

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, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: ARGONNE NATIONAL LABORATORY 403(B) EMPLOYEE RETIREMENT PLAN
1b Three-digit plan number (PN): 005
1c Effective date of plan: 01/01/1974
2a Plan sponsor's name (employer, if for a single-employer plan): UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY
2b Employer Identification Number (EIN): 68-0628477
2c Plan Sponsor's telephone number: 630-252-2989
2d Business code (see instructions): 541700

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 rows for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	7558
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	3981
	<b>6a(2)</b>	4072
	<b>6b</b>	201
	<b>6c</b>	3108
	<b>6d</b>	7381
	<b>6e</b>	36
	<b>6f</b>	7417
	<b>6g(1)</b>	6980
<b>6g(2)</b>	6785	
<b>6h</b>	0	
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2G 2L 2M

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>3</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>ARGONNE NATIONAL LABORATORY 403(B) EMPLOYEE RETIREMENT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>005</b></p>	
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>68-0628477</b></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**LINCOLN NATIONAL 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
35-0472300	65676	195100	29	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.

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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

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	(c) Amount	(d) Purpose	

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	1386171
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 1547582
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 52979
	(4) Transferred from separate account .....	<b>7c(4)</b>
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 52979
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 1600561
<b>e</b>	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 214390
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b>
	(4) Other (specify below)..... ▶	<b>7e(4)</b>
(5) Total deductions .....	<b>7e(5)</b> 214390	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 1386171

**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) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

**SCHEDULE 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**

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

<b>A</b> Name of plan <b>ARGONNE NATIONAL LABORATORY 403(B) EMPLOYEE RETIREMENT PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY</b>		<b>D</b> Employer Identification Number (EIN) <b>68-0628477</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier

**TIAA-CREF**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>13-1624203</b>	<b>69345</b>	<b>100283</b>	<b>2353</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

**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.

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

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

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

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

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

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	315754641
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	350306292
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies                      (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration                      (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment                      (4) <input type="checkbox"/> other ▶	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 324305289
<b>c</b>	Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 14459692
	(4) Transferred from separate account .....	<b>7c(4)</b> 30552285
	(5) Other (specify below)..... ▶	<b>7c(5)</b>
	(6) Total additions .....	<b>7c(6)</b> 45011977
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 369317266
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 23592258
	(2) Administration charge made by carrier.....	<b>7e(2)</b>
	(3) Transferred to separate account .....	<b>7e(3)</b> 29923184
	(4) Other (specify below)..... ▶ TRANSFERS	<b>7e(4)</b> 47183
(5) Total deductions .....	<b>7e(5)</b> 53562625	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 315754641

**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) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>			
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>			
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>			
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>		0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>			
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>			
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>		0
	(4) Claims charged .....		<b>9b(4)</b>		
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --				
	(A) Commissions .....	<b>9c(1)(A)</b>			
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>			
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>			
	(D) Other expenses .....	<b>9c(1)(D)</b>			
	(E) Taxes .....	<b>9c(1)(E)</b>			
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>			
	(G) Other retention charges .....	<b>9c(1)(G)</b>			
	(H) Total retention .....		<b>9c(1)(H)</b>		0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>		
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>		
	(2) Claim reserves .....		<b>9d(2)</b>		
	(3) Other reserves .....		<b>9d(3)</b>		
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>		

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		
<b>b</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. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

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

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

<p style="text-align: center;"><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;"><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p><b>A</b> Name of plan <span style="color: blue;">ARGONNE NATIONAL LABORATORY 403(B) EMPLOYEE RETIREMENT PLAN</span></p>	<p><b>B</b> Three-digit plan number (PN) ▶</p>	<p><span style="color: blue;">005</span></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY</span></p>	<p><b>D</b> Employer Identification Number (EIN) <span style="color: blue;">68-0628477</span></p>	

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
EMPOWER ANNUITY INSURANCE COMPANY OF AMERICA

(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
84-0467907	68322	GA-07680A	588	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.

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

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

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

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

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

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

(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	

<b>Part II</b>	<b>Investment and Annuity Contract Information</b>	
	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.	
<b>4</b>	Current value of plan's interest under this contract in the general account at year end .....	53802190
<b>5</b>	Current value of plan's interest under this contract in separate accounts at year end.....	
<b>6</b>	<b>Contracts With Allocated Funds:</b>	
<b>a</b>	State the basis of premium rates ▶	
<b>b</b>	Premiums paid to carrier .....	<b>6b</b>
<b>c</b>	Premiums due but unpaid at the end of the year .....	<b>6c</b>
<b>d</b>	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 ▶	<b>6d</b>
<b>e</b>	Type of contract: (1) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input type="checkbox"/> other (specify) ▶	
<b>f</b>	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
<b>7</b>	<b>Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)</b>	
<b>a</b>	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input type="checkbox"/> guaranteed investment (4) <input checked="" type="checkbox"/> other ▶ <b>GUARANTEED INTEREST ACCOUNT</b>	
<b>b</b>	Balance at the end of the previous year .....	<b>7b</b> 60890483
<b>c</b>	(1) Contributions deposited during the year .....	<b>7c(1)</b> 1330627
	(2) Dividends and credits.....	<b>7c(2)</b>
	(3) Interest credited during the year.....	<b>7c(3)</b> 1679229
	(4) Transferred from separate account .....	<b>7c(4)</b> 3173835
	(5) Other (specify below)..... ▶ <b>TRANSFERS, LOAN REPAYMENTS</b>	<b>7c(5)</b> 128772
	(6) Total additions .....	<b>7c(6)</b> 6312463
<b>d</b>	Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b> 67202946
<b>e</b>	<b>Deductions:</b>	
	(1) Disbursed from fund to pay benefits or purchase annuities during year .....	<b>7e(1)</b> 8639734
	(2) Administration charge made by carrier.....	<b>7e(2)</b> -33301
	(3) Transferred to separate account .....	<b>7e(3)</b> 4656573
	(4) Other (specify below)..... ▶ <b>TRANSFERS, LOANS ISSUED</b>	<b>7e(4)</b> 137750
(5) Total deductions .....	<b>7e(5)</b> 13400756	
<b>f</b>	Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b> 53802190

**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) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</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. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

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

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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>ARGONNE NATIONAL LABORATORY 403(B) EMPLOYEE RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY</b>	<b>D</b> Employer Identification Number (EIN) <b>68-0628477</b>	

**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

**FID INV INST OPS CO**

**04-2647786**

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

**TIAA-CREF**

**13-1624203**

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

**LINCOLN NATIONAL CORPORATION**

**35-1140070**

**(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

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**(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

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**(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

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

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 37 64 65 71	RECORDKEEPER	156092	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)

UCHICAGO ARGONNE LLC

68-0628477

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	CONSULTING	115775	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)

TIAA-CREF

13-1624203

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RECORDKEEPER	1826	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"/>

**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
FID INV INST OPS CO	60	0
(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.	
VARIOUS MUTUAL FUND COMPANIES  04-2647786	SUB-TRANSFER AGENCY FEES; SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS	
(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.

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

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

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

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

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

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ARGONNE NATIONAL LABORATORY 403(B) EMPLOYEE RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>005</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY</u>	<b>D</b> Employer Identification Number (EIN) <u>68-0628477</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>TIAA REAL ESTATE</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>TIAA-CREF</u>		
<b>c</b> EIN-PN <u>13-1624203-004</u>	<b>d</b> Entity code <u>P</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13472166</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ARGONNE NATIONAL LABORATORY 403(B) EMPLOYEE RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>005</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY</b>	<b>D</b> Employer Identification Number (EIN) <b>68-0628477</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	210865
<b>(3)</b> Other .....	<b>1b(3)</b>	0
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	36602191
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	907805
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	3624194
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	15944589
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	1134013905
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	371285242
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	1577078821	1672798265
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1577078821	1672798265

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	49656400	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	3235399	
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		52891799
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	1319486	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	256541	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	16264852	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		17840879
<b>(2) Dividends: (A) Preferred stock.....</b>	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	35808692	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		35808692
<b>(3) Rents.....</b>	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....</b>	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		0
<b>(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....</b>	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		-628653
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		138075006
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		243987723

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	145336442	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	2572742	
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		147909184
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		85402
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	1826	
(3) Recordkeeping fees .....	<b>2i(3)</b>	156092	
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	115775	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		273693
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		148268279

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		95719444
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: MITCHELL & TITUS, LLP

(2) EIN: 13-2781641

**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
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		5000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>ARGONNE NATIONAL LABORATORY 403(B) EMPLOYEE RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>005</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY</u>	<b>D</b> Employer Identification Number (EIN) <u>68-0628477</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions..... 

1		0
---	--	---

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 04-6568107 13-1624203

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year..... 

3	
---	--

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline?.....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation: \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**ARGONNE NATIONAL LABORATORY**  
**403(b) EMPLOYEE RETIREMENT PLAN**  
**EIN: 68-0628477; PLAN #: 005**

**FINANCIAL STATEMENTS AND**  
**SUPPLEMENTAL SCHEDULE**

**DECEMBER 31, 2024 AND 2023**

**WITH INDEPENDENT AUDITOR'S REPORT**

**ARGONNE NATIONAL LABORATORY**  
**403(b) EMPLOYEE RETIREMENT PLAN**

**DECEMBER 31, 2024 AND 2023**

**TABLE OF CONTENTS**

	<b><u>P A G E</u></b>
INDEPENDENT AUDITOR’S REPORT	1
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS AS OF DECEMBER 31, 2024 AND 2023	4
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2024	5
NOTES TO FINANCIAL STATEMENTS	6
SUPPLEMENTAL SCHEDULE: SCHEDULE H, PART IV, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR) AT DECEMBER 31, 2024	13

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



## INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants  
Argonne National Laboratory 403(b) Employee Retirement Plan

### *Opinion*

We have audited the financial statements of the Argonne National Laboratory 403(b) Employee Retirement Plan (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 benefits as of December 31, 2024 and 2023, the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits for the year ended December 31, 2024, in accordance with accounting principles generally accepted in the United States of America.

### *Basis for Opinion*

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's 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 for one year after the date that the financial statements are issued.

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

*Auditor's Responsibilities for the Audit of the Financial Statements*

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users made on the basis of these 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.
- 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 audits, significant audit findings, and certain internal control-related matters that we identified during the audits.



*Other Matter – Supplemental Schedule Required by ERISA*

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of the Plan’s management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

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

In our opinion, the information in the accompanying schedule is fairly stated, in 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.

*Mitchell Titus, LLP*

September 19, 2025

**ARGONNE NATIONAL LABORATORY**  
**403(b) EMPLOYEE RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

**AS OF DECEMBER 31, 2024 AND 2023**

	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments at fair value	\$ 1,297,889,833	\$ 1,186,415,878
Investments, at contract value	371,284,238	387,067,175
Total investments	<u>1,669,174,071</u>	<u>1,573,483,053</u>
Notes receivable from participants	3,624,194	3,384,903
Participants contributions receivable	-	210,865
Total receivables	<u>3,624,194</u>	<u>3,595,768</u>
<b>Total assets</b>	<u>1,672,798,265</u>	<u>1,577,078,821</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u><u>\$ 1,672,798,265</u></u>	<u><u>\$ 1,577,078,821</u></u>

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

**ARGONNE NATIONAL LABORATORY**  
**403(b) EMPLOYEE RETIREMENT PLAN**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

**FOR THE YEAR ENDED DECEMBER 31, 2024**

	<b>2024</b>
<i>Additions to net assets attributed to</i>	
<i>Investment income</i>	
Interest and dividends	\$ 53,393,030
Net appreciation in fair value of investments	137,446,354
Investment income	190,839,384
Interest income on notes receivable from participants	256,541
Employee contributions	49,656,400
Rollovers contributions	3,235,399
Total additions	243,987,724
<i>Deductions from net assets attributed to</i>	
Benefits paid to participants	147,994,587
Administrative expenses	273,693
Total deductions	148,268,280
Net	95,719,444
<b>Net assets available for benefits</b>	
Beginning of year	1,577,078,821
<b>END OF YEAR</b>	<b>\$ 1,672,798,265</b>

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

## **NOTE 1 – NATURE OF OPERATIONS**

Argonne National Laboratory (the Laboratory) is government owned and operated by the University of Chicago under the terms of a contract with the U.S. Department of Energy (DOE). As most of the Laboratory's research efforts are dedicated to the DOE, the Laboratory receives the majority of its funding from the DOE.

## **NOTE 2 – DESCRIPTION OF THE PLAN**

The following brief description of the Argonne National Laboratory 403(b) Employee Retirement Plan (the Plan), which was formerly named the Argonne National Laboratory Group Tax-Deferred Annuity Plan for Exempt Employees, is provided for general information purposes only. The Plan was renamed, effective January 1, 2013. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

### **General**

The Plan is a qualified defined contribution plan under Section 403(b) of the Internal Revenue Code (Code). There are two components under the Plan:

- The Match Component: participation is mandatory for all regular full-time employees and eligible part-time employees of the Laboratory who have completed six months of continuous employment with the Laboratory.
- The Supplemental Component: participation is voluntary, and all employees may enroll at any time on or after their dates of hire.

Effective January 1, 2013, the Argonne National Laboratory Group Tax-Deferred Annuity Plan for Non-Exempt Employees (Non-Exempt Plan) was merged with and into the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

### **Contributions**

Under the match component, participants are required to contribute 2.5% of their regular compensation in order to receive the Laboratory contributions. Participants may also make supplemental contributions up to the Internal Revenue Service (IRS) statutory limit. The Laboratory is neither required, nor permitted to make contributions to the Plan.

Prior to March 1, 2013, participants direct their contributions into various investment options among the investment funds managed by Prudential Insurance Company of America (Prudential), Teachers Insurance and Annuity Association – College Retirement Equities Fund (TIAA-CREF), Fidelity Management Trust Company (Fidelity), and Lincoln Life Insurance Company (Lincoln). The Lincoln investment fund was frozen for new contributions, effective May 1997, and had a balance of \$1,386,171 and \$1,547,582 as of December 31, 2024 and 2023, respectively. These investment managers function as custodians of the Plan's investments. Effective March 1, 2013, all participant contributions are now directed into investment options offered by Fidelity. Transfers may be made among the funds of the investment agent chosen by the participant, at the participant's discretion, upon proper notice to the agent according to the investment agent's limitations.

### **Participant Accounts**

Each participant's account is credited with the participant's mandatory, supplemental, and rollover contributions, and an allocation of the earnings and realized and unrealized market appreciation and depreciation of the investments.

### **Participant Loans**

In accordance with the specific terms of the Plan and subject to IRS regulations, a participant may generally borrow against accumulation of contributions without taxes or penalties (provided all repayments are made on time). Specific loan provisions, including interest rates, payback periods, application fees, and how much can be borrowed, are subject to the ERISA limit. The outstanding balance on the loans was \$3,624,194 and \$3,384,903 at December 31, 2024 and 2023, respectively.

### **Vesting**

Participants are vested immediately in their contributions plus actual earnings thereon.

### **Payment of Benefits**

Upon separation from service because of retirement, termination, or death, a participant (or his/her beneficiary) may elect to receive the value of his/her account, subject to Plan provisions, in the form of a joint and survivor 10-year certain annuity, a life annuity in fixed monthly payments over a period determined by the vendor, a lump-sum cash payment, or under minimum distribution rules. Participants' benefits under the Plan are limited to the amount that can be provided from the participant's account.

### **Administrative Expenses**

Administrative fees on annuities purchased are a factor in the determination of the annuity rate. Trustee and fund transfer fees are allocated to individual participant accounts. Administrative costs for other investments are deducted from the investment income of the respective fund. All other administrative expenses are borne by the Laboratory.

### **Plan Termination**

Although it has not expressed any such intent, the Laboratory has the right to terminate the Plan subject to the provisions of ERISA.

## **NOTE 3 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

### **Basis of Presentation**

The financial statements of the Plan are prepared on the accrual basis of accounting. The net assets available for benefits include the assets available to current Plan participants as well as participants who are terminated or changed employment classification. Although the terminated employees may withdraw their account balances from the Plan at any time, many have elected to continue their investments in the Plan.

## **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires the plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

## **Investment Valuation and Income Recognition**

The assets of the Plan are invested through TIAA-CREF, Fidelity, Lincoln, and Empower, the investment managers and custodians of the Plan's assets. The Plan's investments are stated at fair value (except for the fixed annuity contract, which is reported at contract value). Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In accordance with the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosure*, assets measured at fair value are categorized into the fair value hierarchy; see Note 4 for further discussion.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought, sold, and held during the year.

The Plan invests in annuity contracts and guaranteed investment contracts. The Plan has adopted the new standard for the Plan reporting, which requires such contracts be reported at contract value. Contract value is the relevant measurement for annuity and guaranteed investment contracts because this is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan; see Note 5 for further discussion.

## **Notes Receivable from Participants**

Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. No allowance for credit losses has been recorded as of December 31, 2024 or 2023.

## **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

## **NOTE 4 – FAIR VALUE MEASUREMENTS**

The Plan follows the guidance issued under the *Fair Value Measurements and Disclosures* topic of the FASB ASC, which provides the framework for measuring fair value. That framework provides 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 under the guidance are described as follows:

*Level 1:* Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets or liabilities.

*Level 2:* Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities.
- Quoted prices for identical or similar assets or liabilities in markets that are not active.
- Observable inputs other than quoted prices that are used in the valuation of the assets and liabilities (*e.g.*, interest rate and yield curve quotes at commonly quoted intervals).
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

*Level 3:* Unobservable inputs for the asset or liability (*i.e.*, supported by little or no market activity). Level 3 inputs include management's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The following is a description of the valuation methodologies used for major categories of asset measured at fair value by the Plan.

*Money market funds* are valued at the net asset value (NAV) of shares held by the Plan at year end. There are currently no redemption restrictions on this investment.

*Mutual funds* are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Pooled separate account* consists of TIAA-CREF's Real Estate Account (REA). The REA is an insurance company separate account of TIAA-CREF, investing mainly in real estate and real estate-related investments. Accumulation units in the REA are available for transactions at the closing accumulation unit value on any day the NYSE is open for business. Transfers out of the REA are limited to one per calendar quarter. Although the underlying assets of the REA cannot be quickly sold and converted to liquid assets, the TIAA general account provides the REA with a liquidity guarantee (*i.e.*, TIAA ensures that the REA has funds available to meet participants' redemption, transfer or cash withdrawal requests).

Fair value of the REA is valued at the unit value of units held by the Plan at year end. The unit value is derived principally from the underlying real estate holdings or other real estate-related investments in the REA, which are valued principally using external appraisals and independent pricing sources. There were no unfunded commitments at year end.

The valuation methods described above may produce a fair value calculation that may not indicate net realizable value or reflect 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 tables below provide information on the fair value of the Plan’s investments by their hierarchy level at December 31, 2024 and 2023. There were no transfers between the levels of fair value hierarchy in 2024 and 2023.

	<b>Assets at Fair Value – 2024</b>			<b>Total</b>
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	
<b>Investments</b>				
Money market funds	\$ 36,603,195	\$ -	\$ -	\$ 36,603,195
Mutual funds	1,247,814,472	-	-	1,247,814,472
Total investments in the fair value hierarchy	1,284,417,667	-	-	1,284,417,667
Investments measured at NAV or equivalent (a)	-	-	-	13,472,166
Total investments at fair value	<u>\$ 1,284,417,667</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,297,889,833</u>
	<b>Assets at Fair Value – 2023</b>			<b>Total</b>
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	
<b>Investments</b>				
Money market funds	\$ 35,549,579	\$ -	\$ -	\$ 35,549,579
Mutual funds	1,134,921,710	-	-	1,134,921,710
Total investments in the fair value hierarchy	1,170,471,289	-	-	1,170,471,289
Investments measured at NAV or equivalent (a)	-	-	-	15,944,589
Total investments at fair value	<u>\$ 1,170,471,289</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 1,186,415,878</u>

(a) In accordance with the relevant accounting standards, certain investments that are measured at fair value using the NAV per share (or its equivalent) have not been classified in the fair value hierarchy. These investments include pooled separate accounts.

#### **NOTE 5 – FIXED ANNUITY CONTRACT AND GUARANTEED INTEREST ACCOUNTS**

The Plan held certain assets in a fixed annuity contract with TIAA-CREFF, which include a traditional benefit-responsive annuity contract and a traditional non-benefit-responsive annuity contract; they are reported at contract value. The contract values of these assets were \$315,754,641 and \$324,305,288 at December 31, 2024 and 2023, respectively.

During the participants’ accumulation phase, the TIAA-CREF Traditional Annuity provides a guarantee of principal, a guaranteed minimum rate of interest, and the potential of additional interest if declared by TIAA-CREF, in effect for each declaration year. Certain contract types contain liquidity restrictions on the redemption of TIAA-CREF Traditional Annuity accumulations.

Participants holding Retirement Annuities over \$2,000 may only make withdrawals in the form of a life annuity or over a 10-year period, with the first installment paid immediately so that the 10-year withdrawal period occurs over a nine-year period and one day. Participants with accumulations less than \$2,000 may withdraw a lump sum. The contract value equals the accumulated cash contributions and interest credited to the Plan's contracts, less any withdrawals. The value of an accumulation in a participant's TIAA-CREF Traditional Annuity contract does not equal more than the participant's fund balance in the annuity contract.

Guaranteed interest accounts are guaranteed investment contracts, and include assets held in Empower and Lincoln. The contract value of the assets in the Empower account was \$54,143,426 as of December 31, 2024, while in the Prudential account was \$61,214,305 as of December 31, 2023. The Lincoln account has a contract value of \$1,386,171 and \$1,547,582 as of December 31, 2024 and 2023, respectively. This is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. For the Plan years ended December 31, 2024 and 2023, the average yield earned by the Plan and the average yield credited to participants was 3.00%.

These accounts allow participants to direct permitted withdrawals or transfers of all or a portion of their account balance at contract value, within reasonable time frames. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees. Repayment of principal and interest credited to participants is the issuer's financial obligation. The Empower account is considered to be benefit responsive.

Interest is credited on contract balances using rates established at the beginning of each calendar quarter. Different interest crediting rates are applied to contributions based on the calendar quarter in which the contributions were made. Termination of the contract could limit the Plan's ability to transact at contract value paid within 90 days; in such an instance, the contract value could be paid over time, or, at the Plan Sponsor's discretion, over a one-year period (at most) after the application of market value adjustments. There are no other events that allow the issuer to terminate the contracts or require the Plan Sponsor to settle on a different amount than contract value paid either within 90 days or over time.

#### **NOTE 6 – TAX STATUS**

The Plan has been designed to satisfy the requirements of Section 403(b) of the Code. The Plan is required to operate in conformity with the Code to maintain the tax-exempt status for Plan participants under Section 403(b). The plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. The IRS has announced that it will not issue determination letters for individually designed 403(b) plans. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management 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 be sustained upon examination by the applicable taxing authorities. The Laboratory has analyzed tax positions taken by the Plan and concluded that, as of December 31, 2024, there were no uncertain tax positions taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

#### **NOTE 7 – RELATED-PARTY TRANSACTIONS**

Certain Plan investments are held in assets managed by Fidelity, TIAA-CREF, Lincoln, and Empower, which are custodians as defined by the Plan. These transactions qualify as party-in-interest transactions, and are exempt from the prohibited transactions rules under ERISA. Fees paid by the Plan for the investment management services are deducted from the return on investments of participant accounts.

#### **NOTE 8 – RISKS AND UNCERTAINTIES**

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

#### **NOTE 9 – SUBSEQUENT EVENTS**

Management has evaluated subsequent events through September 19, 2025, the date the financial statements were available for issuance, and determined that no material subsequent events have occurred that would affect the information presented in the accompanying financial statements or require additional disclosure.

## Schedule C, Line 2(h) Formula Descriptions

Argonne National Laboratory 403(B) Employee Retirement Plan  
 EIN: 68-0628477, PN: 005  
 Plan Year Ending: December 31, 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
ABERDEEN EMERGING MARKETS FD INSTL CL	1735 MARKET ST	32ND FLOOR	PHILADELPHIA	PA	19103	0.15%
ADIRONDACK SMALL CAP FUND	2390 WESTERN AVE		GUILDERLAND	NY	12084	0.40%
ADV PREFERRED GOLD BULLION STRAT INV	1445 RESEARCH BLVD	SUITE 530	ROCKVILLE	MD	20850	0.40%
ADVISORS CAPITAL ACTIVE ALL CAP FD	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL SMALL MID CAP INVSTR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL TACTICAL FX INC INV	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL US DIVIDEND FD INVESTOR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
AKRE FOCUS FUND RETAIL	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.40%
ALGER SMALL CAP FOCUS CLASS A	600 PLAZA ONE	6TH FLOOR	JERSEY CITY	NJ	07311	0.40%
ALLSPRING ABSOLUTE RETURN FD INST	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.10%
ALLSPRING DISCOVERY SMID CAP GROWTH A	525 MARKET ST	MAC A0103 122	SAN FRANCISCO	CA	94105	0.40%
ALPHACENTRIC LIFE SCIENCE & HLTHCARE I	80 ARKAY DR		HAUPPAUGE	NY	11788	0.15%
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMANA PARTICIPATION FD INVESTOR CLASS	1300 NORTH STATE ST		BELLINGHAM	WA	98225	0.40%
AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN BEACON ARK TRANS INNOVTN INVSTR	220 E LAS COLINAS BLVD	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON DEV WORLD INCOME INV	220 E LAS COLINAS BLVD	STE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON LARGE CAP INVESTOR	220 E LAS COLINAS BLVD	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN CEN FOCUSED DYNAMIC GROWTH INV	4400 MAIN ST	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN EUROPACIFICGROWTH FUND CL F2	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.15%
AMERICAN FUNDAMENTAL INVESTORS CLASS A	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN WASHINGTON MUTUAL INVESTORS F1	3500 WISEMAN BLVD		SAN ANTONIO	TX	78251-4321	0.37%
AMG YACHTMAN FOCUSED N	600 STEAMBOAT RD	SUITE 300	GREENWICH	CT	06830	0.40%
APPLIED FIN EXPLORER FUND INVESTOR	8730 STONY POINT PKWY	SUITE 205	RICHMOND	VA	23235	0.40%
AQR RISK BALANCED COMMOD STRATEGY FD N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
ARBITRAGE FUND CLASS R	1290 BROADWAY ST.	SUITE 1100	DENVER	CO	80203	0.40%
ARTISAN GLOBAL OPPORTUNITIES INV	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN GLOBAL VALUE FD INV SHARES	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
ARTISAN SMALL CAP FUND INVESTOR CL	875 E WISCONSIN AVE	SUITE 800	MILWAUKEE	WI	53202	0.39%
AVE MARIA RISING DIVIDEND FUND	801 W. ANN ARBOR TRAIL	SUITE 244	PLYMOUTH	MI	48170	0.40%
AZZAD ETHICAL MID CAP FUND CL A	8000 TOWN CENTRE DR	SUITE 400	BROADVIEW HEIGHTS	OH	44147-4031	0.40%
BAIRD AGGREGATE BOND FUND INSTL	777 E. WISCONSIN AVE	18TH FL	MILWAUKEE	WI	53202	0.03%
BANKS ULTRA SECTOR PRO FUND INVESTOR	7501 WISCONSIN AVE	STE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BARON HEALTH CARE FD RETAIL	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND INSTL CLASS	767 5TH AVE	49TH FLOOR	NEW YORK	NY	10153	0.10%
BBH LIMITED DURATION FUND CLASS N	140 BROADWAY		NEW YORK	NY	10005	0.15%
BERKSHIRE FOCUS FUND	475 MILAN DR	SUITE 103	SAN JOSE	CA	95134	0.40%
BIOTECHNOLOGY ULTRA SECTOR PRO FD INV	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BITCOIN STRATEGY FD INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
BLACKROCK HEALTH SCIENCES OPP PRT A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK TECHNOLOGY OPPORTUNITIES CL A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BLACKROCK UNCONSTRAINED EQUITY INV A	40 EAST 52ND ST		NEW YORK	NY	10022	0.40%
BNY MELLON LARGE CAP SECURITIES FUND INC	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.35%
BNY MELLON NATURAL RESOURCES A	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON SMALLCAP STOCK INDEX INVESTOR	144 GLENN CURTISS BLVD	8TH FLOOR	UNIONDALE	NY	11556	0.35%
BNY MELLON WORLDWIDE GROWTH A	144 GLENN CURTISS BLVD	8TH FL	UNIONDALE	NY	11556	0.40%
BUFFALO MID CAP DISCOVERY	615 E. MICHIGAN ST		MILWAUKEE	WI	53202	0.40%
CALAMOS GROWTH & INCOME CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
CALVERT US MID CAP CORE RSPNSBL INDEX A	4550 MONTGOMERY AVE	SUITE 1000 N	BETHESDA	MD	20814	0.40%
CARILLON SCOUT MID CAP FUND CL I	P.O. BOX 33022		ST PETERSBURG	FL	33733-8022	0.40%
CHAMPLAIN MID CAP ADVISOR SHARE	ONE FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
COHEN & STEERS INSTL REALTY SHARES	280 PARK AVE	10TH FLOOR	NEW YORK	NY	10017	0.10%
COHEN & STEERS REALTY CLASS A	280 PARK AVE	10TH FLOOR	NEW YORK	NY	10017	0.40%
COLUMBIA GLOBAL TECHGROWTH CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SELIGMAN TECH AND INFO CL A	225 FRANKLIN ST	BX25 10320	BOSTON	MA	02110	0.40%
CROMWELL CENTERS QUARREAL ESTATE INVESTOR	100 SALEM ST		SMITHFIELD	RI	02917	0.40%
CULLEN HIGH DIVIDEND EQUITY FUND RETAIL	645 FIFTH AVE		NEW YORK	NY	10022	0.40%
DFA EMERGING MARKETS PORTFOLIO	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA EMERGING MARKETS SMALL CAP	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA EMERGING MKRTS CORE EQU PORTF	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA FIVE YEAR GLOBL FIXED INC PRFT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA GLOBAL REAL ESTATE SEC PORTFOLIO	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL SMALL COMPANY PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL VALUE PRFT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INT'L SMALL CAP VALUE	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INV'T TWO YEAR GLOBAL FIXED INCOME	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA ONE YEAR FIXED INCOME PRFT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA SHORT TERM GOVERNMENT PORT	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US SMALL CAP VALUE PRFT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US TARGETED VALUE PRFT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIAMOND HILL CORE BOND FUND CL I	325 JOHN H MCCONNELL BLVD	SUITE 200	COLUMBUS	OH	43215	0.10%
DIMENSIONAL EMERGING MKTS VAL PRFT INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIREXION MONTHLY 10 YR NOTE BULL 2X INV	155 SEAPORT BOULEVARD	STE P8	BOSTON	MA	02210	0.40%
DIREXION MONTHLY NASDAQ 100 BULL 2X INV	155 SEAPORT BOULEVARD	SUITE P8	BOSTON	MA	02210	0.40%
DIREXION MONTHLY S&P 500 BULL 2X INV	155 SEAPORT BOULEVARD	SUITE P8	BOSTON	MA	02210	0.40%

## Schedule C, Line 2(h) Formula Descriptions

Argonne National Laboratory 403(B) Employee Retirement Plan  
 EIN: 68-0628477, PN: 005  
 Plan Year Ending: December 31, 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
DOMINI IMPACT EQUITYINVESTOR	536 BROADWAY	7TH FLOOR	NEW YORK	NY	10012	0.40%
DOMINI SUSTAINABLE SOLUTIONS INVESTOR	536 BROADWAY	7TH FL	NEW YORK	NY	10012	0.40%
DWS HEALTH AND WELLNESS FUND-A	280 PARK AVE	9TH FLOOR	NEW YORK	NY	10026	0.40%
DWS LATIN AMERICA EQUITY FUND-A	280 PARK AVE	9TH FLR	NEW YORK	NY	10026	0.40%
EATON VANCE EMRG MARKETS LOCAL INC A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	\$16.00
EDGEWOOD GROWTH FUND RETAIL CLASS	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
EMERALD FINANCE AND BANKING INNOV INV	3175 OREGON PIKE		LEOLA	PA	17540	0.40%
EMERGING MARKETS S	1301 SECOND AVE	16TH FLOOR	SEATTLE	WA	98101	0.25%
EVENTIDE GILEAD FUND CLASS N	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.40%
EVENTIDE HEALTHCARE AND LIFE SCIENCES N	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.40%
FAIRHOLME FOCUSED INCOME FUND	4400 BISCAYNE BOULEVARD		SOUTH MIAMI	FL	33143	0.10%
FAM DIVIDEND FOCUS FUND	384 NORTH GRAND ST		COBLESKILL	NY	12043	0.40%
FEDERATED HERMES OPPOR HIGH YLD BD SS	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FEDERATED HERMES PRUDENT BEAR CL A	4000 ERICSSON DR		WARRENDALE	PA	15086-7515	0.40%
FIRST EAGLE GLOBAL CLASS I	1345 AVE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.15%
FIRST EAGLE GOLD CLASS A	1345 AVE OF THE AMERICAS	48TH FLR	NEW YORK	NY	10105	0.40%
FMI LARGE CAP FUND	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
FPA CRESCENT FUND	11601 WILSHIRE BLVD	SUITE 1200	LOS ANGELES	CA	90025	0.35%
GABELLI GOLD FUND CLAAA	401 THEODORE FREMDD. AVE.		RYE	NY	10580	0.40%
GLENMEDE LARGE CAP GROWTH	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	0.40%
GLOBAL REAL ESTATE SECURITIES S	1301 SECOND AVE	16TH FLOOR	SEATTLE	WA	98101	0.25%
GOLD AND PRECIOUS METALS FUND	3 CANAL PLAZA	SUITE 600	PORTLAND	ME	04101	0.40%
GOLDMAN SACHS CLEAN ENERGY INCOME A	71 S. WACKER DR	4TH FL	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS GQG PARTNERS INTL OPP I	71 S. WACKER DR	4TH FLOOR	CHICAGO	IL	60606	0.17%
GOLDMAN SACHS INTL EQUITY INCOME INSTL	71 S. WACKER DR	4TH FL	CHICAGO	IL	60606	0.17%
GQG PARTNERS US QUALITY SEL EQ INSTL	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.15%
GQG PARTNERS US QULTSELECT EQUITY INVSTR	1 FREEDOM VALLEY DR		OAKS	PA	19456	0.40%
HARTFORD SCHRODERS CHINA FUND CL A	100 MATSONFORD RD	STE 300	RADNOR	PA	19087	0.40%
HARTFORD SCHRODERS EMRG MKT MULT SC A	100 MATSONFORD RD	SUITE 300	RADNOR	PA	19087	0.35%
HEALTH CARE ULTRA SECTOR PRO FD INVSTR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
HENNESSY FOCUS FUND INVESTOR CLASS	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY GAS UTILITYINVESTOR CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HENNESSY MIDSTREAM INV	7250 REDWOOD BLVD.	STE 200	NOVATO	CA	94945	0.40%
HENNESSY SMALL CAP FINANCIAL INVSTR CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
HOOD RIVER SMALL CAP GROWTH FUND INSTL	6001 SHADY OAK ROAD	STE 200	MINNETONKA	MN	55343	0.12%
ICON NATURAL RES AND INFRA FUND INSTL	P.O. BOX 87		DENVER	CO	80201-0087	0.15%
INTERNATIONAL DEVELOPED MRKT CL S	1301 SECOND AVE	16TH FLOOR	SEATTLE	WA	98101	0.25%
INTERNET ULTRASECTORPRO FD INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
INVESCO EQUALLY WEIGHTED S&P 500 A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO GOLD & SPEC MINERALS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESTMENT GRADE BOND CL S	1301 SECOND AVE	16TH FLOOR	SEATTLE	WA	98101	0.25%
JAMES ADVANTAGE SMALL CAP	1290 BROADWAY ST	STE 1100	DENVER	CO	80203	0.40%
JAMES BALANCED: GOLDEN RAINBOW FUND	1290 BROADWAY ST.	SUITE 1100	DENVER	CO	80203	0.40%
JANUS HENDERSON ABS RET INC OPPOR T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON ADAPRISK MNGD US EQ CL T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON ENTERPRISE T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GL LIFE SCIENCES T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOB TECH & INNOV T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JOHN HANCOCK MLTMNG LIFSTYL MOD PORT A	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JPMORGAN EQUITY PREMINCOME CL I	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.15%
JPMORGAN LARGE CAP GROWTH CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN LARGE CAP VALUE FUND CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
KINETICS PARADIGM FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS SMALL CAP OPPORTUNITIES	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
LEUTHOLD GRIZZLY SHORT FUND	33 SOUTH SIXTH ST.	SUITE 4600	MINNEAPOLIS	MN	55402	0.40%
LOOMIS SAYLES BOND RETAIL SHARES	399 BOYLSTON ST	8TH FLOOR	BOSTON	MA	02116	0.35%
MADISON MID CAP FUNDCL Y	550 SCIENCE DR		MADISON	WI	53711	0.40%
MATTHEW 25	P.O. BOX 2479		JENKINTOWN	PA	19046	0.40%
MATTHEWS ASIA GROWTH FUND INV	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIAN GROWTH & INCOME FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS ASIAN INNOVATORS FD INVST	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA DIV FUND INVESTOR CLASS	4 EMBARCADERO CENTER	STE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS CHINA SMALLCOMPANIES INVESTOR	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MATTHEWS INDIA FUND	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
MFS GROWTH FUND CLASS I	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.15%
MFS MA INVESTORS GROWTH STOCK CL I	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.08%
MFS VALUE FUND CLASS I	111 HUNTINGTON AVE		BOSTON	MA	02199-7632	0.15%
MORGAN STA INST INC.INCEPTION PORT CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY DISCOVERY PORT CL I	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.10%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT I	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.10%
MORGAN STANLEY INTL ADVANTAGE CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY MORTGAGE SEC TR CL A	522 FIFTH AVE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MULTI STRATEGY INCOME FUND CLASS S	1301 SECOND AVE	16TH FLOOR	SEATTLE	WA	98101	0.25%
NASDAQ-100 PRO FUND INVESTOR CLASS	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%

## Schedule C, Line 2(h) Formula Descriptions

Argonne National Laboratory 403(B) Employee Retirement Plan  
 EIN: 68-0628477, PN: 005  
 Plan Year Ending: December 31, 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
NEUBERGER BERMAN GENESIS TRUST CLASS	1290 AVE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NEUBERGER BERMAN REAL ESTATE TRUST CL	1290 AVE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.40%
NORTHERN SMALL CAP VALUE	801 SOUTH CANAL	C55	CHICAGO	IL	60675	0.40%
NUVEEN INTERNATNL OPPORTUNITIES A	333 WEST WACKER DR		NEW YORK	NY	10017	0.12%
NUVEEN LARGE CAP GROWTH INDEX R6	333 WEST WACKER DR		NEW YORK	NY	10017	0.02%
NUVEEN PREFERRED SECS AND INC CL A	333 WEST WACKER DR		CHICAGO	IL	60606	0.40%
OAKMARK FUND ADVISORCLASS	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.15%
OAKMARK FUND INVESTOR CLASS	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.35%
OAKMARK INTL ADVISOR FUND	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.15%
OAKMARK INTL INVESTOR CL	111 SOUTH WACKER DR.		CHICAGO	IL	60606	0.35%
OBERWEIS MICRO CAP FUND	3333 WARRENVILLE RD	SUITE 500	LISLE	IL	60532	0.40%
OCM GOLD FUND ATLAS CLASS SHARES	235 W. GALENA ST		MILWAUKEE	WI	53212	0.40%
PARAMETRIC COMMODITYSTRATEGIC CL A	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
PARNASSUS CORE EQUITY INSTL	1 MARKET ST	STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	0.10%
PARNASSUS MID CAP	1 MARKET ST	STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS VALUE EQUITY INVESTOR	1 MARKET ST	STEUART TOWER STE 1600	SAN FRANCISCO	CA	94105	0.40%
PERFORMANCE TRUST TOTAL RETRN BND INST	500 WEST MADISON	STE 470	CHICAGO	IL	60661	0.40%
PIMCO COMMODITY REALRETURN STRAT A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO INVESTMENT GR CREDIT BOND FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO PREFERRED AND CAPITAL SECS CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO RAE PLUS FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO REAL ESTATE REAL RETURN STRAT A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO SHORT TERM CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.38%
PIMCO STOCKSPUS ABSOLUTE RTRN CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPUS INTERNATL US\$HDG A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPUS SHORT FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO STOCKSPUS SMALL FUND A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO TOTAL RETURN CLASS A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PRIMECAP ODYSSEY GROWTH FUND	2020 E. FINANCIAL WAY	SUITE 100	GLENDORA	CA	91741	0.10%
PUTNAM FOCUSED EQ FUND CLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM GLOBAL TECHNOLOGY FUND CL A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
PUTNAM INCOME FUND CLASS A	1 POST OFFICE SQ	MAILZONE G3C	BOSTON	MA	02109	0.40%
RYDEX BIOTECHNOLOGY INV CLASS	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX DOW 2X STRATEGY CL C	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.07%
RYDEX ELECTRONICS INV CLASS	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
RYDEX ENERGY SVCS INVESTOR CLASS	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX GOVT LONG BOND1.2X STRATEGY INV CL	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX MONTHLY REBAL NASDAQ 100 2X STRA H	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL H	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX RUSSELL 2000 1.5X STRATEGY CL H	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX RUSSELL 2000 2X STRATEGY CL H	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
RYDEX S&P 500 2X STRATEGY CL H	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX TRANSPORTATIONFD CL A	9601 BLACKWELL RD	STE 500	ROCKVILLE	MD	20850	0.40%
RYDEX TRANSPORTATIONINVESTOR CLASS	9601 BLACKWELL RD	SUITE 500	ROCKVILLE	MD	20850	0.40%
SEMICONDUCTOR ULTRA SECTOR PRO FD INVSTR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
SEVEN CANYONS STRATEGIC INC INVSTR	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
SHELTON EQUITY INCOME INVESTOR	P.O. BOX 87		DENVER	CO	80201-0087	0.12%
SHELTON NASDAQ 100 INDEX INVESTOR	P.O. BOX 87		DENVER	CO	80201-0087	0.15%
SHELTON SUSTAINABLE EQUITY INVESTOR	P.O. BOX 87		DENVER	CO	80201-0087	0.40%
SPROTT GOLD EQUITY FUND INVESTOR	200 BAY ST	SUITE 2600	TORONTO	CA	M5J 2I1	0.40%
STRATEGIC BOND FUND CL S	1301 SECOND AVE	16TH FLOOR	SEATTLE	WA	98101	0.25%
SWAN DEFINED RISK FUND CLASS I	1099 MAIN AVE	SUITE 206	DURANGO	CO	81301	0.08%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE COMM & TECHNOLOGY INVESTOR	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DIVERSDMID CAP GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE EUROPEAN STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL TECHNOLOGY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTRTD US SM CAP GR EQUITY	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE U.S EQUITY RESEARCH FD	4515 PAINTERS MILL RD		OWINGS MILLS	MD	21117	0.15%
TCW SECURITIZED BONDFUND CLASS N	865 S FIGUERA ST	22ND FL	LOS ANGELES	CA	90071	0.35%
TCW SELECT EQUITIES CLASS N	865 S FIGUEROA ST	22ND FLOOR	LOS ANGELES	CA	90071	0.40%
THE INTERNET FUND	470 PARK AVE SOUTH		NEW YORK	NY	10016	0.40%
THIRD AVENUE REAL ESTATE VALUE INVST	622 THIRD AVE	32ND FLOOR	NEW YORK	NY	10017	0.40%
THIRD AVENUE VALUE FUND INVESTOR CLASS	622 THIRD AVE	32 FL	NEW YORK	NY	10017	0.40%
THOMPSON BOND FUND	1255 FOURIER DR	SUITE 200	MADISON	WI	53717	0.25%
THORNBURG LTD TERM INCOME CLASS I	2300 NORTH RIDGETOP RD		SANTA FE	NM	87506	0.15%
THRIVENT MID CAP STOCK FUND CL S	4321 N. BALLARD ROAD		APPLETON	WI	54919-0001	0.15%
TRANSAMERICA LARGE CAP VALUE CL A	4333 EDGEWOOD RD NE		CEDAR RAPIDS	IA	52499	0.40%
ULTRA BEAR PRO FUND INVESTORS SHARES	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA CHINA PRO FUND- INVESTOR CLASS	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA NASDAQ-100 PRO FUND INVESTOR CLASS	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA SHORT CHINA PRO FUND - INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA SHORT JAPAN PRO INVT CL SHS	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
ULTRA SHORT NASDAQ- 100 PROFUND INVESTOR	7501 WISCONSIN AVE	SUITE 1000 E TOWER	BETHESDA	MD	20814	0.40%
US SMALL CAP EQUITY CLASS S	1301 SECOND AVE	16TH FLOOR	SEATTLE	WA	98101	0.25%

## Schedule C, Line 2(h) Formula Descriptions

Argonne National Laboratory 403(B) Employee Retirement Plan  
 EIN: 68-0628477, PN: 005  
 Plan Year Ending: December 31, 2024

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
US STRATEGIC EQUITY FUND CL S	1301 SECOND AVE	16TH FLOOR	SEATTLE	WA	98101	0.25%
VALUE LINE ASSET ALLOCATION INVESTOR	7 TIMES SQUARE	SUITE 1606	NEW YORK	NY	10036	0.40%
VICTORY NASDAQ-100 INDEX FUND	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.15%
VICTORY NASDAQ-100 INDEX FUND CL A	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.40%
VICTORY ULTRA SHORT TERM BOND FUND	4900 TIEDEMAN RD	4TH FLOOR	BROOKLYN	OH	44114	0.10%
VILLERE BALANCED	601 POYDRAS ST	SUITE 1808	NEW ORLEANS	LA	70130-6038	0.40%
VIRTUS DUFF & PHELPS SELECT MLP ENERGY I	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.10%
VIRTUS DUFF & PHELPSSELECT MLP ENERGY A	100 SUMMIT LAKE DR		201 GREENFIELD	MA	01301	0.40%
VIRTUS KAR MID CAP CORE FUND CLASS I	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.15%
VIRTUS ZEVENBERGEN INNOVATIVE GR STK A	100 SUMMIT LAKE DR	#201	GREENFIELD	MA	01301	0.40%
WASATCH GLOBAL VALUE FUND	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WASATCH ULTRA GROWTH	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WCM FOCUSED INTL GROWTH FUND INVESTOR	2220 EAST ROUTE 66	SUITE 226	GLENDORA	CA	91740	0.40%
WISE CAPITAL FUND	8000 TOWN CENTRE DR	SUITE 400	BROADVIEW HEIGHTS	OH	44147-4031	0.40%
WORLD PRECIOUS MINERALS FUND	3 CANAL PLAZA	SUITE 600	PORTLAND	ME	04101	0.40%

**ARGONNE NATIONAL LABORATORY**  
**403(b) EMPLOYEE RETIREMENT PLAN**  
**EIN: 68-0628477 - PLAN #: 005**

**SCHEDULE H, PART IV, LINE 4(i)--SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**AS OF DECEMBER 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(e) Current Value
<b>MONEY MARKET FUNDS &amp; SHORT-TERM INVESTMENTS</b>			
*	Fidelity	Brokerage Link - Cash	\$ 20,326,421
	Vanguard	Vanguard Federal Money Market Fund	6,903,329
*	TIAA-CREF	Money Market Account	9,372,442
*	Empower	Empower Money Market Account	1,003
		Total Money Market Funds and Short-Term Investments	36,603,195
<b>POOLED SEPARATE ACCOUNT</b>			
*	TIAA-CREF	Real Estate Fund	13,472,166
		Total Pooled Separate Account	13,472,166
<b>MUTUAL FUNDS</b>			
*	Fidelity	Brokerage Link - Fidelity Fund	109,298,674
*	Fidelity	Brokerage Link - External Fund	24,415,673
*	Fidelity	Brokerage Link - UNIT	974,567
	Vanguard	Vanguard Total International Stock IS	15,467,419
	Harbor	HARBOR DIVINTAC RET	5,294,610
	PIM INFL RESP MA IS	PIM INFL RESP MA IS	3,821,826
	Vanguard	VANG TARGET RET 2020	32,407,445
	Vanguard	VANG TARGET RET 2030	95,237,322
	Vanguard	VANG TARGET RET 2040	63,122,562
	Vanguard	VANG TARGET RET 2050	39,205,789
	PARNASSUS	PARNASSUS CORE EQ IS	51,910,950
	Vanguard	VANG TARGET RET 2070	444,608
	Vanguard	VANG TOT BD MKT INST	22,010,765
	Vanguard	VANG TARGET RET INC	30,648,469
	Vanguard	VANG TARGET RET 2025	74,871,902
	Vanguard	VANG TARGET RET 2035	78,791,862
	Vanguard	VANG TARGET RET 2045	51,337,278
	Vanguard	VANG TARGET RET 2055	19,249,768
	Vanguard	VANG TARGET RET 2060	10,938,943
	Vanguard	VANG TARGET RET 2065	2,746,556
	Vanguard	VANG TOT STK MKT IP	182,915,437
	Blackrock	BLKRRK TOT RETURN K	5,240,362
*	TIAA-CREF	Stock Fund	218,045,099
*	TIAA-CREF	Social Choice Fund	8,817,364
*	TIAA-CREF	Global Equities	23,227,635
*	TIAA-CREF	Growth Account	35,365,329
*	TIAA-CREF	Equity Index Account	21,904,397
*	TIAA-CREF	Inflation-Linked Bond	6,198,694
*	TIAA-CREF	Core Bond	13,903,167
		Total Mutual Funds	1,247,814,472
<b>FIXED ANNUITY CONTRACTS</b>			
*	TIAA-CREF	Traditional Benefit Responsive	50,086,043
*	TIAA-CREF	Traditional Non-Benefit Responsive	265,668,598
		Total Fixed Annuity Contracts	315,754,641
<b>GUARANTEED INTEREST ACCOUNTS</b>			
*	Empower	Empower Guaranteed Interest Account	53,802,190
*	Empower	Empower Conservative Balanced Portfolio	25,586
*	Empower	Empower Stock Index Portfolio	1,599
*	Empower	Empower Capital Growth Account	84,271
*	Empower	Empower Equity Portfolio	229,780
*	Lincoln Life Insurance Co.	Fixed account	1,386,171
		Total Guaranteed Interest Accounts	55,529,597
<b>PARTICIPANT LOANS</b>			
*	Fidelity	Participant loans 4.25% - 9.50%, maturing from 2024 through 2039	3,624,194
		Total Participant Loans	3,624,194
		Total assets (held at end of year)	\$ 1,672,798,265

\* A party-in-interest to the Plan.

\*\* Cost amounts have been omitted, as investments are participant-directed.