

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
---	--	---

<b>Part I</b>	<b>Annual Report Identification Information</b>
---------------	---

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

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) 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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
----------------	---

<b>1a</b> Name of plan <u>SCHLUMBERGER MASTER PENSION TRUST</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>001</u>  <b>1c</b> Effective date of plan
<b>2a</b> 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) <u>SCHLUMBERGER LIMITED</u>  <u>3600 BRIARPARK DR., 3RD FLOOR, MD-4</u> <u>HOUSTON, TX 77042</u>	<b>2b</b> Employer Identification Number (EIN) <u>36-6913037</u>  <b>2c</b> Plan Sponsor's telephone number <u>713-375-3500</u>  <b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/08/2025</u>	<u>LORRAINE MAH</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<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>
<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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<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:

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

**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> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
---	---

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

<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>
--	--	---

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>SCHLUMBERGER MASTER PENSION TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SCHLUMBERGER LIMITED</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6913037</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

---

**CAPITAL INTERNATIONAL, INC. (EMGF)**

---

**95-4154361**

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

---

**NORTHERN TRUST GLOBAL INVESTMENTS**

---

**36-3608252**

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

---

**THE VANGUARD GROUP, INC.**

---

**23-1945930**

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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)

NISA INVESTMENT ADVISORS LLC

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	1515493	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)

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	635663	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SIBSON CONSULTING

13-1835864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 17	NONE	623350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	500081	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50 62	NONE	411485	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)

PACIFIC INVESTMENT MGMT COMPANY LLC

33-0629048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	384036	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"/>

**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)

MORNOAU SHEPELL SBC LIMITED

45-4303723

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 49	NONE	209244	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)

IBM CORP

13-0871985

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	NONE	162532	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)

BDO USA, P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	149500	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

PENSION BENEFIT INFORMATION

94-2856521

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	136276	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)

ALIGHT SOLUTIONS LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	NONE	134734	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)

CARDINAL INVESTMENT ADVISORS

36-4464580

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	NONE	84632	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

TOWERS WATSON INVT. SERVICE INC

52-1868818

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 17 50	NONE	15000	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)

BAKER BOTTS, LLP

74-1195457

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	7643	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)

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	5663	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

SPECIALTIES FINISHING GROUP

36-3709207

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	5624	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
---	--	--

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>SCHLUMBERGER MASTER PENSION TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHLUMBERGER LIMITED</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6913037</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)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE ST INVESTMENT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
<b>c</b> EIN-PN <u>45-6138589-084</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>38197759</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ADAMS STREET 2011 US FUND LP</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ADAMS STREET PARTNERS LLC</u>		
<b>c</b> EIN-PN <u>27-3682668-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ADAMS ST. 2011 EMERGING MARKET FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ADAMS STREET PARTNERS LLC</u>		
<b>c</b> EIN-PN <u>27-3683721-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLLECTIVE S&amp;P500 INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>NORTHERN TRUST GLOBAL INVESTMENTS</u>		
<b>c</b> EIN-PN <u>45-6138589-003</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ADAMS STREET 2015 GLOBAL FUND LP</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ADAMS STREET PARTNERS LLC</u>		
<b>c</b> EIN-PN <u>38-3939413-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ADAMS ST. PART. FUND 2008 NON-US</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ADAMS STREET PARTNERS LLC</u>		
<b>c</b> EIN-PN <u>26-1268649-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>ADAMS ST. PART. FUND 2008 US FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>ADAMS STREET PARTNERS LLC</u>		
<b>c</b> EIN-PN <u>26-1268403-001</u>	<b>d</b> Entity code <u>E</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **ADAMS ST. PART. FUND 2009 NON-US**

**b** Name of sponsor of entity listed in (a): **ADAMS STREET PARTNERS LLC**

<b>c</b> EIN-PN <b>26-3338089-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **ADAMS ST. PART. FUND 2009 US FUND**

**b** Name of sponsor of entity listed in (a): **ADAMS STREET PARTNERS LLC**

<b>c</b> EIN-PN <b>26-3337918-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **ADAMS ST. PART. FUND 2007 NON-US**

**b** Name of sponsor of entity listed in (a): **ADAMS STREET PARTNERS LLC**

<b>c</b> EIN-PN <b>20-5740506-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **ADAMS ST. PART. FUND 2007 US FUND**

**b** Name of sponsor of entity listed in (a): **ADAMS STREET PARTNERS LLC**

<b>c</b> EIN-PN <b>20-5740413-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **ADAMS ST. PART. FUND 2006 FUND**

**b** Name of sponsor of entity listed in (a): **ADAMS STREET PARTNERS LLC**

<b>c</b> EIN-PN <b>20-3654598-001</b>	<b>d</b> Entity code <b>E</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>0</b>
---------------------------------------	-------------------------------	--

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

**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):

<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):

<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):

<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):

<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)
-----------------	----------------------	---

**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.)

<b>a</b> Plan name	SLPP FOR US TP EMPLOYED ABROAD	
<b>b</b> Name of plan sponsor	SCHLUMBERGER TECHNOLOGY CORPORATION	<b>c</b> EIN-PN 22-1692661-011

<b>a</b> Plan name	SCHLUMBERGER TECHNOLOGY CORP PP	
<b>b</b> Name of plan sponsor	SCHLUMBERGER TECHNOLOGY CORPORATION	<b>c</b> EIN-PN 22-1692661-007

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<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>
--	--	--

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>SCHLUMBERGER MASTER PENSION TRUST</b>	<b>B</b> Three-digit plan number (PN) <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SCHLUMBERGER LIMITED</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6913037</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>	-2867297	-653220
<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>		
<b>(3)</b> Other .....	<b>1b(3)</b>	3121580	1158361
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	320261166	249245621
<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>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	476196019	258203023
<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>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	31433366	38197759
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<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>	34539982	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	3015945706	3054127917

<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>	3878630522	3600279461
<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>	1683334	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1683334	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	3876947188	3600279461

**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: (A) Employers.....	<b>2a(1)(A)</b>		
(B) Participants.....	<b>2a(1)(B)</b>		
(C) Others (including rollovers).....	<b>2a(1)(C)</b>		
(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>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	-415	
(B) U.S. Government securities.....	<b>2b(1)(B)</b>	6484840	
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>		
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>		
(E) Participant loans.....	<b>2b(1)(E)</b>		
(F) Other.....	<b>2b(1)(F)</b>		
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		6484425
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>		
(B) Common stock.....	<b>2b(2)(B)</b>		
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>	229512065	
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	250620654	
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-21108589
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
(A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other.....	<b>2b(5)(B)</b>	-623192	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-623192

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		1917435
(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)		839346
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		-35685758
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-48176333

**Expenses**

<b>e</b> 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
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	1086658	
(3) Recordkeeping fees .....	2i(3)	134734	
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	4842157	
(6) Bank or trust company trustee/custodial fees .....	2i(6)	411485	
(7) Actuarial fees .....	2i(7)	5663	
(8) Legal fees .....	2i(8)	7643	
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	342160	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		6830500
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		6830500

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		-55006833
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		523201233
(2) From this plan .....	2l(2)		744862127

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<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.)			
<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?			
<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?			
<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?			
<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?			
<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?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<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 \_\_\_\_\_.

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 12 of 62

◆ **5% Report - Part A***Single Transaction in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 3,876,947,187.47

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 13 of 62

◆ **5% Report - Part B***Series of Non-Security Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 3,876,947,187.47

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 14 of 62

◆ **5% Report - Part C Summary***Series of Transactions by Issue in Excess of 5%*

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	434	480,442,876.99			0.00	480,442,876.99	480,442,876.99
	Total dispositions	470		467,771,023.50		0.00	467,771,023.50	467,771,023.50

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 3,876,947,187.47

**5500 Supplemental Schedules**

1 JAN 24 - 31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 15 of 62

◆ **5% Report - Part D***Series of Transactions with Same Party in Excess of 5%*

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
---------------------------------	------------------	------	-------------------	-------------------	--------------	-------------------	------	-----------------------------------	---------------

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 3,876,947,187.47

**5500 Supplemental Schedules**

31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 21 of 62

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b><i>Non-Interest Bearing Cash - USD</i></b>			
USD - United States dollar	-653,219.880	-653,219.88	-653,219.88
<b>Total - all currencies</b>		<b>-653,219.88</b>	<b>-653,219.88</b>
<b>Total Non-Interest Bearing Cash - USD</b>		<b>-653,219.88</b>	<b>-653,219.88</b>
<b><i>U.S. Government Securities</i></b>			
<b>United States - USD</b>			
UNITED STATES OF AMER TREAS BOND 3.125% 11-15-2028 SEDOL: BGRW840	25,990,000.000	28,704,736.72	24,866,135.48
UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053 SEDOL: BQYLTM5	450,000.000	417,199.22	366,433.60
UNITED STATES OF AMER TREAS BONDS 3.625%02-15-2053 SEDOL: BQXLPR3	780,000.000	663,673.15	634,816.41
UNITED STATES OF AMER TREAS BONDS 3.75% 11-15-2043 SEDOL: BGK9QZ5	12,390,000.000	11,062,430.86	10,680,083.23
UNITED STATES TREAS BD STRIPPED 08-15-2052 SEDOL: BPVH026	4,080,000.000	1,451,990.40	1,100,552.34
UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 02-15-2052 (UNDDATE) BEO SEDOL: BMX79G0	7,055,000.000	2,532,603.90	1,930,764.28
UNITED STATES TREAS BDS 1.375% 11-15-2040 SEDOL: BNG0BM3	31,635,000.000	20,872,921.29	19,603,814.06
UNITED STATES TREAS BDS 2.875% DUE 11-15-2046 SEDOL: BZ1BP67	415,000.000	319,906.64	301,880.08
UNITED STATES TREAS BDS DTD 11/15/2012 2.75% DUE 11-15-2042 REG SEDOL: BZ56WH8	31,750,000.000	24,621,132.81	23,755,449.06
UNITED STATES TREAS BDS 2.0% 02-15-2052 SEDOL: BM96PW9	3,540,000.000	2,393,060.06	2,149,996.88
UNITED STATES TREAS BDS 3% DUE 11-15-2044 REG SEDOL: BSJWZQ3	2,015,000.000	1,613,652.93	1,531,006.45
UNITED STATES TREAS NTS 2.875% 08-15-2028 SEDOL: BFZLQP9	12,525,000.000	13,929,348.25	11,912,938.45
UNITED STATES TREAS NTS 1.875% DUE 02-15-2032 REG SEDOL: BM96PV8	15,850,000.000	12,979,830.86	13,330,716.84
UNITED STATES TREAS NTS 2.375% 03-31-2029 SEDOL: BPRT3T4	135,000.000	123,878.32	124,574.41

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 22 of 62

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>U.S. Government Securities</b>			
<b>United States - USD</b>			
UNITED STATES TREAS NTS 2.625% DUE 02-15-2029 REG SEDOL: BJ7G9F1	4,575,000.000	5,360,791.99	4,276,731.46
UNITED STATES TREAS NTS 30/04/2028 1.25%DUE 04-30-2028 BEO SEDOL: BLPKDT1	41,650,000.000	38,005,625.00	37,727,415.91
UNITED STATES TREAS SEC STRIPPED INT PMTINT PMT 05-15-2041 SEDOL: BPRBXM3	21,935,000.000	10,023,417.60	9,583,690.60
UNITED STATES TREAS SEC STRIPPED INT PMTNT 194 08-15-2040 (UNDDATE) REG SEDOL: B3TF8B3	21,070,000.000	10,009,092.80	9,596,079.71
UNITED STATES TREAS SEC STRIPPED INT PMTSTRIP 02-15-2033 (UNDDATE) REG SEDOL: B4LR7M8	4,620,000.000	3,998,979.60	3,150,636.12
UNITED STATES TREAS 2.375% DUE 02-15-2042 REG SEDOL: BNYF3R9	13,480,000.000	9,942,553.13	9,607,132.78
UNITED STATES TREASURY 2.25% 11-15-2027 SEDOL: BF92XX5	14,000,000.000	12,811,093.75	13,234,921.84
US TREAS SEC STRIPPED INT PMT NT 200 0 11-15-2040 REG SEDOL: B7LNMS8	21,355,000.000	10,018,484.70	9,590,802.99
US TREAS SEC STRIPPED INT PMT 00116 11-15-2039 SEDOL: B5012P6	20,210,000.000	10,018,097.00	9,604,689.53
US TREASURY N/B 1.25% DUE 08-15-2031 REG SEDOL: BMWVP09	23,365,000.000	21,103,341.02	19,066,204.96
UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15-2052 SEDOL: BMGSVW0	7,095,000.000	2,537,810.55	1,930,688.35
UTD STATES TREAS ZERO CPN 0% DUE 08-15-2039 SEDOL: B4L98T8	19,935,000.000	10,009,363.50	9,587,464.74
<b>Total United States - USD</b>		<b>265,525,016.05</b>	<b>249,245,620.56</b>
<b>Total U.S. Government Securities</b>		<b>265,525,016.05</b>	<b>249,245,620.56</b>

**Partnership/Joint Venture Interests****Global Region - USD**

ASP RIVERA US PC LP CUSIP: 994FXA999	58,203,871.000	58,203,871.00	58,867,488.00
ASP RIVERA US PC LP CUSIP: 9942LY999	161,179,955.000	161,179,955.00	163,017,661.00
ASP RIVERA US PC LP CUSIP: 9942MA990	13,431,664.000	13,431,664.00	13,584,803.00

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 23 of 62

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<b>Partnership/Joint Venture Interests</b>			
<b>Global Region - USD</b>			
ASP RIVERA US PC LP - SATELLITE CUSIP: 994WJK996	3,500,000.000	3,500,000.00	3,692,611.00
DIVERSIFIED CREDIT OPPORTUNITIES FD II (CAYMAN) LP CUSIP: 992TPC996	13,563,410.000	13,563,410.00	19,040,460.00
<b>Total Global Region - USD</b>		<b>249,878,900.00</b>	<b>258,203,023.00</b>
<b>Total Partnership/Joint Venture Interests</b>		<b>249,878,900.00</b>	<b>258,203,023.00</b>
<b>Value of Interest in Common/Collective Trusts</b>			
<b>United States - USD</b>			
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	38,197,758.880	38,197,758.88	38,197,758.88
<b>Total United States - USD</b>		<b>38,197,758.88</b>	<b>38,197,758.88</b>
<b>Total Value of Interest in Common/Collective Trusts</b>		<b>38,197,758.88</b>	<b>38,197,758.88</b>
<b>Value of Interest in Master Trusts</b>			
<b>United States - USD</b>			
MFO SCHLUM INT CREDIT UNIT AA CUSIP: 13999PG79	6,800,000.010	68,000,000.00	67,884,848.90
MFO SCHLUM PRIVATE EQUITY UNIT Z CUSIP: 5JY999S42	24,745,426.030	191,365,457.64	254,546,348.89
MFO SCHLUM US SMALL CAP UNIT O CUSIP: 775995V75	251,933.010	6,427,201.72	6,944,049.46
MFO SCHLUMBERGER DEVELOPED INTERNATIONAL UNIT U CUSIP: 5AV999V99	1,486,880.080	28,208,489.46	27,902,672.63
MFO SCHLUMBERGER EMERGING MARKETS UNIT S CUSIP: 735999X74	472,502.080	6,914,504.54	7,008,125.81
MFO SCHLUMBERGER EMERGING MKTS DEBT UNIT Y CUSIP: 1KB999EQ4	18,757,169.170	204,468,816.39	219,004,580.66
MFO SCHLUMBERGER LONG CREDIT UNIT W CUSIP: 454999T52	176,809,627.940	1,939,288,468.92	2,035,051,058.48
MFO SCHLUMBERGER REAL ESTATE UNIT T CUSIP: 978991S73	4,757,266.400	52,130,785.82	69,965,944.71

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 24 of 62

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Master Trusts</i>			
<b>United States - USD</b>			
MFO SCHLUMBERGER US STRIPS UNIT V CUSIP: 8P999K1L9	40,587,982.590	407,876,844.67	297,447,934.53
MFO SLB EQUITY INDEX UNIT F CUSIP: 806859989	373,532.040	25,191,296.31	28,197,592.66
MFO SLB SHORT TERM BOND UNIT C CUSIP: 806992178	1,837,019.150	36,492,233.17	40,174,760.11
<b>Total United States - USD</b>		<b>2,966,364,098.64</b>	<b>3,054,127,916.84</b>
<b>Total Value of Interest in Master Trusts</b>		<b>2,966,364,098.64</b>	<b>3,054,127,916.84</b>

*Other***United States - USD**

FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	1,398.000	172,571,422.84	166,230,937.50
FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	-1,398.000	-172,571,422.84	-166,230,937.50
FUT MAR 25 CBT ULT TNOTE CUSIP: 999599GH0	-2,917.000	-329,965,471.10	-324,698,562.50
FUT MAR 25 CBT ULT TNOTE CUSIP: 999599GH0	2,917.000	329,965,471.10	324,698,562.50
FUT MAR 25 CBT 5Y T-NOTE CUSIP: 999599GH0	1,467.000	156,835,218.66	155,948,976.56
FUT MAR 25 CBT 5Y T-NOTE CUSIP: 999599GH0	-1,467.000	-156,835,218.66	-155,948,976.56
FUT MAR 25 U.S. T-BONDS CUSIP: 999599GH0	52.000	6,082,886.56	5,919,875.00
FUT MAR 25 U.S. T-BONDS CUSIP: 999599GH0	-52.000	-6,082,886.56	-5,919,875.00
FUT MAR 25 US 2YR T-NOTE CUSIP: 999599GH0	-481.000	-98,916,085.91	-98,898,109.38
FUT MAR 25 US 2YR T-NOTE CUSIP: 999599GH0	481.000	98,916,085.91	98,898,109.38
FUT MAR 25 10 YR T-NOTES CUSIP: 999599GH0	-1,726.000	-189,883,226.09	-187,702,500.00

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 25 of 62

◆ **Schedule of Assets Held for Investment Purposes**

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
<b>United States - USD</b>			
FUT MAR 25 10 YR T-NOTES CUSIP: 999599GH0	1,726.000	189,883,226.09	187,702,500.00
<b>Total United States - USD</b>		<b>0.00</b>	<b>0.00</b>
<b>Total Other</b>		<b>0.00</b>	<b>0.00</b>
<b>Total</b>		<b>3,519,312,553.69</b>	<b>3,599,121,099.40</b>

\*\* All or a portion of this security participates in Securities Lending.

**5500 Supplemental Schedules**

01 JAN 24 - 31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 16 of 62

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C994FXA999	ASP RIVERA US PC LP	Acquisitions	17,927,952.00	-17,927,952.00	
		Dispositions	-11,272,741.00		11,272,741.00
C9942LY999	ASP RIVERA US PC LP	Acquisitions	49,646,638.00	-49,646,638.00	
		Dispositions	-31,216,820.00		31,216,820.00
C9942MA990	ASP RIVERA US PC LP	Acquisitions	4,137,222.00	-4,137,222.00	
		Dispositions	-2,601,403.00		2,601,403.00
C992TPC996	DIVERSIFIED CREDIT OPPORTUNITIES FD II (CAYMAN) LP	Acquisitions	1,737,588.00	-1,737,588.00	
		Dispositions	-6,164,637.00		6,164,637.00
		Free Delivery	-17,429,543.00		
		Free Receipt	17,429,543.00	17,429,543.00	
C999599GH0	FUT DEC 24 CBT UL T-BONDS	Free Delivery	-2,204.00		
		Free Receipt	2,204.00	-289,995,053.61	
C999599GH0	FUT DEC 24 CBT UL T-BONDS	Free Delivery	-2,204.00		
		Free Receipt	2,204.00	-289,995,053.61	
C999599GH0	FUT DEC 24 CBT ULT TNOTE	Free Delivery	-3,422.00		
		Free Receipt	3,422.00	-405,021,124.88	
C999599GH0	FUT DEC 24 CBT ULT TNOTE	Free Delivery	-3,422.00		
		Free Receipt	3,422.00	-405,021,124.88	
C999599GH0	FUT DEC 24 CBT 5Y T-NOTE	Free Delivery	-1,616.00		
		Free Receipt	1,616.00	-176,167,003.72	
C999599GH0	FUT DEC 24 CBT 5Y T-NOTE	Free Delivery	-1,616.00		
		Free Receipt	1,616.00	-176,167,003.72	
C999599GH0	FUT DEC 24 U.S. T-BONDS	Free Delivery	-58.00		
		Free Receipt	58.00	-7,237,544.87	
C999599GH0	FUT DEC 24 U.S. T-BONDS	Free Delivery	-58.00		
		Free Receipt	58.00	-7,237,544.87	

**5500 Supplemental Schedules**

01 JAN 24 - 31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 17 of 62

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GH0	FUT DEC 24 US 2YR T-NOTE	Free Delivery	-539.00		
		Free Receipt	539.00	-111,754,882.76	
C999599GH0	FUT DEC 24 US 2YR T-NOTE	Free Delivery	-539.00		
		Free Receipt	539.00	-111,754,882.76	
C999599GH0	FUT DEC 24 10 YR T-NOTES	Free Delivery	-1,806.00		
		Free Receipt	1,806.00	-202,413,210.62	
C999599GH0	FUT DEC 24 10 YR T-NOTES	Free Delivery	-1,806.00		
		Free Receipt	1,806.00	-202,413,210.62	
C999599GH0	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-2,123.00		
		Free Receipt	2,123.00	-268,417,594.06	
C999599GH0	FUT JUN 24 CBT UL T-BONDS	Free Delivery	-2,123.00		
		Free Receipt	2,123.00	-268,417,594.06	
C999599GH0	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-3,685.00		
		Free Receipt	3,685.00	-419,177,216.38	
C999599GH0	FUT JUN 24 CBT UL T-NOTE	Free Delivery	-3,685.00		
		Free Receipt	3,685.00	-419,177,216.38	
C999599GH0	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-492.00		
		Free Receipt	492.00	-52,568,721.21	
C999599GH0	FUT JUN 24 CBT 5Y T-NOTE	Free Delivery	-492.00		
		Free Receipt	492.00	-52,568,721.21	
C999599GH0	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-415.00		
		Free Receipt	415.00	-84,977,085.94	
C999599GH0	FUT JUN 24 US 2YR T-NOTE	Free Delivery	-415.00		
		Free Receipt	415.00	-84,977,085.94	
C999599GH0	FUT JUN 24 10 YR T-NOTES	Free Delivery	-1,430.00		

**5500 Supplemental Schedules**

01 JAN 24 - 31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 18 of 62

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C999599GH0	FUT JUN 24 10 YR T-NOTES	Free Receipt	1,430.00	-157,637,391.34	
		Free Delivery	-1,430.00		
C999599GH0	FUT MAR 24 CBT UL T-BONDS	Free Receipt	1,430.00	-157,637,391.34	
		Free Delivery	-307.00		
C999599GH0	FUT MAR 24 CBT UL T-BONDS	Free Receipt	2,049.00	-250,653,957.41	
		Free Delivery	-2,049.00		
C999599GH0	FUT MAR 24 CBT UL T-NOTE	Free Receipt	307.00	-38,130,952.07	
		Free Delivery	-3,685.00		
C999599GH0	FUT MAR 24 CBT UL T-NOTE	Free Receipt	11.00	-1,288,031.25	
		Free Delivery	-11.00		
C999599GH0	FUT MAR 24 CBT 5Y T-NOTE	Free Receipt	3,685.00	-415,562,014.55	
		Free Delivery	-54.00		
C999599GH0	FUT MAR 24 CBT 5Y T-NOTE	Free Receipt	597.00	-63,578,232.83	
		Free Delivery	-597.00		
C999599GH0	FUT MAR 24 US 2YR T-NOTE	Free Receipt	54.00	-5,846,765.76	
		Free Delivery	-465.00		
C999599GH0	FUT MAR 24 US 2YR T-NOTE	Free Receipt	93.00	-19,123,851.55	
		Free Delivery	-93.00		
C999599GH0	FUT MAR 25 CBT UL T-BONDS	Free Receipt	465.00	-95,301,142.51	
		Free Delivery	-448.00		
C999599GH0	FUT MAR 25 CBT UL T-BONDS	Free Receipt	1,846.00	-227,857,559.46	
		Free Delivery	-1,846.00		
C999599GH0	FUT MAR 25 CBT UL T-NOTE	Free Receipt	448.00	-55,286,136.62	
		Free Delivery	-3,213.00		
C999599GH0	FUT MAR 25 CBT UL T-NOTE	Free Receipt	296.00	-33,483,009.08	

**5500 Supplemental Schedules**

01 JAN 24 - 31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 19 of 62

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
		Free Delivery	-296.00		
		Free Receipt	3,213.00	-363,448,480.18	
C999599GH0	FUT SEP 24 CBT UL T-BONDS				
		Free Delivery	-1,719.00		
		Free Receipt	1,719.00	-212,985,470.55	
C999599GH0	FUT SEP 24 CBT UL T-BONDS				
		Free Delivery	-1,719.00		
		Free Receipt	1,719.00	-212,985,470.55	
C999599GH0	FUT SEP 24 CBT UL T-NOTE				
		Free Delivery	-3,591.00		
		Free Receipt	3,591.00	-404,031,388.95	
C999599GH0	FUT SEP 24 CBT UL T-NOTE				
		Free Delivery	-3,591.00		
		Free Receipt	3,591.00	-404,031,388.95	
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE				
		Free Delivery	-488.00		
		Free Receipt	488.00	-51,761,102.34	
C999599GH0	FUT SEP 24 CBT 5Y T-NOTE				
		Free Delivery	-488.00		
		Free Receipt	488.00	-51,761,102.34	
C999599GH0	FUT SEP 24 US 2YR T-NOTE				
		Free Delivery	-369.00		
		Free Receipt	369.00	-75,205,171.86	
C999599GH0	FUT SEP 24 US 2YR T-NOTE				
		Free Delivery	-369.00		
		Free Receipt	369.00	-75,205,171.86	
C999599GH0	FUT SEP 24 10 YR T-NOTES				
		Free Delivery	-1,395.00		
		Free Receipt	1,395.00	-152,296,353.86	
C999599GH0	FUT SEP 24 10 YR T-NOTES				
		Free Delivery	-1,395.00		
		Free Receipt	1,395.00	-152,296,353.86	
C5JY999S42	MFO SCHLUM PRIVATE EQUITY UNIT Z				
		Dispositions	-3,257,760.74		33,200,000.00
		Free Receipt	28,003,186.77	216,558,916.59	
C775995H48	MFO SCHLUM US LOW VOL UNIT P UNIT P				
		Acquisitions	453,709.96	-10,500,000.00	
		Dispositions	-453,709.96		11,091,762.04

**5500 Supplemental Schedules**

01 JAN 24 - 31 DEC 24

Account number PENS  
Account Name PENSION TRUST

Page 20 of 62

◆ **Schedule of Acquisitions & Dispositions**

Asset ID	Security Description	Transaction	Shares/Par	Cost of Acquisitions	Proceeds of Dispositions
C775995V75	MFO SCHLUM US SMALL CAP UNIT O	Acquisitions	266,761.87	-6,800,000.00	
		Dispositions	-14,828.86		400,000.00
C5AV999V99	MFO SCHLUMBERGER DEVELOPED INTERNATIONAL UNIT U	Acquisitions	1,513,229.60	-28,700,000.00	
		Dispositions	-26,349.52		500,000.00
C735999X74	MFO SCHLUMBERGER EMERGING MARKETS UNIT S	Acquisitions	500,100.15	-7,300,000.00	
		Dispositions	-27,598.07		400,000.00
C1KB999EQ4	MFO SCHLUMBERGER EMERGING MKTS DEBT UNIT Y	Acquisitions	407,243.03	-4,800,000.00	
		Dispositions	-2,426,992.70		27,700,000.00
C454999T52	MFO SCHLUMBERGER LONG CREDIT UNIT W	Acquisitions	801,813.45	-9,500,000.00	
		Dispositions	-15,872,472.73		182,400,000.00
C978991S73	MFO SCHLUMBERGER REAL ESTATE UNIT T	Acquisitions	375,051.41	-5,400,000.00	
		Dispositions	-431,173.16		6,300,000.00
C8P999K1L9	MFO SCHLUMBERGER US STRIPS UNIT V	Acquisitions	2,066,976.70	-15,900,000.00	
		Dispositions	-3,376,177.50		26,400,000.00
C806859989	MFO SLB EQUITY INDEX UNIT F	Acquisitions	420,333.69	-28,291,762.04	
		Dispositions	-46,801.65		3,400,000.00
C806992178	MFO SLB SHORT TERM BOND UNIT C	Acquisitions	318,356.57	-6,800,000.00	
		Dispositions	-262,292.62		5,600,000.00
C922019757	MFO SLB TIPS UNIT H	Acquisitions	17,931.45	-300,000.00	
		Dispositions	-4,343,347.19		74,691,373.13
C991XMJ996	Private Markets Fund VI LP	Acquisitions	259,533.00	-259,533.00	
		Dispositions	-747,716.00		747,716.00
		Free Delivery	-255,265.00		
C9924EK995	PATHWAY PRIVATE EQUITY FUND INVESTORS 8 LP	Acquisitions	30,197.75	-30,197.75	
		Dispositions	-147,234.65		147,234.65
		Free Delivery	-6,923,910.46		