

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 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, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: OXY COMBINED ALLIANCE BERNSTEIN
1b Three-digit plan number (PN): 111
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): THE OCCIDENTAL PETROLEUM CORP MASTER RETIREMENT PLAN TRUST
2b Employer Identification Number (EIN): 36-3055057
2c Plan Sponsor's telephone number: 713-215-7000
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). 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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 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

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 OXY COMBINED ALLIANCE BERNSTEIN	B Three-digit plan number (PN) ▶	111
C Plan sponsor's name as shown on line 2a of Form 5500 THE OCCIDENTAL PETROLEUM CORP MASTER RETIREMENT PLAN TRUST	D Employer Identification Number (EIN) 36-3055057	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

ALLIANCE BERNSTEIN L.P.

13-4064930

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	SERVICE PROVIDER	377928	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	SERVICE PROVIDER	25502	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 <u>OXY COMBINED ALLIANCE BERNSTEIN</u>	B Three-digit plan number (PN)	<u>111</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE OCCIDENTAL PETROLEUM CORP MASTER RETIREMENT PLAN TRUST</u>	D Employer Identification Number (EIN) <u>36-3055057</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>534</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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	OCCIDENTAL PETROLEUM CORPORATION SAVINGS PLAN	
b Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 95-4035997-001

a Plan name	OCCIDENTAL PETROLEUM CORPORATION RETIREMENT PLAN	
b Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 95-4035997-060

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 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 OXY COMBINED ALLIANCE BERNSTEIN	B Three-digit plan number (PN) ▶ 111
C Plan sponsor's name as shown on line 2a of Form 5500 THE OCCIDENTAL PETROLEUM CORP MASTER RETIREMENT PLAN TRUST	D Employer Identification Number (EIN) 36-3055057

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	571046	2
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	73427693	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	2052876	534
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	76051615	536
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	914281	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	914281	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	75137334	536

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	960293	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		960293
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	105514425	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	102756738	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		2757687
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	108240
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	4262
d Total income. Add all income amounts in column (b) and enter total.....	2d	3830482

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	377928
(6) Bank or trust company trustee/custodial fees	2i(6)	25502
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	1848
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	405278
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	405278

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	3425204
l Transfers of assets:		
(1) To this plan.....	2l(1)	3431787
(2) From this plan	2l(2)	81993789

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** 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.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
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 _____.



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

ALLIANCE BERN SM CAP - OXSF20030002

1/1/2024 - 12/31/2024

OCCIDENTAL PETROLEUM - SHARED

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		37,568.67					
21	00090Q103	ADT INC	149,558.000	1,045,179.52	0.00	0.00	0.00
6	00090Q103	ADT INC	149,558.000	0.00	1,072,724.88	1,045,179.52	27,545.36
9	000957100	ABM INDUSTRIES INC	3,620.000	166,234.78	0.00	0.00	0.00
9	000957100	ABM INDUSTRIES INC	24,150.000	0.00	1,259,241.18	1,078,176.41	181,064.77
5	001744101	AMN HEALTHCARE SERVICES INC	10,731.000	0.00	573,816.49	1,022,434.16	-448,617.67
9	001744101	AMN HEALTHCARE SERVICES INC	1,990.000	148,616.39	0.00	0.00	0.00
10	00404A109	ACADIA HEALTHCARE CO INC	7,870.000	0.00	603,058.20	506,535.49	96,522.71
25	004239109	ACADIA REALTY TRUST	32,180.000	548,392.48	0.00	0.00	0.00
6	004239109	ACADIA REALTY TRUST	53,940.000	0.00	1,131,257.37	920,005.77	211,251.60
36	004498101	ACI WORLDWIDE INC	25,510.000	0.00	967,808.27	787,342.64	180,465.63
3	00737L103	ADTALEM GLOBAL EDUCATION INC	3,976.000	0.00	232,841.68	130,430.23	102,411.45
116	00773T101	ADVANSIX INC	13,900.000	365,359.19	0.00	0.00	0.00
7	00773T101	ADVANSIX INC	43,150.000	0.00	1,194,738.24	1,113,814.32	80,923.92
13	011659109	ALASKA AIR GROUP INC	20,039.000	0.00	749,822.73	853,826.93	-104,004.20
2	011659109	ALASKA AIR GROUP INC	2,220.000	86,113.44	0.00	0.00	0.00
8	01741R102	ATI INC	5,510.000	232,078.02	0.00	0.00	0.00
58	01741R102	ATI INC	22,168.000	0.00	1,238,822.57	781,644.58	457,177.99
7	031652100	AMKOR TECHNOLOGY INC	6,960.000	210,692.18	0.00	0.00	0.00
20	031652100	AMKOR TECHNOLOGY INC	37,140.000	0.00	1,286,743.05	983,930.48	302,812.57
1	03750L109	APARTMENT INCOME REIT CORP	2,156.000	68,165.17	0.00	0.00	0.00
8	03750L109	APARTMENT INCOME REIT CORP	26,228.000	0.00	1,006,354.24	916,556.15	89,798.09
43	03937C105	ARCBEST CORP	2,080.000	269,264.11	0.00	0.00	0.00
10	03937C105	ARCBEST CORP	10,040.000	0.00	1,104,268.11	822,082.62	282,185.49
6	045487105	ASSOCIATED BANC-CORP	17,150.000	358,762.97	0.00	0.00	0.00
9	045487105	ASSOCIATED BANC-CORP	51,862.000	0.00	1,074,324.23	1,058,893.54	15,430.69
26	05329W102	AUTONATION INC	6,660.000	1,058,493.56	0.00	0.00	0.00
5	05329W102	AUTONATION INC	6,660.000	0.00	1,139,043.82	1,058,493.56	80,550.26
180	05368V106	AVIENT CORP	21,960.000	941,024.80	0.00	0.00	0.00
5	05368V106	AVIENT CORP	21,960.000	0.00	995,840.38	941,024.80	54,815.58
4	063425102	BANK OF MARIN BANCORP	15,646.000	0.00	288,753.51	571,740.38	-282,986.87
24	06652K103	BANKUNITED INC	20,200.000	597,031.55	0.00	0.00	0.00
7	06652K103	BANKUNITED INC	37,292.000	0.00	1,296,412.39	1,162,308.53	134,103.86
31	077454106	BELDEN INC	7,799.000	0.00	753,670.41	366,778.07	386,892.34
5	084680107	BERKSHIRE HILLS BANCORP INC	31,030.000	0.00	781,539.84	844,904.52	-63,364.68
1	095306106	BLUE BIRD CORP	2,300.000	113,168.28	0.00	0.00	0.00
38	095306106	BLUE BIRD CORP	39,005.000	0.00	1,833,991.80	747,927.39	1,086,064.41
7	099724106	BORGWARNER INC	28,085.000	0.00	898,738.69	899,672.75	-934.06
31	099724106	BORGWARNER INC	28,085.000	899,672.75	0.00	0.00	0.00
27	10948C107	BRIGHTVIEW HOLDINGS INC	70,230.000	822,027.95	0.00	0.00	0.00



Series of Transactions in Excess of Five Percent of Plan Assets

Status: FINAL

ALLIANCE BERN SM CAP - OXSF20030002

1/1/2024 - 12/31/2024

OCCIDENTAL PETROLEUM - SHARED

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		37,568.67					
5	10948C107	BRIGHTVIEW HOLDINGS INC	70,230.000	0.00	1,022,595.58	822,027.95	200,567.63
6	11135E203	BROADSTONE NET LEASE INC	44,880.000	0.00	760,760.01	1,117,411.57	-356,651.56
5	120076104	BUILD-A-BEAR WORKSHOP INC	25,710.000	0.00	673,234.91	748,586.13	-75,351.22
36	120076104	BUILD-A-BEAR WORKSHOP INC	25,710.000	748,586.13	0.00	0.00	0.00
2	127203107	CACTUS INC	4,160.000	189,536.25	0.00	0.00	0.00
7	127203107	CACTUS INC	20,909.000	0.00	1,213,859.14	695,600.08	518,259.06
8	13100M509	CALIX INC	28,003.000	0.00	1,039,281.14	1,128,225.11	-88,943.97
5	13100M509	CALIX INC	5,780.000	209,141.02	0.00	0.00	0.00
6	146103106	CARTER BANKSHARES INC	32,608.000	0.00	510,686.68	541,850.24	-31,163.56
17	15872M104	CHAMPIONX CORP	30,650.000	0.00	1,020,505.18	890,365.39	130,139.79
4	17306X102	CITI TRENDS INC	19,710.000	0.00	316,538.50	719,109.49	-402,570.99
35	192576106	COHU INC	21,824.000	0.00	603,843.26	769,308.90	-165,465.64
2	192576106	COHU INC	3,194.000	99,525.05	0.00	0.00	0.00
1	200340107	COMERICA INC	1,920.000	102,851.33	0.00	0.00	0.00
12	200340107	COMERICA INC	18,670.000	0.00	1,002,031.52	848,377.27	153,654.25
25	204166102	COMMVAULT SYSTEMS INC	6,062.000	0.00	770,249.05	385,559.53	384,689.52
4	226718104	CRITEO SA	2,720.000	98,516.43	0.00	0.00	0.00
16	226718104	CRITEO SA	28,416.000	0.00	1,257,246.86	754,659.11	502,587.75
19	235825205	DANA INC	62,679.000	0.00	711,827.68	1,005,764.01	-293,936.33
4	254423106	DINE BRANDS GLOBAL INC	11,814.000	0.00	380,501.98	916,675.08	-536,173.10
52	267475101	DYCOM INDUSTRIES INC	9,075.000	0.00	1,243,378.04	750,155.31	493,222.73
3	27923Q109	ECOVYST INC	105,700.000	0.00	717,636.24	1,026,541.45	-308,905.21
95	27923Q109	ECOVYST INC	105,700.000	1,026,541.45	0.00	0.00	0.00
11	28618M106	ELEMENT SOLUTIONS INC	38,030.000	0.00	952,057.93	766,283.72	185,774.21
1	292562105	ENCORE WIRE CORP	350.000	82,946.96	0.00	0.00	0.00
13	292562105	ENCORE WIRE CORP	5,228.000	0.00	1,469,420.28	1,011,030.33	458,389.95
7	29415F104	ENVISTA HOLDINGS CORP	22,420.000	0.00	466,450.54	717,449.98	-250,999.44
3	29415F104	ENVISTA HOLDINGS CORP	3,870.000	93,769.02	0.00	0.00	0.00
26	30226D106	EXTREME NETWORKS INC	59,188.000	796,430.14	0.00	0.00	0.00
3	30226D106	EXTREME NETWORKS INC	59,188.000	0.00	844,332.19	796,430.14	47,902.05
5	314211103	FEDERATED HERMES INC	31,105.000	0.00	1,021,637.08	1,094,028.55	-72,391.47
19	314211103	FEDERATED HERMES INC	31,105.000	1,094,028.55	0.00	0.00	0.00
10	318672706	FIRST BANCORP/PUERTO RICO	56,790.000	0.00	1,104,371.66	772,239.64	332,132.02
3	318910106	FIRST BANCORP/SOUTHERN PINES N	14,578.000	0.00	575,485.33	596,621.51	-21,136.18
19	318910106	FIRST BANCORP/SOUTHERN PINES N	14,578.000	596,621.51	0.00	0.00	0.00
6	319383204	FIRST BUSEY CORP	3,490.000	80,651.10	0.00	0.00	0.00
6	319383204	FIRST BUSEY CORP	43,017.000	0.00	1,069,884.57	956,371.72	113,512.85
1	32054K103	FIRST INDUSTRIAL REALTY TRUST	1,840.000	88,744.12	0.00	0.00	0.00
10	32054K103	FIRST INDUSTRIAL REALTY TRUST	17,375.000	0.00	935,804.30	901,466.10	34,338.20
6	336901103	1ST SOURCE CORP	13,716.000	0.00	781,287.15	512,850.25	268,436.90



Series of Transactions in Excess of Five Percent of Plan Assets

Status: FINAL

ALLIANCE BERN SM CAP - OXSF20030002

1/1/2024 - 12/31/2024

OCCIDENTAL PETROLEUM - SHARED

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		37,568.67					
1	343412102	FLUOR CORP	1,950.000	71,923.80	0.00	0.00	0.00
12	343412102	FLUOR CORP	23,504.000	0.00	1,125,150.64	738,319.59	386,831.05
18	346375108	FORMFACTOR INC	12,202.000	0.00	515,830.01	366,152.48	149,677.53
22	34965K107	FORTREA HOLDINGS INC	26,671.000	0.00	669,767.61	907,179.55	-237,411.94
9	34965K107	FORTREA HOLDINGS INC	4,590.000	174,201.89	0.00	0.00	0.00
5	353469109	FRANKLIN COVEY CO	20,630.000	0.00	789,484.89	798,577.07	-9,092.18
57	353469109	FRANKLIN COVEY CO	20,630.000	798,577.07	0.00	0.00	0.00
5	371532102	GENESCO INC	26,332.000	0.00	732,278.20	1,178,818.65	-446,540.45
30	382550101	GOODYEAR TIRE & RUBBER CO/THE	70,840.000	0.00	938,197.36	1,102,427.29	-164,229.93
1	382550101	GOODYEAR TIRE & RUBBER CO/THE	3,400.000	50,612.06	0.00	0.00	0.00
7	390607109	GREAT LAKES DREDGE & DOCK CORP	114,130.000	0.00	1,024,641.55	1,169,961.62	-145,320.07
2	390607109	GREAT LAKES DREDGE & DOCK CORP	11,560.000	109,964.65	0.00	0.00	0.00
1	39813G109	GRID DYNAMICS HOLDINGS INC	11,000.000	105,056.60	0.00	0.00	0.00
6	39813G109	GRID DYNAMICS HOLDINGS INC	70,563.000	0.00	910,359.06	807,460.95	102,898.11
1	403949100	HF SINCLAIR CORP	680.000	37,274.00	0.00	0.00	0.00
10	403949100	HF SINCLAIR CORP	11,587.000	0.00	619,588.14	329,424.03	290,164.11
15	405217100	HAIN CELESTIAL GROUP INC/THE	53,583.000	0.00	497,372.97	1,322,209.82	-824,836.85
1	405217100	HAIN CELESTIAL GROUP INC/THE	3,720.000	40,686.38	0.00	0.00	0.00
1	410867105	HANOVER INSURANCE GROUP INC/TH	500.000	61,502.45	0.00	0.00	0.00
8	410867105	HANOVER INSURANCE GROUP INC/TH	4,221.000	0.00	560,563.92	504,158.82	56,405.10
5	41165Y100	HARBORONE BANCORP INC	61,176.000	0.00	727,358.57	628,193.49	99,165.08
2	413160102	HARMONIC INC	11,370.000	125,730.89	0.00	0.00	0.00
12	413160102	HARMONIC INC	77,411.000	0.00	1,037,912.38	774,479.71	263,432.67
14	420877201	HAYNES INTERNATIONAL INC	19,070.000	0.00	1,134,217.55	956,924.26	177,293.29
33	421298100	HAYWARD HOLDINGS INC	57,241.000	721,213.18	0.00	0.00	0.00
4	421298100	HAYWARD HOLDINGS INC	57,241.000	0.00	803,573.48	721,213.18	82,360.30
1	42704L104	HERC HOLDINGS INC	280.000	42,329.00	0.00	0.00	0.00
14	42704L104	HERC HOLDINGS INC	7,081.000	0.00	991,377.06	564,506.05	426,871.01
7	42722X106	HERITAGE FINANCIAL CORP/WA	51,097.000	0.00	1,068,179.71	1,289,635.28	-221,455.57
10	42722X106	HERITAGE FINANCIAL CORP/WA	9,026.000	197,869.48	0.00	0.00	0.00
37	431636109	HILLMAN SOLUTIONS CORP	107,760.000	0.00	995,488.41	954,859.04	40,629.37
8	44925C103	ICF INTERNATIONAL INC	940.000	134,470.07	0.00	0.00	0.00
13	44925C103	ICF INTERNATIONAL INC	4,300.000	0.00	626,162.02	543,311.47	82,850.55
1	451107106	IDACORP INC	470.000	43,608.95	0.00	0.00	0.00
8	451107106	IDACORP INC	10,582.000	0.00	1,066,934.22	1,022,960.85	43,973.37
29	45378A106	INDEPENDENCE REALTY TRUST INC	62,460.000	1,090,382.81	0.00	0.00	0.00
5	45378A106	INDEPENDENCE REALTY TRUST INC	62,460.000	0.00	1,227,563.93	1,090,382.81	137,181.12
6	457985208	INTEGRA LIFESCIENCES HOLDINGS	23,300.000	0.00	543,547.17	1,421,777.63	-878,230.46
11	457985208	INTEGRA LIFESCIENCES HOLDINGS	3,900.000	169,148.75	0.00	0.00	0.00
4	477839104	JBT MAREL CORP	9,597.000	0.00	847,976.39	928,310.91	-80,334.52



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

ALLIANCE BERN SM CAP - OXSF20030002

1/1/2024 - 12/31/2024

OCCIDENTAL PETROLEUM - SHARED

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		37,568.67					
41	477839104	JBT MAREL CORP	9,597.000	928,310.91	0.00	0.00	0.00
1	48666K109	KB HOME	670.000	39,741.05	0.00	0.00	0.00
11	48666K109	KB HOME	13,090.000	0.00	996,213.31	420,079.92	576,133.39
21	500643200	KORN FERRY	14,060.000	0.00	907,256.27	808,736.56	98,519.71
35	55933J203	MAGNACHIP SEMICONDUCTOR CORP	54,368.000	0.00	342,072.54	733,346.57	-391,274.03
8	559663109	MAGNOLIA OIL & GAS CORP	48,892.000	0.00	1,211,030.18	1,114,494.73	96,535.45
21	576323109	MASTEC INC	13,520.000	0.00	1,347,555.81	874,628.04	472,927.77
8	576485205	MATADOR RESOURCES CO	21,230.000	0.00	1,205,737.85	1,206,951.32	-1,213.47
5	576485205	MATADOR RESOURCES CO	4,730.000	271,693.30	0.00	0.00	0.00
5	58502B106	PEDIATRIX MEDICAL GROUP INC	89,364.000	0.00	894,780.00	1,489,060.89	-594,280.89
13	58502B106	PEDIATRIX MEDICAL GROUP INC	18,400.000	163,868.13	0.00	0.00	0.00
1	59151K108	METHANEX CORP	3,547.000	150,469.42	0.00	0.00	0.00
3	59151K108	METHANEX CORP	3,547.000	0.00	158,335.79	150,469.42	7,866.37
4	600544100	MILLERKNOLL INC	37,130.000	0.00	1,052,504.03	1,102,202.32	-49,698.29
61	600544100	MILLERKNOLL INC	37,130.000	1,102,202.32	0.00	0.00	0.00
24	60786M105	MOELIS & CO	15,418.000	0.00	904,063.73	669,457.64	234,606.09
17	63001N106	NCR ATLEOS CORP	36,291.000	824,589.63	0.00	0.00	0.00
6	63001N106	NCR ATLEOS CORP	36,291.000	0.00	1,032,309.27	824,589.63	207,719.64
1	637870106	NATIONAL STORAGE AFFILIATES TR	1,380.000	59,481.31	0.00	0.00	0.00
11	637870106	NATIONAL STORAGE AFFILIATES TR	18,422.000	0.00	759,839.27	659,666.21	100,173.06
21	64119V303	NETSTREIT CORP	39,230.000	0.00	637,106.94	866,928.12	-229,821.18
1	64119V303	NETSTREIT CORP	1,850.000	33,993.75	0.00	0.00	0.00
5	65336K103	NEXSTAR MEDIA GROUP INC	1,564.000	261,555.91	0.00	0.00	0.00
13	65336K103	NEXSTAR MEDIA GROUP INC	7,464.000	0.00	1,196,449.98	1,149,024.62	47,425.36
3	65340P106	NEXGEN ENERGY LTD	101,640.000	0.00	601,314.47	721,700.51	-120,386.04
10	65340P106	NEXGEN ENERGY LTD	101,640.000	721,700.51	0.00	0.00	0.00
12	65406E102	NICOLET BANKSHARES INC	3,220.000	278,735.18	0.00	0.00	0.00
7	65406E102	NICOLET BANKSHARES INC	9,050.000	0.00	793,557.69	696,091.63	97,466.06
12	665531307	NORTHERN OIL & GAS INC	10,050.000	404,877.85	0.00	0.00	0.00
7	665531307	NORTHERN OIL & GAS INC	33,680.000	0.00	1,300,084.67	1,211,760.73	88,323.94
4	67098H104	O-I GLASS INC	71,361.000	0.00	837,907.92	1,041,894.30	-203,986.38
23	67098H104	O-I GLASS INC	71,361.000	1,041,894.30	0.00	0.00	0.00
7	69478X105	PACIFIC PREMIER BANCORP INC	39,023.000	0.00	948,266.62	1,078,459.57	-130,192.95
2	69478X105	PACIFIC PREMIER BANCORP INC	3,640.000	91,325.67	0.00	0.00	0.00
15	698813102	PAPA JOHN'S INTERNATIONAL INC	9,448.000	0.00	626,105.76	715,387.30	-89,281.54
4	709789101	PEOPLES BANCORP INC/OH	14,322.000	0.00	423,944.49	432,441.07	-8,496.58
6	736508847	PORTLAND GENERAL ELECTRIC CO	20,350.000	0.00	941,468.07	1,026,234.87	-84,766.80
11	74052F108	PREMIER FINANCIAL CORP	32,854.000	0.00	759,645.19	904,582.79	-144,937.60
1	749527107	REV GROUP INC	13,941.000	230,026.50	0.00	0.00	0.00
60	749527107	REV GROUP INC	61,141.000	0.00	1,584,025.87	803,012.60	781,013.27



Series of Transactions in Excess of Five Percent of Plan Assets

Report ID: T6500

Status: FINAL

ALLIANCE BERN SM CAP - OXSF20030002

1/1/2024 - 12/31/2024

OCCIDENTAL PETROLEUM - SHARED

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		37,568.67					
1	78377T107	RYMAN HOSPITALITY PROPERTIES I	750.000	74,782.50	0.00	0.00	0.00
12	78377T107	RYMAN HOSPITALITY PROPERTIES I	8,539.000	0.00	874,996.96	727,618.68	147,378.28
65	825698103	SHYFT GROUP INC/THE	60,703.000	0.00	671,727.33	1,109,265.39	-437,538.06
38	825698103	SHYFT GROUP INC/THE	13,790.000	156,216.68	0.00	0.00	0.00
1	827048109	SILGAN HOLDINGS INC	2,100.000	93,073.05	0.00	0.00	0.00
7	827048109	SILGAN HOLDINGS INC	17,226.000	0.00	840,050.37	706,989.34	133,061.03
4	83001A102	SIX FLAGS ENTERTAINMENT CORP	11,770.000	0.00	277,236.60	405,590.19	-128,353.59
25	848574109	SPIRIT AEROSYSTEMS HOLDINGS IN	27,480.000	0.00	943,825.03	687,047.55	256,777.48
6	85254J102	STAG INDUSTRIAL INC	18,289.000	0.00	720,170.93	580,917.30	139,253.63
7	87157D109	SYNAPTICS INC	8,950.000	0.00	712,067.90	866,915.37	-154,847.47
2	87305R109	TTM TECHNOLOGIES INC	5,500.000	98,459.17	0.00	0.00	0.00
7	87305R109	TTM TECHNOLOGIES INC	49,571.000	0.00	920,355.22	702,195.45	218,159.77
1	87724P106	TAYLOR MORRISON HOME CORP	710.000	37,136.55	0.00	0.00	0.00
8	87724P106	TAYLOR MORRISON HOME CORP	16,695.000	0.00	999,620.26	431,963.07	567,657.19
7	88224Q107	TEXAS CAPITAL BANCSHARES INC	16,509.000	0.00	991,977.50	919,158.47	72,819.03
2	896095106	TRICO BANCSHARES	970.000	40,639.45	0.00	0.00	0.00
5	896095106	TRICO BANCSHARES	20,491.000	0.00	850,767.08	779,034.00	71,733.08
1	929328102	WSFS FINANCIAL CORP	790.000	36,711.62	0.00	0.00	0.00
12	929328102	WSFS FINANCIAL CORP	23,032.000	0.00	1,128,647.24	901,847.47	226,799.77
7	93148P102	WALKER & DUNLOP INC	10,907.000	0.00	1,106,621.05	1,115,583.65	-8,962.60
20	93148P102	WALKER & DUNLOP INC	7,417.000	733,287.62	0.00	0.00	0.00
9	974637100	WINNEBAGO INDUSTRIES INC	19,780.000	0.00	1,149,071.06	1,287,535.52	-138,464.46
9	974637100	WINNEBAGO INDUSTRIES INC	6,510.000	405,193.00	0.00	0.00	0.00
86	996084794	EB TEMP INV FD VAR RT 12/31/49 FEE CL 10	84,137,819.010	84,137,819.01	0.00	0.00	0.00
91	996084794	EB TEMP INV FD VAR RT 12/31/49 FEE CL 10	86,190,160.590	0.00	86,190,160.59	86,190,160.59	0.00
10	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	103,829.640	103,829.64	0.00	0.00	0.00
9	996087094	BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	103,829.640	0.00	103,829.64	103,829.64	0.00
6	G0084W101	ADIANT PLC	43,618.000	0.00	952,668.05	1,395,723.03	-443,054.98
52	G0084W101	ADIANT PLC	43,618.000	1,395,723.03	0.00	0.00	0.00
44	G39108108	GATES INDUSTRIAL CORP PLC	49,697.000	684,107.90	0.00	0.00	0.00
14	G39108108	GATES INDUSTRIAL CORP PLC	71,317.000	0.00	1,189,346.95	969,379.63	219,967.32
2	G4740B105	ICHOR HOLDINGS LTD	5,210.000	196,703.49	0.00	0.00	0.00
35	G4740B105	ICHOR HOLDINGS LTD	26,987.000	0.00	873,533.52	801,767.82	71,765.70
12	G6564A105	NOMAD FOODS LTD	61,303.000	0.00	1,116,295.69	1,303,310.90	-187,015.21
9	G6564A105	NOMAD FOODS LTD	8,750.000	160,523.43	0.00	0.00	0.00
24	G8232Y101	PENGUIN SOLUTIONS INC	73,840.000	0.00	1,593,969.50	1,630,652.08	-36,682.58



Series of Transactions in Excess of Five Percent of Plan Assets

ALLIANCE BERN SM CAP - OXSF20030002

1/1/2024 - 12/31/2024

OCCIDENTAL PETROLEUM - SHARED

Tran Count	Security ID	Security Description	Shares	Cost of Acquisitions	Proceeds of Dispositions	Cost of Assets Disposed	Gain/Loss
5% VALUE :		37,568.67					
6	G8232Y101	PENGUIN SOLUTIONS INC	24,870.000	514,618.92	0.00	0.00	0.00
41	G87264100	TECNOGLASS INC	16,970.000	863,710.21	0.00	0.00	0.00
5	G87264100	TECNOGLASS INC	16,970.000	0.00	978,447.09	863,710.21	114,736.88
73	Y41053102	INTERNATIONAL SEAWAYS INC	14,675.000	0.00	834,504.76	592,820.49	241,684.27
1	Y8162K204	STAR BULK CARRIERS CORP	3,380.000	74,347.49	0.00	0.00	0.00
21	Y8162K204	STAR BULK CARRIERS CORP	34,930.000	0.00	901,998.02	765,361.03	136,636.99



Schedule of Investments at End of Plan Year at Revalued Cost

Status: FINAL

ALLIANCE BERN SM CAP - OXSF20030002

1/1/2024 - 12/31/2024

OCCIDENTAL PETROLEUM - SHARED

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
COMMON/COLLECTIVE TRUST					
996084794	EB TEMP INV FD VAR RT 12/31/49 FEE CL 10	534.180	534.18	534.18	0.00
TOTAL COMMON/COLLECTIVE TRUST			534.18	534.18	0.00
GRAND TOTAL			534.18	534.18	0.00
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