Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [X] a DFE (specify) M

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
NOBLE SERVICES COMPANY LLC EMPLOYEES' RETIREMENT TRUST

1b Three-digit plan number (PN) ▶ 006

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

NOBLE SERVICES COMPANY LLC

2101 CITYWEST BOULEVARD
SUITE 600
HOUSTON, TX 77042

2b Employer Identification Number (EIN)
85-3318770

2c Plan Sponsor's telephone number
281-276-6100

2d Business code (see instructions)

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2025	HILLARY NORMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor THE BENEFITS COMMITTEE OF NOBLE SERVICES COMPANY LLC 2101 CITYWEST BOULEVARD SUITE 600 HOUSTON, TX 77042	**3b** Administrator's EIN 85-3318770 **3c** Administrator's telephone number 281-276-6100
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN

5	Total number of participants at the beginning of the plan year	**5**	
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	
b	Retired or separated participants receiving benefits	**6b**	
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)	**9b** Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	**(1)** ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	**(2)** ☐ Code section 412(e)(3) insurance contracts
(3) ☐ Trust	**(3)** ☐ Trust
(4) ☐ General assets of the sponsor	**(4)** ☐ General assets of the sponsor

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code______________________

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

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

A Name of plan NOBLE SERVICES COMPANY LLC EMPLOYEES' RETIREMENT TRUST	**B** Three-digit plan number (PN) ▶ 006
C Plan sponsor's name as shown on line 2a of Form 5500 NOBLE SERVICES COMPANY LLC	**D** Employer Identification Number (EIN) 85-3318770

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MILLIMAN, INC.

91-0645641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 36 64 70	NONE	318195	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPTRUST FINANCIAL ADVISORS

45-0478145

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	89073	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

SLC MANAGEMENT LP

84-3504508

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	71894	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHARLES SCHWAB BANK

42-1558009

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
21 24	NONE	34171	Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II **Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2024** **This Form is Open to Public Inspection.**

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

A Name of plan
NOBLE SERVICES COMPANY LLC EMPLOYEES' RETIREMENT TRUST

B Three-digit plan number (PN) ▶ 006

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NOBLE SERVICES COMPANY LLC

D Employer Identification Number (EIN)
85-3318770

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND DC

b Name of sponsor of entity listed in (a): NOBLE SERVICES COMPANY LLC

c EIN-PN 45-6138589-002 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36321498

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	NOBLE SERVICES COMPANY LLC HOURLY EMPLOYEES' RETIREMENT PLAN		
b Name of plan sponsor	NOBLE SERVICES COMPANY LLC	**c** EIN-PN	85-3318770-005
a Plan name	NOBLE SERVICES COMPANY LLC SALARIED EMPLOYEES' RETIREMENT PLAN		
b Name of plan sponsor	NOBLE SERVICES COMPANY LLC	**c** EIN-PN	85-3318770-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
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b Name of plan sponsor		**c** EIN-PN	
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b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
b Name of plan sponsor		**c** EIN-PN	

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

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

A Name of plan
NOBLE SERVICES COMPANY LLC EMPLOYEES' RETIREMENT TRUST

B Three-digit plan number (PN) ▶ 006

C Plan sponsor's name as shown on line 2a of Form 5500
NOBLE SERVICES COMPANY LLC

D Employer Identification Number (EIN)
85-3318770

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	437312	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4497082	4613475
(2) U.S. Government securities	1c(2)	31171052	30129355
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	99831169	92779102
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	36857046	36321498
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	172793661	163843430

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	172793661	163843430

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4858095	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4858095
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-12851678
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		-7993583

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	160967	
(6) Bank or trust company trustee/custodial fees	2i(6)	34171	
(7) Actuarial fees	2i(7)	318195	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	443315	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		956648
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		956648

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-8950231
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **(2)** EIN:

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

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

Part IV Compliance Questions

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

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

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

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

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

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

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

Noble Drilling Employees' Master Trust
Schedule H, line 4i-Schedule of Assets (Held at End of Year)
DECEMBER 31, 2024

Salaried Plan

The following statements of net assets available for benefits are presented for the Master Trust at December 31, 2024 and 2023:

	2024		2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets				
Investments, at fair value				
Interest-bearing cash	$ 4,613,475	$ 3,587,033	$ 4,497,082	$ 4,497,082
Collective trust fund	36,321,498	34,004,948	36,857,046	34,384,938
Corporate bonds	92,779,102	78,180,869	99,831,169	83,991,982
U.S. government/agency securities	30,129,355	24,892,723	31,171,052	24,404,820
Total investments at fair value	163,843,430	140,665,573	172,356,349	147,278,822
Accrued interest and dividends	-	-	437,312	-
Net assets available for benefits	$ 163,843,430	$ 140,665,573	$ 172,793,661	$ 147,278,822

Hourly Plan

The following statements of net assets available for benefits are presented for the Master Trust at December 31, 2024 and 2023:

	2024		2023	
	Master Trust Balances	Plan's Interest in Master Trust Balances	Master Trust Balances	Plan's Interest in Master Trust Balances
Assets				
Investments, at fair value				
Interest-bearing cash	$ 4,613,475	$ 1,026,442	$ 4,497,082	$ -
Collective trust fund	36,321,498	2,316,550	36,857,046	2,472,108
Corporate bonds	92,779,102	14,598,234	99,831,169	15,839,188
U.S. government/agency securities	30,129,355	5,236,631	31,171,052	6,766,231
Total investments at fair value	163,843,430	23,177,857	172,356,349	25,077,527
Accrued interest and dividends	-	-	437,312	437,312
Net assets available for benefits	$ 163,843,430	$ 23,177,857	$ 172,793,661	$ 25,514,839

Noble Drilling Employees' Master Trust
Schedule H, line 4i-Schedule of Assets (Held at End of Year)
December 31, 2024

		*** Do not enter cents in this Schedule*					*** Do not enter cents in this Schedule*				
		Cost					**Current Market Value**				
	Ticker #	**Hourly**		**Salary**		**Total**	**Hourly**		**Salary**		**Total**
FOR THE YEAR ENDED 12/31/2024 - CHARLES SCHWAB		**ADJUSTED COST**					**ENDING MARKET**				
Cash and Cash Equivalents											
Cash		407,648		1,597,092		2,004,740	1,026,442		3,587,033		4,613,475
		407,648	**3211 p189**	**1,597,092**	**3221 p213**	**2,004,740**	**1,026,442**	**3211 p189**	**3,587,033**	**3221 p213**	**4,613,475**
PRIVATE EXPORT FU 4.	7841670	—	**3211 p189-190**	225,112	**3221 p214-216**	225,112	—	**3211 p189-190**	219,611	**3221 p214-216**	219,611
U S TREAS SEC STRIPPED INT P	8804364	602,832		1,175,482		1,778,315	449,585		934,008		1,383,593
US TREAS BD STRI	8805238	180,500				180,500	184,133				184,133
US TREAS NTS STRIP	8787769	—		911,148		911,148	—		639,516		639,516
US TREAS SEC STRIP	8784226			1,255,884		1,255,884			1,051,500		1,051,500
US TREAS SEC STRIP	8784620	710,818		1,297,766		2,008,584	343,603		762,558		1,106,161
US TREAS SEC STRIP	8784622	556,044				556,044	414,492				414,492
US TREAS SEC STRIP	8784681			1,646,466		1,646,466			942,571		942,571
US TREAS SEC STRIP	8773041	657,947				657,947	346,908				346,908
US TREAS SEC STRIP	8773055	530,400		957,949		1,488,349	289,406		551,250		840,656
US TREAS SEC STRIP	8784621			1,239,728		1,239,728			1,208,166		1,208,166
US TREAS SEC STRIP 0	8773046			1,305,812		1,305,812			704,688		704,688
US TREASU NT	8773191	66,107		722,561		788,668	61,506		671,838		733,344
US TREASU NT	8785076	—		323,617		323,617	—		321,395		321,395
US TREASU NT	8785082	—		691,165		691,165	—		687,398		687,398
US TREASU NT	8785069			383,366		383,366			375,436		375,436
US TREASU NT	8785078	59,296		494,055		553,351	58,472		487,266		545,737
US TREASURY	8785032	337,043		2,269,265		2,606,308	324,700		2,206,050		2,530,750
US TREASURY	8785014			657,869		657,869			623,798		623,798
US TREASURY	8785031	205,997				205,997	182,656				182,656
US TREASURY	8784966	93,135		—		93,135	81,313		—		81,313
US TREASURY	8785061			758,327		758,327			701,859		701,859
US TREASURY	8784998			319,757		319,757			289,809		289,809
US TREASURY	8785044			315,498		315,498			291,000		291,000
US TREASURY	8785042			914,964		914,964			807,564		807,564
US TREASURY STRIP	8773169			743,514		743,514			621,764		621,764
US TREASURY STRIP	8773202			712,031		712,031			618,816		618,816
US TREASURY STRIP	8783583			1,389,704		1,389,704			1,270,500		1,270,500
US TREASURY STRIP	8773196	166,501				166,501	137,345				137,345
US TREASURY STRIP	8773202	77,026				77,026	66,933				66,933
US TREASURY STRIP	8783909	723,932		2,473,214		3,197,146	604,070		2,117,863		2,721,933
US TREASURY STRIP	8803725	68,759		—		68,759	173,184		—		173,184
US TREASURY STRIP	8783588	—		988,031		988,031	514,688		1,925,808		2,440,496
US TREASURY STRIP	8804363	506,537		399,004		905,541	507,377		1,764,639		2,272,016
US TREASURY STRIP	8772020	394,313		748,328		1,142,641	264,297		425,000		689,297
US TREASURY STRIP	8784623			536,049		536,049			520,024		520,024
US TREASURY STRIP	8772009			579,132		579,132			423,250		423,250
US TREASURY STRIP	8772291			963,996		963,996			727,781		727,781
US TREASURY STRIP	8772294	291,105		—		291,105	231,962		—		231,962
Rounding to tie to WTB/5500 (w/p 3140)											
Govt. and Agency Obligations		**6,228,292**	**3211 p190**	**27,398,793**	**3221 p216**	**33,627,085**	**5,236,631**	**3211 p190**	**24,892,724**	**3221 p216**	**30,129,355**

CALIFORNIA ST	5580012	104,854		384,426		489,280	85,396		313,118		398,514
Municipal Obligations		104,854	3211 p190	384,426	3221 p216	489,280	85,396	3211 p190	313,118	3221 p216	398,514
ABBVIE IN	5020288	70,310	3211 p190-200	336,133	3221 p216-227	406,443	69,127	3211 p190-200	330,824	3221 p216-227	399,951
AERCAP IRELAND	5015302	139,384		474,699		614,083	138,837		472,044		610,881
ALLSTATE CORPORAT	5100254	187,669		775,043		962,712	159,998		671,993		831,992
AMAZON.COM, INC	5110337	315,822		1,266,982		1,582,804	198,661		868,773		1,067,434
AMEREN ILLINOIS C	5025589	279,995		962,356		1,242,351	230,737		790,559		1,021,297
AMERICAN EXPRESS VA	5129644	134,698		600,919		735,616	131,151		585,135		716,286
AMERICAN HONDA F	5139276	36,373		176,622		212,994	36,413		176,862		213,275
AMERICAN HONDA FI	5026884	59,940		299,652		359,592	58,303		291,515		349,817
AMERICAN TOWER C	5170811	—		677,304		677,304	—		638,312		638,312
ANHEUSER-BUSCH I	5199342	175,442		683,216		858,658	174,855		679,438		854,294
ANTHEM, IN	8972561	79,299		346,156		425,455	73,598		321,989		395,587
APPLE INC	5220341	412,091		1,751,484		2,163,575	325,142		1,458,747		1,783,889
ARES CAP CORP	5081221	100,944		486,263		587,207	103,466		501,809		605,274
ARTHUR	5249536	59,278		291,319		350,597	58,512		287,684		346,196
ASTRAZENECA PLC	5370401	38,976		194,833		233,809	35,838		179,188		215,026
AT&T IN	5110205	93,886		710,880		804,766	83,143		630,905		714,048
AT&T IN 1.65	5110356	55,780		316,850		372,629	49,946		340,544		390,490
AVALONBAY CMNTYS	5305061	93,113		470,120		563,232	90,318		456,608		546,926
AVALONBAY COMMUNI	5305054	47,267		128,070		175,337	39,516		109,766		149,281
AVIS BUDGET RE	5620830			699,737		699,737			725,751		725,751
BANK OF AMERICA C VA	5355292	262,249		1,216,217		1,478,466	249,133		1,123,364		1,372,498
BBCMS MORTGAGE 7.126	8487510	77,493		382,252		459,745	82,034		404,701		486,735
BENCHMARK 2020	5371071	126,782		269,745		396,528	70,085		162,039		232,124
BENCHMARK 2020	5371070	107,905		412,155		520,060	64,816		227,775		292,591
BERK HATH FIN	5378382	—		887,626		887,626	—		750,784		750,784
BHP BILLITON FIN	5368948	129,010		568,160		697,170	122,306		543,038		665,343
BLACKSTONE PRIV	5365102	81,133		395,485		476,618	85,766		419,303		505,069
BLACK DIAMOND CLO	5408260			480,012		480,012			480,000		480,000
BMO 2022- C2 MTG	5332184	113,123				113,123	111,241				111,241
BMO 2023 C7 MTG	5378630	129,211		320,339		449,549	132,314		656,280		788,594
BNP PARIBAS SA	5325712	60,182		586,084		646,265	53,572		513,394		566,965
BORGWARNER IN	5444002	106,470		557,425		663,895	103,257		540,869		644,126
BOSTON GAS CO	5448836	185,276		567,855		753,130	150,016		495,507		645,523
BP CAPITAL MARK	5330901	159,322		882,395		1,041,717	149,824		834,734		984,558
BP CAPITAL MARK	5327451	58,642		189,436		248,078	40,250		130,037		170,287
BRANCH BANKING	5325472	100,041		603,081		703,122	96,266		587,220		683,486
BREAN ASSET BACK	5081179	99,841		434,055		533,896	99,830		434,044		533,875
BREAN ASSET BACKED 202	5081268	91,961		447,218		539,178	97,993		476,600		574,593
BRIGHTHOUSE FINL	5472882	58,932		326,915		385,847	58,304		330,388		388,692
BRISTOL-MYERS SQU	5373950	75,747		373,800		449,547	78,740		388,450		467,189
BURLINGTN NO SAN	5500379	170,087		750,116		920,203	142,902		624,003		766,905
CAMERON LNG LLC	5609275	85,456		600,932		686,388	73,922		539,199		613,121
CANADIAN NATL R	5778959	135,340		585,699		721,039	101,157		460,826		561,983
CAPITAL ONE FINL	5614290	65,012		270,012		335,024	64,415		267,570		331,985
CENTERPOINT ENER	8100433	91,383		434,068		525,451	83,997		411,585		495,582
CF HIPPOLYTA ISSUER	5512507			287,403		287,403			272,716		272,716
CHUBB INA HOLDINGS	5020323	52,564		273,281		325,845	49,429		257,033		306,462
CIGNA CORP	5704412	62,005		301,947		363,952	50,750		280,002		330,753
CISCO SYSTEMS INC	5710245	164,229		681,695		845,924	120,737		523,195		643,932
CISCO SYSTEMS, I	5710333	14,997		84,926		99,923	14,962		84,787		99,750
CITIGROUP INC	5526123	132,032		467,160		599,193	114,974		406,831		521,805
COMCAST CORP	5768602	227,075		895,501		1,122,576	171,814		683,749		855,563
COMCAST CORPORAT	5767139	143,085		863,874		1,006,959	135,235		820,736		955,970

COMMONWEALTH EDIS	5772885	75,241	374,854	450,095	63,464	317,321	380,785
COMMONWEALTH EDIS	5772888	67,800	548,561	616,361	69,127	441,647	510,775
CONAGRA BRANDS	5791030	130,180	488,542	618,722	117,962	476,386	594,348
CONOCOPHILLIPS	5747637	99,909	554,024	653,934	92,453	513,112	605,565
CONSOLIDATED EDI	5774193	178,564	811,508	990,072	128,704	633,222	761,925
COREBRIDGE FINL	5081247	130,328	667,371	797,699	128,248	656,631	784,879
CORPORATE OFFICE PR	5846226	116,393	587,017	703,410	109,940	567,290	677,230
CREDIT ACCEP AUTO L	5779000		254,036	254,036		253,582	253,582
CVS HEALTH CORP	5855629	108,319	521,657	629,976	105,589	527,947	633,536
DB MASTER FIN L	5974679	97,012	286,162	383,173	91,934	271,204	363,138
DEERE & CO	5932527	13,771	96,384	110,155	13,766	96,364	110,131
DRIVE AUTO RECEI	8358768	79,997	404,937	484,934	78,291	396,348	474,639
DTE ELECTRIC CO	6020472	221,288	1,037,649	1,258,937	173,052	764,039	937,091
DUKE ENERGY CORP	6013746	169,749		169,749	167,071		167,071
DUKE ENERGY CORP	6015695		580,140	580,140		589,711	589,711
DUKE ENERGY INDI	6015697	—	449,101	449,101	71,309	371,556	442,865
EDISON INTERNTN	8356971		551,193	551,193		551,062	551,062
ELI LILLY AND CO	6987444		310,702	310,702		306,595	306,595
EMIRATES NBD BAN	6090216		560,154	560,154		500,201	500,201
ENERGY TRANSFER L	6097558	54,955	285,717	340,673	52,876	274,953	327,829
ENTERPRISE PRODS OPER	510302X	27,083	126,344	153,427	27,089	126,417	153,507
EXXON MOBIL CORP	6432228	58,884	257,579	316,463	53,108	232,348	285,456
FIN OF AMER STRU SECS	7651748	122,699	533,069	655,768	130,384	566,495	696,878
FLORIDA POWER &	6328063	118,679	627,349	746,029	77,746	494,303	572,049
FLORIDA POWER &	6244736	127,954	402,460	530,413	106,034	337,380	443,414
FREME MTG TR 2019-K	5118167	78,116	263,614	341,731	70,728	238,706	309,433
FREME 2018-K80	5118166	128,792	463,620	592,412	117,281	422,210	539,491
GENERAL DYNAMICS	6444015	74,028	613,577	687,605	47,970	518,944	566,914
GEORGIA POWER CO	7784382		178,619	178,619		190,824	190,824
GILEAD SCIENCES INC	6344559	34,648	277,005	311,653	30,812	255,299	286,111
GOLUB CAP PARTNERS	6930930		500,012	500,012		500,000	500,000
GSK CONSUMER HE	6543775	225,500	745,314	970,814	226,336	724,276	950,612
HCA HEALTHCARE, I	6555604	108,613	552,964	661,576	105,071	535,362	640,433
HONEYWELL INTERN	6571534	120,438	587,014	707,452	112,507	548,471	660,978
HYUNDAI CAPITAL	7712501	131,779	421,796	553,575	131,798	425,808	557,605
INTEL CORP	6733627	138,076	750,331	888,407	96,339	491,663	588,003
INTERCONTINENTAL	6491076	161,281	694,004	855,284	118,757	537,900	656,658
J.P. MORGAN CHA	6818613	80,487		80,487	82,705		82,705
J.P. MORGAN CH	6030193		1,062,464	1,062,464		1,036,572	1,036,572
JOHN DEERE CAPIT	5918921	84,539	437,311	521,850	84,492	437,372	521,865
JOHNSON & JOHNSO	6810404	31,602	178,777	210,379	30,314	138,577	168,890
JOHNSON & JOHNSON	7634630	124,415	638,088	762,503	101,157	524,518	625,676
JPMORGAN CHASE & VA	5655360	228,466	1,322,264	1,550,730	199,947	1,110,345	1,310,292
KATTEN MUCHIN RO	6846572	140,012	570,011	710,023	140,686	572,794	713,480
KIMBERLY -CLARK CO	6872252	—	201,770	201,770	—	189,324	189,324
KIMCO REALTY CORP	6872238	—	339,326	339,326	—	329,041	329,041
KIMCO RLTY OP LLC	6872293		159,356	159,356		170,480	170,480
KINDER MORGAN, IN	6889648	51,567	262,943	314,510	49,984	254,917	304,900
MAGNETITE XIX	7077749		730,012	730,012		730,000	730,000
MANUFACTURERS TRA	7172489	238,171	962,450	1,200,621	239,979	979,112	1,219,091
MANULIFE FINL	7129720	147,693	728,935	876,628	136,422	696,729	833,151
MASTERCARD INC	7152838	145,295	557,288	702,583	101,668	384,079	485,748
METROPOLITAN LIFE GLOBAL	7287811	151,259	268,608	419,867	138,806	277,613	416,419
MICROSOFT CORP	7164863	388,760	1,531,299	1,920,059	252,421	994,291	1,246,712
MIDAMERICAN ENERGY	7310941	61,319	547,689	609,009	61,266	547,309	608,575
MIDAMERN ENERGY C	7310226	179,919	266,748	446,667	148,953	180,549	329,501
MORGAN STANLEY	7423065	63,905	319,431	383,337	65,129	325,645	390,774
MOTOROLA SOLUTION	7167320	34,973	159,833	194,806	35,088	160,401	195,489
NATWEST GROUP	8161562		424,893	424,893		433,876	433,876

NEVADA POWER CO	7502455	53,862	589,470	643,332	47,760	544,461	592,221
NEW YORK LIFE IN	7687952	169,018	757,357	926,374	120,202	564,583	684,784
NEXTERA ENERGY,	6541222	19,055	76,148	95,203	18,705	74,822	93,527
NORTHROP GRUMMAN	7634383	—	591,301	591,301	—	539,180	539,180
NTNL RURAL UTILIT	7458371	10,906	272,195	283,100	10,342	258,545	268,887
NTNL RURAL UTILIT	7458341	198,888		198,888	200,241		200,241
O'REILLY AUTOMOT	7681617	109,510	473,367	582,877	90,098	425,916	516,014
OGE ENERGY COR	7771081	95,160	486,323	581,483	91,510	467,716	559,225
OMNICOM GROUP INC	7763592	64,552	659,608	724,160	64,206	629,218	693,424
ONCOR ELEC DELIVE	7760269	43,924	423,957	467,881	120,764	535,890	656,654
ORACLE CORP	7738845	92,490	430,731	523,220	80,481	402,403	482,884
PAYPAL HOLDINGS,	7834579	50,826	269,327	320,153	49,710	263,463	313,173
PENSKE TRUCK LEAS	8758209		276,081	276,081		262,784	262,784
PEPSICO, IN	9027127	35,637	351,580	387,217	35,756	344,553	380,309
PFIZER INVT ENTER	7896865	186,587	839,214	1,025,801	168,807	759,630	928,437
PG&E CORP	8912445		232,006	232,006		238,018	238,018
PHILIP MORRIS IN	7916635	103,315	531,227	634,541	102,577	527,536	630,113
PNC BANK N A PIT	7464968	108,287	826,315	934,601	105,773	793,294	899,067
PROLOGIS IN	8001216	91,247	461,192	552,439	88,007	444,922	532,928
PROLOGIS INC.	8000413	—	201,798	201,798	—	179,979	179,979
PRUDENTIAL FINL, IN	8000296	74,975	452,938	527,913	51,391	363,410	414,801
PUBLIC SERVICE E	8006204	136,320	443,303	579,622	114,692	368,654	483,346
PUBLIC SERVICE EL	8010112	—	162,950	162,950	—	140,826	140,826
RTX CORP	8833861		64,968	64,968		68,214	68,214
SANTANDER DRIVE	8353830	249,964	1,029,815	1,279,779	248,798	1,025,046	1,273,844
SANTANDER DRIVE	8356712		322,890	322,890		311,668	311,668
SANTANDER DRIVE AUTO	8353995	139,960	534,783	674,743	140,660	537,520	678,180
SANTANDER HOLDI	8350992	140,043	502,159	642,202	140,629	504,323	644,952
SANTANDER UK	8331297		188,592	188,592		195,592	195,592
SIMON PPTY GRP	8517420	—	540,625	540,625	—	543,537	543,537
SIMON PROPERTY GR	8398020	151,382	510,158	661,540	158,097	533,119	691,217
SLG OFFICE TR	8166995	312,052	715,522	1,027,575	251,813	579,170	830,983
SOHO TR 2021-S	5992497	150,525	361,487	512,012	109,314	262,352	371,666
SOUND POINT CLO 20	8480488	—	680,963	680,963	—	680,850	680,850
STATE STREET CORP	8570574	110,100	453,866	563,966	108,940	450,614	559,553
STATOIL ASA	8170943	90,727	593,767	684,494	78,023	529,733	607,756
SUMITOMO MITSUI	8580793		305,012	305,012		310,031	310,031
SUNOCO LOGISTICS	8571586	43,724	949,585	993,309	39,412	891,693	931,105
TELEFONICA EMI	8641147	—	303,381	303,381	—	267,504	267,504
THE BANK OF NOV	8483812	125,676	634,864	760,540	125,244	567,773	693,018
THE GOLDMAN SACHS VA	6472721	197,992	958,280	1,156,272	168,399	870,744	1,039,143
THE HOME DEPOT, I	6553409	222,714	926,198	1,148,912	162,156	708,364	870,519
THE TORONTO-DO	8641751	99,590	428,602	528,192	94,729	435,754	530,484
TOTALENERGIES	8700951	54,879	279,332	334,212	52,913	269,374	322,287
TRAVELERS COMPAN	8709967	87,497	381,233	468,730	71,289	312,878	384,167
TRINITY HEALTH	8721515	83,317	277,586	360,904	58,458	240,709	299,167
UNION ELECTRIC C	8748121		398,305	398,305		403,504	403,504
UNITED PARCEL SE	8772840	134,763	573,442	708,205	113,512	488,101	601,613
UNITEDHEALTH GR	8742008	195,068	1,241,544	1,436,612	163,774	1,090,264	1,254,038
UNITEDHEALTH GRO	8743613	62,469		62,469	59,510		59,510
VERIZON COMMS	8867967	124,002	638,254	762,255	101,927	565,230	667,156
VERIZON COMMUNI	9092401	182,892	708,867	891,759	162,738	650,954	813,692
VICI PROPERTIES	8940702	39,876	194,349	234,225	38,946	189,860	228,806
VIRGINIA ELECTRIC	8928171	58,832	269,092	327,924	60,152	275,697	335,849
VMWARE, INC.	8901453	89,117	271,848	360,965	79,867	239,602	319,469
VULCAN MATERIALS	8939943	10,001	49,957	59,958	9,981	49,903	59,884
WALMART IN	8916400	94,693	631,869	726,562	91,511	588,287	679,799
WALMART IN	8896220	49,707		49,707	40,992		40,992

WELLS FARGO & CO	8963518	73,797		1,193,401		1,267,198	73,895		1,078,860		1,152,754
0	8772227	135,012		234,688		369,700	133,783		242,792		376,575
Rounding to tie to WTB/5500											
Corporate Obligations		**16,348,921**	**3211 p200**	**85,482,345**	**3221 p227**	**101,831,266**	**14,512,839**	**3211 p200**	**77,867,750**	**3221 p227**	**92,380,589**
							Total per FS FN #4	*$ 14,598,234*		*$ 78,180,868*	
DB Growth Portfolio Institutional Cl	1871C	1,990,313		28,445,571		30,435,884	2,316,550		34,004,948		36,321,498
Collective Trust Fund		**1,990,313**	**3211 p200**	**28,445,571**	**3221 p227**	**30,435,884**	**2,316,550**	**3211 p200**	**34,004,948**	**3221 p227**	**36,321,498**
Total Assets		**25,080,029**	**3211 p200**	**143,308,226**	**3221 p227**	**168,388,255**	**23,177,857**	**3211 p200**	**140,665,573**	**3221 p227**	**163,843,430**
											$ 163,843,430
											0