.66)	1,118.44 13,421.31	



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Mortgage Backed Securities							
FHLMC POOL #ZA-1228 3.5% 07/01/2042 DTD 9/1/2018 3.50% 7/1/2042 Cusip: 31329JLH8	13,346.4400	91.12	12,160.61	12,262.56	(101.95)	38.93 467.13	
FHLMC POOL #ZA-1231 3.5% 07/01/2042 DTD 9/1/2018 3.50% 7/1/2042 Cusip: 31329JLL9	6,085.3500	91.12	5,544.72	5,591.16	(46.44)	17.75 212.99	
FHLMC POOL #ZA-4926 3.5% 07/01/2047 Cusip: 31329NPK8	24,493.0800	89.97	22,035.69	22,388.21	(352.52)	71.44 857.26	
FHLMC POOL #ZA-4942 3.5% 08/01/2047 Cusip: 31329NP36	36,889.1600	89.88	33,157.45	33,719.00	(561.55)	107.59 1,291.12	
FHLMC POOL #ZL-3774 3.5% 09/01/2042 DTD 10/1/2018 3.50% 9/1/2042 Cusip: 3131XKFP9	17,384.5700	91.11	15,839.78	15,972.75	(132.97)	50.71 608.46	
FHLMC POOL #ZL-4397 3.5% 11/01/2042 DTD 10/1/2018 3.50% 11/1/2042 Cusip: 3131XK3E7	5,371.6100	91.07	4,892.09	4,935.38	(43.29)	15.67 188.01	
FHLMC POOL #ZM-4038 3.5% 08/01/2047 Cusip: 3131XXPX3	9,054.0900	90.09	8,156.56	8,276.00	(119.44)	26.41 316.89	
FHLMC POOL #ZM-4961 3.5% 11/01/2047 Cusip: 3131XYQN2	10,254.3300	90.51	9,281.51	9,373.10	(91.59)	29.91 358.90	
FHLMC POOL #ZS-3589 3.5% 09/01/2042 Cusip: 3132A37A2	31,612.0800	91.12	28,803.35	29,043.60	(240.25)	92.20 1,106.42	
FHLMC POOL #ZS-3684 3.5% 02/01/2043 Cusip: 3132A4CV8	21,913.1500	90.92	19,924.10	20,132.70	(208.60)	63.91 766.96	
FHLMC POOL #ZT-1410 3.5% 11/01/2033 Cusip: 3132ADR75	35,050.1900	96.41	33,790.49	34,410.54	(620.05)	102.23 1,226.76	
FHLMC POOL #ZT-1970 3.5% 04/01/2033 Cusip: 3132AEFK7	86,682.3400	96.94	84,028.99	84,321.11	(292.12)	252.82 3,033.88	



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Mortgage Backed Securities							
FHLMC SUPER 30Y FIXED DTD 10/1/2024 6.50% 9/1/2054 Cusip: 3132DUK97	146,125.8100	103.78	151,642.06	152,227.70	(585.64)	791.51 9,498.18	
FHLMC SUPER 30Y FIXED DTD 11/1/2024 2.00% 4/1/2052 Cusip: 3132DUVZ7	51,352.7400	78.55	40,338.09	41,611.77	(1,273.68)	85.59 1,027.05	
FHLMC SUPER 30Y FIXED DTD 5/1/2024 6.50% 6/1/2054 Cusip: 3132DTD23	126,192.3600	103.89	131,098.72	131,461.88	(363.16)	683.54 8,202.50	
FHLMC UMBS DTD 6/1/2021 2.00% 6/1/2051 Cusip: 3133AMYU4	249,975.2900	77.89	194,705.75	198,164.01	(3,458.26)	416.63 4,999.51	
FNMA DTD 10/1/2024 6.00% 11/1/2054 Cusip: 3140QVRY2	74,049.9100	101.95	75,497.58	75,704.46	(206.88)	370.25 4,442.99	
FNMA DTD 11/1/2024 5.00% 11/1/2054 Cusip: 3140AQYM8	299,696.0800	96.55	289,353.57	296,312.79	(6,959.22)	1,248.73 14,984.80	
FNMA DTD 6/1/2024 3.50% 4/1/2048 Cusip: 3140XQHC4	210,666.9000	91.12	191,955.46	194,603.54	(2,648.08)	614.45 7,373.34	
FNMA PASS-THRU I DTD 1/1/2022 2.00% 1/1/2052 Cusip: 3140XFMB4	50,119.2400	77.90	39,041.39	39,728.45	(687.06)	83.53 1,002.38	
FNMA PASS-THRU I DTD 10/1/2021 2.00% 10/1/2041 Cusip: 3140XDNN2	120,716.9000	83.22	100,461.81	103,206.92	(2,745.11)	201.19 2,414.34	
FNMA PASS-THRU I DTD 10/1/2021 2.00% 11/1/2041 Cusip: 3140KSP50	35,951.5900	83.22	29,919.27	30,746.51	(827.24)	59.92 719.03	
FNMA PASS-THRU I DTD 3/1/2023 3.00% 2/1/2034 Cusip: 3140XKXE5	148,725.4300	94.55	140,622.86	141,976.28	(1,353.42)	371.81 4,461.76	



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Mortgage Backed Securities							
Fnma Pass-Thru I DTD 6/1/2021 2.00% 7/1/2041 Cusip: 3140QLFK7	19,807.2200	83.50	16,538.63	16,963.11	(424.48)	33.01 396.14	
FNMA PASS-THRU I DTD 7/1/2021 2.00% 8/1/2041 Cusip: 3140XCHL5	19,247.4000	83.45	16,062.72	16,485.61	(422.89)	32.08 384.95	
FNMA PASS-THRU I DTD 7/1/2021 2.50% 8/1/2041 Cusip: 3140QLP42	29,142.7300	85.52	24,922.57	25,934.12	(1,011.55)	60.71 728.57	
FNMA PASS-THRU I 1.500 2052-04-01 USD 1.5% 04/01/2052 Cusip: 3140XHKM8	717,262.4900	73.98	530,659.48	559,436.04	(28,776.56)	896.58 10,758.94	
FNMA PASS-THRU I 2.500 2041-10-01 USD 2.5% 10/01/2041 Cusip: 3140QMBL7	26,302.6500	85.83	22,575.04	23,485.39	(910.35)	54.80 657.57	
FNMA PASS-THRU I 3.000 2052-02-01 USD 3% 02/01/2052 Cusip: 3140QNF49	86,297.9100	85.37	73,669.07	76,637.71	(2,968.64)	215.74 2,588.94	
FNMA PASS-THRU I 3.000 2052-02-01 USD 3% 02/01/2052 Cusip: 3140XF7L9	392,978.6600	85.62	336,464.40	339,573.47	(3,109.07)	982.45 11,789.36	
FNMA PASS-THRU I 3.500 2052-02-01 USD 3.5% 02/01/2052 Cusip: 3140QNGP1	85,887.0500	88.91	76,366.47	79,201.59	(2,835.12)	250.50 3,006.05	
FNMA PASS-THRU I 3.500 2052-03-01 USD 3.5% 03/01/2052 Cusip: 3140QNPN6	131,454.4800	88.82	116,761.82	121,001.25	(4,239.43)	383.41 4,600.91	
FNMA PASS-THRU I 4.000 2051-01-01 USD 4% 01/01/2051 Cusip: 3140XAY55	22,347.6100	92.43	20,656.57	21,350.02	(693.45)	74.49 893.90	



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Mortgage Backed Securities							
FNMA POOL # BU3295 2.5% 10/01/2051 DTD 10/1/2021 2.50% 10/1/2051 Cusip: 3140M4UV8	47,299.7600	82.42	38,984.94	39,500.85	(515.91)	98.54 1,182.49	
FNMA POOL #AL9371 3.00% 10/01/2046 Cusip: 3138ERMV9	48,290.7100	86.90	41,966.55	43,978.34	(2,011.79)	120.73 1,448.72	
FNMA POOL #AL9547 3.00% 11/01/2046 Cusip: 3138ERTD2	60,187.6300	86.90	52,305.46	54,793.61	(2,488.15)	150.47 1,805.63	
FNMA POOL #BC0887 3.00% 05/01/2046 Cusip: 3140EU6Z7	19,785.9400	86.40	17,095.84	17,945.47	(849.63)	49.46 593.58	
FNMA POOL #BC9026 3.00% 11/01/2046 Cusip: 3140F5A45	62,253.3400	86.90	54,100.64	56,629.38	(2,528.74)	155.63 1,867.60	
FNMA POOL #BM3114 3.00% 03/01/2047 Cusip: 3140J7N84	22,123.3800	86.91	19,226.98	20,149.31	(922.33)	55.31 663.70	
FNMA POOL #BM5096 3.5% 12/01/2046 Cusip: 3140J9UW9	50,827.7800	91.06	46,282.76	46,700.00	(417.24)	148.25 1,778.97	
FNMA POOL #BP3507 2.00% 06/01/2036 Cusip: 3140KA3R5	28,346.5400	88.56	25,104.27	25,571.12	(466.85)	47.24 566.93	
FNMA POOL #BR1069 1.5% 05/01/2036 Cusip: 3140KYFK5	28,789.0700	86.22	24,822.23	24,623.69	198.54	35.99 431.84	
FNMA POOL #BR2059 1.5% 06/01/2036 Cusip: 3140L0JD0	29,704.0100	86.22	25,610.80	25,406.21	204.59	37.13 445.56	
FNMA POOL #BR4700 1.5% 03/01/2036 Cusip: 3140L3GJ4	25,975.9400	86.27	22,410.23	22,217.54	192.69	32.47 389.64	
FNMA POOL #CA0257 3.5% 09/01/2047 Cusip: 3140Q7JB4	29,462.5700	89.87	26,478.31	26,930.63	(452.32)	85.93 1,031.19	
FNMA POOL #CA0526 3.5% 10/01/2047 Cusip: 3140Q7SQ1	46,458.9700	90.62	42,099.73	42,466.39	(366.66)	135.51 1,626.06	



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Mortgage Backed Securities							
FNMA POOL #CA0990 3.5% 01/01/2048 Cusip: 3140Q8C45	48,184.5300	89.85	43,294.77	44,043.68	(748.91)	140.54 1,686.46	
FNMA POOL #CA4090 3.5% 08/01/2034 Cusip: 3140QBRL4	126,157.1700	95.22	120,131.91	123,116.81	(2,984.90)	367.96 4,415.50	
FNMA POOL #CA5291 3.5% 02/01/2035 Cusip: 3140QC2Z8	82,472.9100	95.22	78,529.88	79,748.02	(1,218.14)	240.55 2,886.55	
FNMA POOL #CA6106 4.00% 06/01/2050 Cusip: 3140QDYC2	65,821.1900	92.47	60,864.19	62,925.07	(2,060.88)	219.40 2,632.85	
FNMA POOL #CB0116 2.00% 04/01/2041 Cusip: 3140QKDW5	25,352.5200	83.52	21,174.17	21,797.58	(623.41)	42.25 507.05	
FNMA POOL #CB0388 2.50% 05/01/2051 Cusip: 3140QKNE4	224,158.5800	82.42	184,755.99	191,920.11	(7,164.12)	467.00 5,603.96	
FNMA POOL #CB1071 2.00% 07/01/2041 Cusip: 3140QLFM3	20,132.4800	83.45	16,801.56	17,243.07	(441.51)	33.55 402.65	
FNMA POOL #CB1076 2.5% 07/01/2041 Cusip: 3140QLFS0	26,087.9000	85.52	22,310.11	23,218.50	(908.39)	54.35 652.20	
FNMA POOL #CB1872 3.00% 10/01/2051 Cusip: 3140QMCI1	69,127.9600	85.43	59,059.47	59,733.58	(674.11)	172.82 2,073.84	
FNMA POOL #CB2765 2.00% 02/01/2052 Cusip: 3140QNCB6	95,236.8400	78.52	74,779.02	75,140.37	(361.35)	158.73 1,904.74	
FNMA POOL #CB6527 5.5% 06/01/2053 Cusip: 3140QSHD6	87,407.5100	99.67	87,119.06	88,724.75	(1,605.69)	400.62 4,807.41	
FNMA POOL #CB6538 6.00% 06/01/2053 DTD 5/1/2023 6.00% 6/1/2053 Cusip: 3140QSHQ7	86,799.0700	101.80	88,358.85	89,412.60	(1,053.75)	434.00 5,207.94	
FNMA POOL #CB8113 6.5% 03/01/2054 Cusip: 3140QUAP1	46,405.0900	102.36	47,497.93	47,405.70	92.23	251.36 3,016.33	



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Mortgage Backed Securities							
FNMA POOL #CB8711 6.00% 06/01/2054 Cusip: 3140QUVD5	48,587.1300	100.59	48,872.34	48,784.51	87.83	242.94 2,915.23	
FNMA POOL #CB8729 6.5% 06/01/2054 Cusip: 3140QUVX1	16,625.4800	102.33	17,012.86	16,956.04	56.82	90.05 1,080.66	
FNMA POOL #CB8867 6.5% 07/01/2054 Cusip: 3140QUZ90	194,039.2400	103.60	201,016.89	200,118.13	898.76	1,051.05 12,612.55	
FNMA POOL #CB8984 5.50% 08/01/2054 Cusip: 3140QU6W1	98,508.2600	100.18	98,687.55	101,540.46	(2,852.91)	451.50 5,417.95	
FNMA POOL #CB9059 5.5% 08/01/2054 Cusip: 3140QVB52	492,598.4000	98.81	486,726.62	495,196.09	(8,469.47)	2,257.74 27,092.91	
FNMA POOL #CB9061 6.00% 08/01/2054 Cusip: 3140QVB78	391,613.0700	100.59	393,911.84	398,833.43	(4,921.59)	1,958.07 23,496.78	
FNMA POOL #CB9216 6.00% 09/01/2054 Cusip: 3140QVG24	97,885.6600	100.59	98,460.25	100,470.46	(2,010.21)	489.43 5,873.14	
FNMA POOL #FM2986 4.00% 04/01/2045 Cusip: 3140X6J85	373,036.9200	93.31	348,073.29	354,501.64	(6,428.35)	1,243.46 14,921.48	
FNMA POOL #FM3159 2.00% 07/01/2035 Cusip: 3140X6QM6	46,260.3000	89.03	41,185.54	40,803.03	382.51	77.10 925.21	
FNMA POOL #FM4368 1.5% 11/01/2035 Cusip: 3140X72A6	13,566.1100	86.40	11,721.39	11,603.27	118.12	16.96 203.49	
FNMA POOL #FM4644 2.00% 10/01/2040 Cusip: 3140X8ES2	20,716.3400	83.56	17,309.95	17,834.06	(524.11)	34.53 414.33	
FNMA POOL #FM4701 1.5% 12/01/2035 Cusip: 3140X8GK7	14,090.8600	86.40	12,174.65	12,052.09	122.56	17.61 211.36	
FNMA POOL #FM5367 1.5% 02/01/2036 Cusip: 3140X86D4	19,420.1400	86.27	16,754.54	16,610.32	144.22	24.28 291.30	



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Mortgage Backed Securities							
FNMA POOL #FM6100 1.5% 04/01/2036 Cusip: 3140X9X67	26,972.9800	85.97	23,187.86	23,070.32	117.54	33.72 404.59	
FNMA POOL #FM6804 1.5% 03/01/2036 Cusip: 3140XAR20	15,835.2300	86.27	13,661.53	13,544.09	117.44	19.79 237.53	
FNMA POOL #FM7484 2.5% 01/01/2051 Cusip: 3140XBJ68	293,058.1400	82.84	242,781.08	258,165.90	(15,384.82)	610.54 7,326.45	
FNMA POOL #FM7876 3.5% 11/01/2034 Cusip: 3140XBXE5	27,689.3900	96.45	26,705.59	27,183.51	(477.92)	80.76 969.13	
FNMA POOL #FM7891 2.00% 06/01/2041 Cusip: 3140XBXV7	18,471.8400	83.52	15,427.50	15,881.71	(454.21)	30.79 369.44	
FNMA POOL #FS0002 3.00% 12/01/2051 Cusip: 3140XFAC5	76,050.2100	85.44	64,973.50	65,715.11	(741.61)	190.13 2,281.51	
FNMA POOL #FS0106 2.00% 11/01/2041 Cusip: 3140XFDL2	28,629.4200	83.31	23,851.74	24,490.19	(638.45)	47.72 572.59	
FNMA POOL #FS0840 3.00% 03/01/2052 Cusip: 3140XF5A5	102,459.8300	85.75	87,857.26	88,535.71	(678.45)	256.15 3,073.79	
FNMA POOL #FS1789 3.5% 07/01/2047 Cusip: 3140XG7B9	42,413.8400	91.12	38,647.91	38,967.71	(319.80)	123.71 1,484.48	
FNMA POOL #FS3728 3.5% 01/01/2050 Cusip: 3140XKEA4	91,090.2300	91.06	82,944.03	83,988.04	(1,044.01)	265.68 3,188.16	
FNMA POOL #FS3884 3.00% 02/01/2052 Cusip: 3140XKJ68	97,878.6300	85.44	83,630.43	88,503.69	(4,873.26)	244.70 2,936.36	
FNMA POOL #FS4654 2.00% 07/01/2051 Cusip: 3140XLE46	51,830.2100	78.56	40,720.40	41,909.58	(1,189.18)	86.38 1,036.60	
FNMA POOL #FS6498 6.00% 11/01/2053 Cusip: 3140XNGG3	91,557.8100	101.02	92,490.79	92,101.44	389.35	457.79 5,493.47	



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Mortgage Backed Securities							
FNMA POOL #FS6649 3.5% 11/01/2048 Cusip: 3140XNL77	241,011.4400	89.99	216,881.37	228,810.22	(11,928.85)	702.95 8,435.40	
FNMA POOL #FS7252 5.00% 11/01/2053 Cusip: 3140XPBW8	383,693.9200	96.70	371,020.51	373,382.14	(2,361.63)	1,598.72 19,184.70	
FNMA POOL #FS8330 3.00% 03/01/2048 Cusip: 3140XQHG5	193,608.2300	86.79	168,030.65	178,240.58	(10,209.93)	484.02 5,808.25	
FNMA POOL #FS8456 5.5% 07/01/2054 Cusip: 3140XQME4	195,516.5700	99.19	193,923.11	199,793.49	(5,870.38)	896.12 10,753.41	
FNMA POOL #MA4095 2.00% 08/01/2035 Cusip: 31418DRR5	52,528.7200	89.03	46,765.79	46,299.16	466.63	87.55 1,050.57	
FNMA POOL #MA4178 1.5% 11/01/2035 Cusip: 31418DUC4	13,892.4500	86.40	12,003.35	11,882.38	120.97	17.37 208.39	
FNMA POOL #MA4211 3% 12/01/2050 Cusip: 31418DVD1	88,107.6600	86.01	75,781.39	78,445.77	(2,664.38)	220.27 2,643.23	
FNMA POOL #MA4228 1.5% 01/01/2036 Cusip: 31418DVW9	14,606.6700	86.28	12,602.19	12,493.30	108.89	18.26 219.10	
FNMA POOL #MA4260 1.5% 02/01/2036 Cusip: 31418DWW8	21,625.0800	86.27	18,656.82	18,496.18	160.64	27.03 324.38	
FNMA POOL #MA4278 1.5% 03/01/2036 Cusip: 31418DXG2	26,664.1200	86.27	23,003.94	22,806.16	197.78	33.33 399.96	
FNMA POOL #MA4302 1.5% 04/01/2036 Cusip: 31418DX80	26,676.9200	86.27	23,014.98	22,817.09	197.89	33.35 400.15	
FNMA POOL #MA4328 1.5% 05/01/2036 Cusip: 31418DY22	16,366.3900	86.02	14,079.03	13,998.41	80.62	20.46 245.50	
FNMA POOL #MA4359 1.5% 06/01/2036 Cusip: 31418DZZ8	28,214.5700	86.21	24,324.06	24,132.28	191.78	35.27 423.22	



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Mortgage Backed Securities							
FNMA POOL #MA4402 1.5% 08/01/2036 Cusip: 31418D3L4	29,240.1300	86.02	25,152.94	25,009.40	143.54	36.55 438.60	
FNMA POOL #MA4417 1.5% 09/01/2036 Cusip: 31418D4B5	30,492.7900	85.77	26,155.19	26,080.89	74.30	38.12 457.39	
FNMA UMBS LNG DTD 3/1/2022 2.00% 4/1/2052 Cusip: 3140QNW5	174,999.7700	77.89	136,316.07	138,577.94	(2,261.87)	291.67 3,500.00	
FNMA UMBS LNG DTD 6/1/2024 6.50% 6/1/2054 Cusip: 3140A8P89	25,000.1400	102.15	25,537.14	25,559.71	(22.57)	135.42 1,625.01	
FNMA UMBS LNG 30 DTD 2/1/2024 6.00% 3/1/2054 Cusip: 3140QUAN6	49,052.9700	100.59	49,340.91	49,440.02	(99.11)	245.26 2,943.18	
FNMA UMBS LNG 30 DTD 4/1/2024 6.00% 5/1/2054 Cusip: 3140QUNN2	72,707.5500	100.59	73,134.34	72,219.03	915.31	363.54 4,362.45	
FNMA UMBS LNG 30 DTD 6/1/2024 6.00% 7/1/2054 Cusip: 3140QUZQ2	97,271.0300	101.96	99,172.68	98,608.50	564.18	486.36 5,836.26	
FNMA UMBS LNG 30 YEAR 6.000 20530601 DTD 05/01/23 6.00% 06/01/53 Cusip: 3140QSHR5	90,007.0300	101.71	91,542.55	92,484.02	(941.47)	450.04 5,400.42	
GNMA DTD 11/1/2024 5.00% 11/20/2054 Cusip: 3618N5A33	25,040.0000	97.07	24,305.08	24,358.74	(53.66)	104.33 1,252.00	
GNMA II GTD CTF MULTI ISSUER 2.500 2051-08-20 USD 2.5% 08/20/2051 Cusip: 36179WLP1	736,092.3500	83.57	615,159.73	617,282.44	(2,122.71)	562.29 18,402.31	



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Mortgage Backed Securities							
GNMA II GTD CTF MULTI ISSUER 2.500 2051-09-20 USD 2.5% 09/20/2051 Cusip: 36179WNE4	86,892.3000	83.57	72,615.89	75,989.05	(3,373.16)	66.38 2,172.31	
GNMA II GTD CTF MULTI ISSUER DTD 2/1/2022 2.50% 2/20/2052 Cusip: 36179WXJ2	786,169.7100	83.57	656,978.44	660,628.22	(3,649.78)	1,637.85 19,654.24	
GNMA POOL #MA6930M 2.00% 10/20/2050 DTD 10/1/2020 2.00% 10/20/2050 Cusip: 36179VXX5	286,202.2400	80.05	229,116.34	231,569.17	(2,452.83)	477.00 5,724.04	
GNMA POOL #MA7051M 2.00% 12/20/2050 Cusip: 36179VZQ6	93,562.3900	80.15	74,986.51	76,019.44	(1,032.93)	155.94 1,871.25	
GNMA POOL #MA7880M 2.00% 02/20/2052 Cusip: 36179WXH6	844,861.1400	80.09	676,674.63	676,649.74	24.89	1,408.10 16,897.22	
GNMA POOL #MA8041M 2.00% 05/20/2052 Cusip: 36179W5A2	265,926.9500	80.10	213,007.49	217,190.66	(4,183.17)	443.21 5,318.54	
GNMA POOL #MA8346M 4.00% 10/20/2052 Cusip: 36179XHX7	557,698.9400	92.16	513,980.92	517,679.68	(3,698.76)	1,859.00 22,307.96	
GNMA UMBS DTD 10/1/2024 3.50% 10/20/2054 Cusip: 36180AB69	99,713.2000	89.43	89,178.50	89,562.70	(384.20)	290.83 3,489.96	
Government National Mortgage Association DTD 4/1/2023 2.50% 4/20/2053 Cusip: 36179XXY7	33,633.9600	83.66	28,136.82	28,205.22	(68.40)	2.34 840.85	
GOVERNMENT NATL MTG ASSN 2% 11/20/2050 Cusip: 36179VXX3	132,738.9200	80.17	106,411.48	110,517.68	(4,106.20)	81.12 2,654.78	
GOVERNMENT NATL MTG ASSN 2.000 2051-01-20 USD 2% 01/20/2051 Cusip: 36179V4U1	217,388.4000	80.05	174,021.59	181,829.67	(7,808.08)	132.85 4,347.77	



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Mortgage Backed Securities							
GOVERNMENT NATL MTG ASSN 2.000 2051-02-20 USD 2% 02/20/2051 Cusip: 36179V7D6	342,811.4600	80.10	274,609.12	290,351.02	(15,741.90)	209.50 6,856.23	
GOVERNMENT NATL MTG ASSN 2.500 2052-08-20 USD 2.5% 08/20/2052 Cusip: 36179XDA1	79,674.0600	83.61	66,613.89	66,951.11	(337.22)	60.86 1,991.85	
GOVERNMENT NATL MTG ASSN MBS 4.5% 04/20/2053 Cusip: 36179XX43	279,841.0900	94.65	264,866.79	270,667.56	(5,800.77)	384.78 12,592.85	
Total Mortgage Backed Securities			19,859,313.75	20,289,676.60	(430,362.85)	57,742.51 727,382.04	
Collateralized Mtg Obligations							
BABSON CLO LTD DTD 1/17/2024 19.53% 1/20/2037 Cusip: 06763MAA3	250,000.0000	100.69	251,717.85	250,000.00	1,717.85	3,526.09 15,918.50	
BLP COMMERCIAL MORTGAGE DTD 2/28/2024 6.64215% 3/15/2041 Cusip: 05625AAA9	95,827.7900	100.03	95,857.74	95,588.22	269.52	260.63 6,365.03	
BMP COMMERCIAL MORTGAGE TRUST DTD 6/4/2024 5.98% 6/17/2041 Cusip: 05593JAA8	100,000.0000	100.37	100,371.73	99,749.96	621.77	249.22 5,769.03	
BMP COMMERCIAL MORTGAGE TRUST DTD 6/4/2024 6.96156% 6/15/2041 Cusip: 05593JAC4	100,000.0000	100.16	100,156.25	99,749.97	406.28	285.66 6,961.56	
BPR COMMERCIAL 5.21796% 11/05/2039 Cusip: 05593UAA3	253,000.0000	99.40	251,474.94	253,000.00	(1,525.06)	1,100.12 13,201.44	
BX COML MTG TR 0.00% 01/15/2026 Cusip: 12434GAC9	72,788.4900	100.09	72,856.59	72,765.34	91.25	219.99 0.00	



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Collateralized Mtg Obligations							
BX COML MTG TR 0.00% 01/15/2026 Cusip: 12434GAE5	72,788.4900	100.06	72,833.99	72,765.29	68.70	234.52 0.00	
BX COML MTG TR 01/15/2026 Cusip: 12434GAA3	72,788.4900	100.41	73,084.20	72,833.56	250.64	206.10 0.00	
BX COML MTG TR VAR 02/15/2039 Cusip: 05611VAA9	108,865.0500	100.41	109,307.32	108,592.90	714.42	292.79 6,356.76	
BX COML MTG TR VAR 03/15/2034 Cusip: 05611VAC5	97,200.9400	100.00	97,200.94	96,092.99	1,107.95	276.52 6,015.41	
BX COMMERC MORTG TR Ser 2024-GPA DTD 12/18/2024 0.00% 12/10 Cusip: 123910AA9, Standard & Poor's AAA	42,000.0000	100.03	42,012.90	41,894.99	117.91	0.00 2,230.20	
BX COMMERCIAL MORTGAGE TRUST CMO 5.355% 06/15/2038 Cusip: 05608WAA2	87,673.7800	99.88	87,564.19	86,271.47	1,292.72	394.09 4,694.93	
BX TRUST CMO 5.3741% 10/15/2036 Cusip: 05609PAA6	200,000.0000	99.50	199,000.00	195,798.82	3,201.18	902.18 10,748.20	
BX TRUST CMO 5.7836% 10/15/2036 Cusip: 05609PAJ7	500,000.0000	99.13	495,625.00	481,282.60	14,342.40	2,426.08 28,918.00	
BX TRUST CMO 6.85175% 04/15/2037 Cusip: 05609WAJ2	388,559.7300	100.19	389,288.28	384,685.32	4,602.96	2,233.99 26,623.14	
BX TRUST DTD 3/15/2024 6.00% 3/15/2039 Cusip: 05612GAA1	514,739.4900	100.41	516,830.62	514,187.60	2,643.02	1,411.60 29,796.93	
BX TRUST DTD 3/15/2024 6.30% 3/15/2039 Cusip: 05612GAC7	90,463.8800	99.97	90,435.61	90,237.72	197.89	260.47 5,507.73	
BX TRUST DTD 3/15/2024 6.55% 3/15/2039 Cusip: 05612GAE3	90,463.8800	99.97	90,435.61	90,237.70	197.91	270.79 5,733.56	
BX TRUST DTD 4/4/2024 6.05% 4/15/2041 Cusip: 05612HAA9	205,136.7500	100.25	205,649.59	204,623.91	1,025.68	567.27 11,977.87	



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Collateralized Mtg Obligations							
BX TRUST DTD 4/4/2024 6.30% 4/15/2041 Cusip: 05612HAC5	86,922.3500	100.27	87,161.26	86,705.04	456.22	250.28 5,292.36	
BX TRUST DTD 4/4/2024 6.55% 4/15/2041 Cusip: 05612HAE1	86,922.3500	100.19	87,085.33	86,705.02	380.31	260.20 5,509.36	
BX TRUST DTD 5/15/2024 6.25% 5/15/2041 Cusip: 12433BAA5	165,188.4400	100.47	165,962.76	164,775.96	1,186.80	471.85 9,974.72	
DTP COML MTG TR VAR 01/17/2041 Cusip: 23346GAA7	100,000.0000	101.08	101,079.16	98,773.63	2,305.53	973.88 5,843.27	
GS MORTGAGE SECURITIES CORPORATI CMO 5.834% 10/15/2036 Cusip: 36262MAC2	250,000.0000	98.29	245,715.28	234,558.08	11,157.20	1,223.75 14,585.00	
GS MORTGAGE SECURITIES CORPORATI CMO 6.234% 10/15/2036 Cusip: 36262MAE8	250,000.0000	98.77	246,930.45	231,472.05	15,458.40	1,307.08 15,585.00	
OPEN TRUST DTD 11/20/2023 7.83% 10/15/2028 Cusip: 68373BAA9	43,831.8800	100.75	44,160.90	43,921.58	239.32	209.56 3,281.33	
OPEN TRUST DTD 11/20/2023 8.51% 10/15/2028 Cusip: 68373BAC5	80,000.0000	100.74	80,593.10	79,467.26	1,125.84	308.83 6,588.07	
OPG TR 2021-PORT VAR 10/15/2036 Cusip: 67118AAA3	57,686.1400	99.63	57,469.82	56,347.79	1,122.03	133.52 2,882.28	
SREIT COMMERCIAL MORTGAGE TRUST CMO 5.41523% 11/15/2038 Cusip: 78472UAA6, Standard & Poor's AAA	574,117.7300	99.91	573,579.50	564,578.37	9,001.13	2,609.75 31,089.80	
SREIT COMMERCIAL MORTGAGE TRUST CMO 6.01343% 11/15/2038 Cusip: 78472UAE8, Standard & Poor's A	95,686.2900	99.75	95,447.07	93,524.34	1,922.73	482.66 5,754.03	



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Collateralized Mtg Obligations							
SREIT COMMERCIAL MORTGAGE TRUST CMO 6.26263% 11/15/2038 Cusip: 78472UAG3, Standard & Poor's BBB	645,882.4500	99.88	645,075.10	637,886.21	7,188.89	3,392.07 40,449.23	
TCO COML MT Ser 2024-DPM DTD 12/1/2024 0.00% 12/15/ Cusip: 87231EAA5	139,000.0000	99.94	138,913.13	138,652.50	260.63	665.12 7,964.34	
TCO COML MTG Ser 2024-DPM DTD 12/1/2024 0.00% 12/15/ Cusip: 87231EAE7	100,000.0000	99.94	99,936.72	99,750.00	186.72	541.19 6,528.62	
TCO COML MTG Ser 2024-DPM DTD 12/1/2024 5.59% 12/15/ Cusip: 87231EAC1	100,000.0000	99.94	99,937.50	99,750.00	187.50	507.90 6,129.18	
Total Collateralized Mtg Obligations			6,110,750.43	6,027,226.19	83,524.24	28,455.75 354,274.88	
Asset Back Securities							
AIMCO CLO 11 LTD DTD 8/20/2024 18.36% 7/17/2037 Cusip: 00140NAW0	250,000.0000	100.34	250,850.95	250,000.00	850.95	2,190.67 14,968.63	
AIMCO CLO 14 LTD / LLC ABS 5.79771% 04/20/2034 Cusip: 00144GAC5	250,000.0000	100.15	250,377.73	249,436.15	941.58	4,128.88 14,494.28	
AIMCO DTD 3/5/2024 0.00% 4/16/2037 Cusip: 00900PAQ8	250,000.0000	100.42	251,039.38	250,000.00	1,039.38	3,628.68 0.00	
ALLEGRO DTD 7/22/2024 38.97% 7/21/2037 Cusip: 01750TAN6	250,000.0000	100.27	250,669.98	250,000.00	669.98	4,248.94 97,425.00	
APOLLO AVIAVTION SECURITIZATION DTD 6/17/2024 6.261% 5/16/2049 Cusip: 00255JAA8, Standard & Poor's A-	242,485.3400	100.72	244,226.31	242,477.29	1,749.02	632.58 15,182.01	



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Asset Back Securities							
APOLLO AVIAV/TION SECURITIZATION DTD 7/10/2024 6.261% 5/16/2049 Cusip: 00255JAB6, Standard & Poor's A-	242,485.3400	100.72	244,226.31	242,403.38	1,822.93	632.58 15,182.01	
ARES DTD 5/3/2024 18.17% 10/15/2032 Cusip: 04017WAL6	250,000.0000	100.19	250,478.50	250,000.00	478.50	3,559.49 45,425.00	
BABSON LTD DTD 9/10/2024 27.16% 10/20/2037 Cusip: 06762BAS9	250,000.0000	100.33	250,818.28	250,000.00	818.28	5,062.85 16,129.43	
BLUEBERRY PARK DTD 9/6/2024 28.00% 10/20/2037 Cusip: 09609QAA6	250,000.0000	100.66	251,661.33	250,000.00	1,661.33	0.00 70,000.00	
CARLYLE GLOBAL MARKET STRATEGIES DTD 12/18/2024 6.44% 1/20/2038 Cusip: 14316YAL9	250,000.0000	100.33	250,817.63	250,000.00	817.63	0.00 16,100.00	
CEDAR FUNDING XV CLO LTD/CEDAR F ABS 5.95904% 04/20/2035 Cusip: 15032QAA0	1,000,000.0000	100.17	1,001,732.30	992,509.80	9,222.50	16,688.41 59,590.40	
DB MASTER FIN LLC 2.045% 11/20/2051 Cusip: 233046AN1, Standard & Poor's BBB	145,500.0000	94.65	137,721.79	137,270.16	451.63	495.91 2,975.48	
DB MASTER FIN LLC ABS 4.03% 11/20/2047 Cusip: 233046AF8, Standard & Poor's BBB	233,125.0000	97.00	226,135.96	220,988.52	5,147.44	1,565.82 9,394.94	
DOMINOS PIZZA MASTER ISSUER LL D ABS 4.118% 07/25/2047 Cusip: 25755TAH3, Standard & Poor's BBB+	235,000.0000	97.34	228,758.14	224,135.95	4,622.19	2,419.33 9,677.30	
DRYDEN SENIOR LOAN FUND DTD 7/15/2024 18.51% 7/15/2037 Cusip: 26246BAU8	250,000.0000	100.29	250,724.33	250,000.00	724.33	3,619.08 15,089.75	



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Asset Back Securities							
FLATIRON LTD DTD 12/13/2024 0.00% 1/15/2038 Cusip: 33888AAC9	250,000.0000	99.97	249,928.88	250,000.00	(71.12)	0.00 0.00	
FLATIRON LTD DTD 9/12/2024 18.33% 10/19/2037 Cusip: 33883PAQ0	250,000.0000	100.55	251,371.33	250,000.00	1,371.33	1,195.48 14,943.50	
GMF FLOORPLN ONR REV TR Ser 2024-4 DTD 11/26/2024 4.73% 11/15/2 Cusip: 361886DQ4, Standard & Poor's AAA	100,000.0000	100.06	100,058.47	99,972.68	85.79	133.14 4,730.00	
HAMLIN PARK DTD 11/26/2024 0.00% 10/20/2037 Cusip: 407907AA2	250,000.0000	100.35	250,868.15	250,000.00	868.15	0.00 0.00	
HORIZON AIRCRAFT FINANCE II LTD ABS 3.721% 07/15/2039 Cusip: 44040HAA0	136,280.1600	95.00	129,464.79	120,196.37	9,268.42	432.77 5,070.98	
INVESCO DTD 6/6/2024 49.95% 7/20/2037 Cusip: 46148HAB4	250,000.0000	100.85	252,128.63	250,000.00	2,128.63	0.00 124,875.00	
JERSEY MIKES FUNDING LLC Ser 2024-1 DTD 12/18/2024 5.636% 2/15/2 Cusip: 476681AD3	100,000.0000	98.76	98,757.12	100,000.00	(1,242.88)	203.52 5,636.00	
KKR CLO 41 LTD/LLC ABS 5.13444% DTD 3/25/2022 5.13444% 4/16/2035 Cusip: 48255PAA3	150,000.0000	100.13	150,196.73	148,532.97	1,663.76	2,542.03 7,701.66	
MADISON PARK DTD 1/22/2024 19.11% 1/22/2037 Cusip: 55819QBJ5	351,000.0000	100.65	353,276.24	352,614.60	661.64	4,764.07 67,076.10	
MADISON PARK FUNDING XLV LTD/LLC DTD 12/17/2024 5.28% 7/15/2034 Cusip: 55820BAS6	250,000.0000	100.11	250,276.60	250,000.00	276.60	151.72 13,200.00	



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Asset Back Securities							
MAGNETITE XXI LTD / LLC ABS 5.82771% 04/20/2034 Cusip: 55954PAN4	325,000.0000	100.25	325,810.65	323,741.05	2,069.60	5,392.20 18,940.06	
OAK HILL CREDIT PARTNERS DTD 7/22/2024 18.30% 7/20/2037 Cusip: 67116CAL7	250,000.0000	100.32	250,789.25	250,000.00	789.25	1,193.48 14,918.50	
OHA CR PARTNERS LTD Cusip: 67120MAA3	250,000.0000	100.46	251,149.63	250,000.00	1,149.63	0.00 0.00	
OHA CREDIT FUNDG LTD Cusip: 67098DBC6	250,000.0000	100.00 12/13/24	250,000.00	250,000.00	0.00	0.00 17,525.00	
PALMER SQUARE LOAN FUNDING LTD DTD 12/11/2024 0.00% 1/15/2033 Cusip: 69703RAA3	250,000.0000	99.97	249,925.70	250,000.00	(74.30)	0.00 0.00	
PEEBLES PARK DTD 3/20/2024 18.76% 4/21/2037 Cusip: 70537AAA0	800,000.0000	100.41	803,314.16	800,000.00	3,314.16	25,424.70 48,939.20	
RR 34 LTD 20391017 FLT Cusip: 74988WAA8	250,000.0000	100.37	250,914.30	250,000.00	914.30	0.00 30,550.00	
RR LTD DTD 3/6/2024 19.03% 4/15/2037 Cusip: 74989NAA7	800,000.0000	100.52	804,131.84	800,000.00	4,131.84	11,875.71 49,647.20	
SUBWAY FDG LLC 0.00% 07/30/2054 Cusip: 864300AG3, Standard & Poor's BBB	153,000.0000	97.38	148,986.27	153,000.00	(4,013.73)	710.24 0.00	
SUBWAY FUNDING LLC DTD 6/20/2024 6.028% 7/30/2054 Cusip: 864300AA6, Standard & Poor's BBB	200,000.0000	101.22	202,435.18	200,000.00	2,435.18	3,676.34 12,056.00	
SUBWAY FUNDING LLC DTD 6/20/2024 6.268% 7/30/2054 Cusip: 864300AC2, Standard & Poor's BBB	119,000.0000	101.74	121,065.15	119,000.00	2,065.15	2,274.51 7,458.92	



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Asset Back Securities							
SUBWAY FUNDING LLC DTD 6/20/2024 6.505% 7/30/2054 Cusip: 864300AE8, Standard & Poor's BBB	104,000.0000	102.65	106,754.07	104,000.00	2,754.07	2,062.97 6,765.20	
SUBWAY FUNDING LLC 07/30/2054 Ser 2024-3 DTD 9/13/2024 5.556% 7/30/20 Cusip: 864300AJ7, Standard & Poor's BBB	72,000.0000	97.17	69,962.84	72,000.00	(2,037.16)	354.62 4,000.32	
SUBWAY FUNDING LLC 07/30/2054 Ser 2024-3 DTD 9/13/2024 5.914% 7/30/20 Cusip: 864300AL2, Standard & Poor's BBB	146,000.0000	97.64	142,549.10	146,000.00	(3,450.90)	764.04 8,634.44	
SYMPHONY CLO XXXII LTD/LLC ABS 5.97347% 04/23/2035 Cusip: 87168NAC8	684,000.0000	100.17	685,142.83	681,443.41	3,699.42	11,542.03 40,858.53	
VOLOFIN FINANCE DESIGNATED ACTIVITY DTD 12/10/2024 5.935% 6/15/2037 Cusip: 92873RAA9	242,989.1200	100.19	243,459.30	242,988.86	470.44	106.83 14,421.40	
VOYA CLO 2020-2 LTD / LLC CLO 19/07/2034 USD 144A'A-1-R' 5.95757% 07/19/2034 Cusip: 92918HAF7	508,000.0000	100.00	508,000.00	509,177.00	(1,177.00)	8,888.61 30,264.46	
VOYA CLO 2020-3 LTD / LLC ABS 5.95771% 10/20/2034 Cusip: 92918NAQ0	444,000.0000	100.17	444,770.21	444,524.76	245.45	7,512.47 26,452.23	
Total Asset Back Securities			12,285,726.34	12,226,412.95	59,313.39	140,074.70 976,298.93	
Corporate Bonds							
AIG GLOBAL FDG SR SECD 5.9% 09/19/2028 Cusip: 00138CAV0, Standard & Poor's A+	65,000.0000	102.82	66,829.75	66,965.60	(135.85)	1,086.58 3,835.00	0.0510



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Corporate Bonds							
ALABAMA PWR CO 3.05% 03/15/2032-2031 Cusip: 010392FX1, Standard & Poor's A	200,000.0000	87.76	175,516.00	177,410.00	(1,894.00)	1,796.11 6,100.00	0.0510
ALLY FINL INC 7.1% 11/15/2027 Cusip: 02005NBR0, Standard & Poor's BBB-	400,000.0000	105.54	422,176.00	415,740.00	6,436.00	3,628.89 28,400.00	0.0500
ALLY FINL INC SR NT VAR 06/13/2029 CALLABLE Cusip: 02005NBT6, Standard & Poor's BBB-	400,000.0000	104.18	416,712.00	413,836.00	2,876.00	1,398.40 27,968.00	0.0590
AMERADA HESS CORP NT 7.3% 08/15/2031 Cusip: 023551AJ3, Standard & Poor's BBB-	100,000.0000	111.06	111,058.00	115,252.00	(4,194.00)	2,757.78 7,300.00	0.0530
AMERICAN HOMES 4 RENT L P 3.625% 04/15/2032-2032 Cusip: 02666TAE7, Standard & Poor's BBB	300,000.0000	89.39	268,182.00	268,674.00	(492.00)	2,295.83 10,875.00	0.0540
AMGEN INC 5.15% 03/02/2028-2023 Cusip: 031162DP2, Standard & Poor's BBB+	55,000.0000	100.73	55,400.40	56,306.25	(905.85)	936.30 2,832.50	0.0490
AMGEN INC 5.25% 03/02/2030-2023 Cusip: 031162DQ0, Standard & Poor's BBB+	50,000.0000	100.93	50,466.50	51,400.00	(933.50)	867.71 2,625.00	0.0500
AMGEN INC 5.25% 03/02/2033-2023 Cusip: 031162DR8, Standard & Poor's BBB+	256,000.0000	99.26	254,110.72	260,284.88	(6,174.16)	4,442.67 13,440.00	0.0540
AMGEN INC 5.6% 03/02/2043-2023 Cusip: 031162DS6, Standard & Poor's BBB+	53,000.0000	97.21	51,522.89	54,765.43	(3,242.54)	981.09 2,968.00	0.0590
AMGEN INC 5.65% 03/02/2053-2023 Cusip: 031162DT4, Standard & Poor's BBB+	5,000.0000	96.28	4,813.85	5,306.43	(492.58)	93.38 282.50	0.0590
AMGEN INC 5.75% 03/02/2063-2023 Cusip: 031162DU1, Standard & Poor's BBB+	48,000.0000	95.91	46,034.88	50,358.72	(4,323.84)	912.33 2,760.00	0.0600
ANHEUSER-BUSCH COMPANIES LLC / A 4.9% 02/01/2046-2045 Cusip: 03522AAJ9, Standard & Poor's A-	926,000.0000	90.94	842,076.62	907,720.00	(65,643.38)	18,905.83 45,374.00	0.0560



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Corporate Bonds							
ARES CAPITAL CORP 3.875% 01/15/2026-2025 Cusip: 04010LAZ6, Standard & Poor's BBB	200,000.0000	98.86	197,712.00	192,130.00	5,582.00	3,573.61 7,750.00	0.0500
AT&T INC 3.65% 09/15/2059-2059 Cusip: 00206RLV2, Standard & Poor's BBB	22,000.0000	66.24	14,572.14	15,104.54	(532.40)	236.44 803.00	0.0600
AT&T INC 3.8% 12/01/2057-2057 Cusip: 00206RMN9, Standard & Poor's BBB	600,000.0000	68.99	413,940.00	446,004.00	(32,064.00)	1,900.00 22,800.00	0.0600
AT&T INC SR 5.4% 02/15/2034 CALLABLE Cusip: 00206RMT6, Standard & Poor's BBB	250,000.0000	100.40	251,000.00	257,832.50	(6,832.50)	5,100.00 13,500.00	0.0530
AUTOZONE INC 4% 04/15/2030-2030 Cusip: 053332AZ5, Standard & Poor's BBB	200,000.0000	95.20	190,402.00	192,150.00	(1,748.00)	1,688.89 8,000.00	0.0500
BANK AMERICA CORP SUB VAR 08/15/2035 CALLABLE Cusip: 06051GMB2, Standard & Poor's BBB+	160,000.0000	97.33	155,731.20	160,000.00	(4,268.80)	3,279.11 8,680.00	0.0580
BAT CAPITAL CORP SR 6.421% 08/02/2033 CALLABLE Cusip: 054989AB4, Standard & Poor's BBB+	200,000.0000	105.69	211,388.00	208,586.00	2,802.00	5,315.16 12,842.00	0.0560
BK OF AMERICA CORP FR 3.419% DTD 12/20/2017 0.00% 12/20/2028 Cusip: 06051GHD4, Standard & Poor's A-	900,000.0000	95.88	862,893.00	847,737.00	15,156.00	940.23 30,771.00	0.0460
BK OF AMERICA CORP FR 5.015% DTD 7/22/2022 5.015% 7/22/2033 Cusip: 06051GKY4, Standard & Poor's A-	1,100,000.0000	98.08	1,078,902.00	1,085,981.00	(7,079.00)	24,364.54 55,165.00	0.0530
BLACKSTONE PVT CREDIT SNR UNSEC DTD 9/27/2022 7.05% 9/29/2025 Cusip: 09261HBA4, Standard & Poor's BBB-	300,000.0000	101.46	304,389.00	305,304.00	(915.00)	5,405.00 21,150.00	0.0500
BOEING CO 5.15% 05/01/2030-2030 Cusip: 097023CY9, Standard & Poor's BBB-	100,000.0000	98.60	98,598.00	101,801.00	(3,203.00)	858.33 5,150.00	0.0550



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Corporate Bonds							
BOEING CO 5.805% 05/01/2050-2049 Cusip: 097023CW3, Standard & Poor's BBB-	200,000.0000	93.02	186,030.00	207,110.00	(21,080.00)	1,935.00 11,610.00	0.0640
BOEING CO CR SEN SR DTD 11/1/2024 6.259% 5/1/2027 CALLABLE Cusip: 097023DP7, Standard & Poor's BBB-	31,000.0000	102.38	31,737.49	31,000.00	737.49	323.38 1,940.29	0.0520
BOEING CO CR SEN SR DTD 11/1/2024 6.528% 5/1/2034 CALLABLE Cusip: 097023DS1, Standard & Poor's BBB-	36,000.0000	104.76	37,713.96	36,000.00	1,713.96	391.68 2,350.08	0.0590
BOEING CO CR SEN SR GLBL DTD 11/1/2024 6.298% 5/1/2029 CALLABLE Cusip: 097023DQ5, Standard & Poor's BBB-	44,000.0000	103.66	45,609.08	44,000.00	1,609.08	461.85 2,771.12	0.0530
BOEING CO CR SEN SR GLBL DTD 11/1/2024 6.388% 5/1/2031 CALLABLE Cusip: 097023DR3, Standard & Poor's BBB-	33,000.0000	104.55	34,502.16	33,000.00	1,502.16	351.34 2,108.04	0.0550
BOEING CO CR SEN SR GLBL DTD 11/1/2024 6.858% 5/1/2054 CALLABLE Cusip: 097023DT9, Standard & Poor's BBB-	54,000.0000	106.29	57,393.90	54,000.00	3,393.90	617.22 3,703.32	0.0640
BOEING CO CR SEN SR GLBL DTD 11/1/2024 7.008% 5/1/2064 CALLABLE Cusip: 097023DU6, Standard & Poor's BBB-	51,000.0000	106.11	54,117.63	51,000.00	3,117.63	595.68 3,574.08	0.0660
BRIXMOR OPER PARTNERSHIP LP 4.05% 07/01/2030-2030 Cusip: 11120VAJ2, Standard & Poor's BBB	300,000.0000	94.54	283,620.00	280,335.00	3,285.00	6,075.00 12,150.00	0.0520
BROADCOM INC 4.75% 04/15/2029-2029 Cusip: 11135FBA8, Standard & Poor's BBB+	300,000.0000	99.33	297,984.00	300,675.00	(2,691.00)	3,008.33 14,250.00	0.0490
CAPITAL ONE FINL CORP GLBL FLT 3.65% 05/11/2027-2027 Cusip: 14040HCE3, Standard & Poor's BBB	600,000.0000	97.35	584,094.00	572,082.00	12,012.00	3,041.67 21,900.00	0.0480



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Corporate Bonds							
CAPITAL ONE FINL CORP GLBL FLT FXD-FRN SNR 01/03/2030 USD (SEC REGD) 3.273% 03/01/2030 Cusip: 14040HCN3, Standard & Poor's BBB	500,000.0000	92.45	462,270.00	446,850.00	15,420.00	5,455.00 16,365.00	0.0490
CAPITAL ONE FINL CORP VAR 02/01/2030 CALLABLE Cusip: 14040HDE2, Standard & Poor's BBB	145,000.0000	101.37	146,986.50	145,000.00	1,986.50	3,443.75 8,265.00	0.0540
CARRIER GLOBAL 5.9% 03/15/2034 CALLABLE Cusip: 14448CBC7, Standard & Poor's BBB	10,000.0000	103.54	10,354.40	9,981.16	373.24	173.72 590.00	0.0540
CARRIER GLOBAL 6.2% 03/15/2054 CALLABLE Cusip: 14448CBD5, Standard & Poor's BBB	7,000.0000	105.72	7,400.47	6,978.55	421.92	127.79 434.00	0.0580
CELANESE US HLDGS LLC 6.35% 11/15/2028 CALLABLE Cusip: 15089QAW4, Standard & Poor's BB+	51,000.0000	102.44	52,241.85	53,484.72	(1,242.87)	413.81 3,238.50	0.0560
CELANESE US HLDGS LLC 6.55% 11/15/2030 CALLABLE Cusip: 15089QAX2, Standard & Poor's BB+	52,000.0000	103.52	53,829.36	54,970.76	(1,141.40)	435.21 3,406.00	0.0580
CELANESE US HLDGS LLC 6.7% 11/15/2033 CALLABLE Cusip: 15089QAY0, Standard & Poor's BB+	29,000.0000	103.78	30,095.62	31,453.40	(1,357.78)	248.27 1,943.00	0.0610
CENTENE CORP 3.375% 02/15/2030-2025 Cusip: 15135BAV3, Standard & Poor's BBB-	600,000.0000	89.07	534,408.00	538,338.00	(3,930.00)	7,650.00 20,250.00	0.0590
CHARTER COMM OPT LLC/CAP 4.4% 04/01/2033-2033 Cusip: 161175CJ1, Standard & Poor's BBB-	350,000.0000	89.34	312,686.50	318,468.00	(5,781.50)	3,850.00 15,400.00	0.0610
CHARTER COMM OPT LLC/CAP 4.8% 03/01/2050-2049 Cusip: 161175BT0, Standard & Poor's BBB-	532,000.0000	75.12	399,617.12	399,440.23	176.89	8,512.00 25,536.00	0.0690



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Corporate Bonds							
CHARTER COMM OPT LLC/CAP 5.05% 03/30/2029-2028 Cusip: 161175BR4, Standard & Poor's BBB-	50,000.0000	97.85	48,924.50	47,813.00	1,111.50	638.26 2,525.00	0.0560
CHARTER COMM OPT LLC/CAP 5.375% 05/01/2047-2046 Cusip: 161175BL7, Standard & Poor's BBB-	170,000.0000	82.08	139,530.90	144,469.40	(4,938.50)	1,522.92 9,137.50	
CHARTER COMM OPT LLC/CAP SNR PIDI NTS 01/02/2032 USD (SEC REGD) 2.3% 02/01/2032 Cusip: 161175BX1, Standard & Poor's BBB-	20,000.0000	79.19	15,838.60	15,834.40	4.20	191.67 460.00	0.0590
CHARTER COMMUNICATIONS 6.1% 06/01/2029 CALLABLE Cusip: 161175CQ5, Standard & Poor's BBB-	82,000.0000	101.93	83,585.06	81,941.76	1,643.30	416.83 5,002.00	0.0560
CHARTER COMMUNICATIONS 6.55% 06/01/2034 CALLABLE Cusip: 161175CR3, Standard & Poor's BBB-	57,000.0000	102.29	58,305.87	56,860.35	1,445.52	311.13 3,733.50	0.0620
CITIGROUP INC 3.785% 03/17/2033-2032 Cusip: 172967NN7, Standard & Poor's BBB+	800,000.0000	89.78	718,256.00	718,580.00	(324.00)	8,747.56 30,280.00	0.0530
CITIGROUP INC 4.658% DTD 5/24/2022 4.658% 5/24/2028 Cusip: 172967NS6, Standard & Poor's BBB+	600,000.0000	99.37	596,232.00	595,212.00	1,020.00	2,872.43 27,948.00	0.0490
CITIZEN FINL VAR 07/23/2032 CALLABLE Cusip: 174610BH7, Standard & Poor's BBB+	200,000.0000	100.35	200,696.00	200,000.00	696.00	5,019.13 11,436.00	0.0570
CITIZENS FINL GROUP VAR 01/23/2030 CALLABLE Cusip: 174610BF1, Standard & Poor's BBB+	300,000.0000	101.47	304,419.00	302,064.00	2,355.00	7,690.65 17,523.00	0.0550
COREBRIDGE FINL INC SR 3.9% 04/05/2032 CALLABLE Cusip: 21871XAH2, Standard & Poor's BBB+	550,000.0000	91.02	500,588.00	497,183.50	3,404.50	5,124.17 21,450.00	0.0540



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Corporate Bonds							
CORPORATE OFFICE PPTYS L P 2.75% 04/15/2031-2031 Cusip: 22003BAM8, Standard & Poor's BBB-	400,000.0000	85.37	341,460.00	323,316.00	18,144.00	2,322.22 11,000.00	0.0550
CVS HEALTH CORP SR 5.3% 06/01/2033 CALLABLE Cusip: 126650DY3, Standard & Poor's BBB	150,000.0000	95.86	143,796.00	153,933.00	(10,137.00)	662.50 7,950.00	0.0590
CVS HEALTH CORP SR NT 5% 01/30/2029 CALLABLE Cusip: 126650DW7, Standard & Poor's BBB	42,000.0000	98.66	41,435.94	42,770.70	(1,334.76)	880.83 2,100.00	0.0540
CVS HEALTH CORP SR NT 5.25% 01/30/2031 CALLABLE Cusip: 126650DX5, Standard & Poor's BBB	17,000.0000	97.66	16,602.88	17,438.43	(835.55)	374.35 892.50	0.0570
DCP MIDSTREAM OPER LP 3.25% 02/15/2032-2031 Cusip: 23311VAK3, Standard & Poor's BBB+	300,000.0000	86.09	258,276.00	260,133.00	(1,857.00)	3,683.33 9,750.00	0.0560
DELL INTERNATIONAL L.L.C. AND EM 5.3% 10/01/2029-2029 Cusip: 24703TAG1, Standard & Poor's BBB	200,000.0000	100.96	201,920.00	205,960.00	(4,040.00)	2,650.00 10,600.00	0.0510
DEUTSCHE BK AG N Y SNR NPF GLBL 5.882% 07/08/2031-2030 Cusip: 25160PAE7, Standard & Poor's BBB-	200,000.0000	99.57	199,148.00	193,988.00	5,160.00	5,653.26 11,764.00	0.0600
DISCOVER FINL SVCS 4.1% 02/09/2027 Cusip: 254709AM0, Standard & Poor's BBB-	500,000.0000	98.19	490,970.00	479,810.00	11,160.00	8,086.11 20,500.00	0.0500
DOLLAR GEN CORP NEW 3.5% 04/03/2030-2030 Cusip: 256677AG0, Standard & Poor's BBB	200,000.0000	91.77	183,534.00	184,142.00	(608.00)	1,711.11 7,000.00	0.0530
ENERGY TRANSFER PARTNERS L P NEW 4.95% 06/15/2028-2028 Cusip: 29278NAF0, Standard & Poor's BBB	100,000.0000	99.82	99,824.00	99,609.00	215.00	220.00 4,950.00	0.0500



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Corporate Bonds							
ENERGY TRANSFER, L.P. 5.75% 02/15/2033-2032 Cusip: 29273VAQ3, Standard & Poor's BBB	400,000.0000	101.37	405,484.00	412,392.00	(6,908.00)	8,688.89 23,000.00	0.0550
EXELON CORP 4.05% 04/15/2030-2030 Cusip: 30161NAX9, Standard & Poor's BBB	200,000.0000	95.30	190,594.00	190,794.00	(200.00)	1,710.00 8,100.00	0.0510
FIFTH THIRD BANCORP 2.55% 05/05/2027-2027 Cusip: 316773DA5, Standard & Poor's BBB+	200,000.0000	94.96	189,912.00	184,476.00	5,436.00	793.33 5,100.00	0.0490
FORD MOTOR CREDIT 5.303% 09/06/2029 CALLABLE Cusip: 345397G23, Standard & Poor's BBB-	328,000.0000	98.00	321,433.44	328,000.00	(6,566.56)	5,556.37 17,393.84	0.0580
GENERAL MTRS FINL CO INC 5.85% 04/06/2030-2030 Cusip: 37045XEG7, Standard & Poor's BBB	236,000.0000	102.13	241,033.88	243,375.00	(2,341.12)	3,259.75 13,806.00	0.0540
GENUINE PARTS CO DTD 8/9/2024 4.95% 8/15/2029 Cusip: 372460AF2, Standard & Poor's BBB	200,000.0000	99.69	199,382.00	199,392.00	(10.00)	3,905.00 9,900.00	0.0500
GOLDMAN SACHS GROUP INC 3.102% 02/24/2033-2032 Cusip: 38141GZM9, Standard & Poor's BBB+	550,000.0000	86.19	474,028.50	472,131.00	1,897.50	6,018.74 17,061.00	0.0520
GOLDMAN SACHS GROUP INC 3.691% DTD 6/5/2017 3.691% 6/5/2028 Cusip: 38141GWL4, Standard & Poor's BBB+	700,000.0000	97.13	679,882.00	668,808.00	11,074.00	1,866.01 25,837.00	0.0460
HCA INC. SR NT 5.45% 04/01/2031 CALLABLE Cusip: 404119CT4, Standard & Poor's BBB-	300,000.0000	99.80	299,397.00	305,592.00	(6,195.00)	4,087.50 16,350.00	0.0550
HESS CORP 5.6% 02/15/2041 Cusip: 42809HAD9, Standard & Poor's BBB-	400,000.0000	98.76	395,032.00	420,068.00	(25,036.00)	8,462.22 22,400.00	0.0570



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Corporate Bonds							
INVITATION HOMES OPERATING PARTN 4.15% 04/15/2032-2032 Cusip: 46188BAD4, Standard & Poor's BBB	400,000.0000	92.23	368,920.00	367,564.00	1,356.00	3,504.44 16,600.00	0.0550
JACKSON FINANCIAL 3.125% 11/23/2031 CALLABLE Cusip: 46817MAL1, Standard & Poor's BBB	200,000.0000	85.24	170,480.00	168,112.00	2,368.00	659.72 6,250.00	0.0570
JPMORGAN CHASE & CO DTD 7/24/2023 0.00% 7/24/2029 Cusip: 46647PDU7, Standard & Poor's A	150,000.0000	101.01	151,509.00	152,206.50	(697.50)	3,466.43 7,948.50	0.0500
JPMORGAN CHASE & CO 4.323% 04/26/2028-2027 Cusip: 46647PDA1, Standard & Poor's A	900,000.0000	98.80	889,236.00	886,626.00	2,610.00	7,024.88 38,907.00	0.0470
JPMORGAN CHASE & CO 4.912% 07/25/2033 Cusip: 46647PDH6, Standard & Poor's A	900,000.0000	97.77	879,948.00	886,725.00	(6,777.00)	19,156.80 44,208.00	0.0520
JPMORGAN CHASE & CO SR 0.00% 04/24/2034 Cusip: 46647PDR4, Standard & Poor's A	150,000.0000	99.93	149,895.00	152,134.50	(2,239.50)	668.75 8,025.00	0.0540
LEXINGTON CORP PPTY TRUST REIT 2.7% 09/15/2030-2030 Cusip: 529043AE1, Standard & Poor's BBB-	300,000.0000	86.48	259,446.00	248,475.00	10,971.00	2,385.00 8,100.00	0.0550
LOWES COMPANIES INC 4.45% 04/01/2062-2061 Cusip: 548661EF0, Standard & Poor's BBB+	400,000.0000	77.45	309,816.00	333,852.00	(24,036.00)	4,450.00 17,800.00	0.0600
METLIFE SR 5.375% 07/15/2033 CALLABLE Cusip: 59156RCE6, Standard & Poor's A-	350,000.0000	101.06	353,710.00	364,864.50	(11,154.50)	8,674.65 18,812.50	0.0520
MORGAN STANLEY 1.593% 05/04/2027 DTD 4/22/2021 1.593% 5/4/2027 Cusip: 61772BAB9, Standard & Poor's A-	1,010,000.0000	95.85	968,115.30	930,603.90	37,511.40	2,547.47 16,089.30	0.0350



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Corporate Bonds							
MORGAN STANLEY FR DTD 07/21/23 5.424% 07/21/34 CALLABLE Cusip: 61747YFG5, Standard & Poor's A-	200,000.0000	99.30	198,604.00	202,976.00	(4,372.00)	4,821.33 10,848.00	0.0550
MORGAN STANLEY FR 6.342% DTD 10/18/2022 6.342% 10/18/2033 Cusip: 61747YFY7, Standard & Poor's A-	800,000.0000	105.78	846,248.00	860,912.00	(14,664.00)	10,288.13 50,736.00	0.0550
MPLX LP 4.95% 09/01/2032-2022 Cusip: 55336VBU3, Standard & Poor's BBB	200,000.0000	96.41	192,824.00	195,698.00	(2,874.00)	3,300.00 9,900.00	0.0550
NISOURCE INC 2.95% 09/01/2029-2029 Cusip: 65473PAH8, Standard & Poor's BBB+	200,000.0000	91.53	183,066.00	182,658.00	408.00	1,966.67 5,900.00	0.0500
OCCIDENTAL 7.5% 05/01/2031 Cusip: 674599DD4, Standard & Poor's BB+	400,000.0000	109.33	437,304.00	445,668.00	(8,364.00)	5,000.00 30,000.00	0.0570
OMEGA HEALTHCARE INVESTORS 5.25% 01/15/2026-2025 Cusip: 681936BH2, Standard & Poor's BBB-	400,000.0000	100.12	400,476.00	397,672.00	2,804.00	9,683.33 21,000.00	0.0510
ONEOK INC NEW 4.4% 10/15/2029 CALLABLE Cusip: 682680CC5, Standard & Poor's BBB	43,000.0000	96.95	41,688.50	42,954.42	(1,265.92)	509.79 1,892.00	0.0510
ONEOK INC NEW SR 4.25% 09/24/2027 CALLABLE Cusip: 682680CB7, Standard & Poor's BBB	41,000.0000	98.55	40,404.68	40,985.24	(580.56)	469.51 1,742.50	0.0480
ONEOK INC NEW SR 4.75% 10/15/2031 CALLABLE Cusip: 682680CD3, Standard & Poor's BBB	84,000.0000	96.73	81,254.04	83,633.76	(2,379.72)	1,075.08 3,990.00	0.0530
PHILLIPS EDISON 5.75% 07/15/2034 CALLABLE Cusip: 71845JAB4, Standard & Poor's BBB	25,000.0000	100.12	25,028.75	24,644.00	384.75	910.42 1,437.50	0.0570



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Corporate Bonds							
PLAINS ALL AMERN PIPELINE L P / 3.55% 12/15/2029-2029 Cusip: 72650RBM3, Standard & Poor's BBB	200,000.0000	93.01	186,022.00	184,134.00	1,888.00	315.56 7,100.00	0.0520
PUGET ENERGY INC 4.1% 06/15/2030-2030 Cusip: 745310AK8	200,000.0000	94.28	188,564.00	183,244.00	5,320.00	364.44 8,200.00	0.0530
REGENCY 3.7% 06/15/2030-2030 Cusip: 75884RBA0, Standard & Poor's BBB+	300,000.0000	93.40	280,194.00	278,934.00	1,260.00	493.33 11,100.00	0.0510
SANTANDER HOLDINGS USA INC SR NT 2.49% 01/06/2028-2027 Cusip: 80282KBC9, Standard & Poor's BBB+	200,000.0000	94.84	189,674.00	183,096.00	6,578.00	2,420.83 4,980.00	0.0430
SIXTH STREET SPECIALTY 6.125% 03/01/2029 CALLABLE Cusip: 83012AAC3, Standard & Poor's BBB-	45,000.0000	101.23	45,551.25	44,575.56	975.69	918.75 2,756.25	0.0580
SOUTHERN CO SR -2024B 4.85% 03/15/2035 CALLABLE Cusip: 842587EA1, Standard & Poor's BBB+	150,000.0000	95.40	143,104.50	149,778.00	(6,673.50)	2,263.33 7,275.00	0.0540
SUN COMMUNITIES OPERATING LIMITE 2.7% 07/15/2031-2031 Cusip: 866677AE7, Standard & Poor's BBB	400,000.0000	84.08	336,324.00	333,300.00	3,024.00	4,980.00 10,800.00	0.0560
SYNCHRONY FINL 3.95% 12/01/2027-2027 Cusip: 87165BAM5, Standard & Poor's BBB-	600,000.0000	96.69	580,128.00	561,102.00	19,026.00	1,975.00 23,700.00	0.0520
T-MOBILE USA INC 3.875% 04/15/2030-2030 Cusip: 87264ABF1, Standard & Poor's BBB	300,000.0000	94.10	282,297.00	284,490.00	(2,193.00)	2,454.17 11,625.00	0.0520
TANGER 2.75% 09/01/2031-2031 Cusip: 875484AL1, Standard & Poor's BBB-	400,000.0000	84.35	337,384.00	321,628.00	15,756.00	3,666.67 11,000.00	0.0560



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Corporate Bonds							
THE CIGNA GROUP 2.375% 03/15/2031-2030 Cusip: 125523CM0, Standard & Poor's A-	600,000.0000	84.68	508,068.00	512,820.00	(4,752.00)	4,195.83 14,250.00	0.0530
UNUMPROVIDENT CORP 4% 06/15/2029-2029 Cusip: 91529YAN6, Standard & Poor's BBB	300,000.0000	95.76	287,289.00	284,706.00	2,583.00	533.33 12,000.00	0.0510
UNUMPROVIDENT CORP 5.75% 08/15/2042 Cusip: 91529YAJ5, Standard & Poor's BBB	200,000.0000	97.63	195,250.00	197,470.00	(2,220.00)	4,344.44 11,500.00	0.0600
VENTAS RLTY LTD PARTNERSHIP 3.25% 10/15/2026-2026 Cusip: 92277GAJ6, Standard & Poor's BBB+	300,000.0000	97.27	291,798.00	284,268.00	7,530.00	2,058.33 9,750.00	0.0490
VERIZON COMMNS INC 2.55% 03/21/2031-2030 Cusip: 92343VGJ7, Standard & Poor's BBB+	400,000.0000	86.12	344,468.00	344,900.00	(432.00)	2,833.33 10,200.00	0.0520
VICI PROPERTIES LP 4.95% 02/15/2030-2029 Cusip: 925650AC7, Standard & Poor's BBB-	250,000.0000	98.02	245,050.00	242,580.00	2,470.00	4,675.00 12,375.00	0.0540
VICI PROPERTIES LP SR 5.75% 04/01/2034 CALLABLE Cusip: 925650AF0, Standard & Poor's BBB-	20,000.0000	100.91	20,181.40	19,837.20	344.20	287.50 1,150.00	0.0560
WALT DISNEY CO 2.65% 01/13/2031 Cusip: 254687FX9, Standard & Poor's A	400,000.0000	88.52	354,096.00	355,896.00	(1,800.00)	4,946.67 10,600.00	0.0490
WARNERMEDIA HLDGS 4.279% 03/15/2032 CALLABLE Cusip: 55903VBC6, Standard & Poor's BBB-	150,000.0000	88.12	132,181.50	137,280.00	(5,098.50)	1,889.89 6,418.50	0.0640
WARNERMEDIA HLDGS 5.141% 03/15/2052 CALL Cusip: 55903VBE2, Standard & Poor's BBB-	500,000.0000	74.30	371,500.00	429,180.00	(57,680.00)	7,568.69 25,705.00	0.0730



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Corporate Bonds							
WELLS FARGO & CO SR NT 3.526% 03/24/2028-2027 Cusip: 95000U2V4, Standard & Poor's BBB+	800,000.0000	96.99	775,944.00	763,216.00	12,728.00	7,600.49 28,208.00	0.0450
WELLS FARGO & CO SR NT 4.897% 07/25/2033-2032 Cusip: 95000U3B7, Standard & Poor's BBB+	800,000.0000	96.58	772,616.00	778,380.00	(5,764.00)	16,976.27 39,176.00	0.0540
WESTERN MIDSTREAM OPERATING LP 4.3% 02/01/2030-2029 Cusip: 958667AC1, Standard & Poor's BBB-	200,000.0000	93.80	187,590.00	187,028.00	562.00	3,375.00 8,100.00	0.0550
WILLIAMS CO 4.65% 08/15/2032-2032 Cusip: 969457BZ2, Standard & Poor's BBB	400,000.0000	95.18	380,700.00	389,920.00	(9,220.00)	7,026.67 18,600.00	0.0540
Total Corporate Bonds			32,590,588.48	32,737,630.29	(147,041.81)	421,727.10 1,514,859.82	
Foreign Bonds and Notes							
AERCAP IRELAND CAP DESIGNATED AC 2.45% 10/29/2026-2026 Cusip: 00774MAV7, Standard & Poor's BBB+	800,000.0000	95.73	765,832.00	740,736.00	25,096.00	3,375.56 19,600.00	0.0490
BARCLAYS PLC 5.2% 05/12/2026 Cusip: 06738EAP0, Standard & Poor's BBB-	700,000.0000	100.11	700,798.00	695,464.00	5,334.00	4,954.44 36,400.00	0.0510
BARCLAYS PLC FXD-FRN LOWER TIER II PIDI 5.088% 06/20/2030-2029 Cusip: 06738EBK0, Standard & Poor's BBB-	300,000.0000	97.41	292,224.00	288,210.00	4,014.00	466.40 15,264.00	0.0560
CANADIAN NATURAL RESOURCES 3.85% 06/01/2027-2027 Cusip: 136385AX9, Standard & Poor's BBB-	300,000.0000	97.88	293,637.00	291,324.00	2,313.00	962.50 11,550.00	0.0480
CANADIAN NATURAL RESOURCES 5.85% 02/01/2035 Cusip: 136385AG6, Standard & Poor's BBB-	100,000.0000	100.38	100,381.00	101,814.00	(1,433.00)	2,437.50 5,850.00	0.0580



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Foreign Bonds and Notes							
CENOVUS ENERGY INC 2.65% 01/15/2032-2031 Cusip: 15135UAW9, Standard & Poor's BBB	300,000.0000	83.18	249,546.00	248,601.00	945.00	3,665.83 7,950.00	0.0560
DEUTSCHE BK AG N Y SR -D NT Cusip: 251526CX5, Standard & Poor's BBB	150,000.0000	97.75	146,620.50	150,000.00	(3,379.50)	2,291.21 7,498.50	0.0550
JBS USA LUX S A / JBS USA FOOD SR Cusip: 46590XAP1, Standard & Poor's BBB-	300,000.0000	83.25	249,738.00	244,248.00	5,490.00	1,150.00 9,000.00	0.0580
JBS USA LUX S A / JBS USA FOOD SR Cusip: 46590XAS5, Standard & Poor's BBB-	300,000.0000	94.97	284,913.00	276,078.00	8,835.00	3,458.33 7,500.00	0.0510
PETROLEOS MEXICANOS SR GLBL FL 5.95% 01/28/2031-2030 Cusip: 71654QDE9, Standard & Poor's BBB	400,000.0000	84.45	337,796.00	319,400.00	18,396.00	10,115.00 23,800.00	0.0940
PETROLEOS MEXICANOS SR GLBL FL 7.69% 01/23/2050-2049 Cusip: 71654QDD1, Standard & Poor's BBB	900,000.0000	75.45	679,050.00	640,044.00	39,006.00	30,375.50 69,210.00	0.1050
Total Foreign Bonds and Notes			4,100,535.50	3,995,919.00	104,616.50	63,252.27 213,622.50	
Private Placements							
ABN AMRO BANK N.V. FR DTD 12/3/2024 0.00% 12/3/2028 CALLABLE Cusip: 00084DBD1, Standard & Poor's BBB	500,000.0000	99.79	498,925.00	500,004.00	(1,079.00)	1,939.78 24,940.00	0.0500
AES CORP PP 144A 3.95% 07/15/2030-2030 Cusip: 00130HCC7, Standard & Poor's BBB-	400,000.0000	92.18	368,720.00	369,320.00	(600.00)	7,285.56 15,800.00	0.0560
ARES STRATEGIC INCOME FD SR DTD 11/21/2024 5.70% 3/15/2028 CALLABLE Cusip: 04020EAE7, Standard & Poor's BBB-	493,000.0000	99.99	492,930.98	489,929.93	3,001.05	3,122.33 28,101.00	0.0570



Consolidated Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

LINE CONSTRUCTION BENEFIT FUND

Account Number:

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Private Placements							
ATHENE GLOBAL FDG 4.721% 10/08/2029 Cusip: 04685A4C2, Standard & Poor's A+	100,000.0000	97.53	97,527.00	100,000.00	(2,473.00)	1,088.45 4,721.00	0.0530
ATHENE GLOBAL FDG 5.583% 01/09/2029 Cusip: 04685A3Q2, Standard & Poor's A+	81,000.0000	101.14	81,922.59	81,000.00	922.59	2,160.62 4,522.23	0.0530
ATHENE GLOBAL FUNDING SR SEC FL DTD 1/17/2024 5.339% 1/15/2027 Cusip: 04685A3R0, Standard & Poor's A+	162,000.0000	100.61	162,988.20	162,000.00	988.20	3,988.23 8,649.18	0.0500
AVOLON HLDGS FDG LTD DTD 5/4/2023 6.375% 5/4/2028 Cusip: 05401AAS0, Standard & Poor's BBB-	91,000.0000	102.78	93,533.44	92,785.42	748.02	918.53 5,801.25	0.0540
AVOLON HLDGS FDG LTD PP 144A 4.25% 04/15/2026-2026 Cusip: 05401AAL5, Standard & Poor's BBB-	300,000.0000	98.80	296,388.00	289,743.00	6,645.00	2,691.67 12,750.00	0.0520
BROADCOM INC PP 144A 2.6% 02/15/2033-2032 Cusip: 11135FBF7, Standard & Poor's BBB+	600,000.0000	82.66	495,960.00	493,612.00	2,348.00	5,893.33 15,600.00	0.0520
COLUMBIA PIPELINES 5.927% 08/15/2030 CALLABLE Cusip: 19828TAA4	14,000.0000	102.93	14,410.34	14,476.28	(65.94)	313.47 829.78	0.0530
COLUMBIA PIPELINES 6.036% 11/15/2033 CALLABLE Cusip: 19828TAB2	38,000.0000	102.58	38,980.40	39,796.26	(815.86)	293.08 2,293.68	0.0570
COLUMBIA PIPELINES 6.497% 08/15/2043 CALLABLE Cusip: 19828TAE6	11,000.0000	103.76	11,414.04	11,780.34	(366.30)	269.99 714.67	0.0620
COLUMBIA PIPELINES 6.544% 11/15/2053 CALLABLE Cusip: 19828TAC0	20,000.0000	104.80	20,959.40	22,020.20	(1,060.80)	167.24 1,308.80	0.0620
COLUMBIA PIPELINES 6.714% 08/15/2063 CALLABLE Cusip: 19828TAD8	12,000.0000	106.16	12,739.56	13,233.60	(494.04)	304.37 805.68	0.0630



Consolidated Detailed Holdings
For the Period January 01, 2024 - December 31, 2024

LINE CONSTRUCTION BENEFIT FUND

Account Number:

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Description	Shares/ Par	Current Price	Total Market Value	Total Cost	Unrealized Gain/(Loss)	Accrued/ Est. Annual Income	Yield to Market
Private Placements							
EQUITABLE HLDGS 4.572% 02/15/2029 Cusip: 054561AN5, Standard & Poor's A-	142,000.0000	97.45	138,376.16	135,395.00	2,981.16	2,452.62 6,492.24	0.0530
SIGMA FIN INC MEDIUM TERM NTS PP DTD 5/17/2007 0.00% 5/18/2009 05/18/2009 Cusip: 8265Q0XJ6	716,695.7800	07/20/10	0.00	0.00	0.00	0.00 0.00	
SOCIETE GENERALE FR PP 144A DTD 12/14/2020 1.488% 12/14/2026 Cusip: 83368RAZ5, Standard & Poor's BBB	400,000.0000	96.51	386,024.00	368,156.00	17,868.00	281.07 5,952.00	0.0340
UBS GROUP AG DTD 4/1/2020 4.194% 4/1/2031 Cusip: 225401AP3, Standard & Poor's A-	400,000.0000	94.49	377,952.00	372,416.00	5,536.00	4,194.00 16,776.00	0.0520
Total Private Placements			3,589,751.11	3,555,668.03	34,083.08	37,364.34 156,057.51	

Plan Name Line Construction Benefit Fund

Plan Sponsor Board of Trustees of Line Construction Benefit Fund

Plan No. 501

EIN: 36-6066988

Y/E 12/31/24

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)

* Not applicable for purchases or sales of marketable securities.

** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
Goldman Sachs Financial Square Government Money Market Fund	Numerous	Numerous	788,391,888	(816,617,166)	