

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>STEVENS & LEE SAVINGS PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>002</u></p>
<p>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) <u>STEVENS & LEE</u></p> <p style="text-align: center;"><u>P.O. BOX 679</u> <u>READING, PA 19603-0679</u></p> <p style="text-align: center;"><u>111 NORTH SIXTH STREET</u> <u>READING, PA 19603-0679</u></p>	<p>1c Effective date of plan <u>01/01/1973</u></p> <p>2b Employer Identification Number (EIN) <u>23-1886296</u></p> <p>2c Plan Sponsor's telephone number <u>610-478-2000</u></p> <p>2d Business code (see instructions) <u>541110</u></p>

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.	10/10/2025	CHARLES HARENZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2025	JOHN DUROFCHALK
	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 <input type="checkbox"/> Same as Plan Sponsor STEVENS & LEE P.O. BOX 679 READING, PA 19603-0679	3b Administrator's EIN 23-1886296 3c Administrator's telephone number 610-478-2000
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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
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5 Total number of participants at the beginning of the plan year	5	522
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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)	377
a(2) Total number of active participants at the end of the plan year	6a(2)	385
b Retired or separated participants receiving benefits.....	6b	4
c Other retired or separated participants entitled to future benefits	6c	154
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	543
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	3
f Total. Add lines 6d and 6e	6f	546
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)	509
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)	546
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	32

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
 2A 2E 2F 2H 2J 2S 2T

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan STEVENS & LEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 STEVENS & LEE	D Employer Identification Number (EIN) 23-1886296	

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

BANK OF AMERICA

94-1687665

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

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

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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 28 33 51 52 56 59 60 62 63 71 99	NONE	1205999	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	112433	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)

CONRAD SIEGEL ACTUARIES

23-1669823

(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 38 49 50	NONE	46348	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)

DELAWARE COMPANY

2005 MARKET ST.
PHILADELPHIA, PA 19103

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

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

CHIRON INVESTMENT MANAGEMENT, LLC

350 AVENUE OF THE AMERICAS
SUITE 700
NEW YORK, NY 10019

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

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

BLACKROCK ADVISORS LLC

51-0318674

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

BNY MELLON FUND ADVISORS

240 GREENWICH STREET
NEW YORK, NY 10286

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

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

ALLIANCEBERNSTEIN LP

1345 AVENUE OF AMERICAS
NEW YORK, NY 10105

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

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

CAPITAL RESEARCH AND COMPANY

95-1411037

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

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

LEGG MASON PARTNERS FUND ADVISOR, L

100 INTERNATIONAL DRIVE
BALTIMORE, MD 21202

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

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

COLUMBIA MANGMT INVESTMENT ADVISORS

P.O. BOX 8081
BOSTON, MA 02266-8081

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

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

CONGRESS ASSET CO

2 SEAPORT LANE, 5TH FLOOR
BOSTON, MA 02210

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

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

FULLER & THALER ASSET MANAGEMENT, I

411 BOREL AVENUE SUITE 300
SAN MATEO, CA 94402

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

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

INVESCO ADVISERS, INC.

76-0528004

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

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

BLACKROCK FUND ADVISORS

51-0318674

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

JP MORGAN INVESTMENT INC

13-2624428

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

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

LOOMIS, SAYLES & COMPANY LP

399 BOYLSTON STREET
BOSTON, MA 02111

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

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

MASSACHUSETTS FINANCIAL SERVICES CO

PO BOX 55824
BOSTON, MA 02205

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

TRANSAMERICA ASSET INC

94-0932740

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

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

LORD, ABBETT & CO LLC

P.O. BOX 219336
KANSAS CITY, MO 64121

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

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

PACIFIC INVESTMENT COMPANY LLC

95-2632339

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

FIDELITY MANAGEMENT & RESEARCH COMP

06-1194217

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

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

SEAFARER CAPITAL PARTNERS, LLC

1100 LARKSPUR LANDING CIRCLE
SUITE 375
LARKSPUR, CA 94939

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

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

PARTNERS GROUP (USA) INC

1114 AVENUE OF THE AMERICAS 37TH FL
NEW YORK, NY 10036

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

RENAISSANCE TECHNOLOGIES LLC

250 VESEY STREET, 11TH FLOOR
NEW YORK, NY 10281

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

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

IRONWOOD CAPITAL MANAGEMENT

ONE MARKET PLAZA STUART TOWER
SUITE 2500
SAN FRANCISCO, CA 94105

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

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

LASALLE INVESTMENT MANAGEMENT, INC.

333 WEST WACKER DR
CHICAGO, IL 60606

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DELAWARE MANAGEMENT COMPANY	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE VALUE(R) INST 2005 MARKET ST. PHILADELPHIA, PA 19103	0.68% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
DELAWARE MANAGEMENT COMPANY	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DELAWARE CORPORATE BOND INST 2005 MARKET ST. PHILADELPHIA, PA 19103	0.57% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHIRON INVESTMENT MANAGEMENT, LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FS CHIRON CAPITAL ALLOCATION CLASS 350 AVENUE OF THE AMERICAS NEW YORK, NY 10019	1.17% OF ASSETS	

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
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK GLOBAL LONG/SHORT CREDIT 51-0318674	1.49% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BNY MELLON FUND ADVISERS	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON GLOBAL FIXED INCOME - I 240 GREENWICH STREET NEW YORK, NY 10286	0.53% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ALLIANCEBERNSTEIN LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AB DISCOVERY VALUE Z 1345 AVENUE OF AMERICAS NEW YORK, NY 10105	0.79% OF ASSETS	

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
CAPITAL RESEARCH AND MANAGEMENT COM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS EUROPACIFIC GROWTH R 95-1411037	0.47% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS NEW PERSPECTIVE R6 95-1411037	0.42% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK EQUITY DIVIDEND K 51-0318674	0.58% OF ASSETS	

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
LEGG MASON PARTNERS FUND ADVISOR LL	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE SMALL CAP GROWTH IS 100 INTERNATIONAL DRIVE BALTIMORE, MD 21202	0.78% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA MGMT INVESTMENT ADVISERS L	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA CONTRARIAN CORE INST3 P.O. BOX 8081 BOSTON, MA 02266-8081	0.6% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CONGRESS ASSET MANAGEMENT COMPANY L	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CONGRESS MID CAP GROWTH INSTITUTION 2 SEAPORT LANE, 5TH FLOOR BOSTON, MA 02210	0.78% OF ASSETS	

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
FULLER & THALER ASSET MANAGEMENT, I	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FULLER & THALER BEHAVIORAL SM-CP EQ 411 BOREL AVENUE SUITE 300 SAN MATEO, CA 94402	0.65% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INVESCO ADVISERS, INC.	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DEVELOPING MARKETS R6 76-0528004	0.84% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES MSCI EAFE INTL IDX K 51-0318674	0.04% OF ASSETS	

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
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES RUSSELL 2000 SMALL-CAP IDX 51-0318674	0.07% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES RUSSELL MID-CAP INDEX K 51-0318674	0.05% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES S&P 500 INDEX K 51-0318674	0.03% OF ASSETS	

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
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN HIGH YIELD R6 13-2624428	0.5% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LOOMIS SAYLES & COMPANY LP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES GROWTH N 399 BOYLSTON STREET BOSTON, MA 02111	0.57% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
MASSACHUSETTS FINANCIAL SERVICES CO	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTERNATIONAL INTRINSIC VALUE R PO BOX 55824 BOSTON, MA 02205	0.67% OF ASSETS	

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
MASSACHUSETTS FINANCIAL SERVICES CO	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MID CAP VALUE R6 PO BOX 55824 BOSTON, MA 02205	0.62% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TRANSAMERICA ASSET MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRANSAMERICA INTERNATIONAL EQUITY R 94-0932740	0.75% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ISHARES US AGGREGATE BOND INDEX K 51-0318674	0.05% OF ASSETS	

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
LORD ABBETT & CO LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT SHORT DURATION INCOME R P.O. BOX 219336 KANSAS CITY, MO 64121	0.31% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REAL RETURN INSTL 95-2632339	0.67% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO TOTAL RETURN INSTL 95-2632339	0.49% OF ASSETS	

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
BLACKROCK ADVISORS LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK GLOBAL ALLOCATION K 51-0318674	0.76% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT(R) 2020 R6 13-2624428	0.34% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT(R) 2030 R6 13-2624428	0.35% OF ASSETS	

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
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation JPMORGAN SMARTRETIREMENT(R) 2035 R6 13-2624428	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.4% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation JPMORGAN SMARTRETIREMENT(R) 2040 R6 13-2624428	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.4% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation JPMORGAN SMARTRETIREMENT(R) 2045 R6 13-2624428	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.4% OF ASSETS	

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
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT(R) 2050 R6 13-2624428	0.41% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT(R) 2055 R6 13-2624428	0.41% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT(R) 2060 R6 13-2624428	0.4% OF ASSETS	

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
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT(R) 2065 R6 13-2624428	0.42% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN INVESTMENT MANAGEMENT INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN SMARTRETIREMENT(R) INCOME 13-2624428	0.34% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY MANAGEMENT & RESEARCH COMP	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIDELITY SMALL CAP GROWTH K6 06-1194217	0.61% OF ASSETS	

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
SEAFARER CAPITAL PARTNERS, LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEAFARER OVERSEAS GR AND INCOME INS 1100 LARKSPUR LANDING CIRCLE LARKSPUR, CA 94939	0.86% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PARTNERS GROUP (USA) INC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARTNERS GROUP PRIVATE EQUITY (TEI) 1114 AVENUE OF THE AMERICAS 37TH FL NEW YORK, NY 10036	3.01% ON FUND NET ASSET VALUE + 10% OF PERFORMANCE ABOVE HIGH WATER MARK	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
RENAISSANCE TECHNOLOGIES LLC	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RENAISSANCE ACCESS LLC 250 VESEY STREET, 11TH FLOOR NEW YORK, NY 10281	3.00% OF ASSETS	

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
IRONWOOD CAPITAL MANAGEMENT	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
IRONWOOD MULTI-STRATEGY FUND LLC ONE MARKET PLAZA STUART TOWER SAN FRANCISCO, CA 94105	1.95% OF ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LASALLE INVESTMENT MANAGEMENT, INC.	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JONES LANG LASALLE INCOME PROPERTY 333 WEST WACKER DR CHICAGO, IL 60606	1.25% OF ASSETS + 10% PERFORMANCE FEE FOR INVESTMENT RETURNS IN EXCESS OF A 7% HURDLE RATE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LASALLE INVESTMENT MANAGEMENT, INC.	28 52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JONES LANG LASALLE INCOME PROPERTY 333 WEST WACKER DR CHICAGO, IL 60606	1.25% OF ASSETS + 10% PERFORMANCE FEE FOR INVESTMENT RETURNS IN EXCESS OF A 7% HURDLE RATE	

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 H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STEVENS & LEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 STEVENS & LEE	D Employer Identification Number (EIN) 23-1886296

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	56646	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8498121	9207065
(2) Participant contributions	1b(2)	7500	0
(3) Other	1b(3)	479629	499987
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14792125	14283069
(2) U.S. Government securities	1c(2)	17591173	24356157
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	12800539	18801786
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	108710567	113477469
(5) Partnership/joint venture interests	1c(5)	2599780	2509866
(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)		
(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)	72515223	79743317
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	16230557	18344892

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	254281860	281223608
Liabilities			
g Benefit claims payable.....	1g	6763	2937485
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	6763	2937485
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	254275097	278286123

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)	9252896	
(B) Participants.....	2a(1)(B)	4015447	
(C) Others (including rollovers).....	2a(1)(C)	1075709	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		14344052
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	28	
(B) U.S. Government securities.....	2b(1)(B)	648906	
(C) Corporate debt instruments.....	2b(1)(C)	572868	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	74620	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1296422
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1784562	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4741898	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		6526460
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	68087249	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	53294009	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		14793240
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3461833	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		6123773
c Other income	2c		511711
d Total income. Add all income amounts in column (b) and enter total.....	2d		47057491

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	21682997	
(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)		21682997
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)	88060	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1204688	
(6) Bank or trust company trustee/custodial fees	2i(6)	70720	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1363468
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		23046465

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24011026
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: **TOMASI & COMPANY PC**

(2) EIN: **83-0664781**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?		X	
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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

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

A Name of plan <u>STEVENS & LEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STEVENS & LEE</u>	D Employer Identification Number (EIN) <u>23-1886296</u>	

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

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

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 94-1687665

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

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

3	
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

STEVENS & LEE SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

**YEARS ENDED DECEMBER 31, 2024 AND 2023
WITH INDEPENDENT AUDITORS' REPORT**

STEVENS & LEE SAVINGS PLAN

TABLE OF CONTENTS

	PAGE NO.
INDEPENDENT AUDITORS' REPORT	1 - 3
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	4
Statements of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6 - 15
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	16 - 31
Schedule H, Line 4j – Schedule of Reportable Transactions	32

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Stevens & Lee Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of Stevens & Lee Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C)]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Stevens & Lee Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Stevens & Lee Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Stevens & Lee Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Stevens & Lee Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are

in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule of Assets Held at the End of the Year and Schedule of Reportable Transactions are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Somasi & Company P.C.

Wyomissing, Pennsylvania
October 3, 2025

STEVENS & LEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2024	2023
ASSETS		
Investments, at fair value:		
Money market funds	\$ 10,740,666	\$ 14,792,125
Corporate and government bonds	46,937,249	33,823,203
Common stocks	113,477,470	108,710,567
Registered investment companies	79,743,316	72,515,223
Other investments	17,075,452	15,398,846
Total investments	267,974,153	245,239,964
Receivables:		
Employer contribution	9,207,065	8,498,121
Employee Contribution	-	7,500
Accrued interest and dividends	499,987	479,629
Total receivables	9,707,052	8,985,250
Cash	3,542,403	56,646
Total assets	281,223,608	254,281,860
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	<u>281,223,608</u>	<u>254,281,860</u>

STEVENS & LEE SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2024	2023
ADDITIONS/(REDUCTIONS) TO NET ASSETS		
ATTRIBUTED TO:		
Interest and dividend income	\$ 8,323,645	\$ 6,225,964
Other income	10,944	14,121
Net appreciation (depreciation) in fair value of investments	24,378,850	26,367,943
Contributions:		
Participants	4,015,447	3,510,869
Rollovers	1,075,709	295,365
Employer	9,252,896	8,498,121
	<u>14,344,052</u>	<u>12,304,355</u>
Total additions/(reductions)	<u>47,057,491</u>	<u>44,912,383</u>
DEDUCTIONS FROM NET ASSETS		
ATTRIBUTED TO:		
Benefits paid directly to participants	18,752,275	13,906,486
Investment & administrative fees net of rebates	1,363,468	1,148,974
	<u>20,115,743</u>	<u>15,055,460</u>
Total deductions	<u>20,115,743</u>	<u>15,055,460</u>
Net increase/(decrease) in plan assets available for benefits	26,941,748	29,856,923
NET ASSETS AVAILABLE FOR BENEFITS		
AT BEGINNING OF YEAR	<u>254,281,860</u>	<u>224,424,937</u>
NET ASSETS AVAILABLE FOR BENEFITS		
AT END OF YEAR	<u>\$ 281,223,608</u>	<u>\$ 254,281,860</u>

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Stevens & Lee Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document and related summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Stevens & Lee (the Company) and its affiliated businesses. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and the Internal Revenue Code of 1986, as amended (Code).

Contributions

Participants can elect to contribute up to a maximum of 25% of annual compensation including bonuses on a pre-tax basis, as defined in the Plan. Eligible employees hired on or after January 1, 2015 are automatically enrolled in the 401(k) portion of the Plan as of their first eligible payroll date and deemed to make an affirmative election to contribute 2% of compensation unless the employee makes an affirmative election to not contribute. The Company may make annual discretionary profit-sharing contributions in an amount from current and accumulated earnings, as determined by the Board of Directors.

All 401(k) accounts are participant directed. Accounts in the profit-sharing portion of the Plan can be participant directed if a qualified individual (one who attained age 60 or will attain age 60 by the end of the Plan year) elects to direct investments into a diversification account.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, (b) forfeitures, and (c) plan earnings. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their pre-tax contributions plus actual earnings thereon. Vesting in the Company contribution portion of their accounts plus actual earnings thereon is based upon years of service. A participant is 100% vested after three years of service. A year of service is defined as 1,000 hours or more of service during a Plan calendar year.

Payment of Benefits

On termination of service, due to death, disability, retirement or termination, a participant, or beneficiary in the case of death, may receive a distribution equal to the vested value of his or her account.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of the Code and ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Forfeited Accounts

At December 31, 2024 and 2023, forfeited non-vested accounts totaled \$216,462 and \$120,421, respectively. These accounts are used to reduce employer contributions and restore qualified previously forfeited accounts for rehired employees. In 2024 and 2023, the full \$216,462 and \$120,421 were used to reduce employer contributions.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined and certified to by the Plan's trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

Shares of registered investment companies and real estate investment trusts are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year-end. Money market accounts are valued at cost, which approximates fair value.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

The Company pays various costs associated with the administration of the Plan. Additionally, the Company has entered into trustee and investment advisory agreements, as well as a recordkeeping service agreement with Bank of America, N.A., a subsidiary of Bank of America Corporation for service with respect to the Plan. Additional Plan recordkeeping services are provided by Conrad Siegel Actuaries for the profit-sharing portion of the Plan. These services are paid by the Plan or the Company.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The plan administrator has evaluated subsequent events through October 3, 2025, which is the date the financial statements were available to be issued.

NOTE 3 NONPARTICIPANT-DIRECTED INVESTMENTS

The following is information about net assets and significant components of changes in net assets related to the nonparticipant-directed investments as of and for the years ended December 31, 2024 and 2023, respectively:

	<u>2024</u>	<u>2023</u>
Net Assets		
Investments, at fair value:		
Money market funds	\$ 4,371,597	8,993,801
Corporate and government bonds	35,728,641	23,066,350
Common stocks	113,477,470	108,710,567
Registered investment companies	15,154,774	19,314,320
Other investments	17,075,452	15,398,846
Cash	3,521,058	56,643
Total investments	<u>189,328,992</u>	<u>175,540,527</u>
Interest and dividend receivable	406,882	402,947
Employer contribution receivable	<u>9,207,065</u>	<u>8,498,121</u>
Net assets available for benefits	<u>\$ 198,942,939</u>	<u>\$ 184,441,595</u>

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 NONPARTICIPANT-DIRECTED INVESTMENTS (CONTINUED)

Changes in net assets	<u>2024</u>	<u>2023</u>
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ 19,030,626	\$ 18,541,872
Interest and dividend income	4,165,024	3,752,060
Other income	10,944	9,112
Inter-fund transfers – net	(1,180,238)	686,635
Employer contributions	9,252,896	8,498,121
Benefits paid directly to participants	(15,465,142)	(11,083,539)
Investment & administrative fees net of rebates	(1,312,766)	(1,085,230)
Net increase/(decrease)	<u>\$ 14,501,344</u>	<u>\$ 19,319,031</u>

NOTE 4 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows.

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Money market funds and registered investment companies: Registered investment companies are valued at the daily closing price as reported by the fund. The funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified as level 1 investments. Money market funds are valued at net asset value (NAV) of shares held by the Plan based on prices that may not be fully active or observable at year end and are categorized as level 1 or 2 assets depending on the circumstances.

Common stocks: Valued at the closing price reported in active or inactive markets or observable inputs in which the individual securities are traded. All of these positions are classified as level 1 in the hierarchy.

Corporate and government bonds: Corporate bonds are based on observable market inputs while the government and municipal bonds typically use spreads obtained from trade and issue markets. These are included in level 2 fair value hierarchy. United States Treasury securities are traded in active markets and therefore are considered Level 1 securities in the hierarchy.

Alternative investments: Valued at the closing price reported in inactive markets as of the close of business at the end of the year where significant inputs are not observable. The unobservable inputs reflect assumptions that market participants would use. These are classified as level 1 or 3 assets depending on the circumstances.

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

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023, respectively:

Assets at Fair Value as of December 31, 2024

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 10,740,666	\$ -	\$ -	\$ 10,740,666
Registered investment companies	79,743,316	-	-	79,743,316
Common stocks	113,477,470	-	-	113,477,470
Government bonds	9,308,433	18,827,028	-	28,135,461
Corporate bonds	-	18,801,788	-	18,801,788
Alternative Investments	<u>2,775,911</u>	<u>-</u>	<u>14,299,541</u>	<u>17,075,452</u>
Total Assets at Fair Value	<u>\$216,045,796</u>	<u>\$ 37,628,816</u>	<u>\$ 14,299,541</u>	<u>\$267,974,153</u>

Assets at Fair Value as of December 31, 2023

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 14,792,125	\$ -	\$ -	\$ 14,792,125
Registered investment companies	72,515,223	-	-	72,515,223
Common stocks	108,710,567	-	-	108,710,567
Government bonds	7,524,759	9,867,027	-	17,391,786
Corporate bonds	-	16,431,417	-	16,431,417
Alternative Investments	<u>3,917,143</u>	<u>-</u>	<u>11,481,703</u>	<u>15,398,846</u>
Total Assets at Fair Value	<u>\$207,459,817</u>	<u>\$ 26,298,444</u>	<u>\$ 11,481,703</u>	<u>\$245,239,964</u>

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

LEVEL 3 GAINS AND LOSSES

The following tables set forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2024 and 2023, respectively:

Changes in Fair Value as of December 31, 2024

	<u>Alternative Investments</u>
Balance, beginning of year	\$ 11,481,703
Realized gains (losses)	-
Unrealized gains (losses) relating to instruments still held at the reporting date	554,058
Purchases, sales, issuances, and settlements	
Purchases	3,163,780
Issuances	-
Sales	(900,000)
Settlements	-
	<hr/>
Balance, end of year	<u>\$ 14,299,541</u>

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Changes in Fair Value as of December 31, 2023

	<u>Alternative Investments</u>
Balance, beginning of year	\$ 11,015,096
Realized gains (losses)	-
Unrealized gains (losses) relating to instruments still held at the reporting date	33,364
Purchases, sales, issuances, and settlements	
Purchases	433,243
Issuances	-
Sales	-
Settlements	-
	<hr/>
Balance, end of year	<u>\$ 11,481,703</u>

NOTE 5 INCOME TAX STATUS

The Plan has received a favorable determination letter from the Internal Revenue Service dated November 17, 2017 stating that the Plan is designed and qualified in accordance with applicable sections of the Code and, therefore, the related trust is exempt from taxation. The Plan was most recently amended effective January 1, 2020 to reflect certain provisions of the CARES Act and the SECURE Act.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 6 RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 281,223,608	\$ 254,281,860
Less: Amounts allocated to withdrawing participants	<u>(2,937,485)</u>	<u>(6,763)</u>
Net assets available for benefits per Form 5500	<u>\$ 278,286,123</u>	<u>\$ 254,275,097</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2024 and 2023 to Form 5500:

	<u>2024</u>	<u>2023</u>
Benefits paid to participants per the financial statements	\$ 18,752,275	\$ 13,906,486
Add: Unpaid amounts allocated to withdrawing participants	2,930,722	4,923
Less: Paid amounts allocated to withdrawing participants previously included	-	(3,979,130)
Benefits paid to participants per Form 5500	<u>\$ 21,682,997</u>	<u>\$ 9,932,279</u>

NOTE 7 INFORMATION CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Bank of America N.A., a subsidiary of Bank of America Corporation, the trustee and custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2024 and 2023 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 9 RELATED PARTY TRANSACTIONS

Certain investments held by the Plan are managed by Merrill Lynch or an indirect wholly-owned subsidiary of Merrill Lynch. Merrill Lynch is a subsidiary of Bank of America Corporation, and also record-keeper of the 401(k) portion of the Plan; Bank of America, N.A., the custodian and trustee of the Plan, is also a subsidiary of Bank of America Corporation. Therefore, these transactions qualify as party-in-interest transactions. Fees charged by the custodian in 2024 and 2023 for investment management/advisory/401(k) record-keeper and trustee expenses were \$1,269,727 and \$1,045,767 and \$70,721 and \$80,633 respectively. Conrad Siegel Actuaries is also record-keeper and provides various services including preparation of Internal Revenue Service Form 5500. The party-in-interest fees charged by the record keeper were \$46,348 and \$45,173 in 2024 and 2023. Fees were offset by rebates and adjustments of \$23,328 and \$22,599 in 2024 and 2023. The overall net fees charged were \$1,363,468 and \$1,148,974 in 2024 and 2023. Although these transactions are party-in-interest transactions, they are not prohibited under ERISA or the Code.

STEVENS & LEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

SUPPLEMENTAL SCHEDULES

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Money Market Funds			
	Blackrock Liquidity FedFund	4,128,700 shares	\$ 4,128,700	\$ 4,128,700
	Blackrock Liquidity FedFunds Cash Reserve	4,609,677 shares	4,609,677	4,609,677
	Federated Hermes Govt Oblg Adv	90,576 shares	90,576	90,576
	Federated Hermes Govt Oblg Adv	1,911,713 shares	1,911,713	1,911,713
	Total Money Market Funds		10,740,666	10,740,666
	Corporate/Government Bonds			
	Abbvie Inc 3.600%05/14/25	58,000 par	60,282	57,760
	Abbvie Inc3.200% 05/14/26	178,000 par	171,876	174,833
	Abbvie Inc 4.250% 11/14/28	125,000 par	140,425	123,093
	Alexandria Real Estate 2.950% 03/15/34	75,000 par	63,363	61,744
	Amazon Com Inc 4.700% 12/01/32	38,000 par	37,753	37,776
	Amazon Com Inc 3.600% 04/13/32	270,000 par	257,842	249,917
	American Express Co 5.850% 11/05/27	289,000 par	293,434	297,953
	American Express CoVar% 10/30/26	122,000 par	123,222	123,510
	American Homes 4 Rent 3.625% 04/15/32	75,000 par	67,054	67,046
	American Tower Corp 4.050% 03/15/32	42,000 par	36,868	38,957
	American Tower Corp 2.700% 04/15/31	149,000 par	148,264	128,633
	Anheuser-Busch Inbev Wor Company 3.500% 06/01/30	42,000 par	38,258	39,377
	Anheuser-Busch Inbev Fin Inc 4.900% 02/01/46	66,000 par	65,648	59,680
	Aon Corp 5.350% 02/28/33	108,000 par	107,260	107,522
	Apache Jct 4.481% 07/01/32	70,000 par	70,000	67,246
	Apple Inc 2.200% 09/11/29	43,000 par	37,268	38,613
	Aptiv Plc 3.250% 03/01/32	115,000 par	103,594	99,225
	Ares Capital Corp 3.200% 11/15/31	64,000 par	50,009	55,013
	Assured Guaranty Us Hldg Company 3.150% 06/15/31	128,000 par	110,290	113,010
	Astrazeneca Finance LLC 4.875% 03/03/33	54,000 par	53,955	53,369
	Atmos Energy Corp 5.900% 11/15/33	50,000 par	52,746	52,306
	AT&T Inc GLB 1.700% 03/25/26	4,000 par	3,747	3,856
	AT&T Inc GLB 5.400% 02/15/34	129,000 par	126,256	129,516
	Avalonbay Communities Glb 2.050% 01/15/32	48,000 par	38,082	39,742
	Bank of Nova Scotia 1.350% 06/24/26	166,000 par	150,761	158,196
	Bank of NY Mellon Corp Var% 10/25/33	100,000 par	101,759	103,562
	Barclays Plc Var% 11/24/32	485,000 par	427,537	409,553
	Bat Capital Corp 7.750% 10/19/32	35,000 par	37,437	39,685
	Boardwalk Pipelines Lp 3.600% 09/01/32	45,000 par	37,190	39,309
	Boeing Co 6.125% 02/15/33	30,000 par	30,461	31,003
	Booking Holdings Inc 4.625% 04/13/30	39,000 par	37,784	38,637
	BP Capital Markets Amer Inc 4.234% 11/06/28	255,000 par	269,902	249,653
	BP Capital Markets America 3.119% 05/04/26	36,000 par	38,059	35,355
	BP Capital Markets America 4.893% 09/11/33	211,000 par	213,037	204,109
	BP Capital Markets Plc 3.279% 09/19/27	64,000 par	63,995	61,873
	Broadcom Inc 4.150% 02/15/28	36,000 par	35,706	35,394
	Brixmor Operating Part 2.500% 08/16/31	49,000 par	38,111	41,115
	California St Taxable 6.000% 03/01/33	80,000 par	86,266	85,307
	Capital One Financial Var% 05/10/33	423,000 par	419,311	411,909

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate/Government Bonds (continued)			
	Capital One Financial Var% 06/08/29	133,000 par	131,420	137,336
	Carmax Auto 0.550% 06/15/26	5,347 par	5,108	5,307
	Carmax Auto 4.750% 10/15/27	36,379 par	36,137	36,439
	Casa Grande Ariz Excise 1.337% 04/01/27	55,000 par	47,380	51,464
	Caterpillar Finl Service 4.850% 02/27/29	122,000 par	122,379	122,648
	Centerpoint Energy Res 5.400% 03/01/33	198,000 par	206,084	198,778
	Centerville Ohio City Sch Dist 1.549% 12/01/30	95,000 par	95,000	79,512
	Charles Schwab Corp 1.650% 03/11/31	135,000 par	103,837	110,531
	Charles Schwab Corp Var% 08/24/34	61,000 par	62,285	64,045
	Charles Schwab Corp Var% 11/17/29	35,000 par	36,382	36,483
	Cigna Group 5.400% 03/15/33	203,000 par	211,343	202,693
	Citigroup Inc Var% 03/20/30	135,000 par	123,194	128,890
	Citigroup Inc Var% 05/24/28	34,000 par	33,327	33,786
	Citigroup Inc 3.200% 10/21/26	255,000 par	245,067	247,985
	Citigroup Inc Var% 11/17/23	58,000 par	61,895	60,819
	Columbus Ohio City 2.577% 12/01/29	250,000 par	250,000	226,985
	Comcast Corp 3.550% 05/01/28	128,000 par	121,828	122,872
	Comcast Corp 5.500% 11/15/32	52,000 par	53,009	53,286
	Con Edison Co of NY Inc 5.500% 03/15/34	50,000 par	51,447	50,869
	Crown Castle Intl Corp 2.500% 07/15/31	65,000 par	54,366	54,741
	Corebridge Financial Inc 3.900% 04/05/32	223,000 par	201,909	202,966
	CVS Health Corp 4.300% 03/25/28	382,000 par	405,990	370,124
	CVS Health Corp 5.250% 02/21/33	100,000 par	101,326	95,866
	CVS Health Corp 5.400% 06/01/29	34,000 par	34,321	34,014
	CVS Health Corp 5.700% 06/01/34	100,000 par	101,899	98,293
	Deutshce Bank NY	460,000 par	428,334	412,988
	Discover Financial Svs 6.700% 11/29/32	192,000 par	201,773	204,630
	Dte Electric Co 5.200% 04/01/33	53,000 par	52,941	52,938
	Duke Energy Corp 2.550% 06/15/31	146,000 par	144,847	124,653
	Elevance Health Inc 4.750% 02/15/33	131,000 par	128,370	125,560
	Energy Tranfer Oper 2.900% 05/15/25	58,000 par	58,380	57,553
	Entergy Louisiana LLC 4.000% 03/15/33	219,000 par	206,624	200,477
	Enterprise Products Oper 5.350% 01/31/33	199,000 par	207,956	200,578
	Equinor Asa Company 3.125% 04/06/30	42,000 par	37,704	38,700
	Equitable Holdings Inc 5.594% 01/11/33	103,000 par	101,322	103,956
	Erp Operating Lp 2.500% 02/15/30	45,000 par	37,761	40,041
	Essex Portfoliio Lp 3.500% 04/01/25	100,000 par	99,206	99,652
	Federal Farm Credit Bank 1.750% 02/14/25	160,000 par	159,577	159,477
	Federal Home LN BKS 3.250% 11/16/28	245,000 par	265,072	236,401
	Federal Home LN MTG Corp 4.500% 2026	4,991 par	63,383	4,997
	Federal Home LN MTG Corp 4.000% 2028	19,710 par	69,581	19,555
	Federal Home LN MTG Corp 5.000% 2026	45 par	174,944	45
	Federal Home LN MTG Corp 4.000% 2044	132 par	142	124
	Federal Home LN MTG Corp 4.000% 2044	865 par	927	805
	Federal Home LN MTG Corp 4.000% 2044	151 par	161	140
	Federal Home LN MTG Corp 3.500% 2044	349 par	364	315
	Federal Home LN MTG Corp 4.000% 2044	15 par	16	14

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Corporate/Government Bonds (continued)				
	Federal Home LN MTG Corp 3.000% 2044	10,143 par	10,571	8,888
	Federal Home LN MTG Corp 3.500% 2044	857 par	903	774
	Federal Home LN MTG Corp 4.000% 2045	3,580 par	3,826	3,333
	Federal Home LN MTG Corp 3.500% 2045	310 par	322	279
	Federal Home LN MTG Corp 3.000% 2045	475 par	489	415
	Federal Home LN MTG Corp 3.500% 2045	126 par	130	113
	Federal Home LN MTG Corp 3.500% 2045	1,765 par	1,830	1,586
	Federal Home LN MTG Corp 4.000% 2045	3,696 par	3,957	3,436
	Federal Home LN MTG Corp 4.000% 2045	1,781 par	1,898	1,655
	Federal Home LN MTG Corp 4.000% 2045	2,498 par	2,670	2,322
	Federal Home LN MTG Corp 3.500% 2046	4,083 par	4,283	3,668
	Federal Home LN MTG Corp 3.500% 2046	2,302 par	2,419	2,068
	Federal Home LN MTG Corp 4.000% 2046	219 par	234	201
	Federal Home LN MTG Corp 3.500% 2046	3,758 par	3,967	3,376
	Federal Home LN MTG Corp 4.000% 2046	713 par	760	663
	Federal Home LN MTG Corp 4.000% 2046	4,146 par	4,355	3,852
	Federal Home LN MTG Corp 3.000% 2046	1,271 par	1,397	1,100
	Federal Home LN MTG Corp 3.000% 2047	1,340 par	1,550	1,163
	Federal Home LN MTG Corp 3.000% 2047	7,127 par	7,069	6,192
	Federal Home LN MTG Corp 3.500% 2047	1,107 par	1,137	995
	Federal Home LN MTG Corp 4.000% 2047	2,795 par	2,953	2,616
	Federal Home LN MTG Corp 3.000% 2047	4,071 par	4,080	3,529
	Federal Home LN MTG Corp 3.500% 2047	4,896 par	5,020	4,398
	Federal Home LN MTG Corp 4.000% 2047	1,508 par	2,294	1,395
	Federal Home LNMTG Corp 4.000% 2048	993 par	1,389	921
	Federal Home LN MTG Corp 4.000% 2049	581 par	866	539
	Federal Home LN MTG Corp 2.500% 2052	437,135 par	362,331	355,951
	Federal Home LN MTG Corp 2.500% 2052	38,165 par	29,521	31,338
	Federal Home LN MTG Corp 2.500% 2052	21,106 par	17,355	17,187
	Federal Home LN MTG Corp 2.500% 2052	22,189 par	18,274	18,068
	Federal Home LN MTG Corp 3.000% 2053	41,474 par	35,337	34,956
	Federal Home LN MTG Corp 3.000% 2052	27,712 par	23,927	23,514
	Federal Home LN MTG Corp 2.000% 2054	706,548 par	589,784	550,219
	Federal Home LN MTG Corp 3.500% 2053	244,913 par	218,230	216,673
	Federal Home LN MTG Corp 3.500% 2050	3,096 par	4,072	2,778
	Federal Home LN MTG Corp 3.500% 2050	26,197 par	38,823	23,455
	Federal Home LN MTG Corp 2.500% 2050	106,274 par	110,624	87,655
	Federal Home LN MTG Corp 2.500% 2051	12,424 par	13,129	10,214
	Federal Home LN MTG Corp 3.000% 2051	1,902 par	2,011	1,626
	Federal Home LN MTG Corp 3.000% 2051	6,936 par	7,313	5,922
	Federal Home LN MTG Corp 3.000% 2052	6,993 par	7,289	5,960
	Federal Home LN MTG Corp 2.000% 2052	38,586 par	30,109	30,092
	Federal Home LN MTG Corp 2.000% 2052	9,567 par	7,577	7,453
	Federal Home LN MTG Corp 2.500% 2052	676,595 par	559,912	552,801
	Federal Home LN MTG Corp 3.000% 2052	207,455 par	194,675	176,416
	Federal Home LN MTG Corp 3.500% 2052	36,299 par	34,520	32,154
	Federal Home LNMTG Corp 2.500% 2052	34,100 par	27,861	27,809

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Corporate/Government Bonds (continued)				
	Federal Home LN MTG Corp 3.500% 2053	318,759 par	299,912	282,073
	Federal Home LN MTG Corp 5.500% 2053	273,703 par	267,734	270,464
	Federal Home LN MTG Corp 4.000% 2053	127,697 par	117,701	116,835
	Federal Home LN MTG Corp 5.500% 2054	313,961 par	316,966	309,850
	Federal Home LN MTG Corp 5.000% 2054	305,839 par	306,961	295,194
	Federal Home LN MTG Corp 5.000% 2054	215,022 par	208,487	207,538
	Federal Home LN MTG Corp 3.000% 2051	215,730 par	190,949	184,439
	Federal Home LN MTG Corp 2.000% 2052	19,708 par	14,966	15,346
	Federal Home LN MTG Corp 3.000% 2051	56,826 par	48,707	48,242
	Federal Home LNMTG Corp 3.000% 2052	34,943 par	29,918	29,694
	Federal Home LN MTG Corp 3.000% 2052	813,667 par	698,500	691,740
	Federal Home LN MTG Corp 2.500% 2052	9,035 par	7,493	7,360
	Federal Home LN MTG Corp 4.000% 2052	36,828 par	35,671	33,717
	Federal Home LN MTG Corp 3.500% 2052	313,547 par	287,968	277,735
	Federal Home LN MTG Corp 4.000% 2052	148,901 par	144,818	136,345
	Federal Home LN MTG Corp 3.500% 2052	154,823 par	138,073	137,003
	Federal Home LN MTG Corp 4.000% 2052	408,111 par	395,842	373,655
	Federal Home LN MTG Corp 3.000% 2053	300,539 par	259,728	255,038
	Federal Home LN MTG Corp 3.500% 2053	104,747 par	95,707	92,686
	Federal Home LN MTG Corp 5.500% 2053	101,764 par	102,536	100,525
	Federal Home LN MTG Corp 3.000% 2053	283,297 par	242,939	240,526
	Federal Home LN MTG Corp 2.500% 2051	388,111 par	338,155	316,588
	Federal Home LN MTG Corp 1.500% 02/12/25	125,000 par	123,925	124,594
	Federal Home LN MTG Corp 6.250% 07/15/32	245,000 par	271,150	271,529
	Federal Home MTG Assn 00.375% 08/25/25	280,000 par	270,773	272,989
	Federal NATL MTG Assn 00.875% 08/05/30	340,000 par	278,858	280,741
	Federal NATL MTG Assn 4.000% 2044	30 par	32	28
	Federal NATL MTG Assn 4.000% 2044	1,866 par	1,998	1,736
	Federal NATL MTG Assn 3.500% 2045	1,845 par	1,920	1,656
	Federal NATL MTG Assn 3.500% 2045	2,825 par	2,969	2,549
	Federal NATL MTG Assn 4.000% 2046	470 par	503	436
	Federal NATL MTG Assn 3.000% 2045	1 par	1	1
	Federal NATL MTG Assn 4.000% 2044	194 par	207	180
	Federal NATL MTG Assn 4.000% 2048	15,550 par	19,632	14,415
	Federal NATL MTG Assn 3.500% 2031	60,535 par	115,253	59,423
	Federal NATL MTG Assn 3.000% 2028	75,109 par	157,808	73,709
	Federal NATL MTG Assn 2.000% 2052	213,232 par	171,656	166,166
	Federal NATL MTG Assn 2.000% 2052	21,044 par	16,824	16,378
	Federal NATL MTG Assn 2.500% 2052	71,918 par	60,255	58,746
	Federal NATL MTG Assn 3.000% 2052	539,953 par	480,347	460,986
	Federal NATL MTG Assn 3.500% 2050	15,056 par	17,145	13,508
	Federal NATL MTG Assn 3.500% 2051	16,487 par	21,289	14,745
	Federal NATL MTG Assn 4.000% 2049	30,673 par	35,920	28,435
	Federal NATL MTG Assn 3.500% 2052	3,578 par	3,316	3,170
	Federal NATL MTG Assn 3.500% 2052	21,342 par	19,312	18,929
	Federal NATL MTG Assn 3.500% 2050	417,214 par	383,446	369,128
	Federal NATL MTG Assn 2.500% 2051	16,373 par	13,498	13,338

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Corporate/Government Bonds (continued)				
	Federal NATL MTG Assn 3.000% 2051	19,157 par	16,648	16,263
	Federal NATL MTG Assn 2.000% 2052	352,249 par	278,067	274,471
	Federal NATL MTG Assn 2.500% 2052	9,351 par	7,781	7,618
	Federal NATL MTG Assn 3.500% 2052	19,741 par	17,772	17,578
	Federal NATL MTG Assn 3.000% 2052	23,611 par	19,673	20,044
	Federal NATL MTG Assn 2.500% 2052	136,728 par	111,811	111,415
	Federal NATL MTG Assn 2.000% 2053	41,610 par	33,104	32,414
	Federal NATL MTG Assn 2.500% 2051	76,516 par	63,529	62,396
	Federal NATL MTG Assn 4.000% 2048	2,751 par	5,925	2,551
	Federal NATL MTG Assn 3.500% 2050	5,334 par	8,412	4,785
	Federal NATL MTG Assn 3.500% 2050	9,792 par	11,505	8,777
	Federal NATL MTG Assn 4.000% 2044	273 par	290	254
	Federal NATL MTG Assn 4.000% 2045	15,772 par	16,876	14,641
	Federal NATL MTG Assn 3.000% 2046	2,154 par	3,345	1,868
	Federal NATL MTG Assn 3.000% 2046	5,816 par	8,617	5,028
	Federal NATL MTG Assn 4.000% 2047	8,275 par	8,688	7,673
	Federal NATL MTG Assn 4.000% 2047	1,054 par	1,110	977
	Federal NATL MTG Assn 3.500% 2047	3,914 par	4,037	3,512
	Federal NATL MTG Assn 4.000% 2047	30,642 par	76,616	28,406
	Federal NATL MTG Assn 3.500% 2047	11,348 par	11,733	10,172
	Federal NATL MTG Assn 3.500% 2048	2,869 par	2,973	2,574
	Federal NATL MTG Assn 4.000% 2048	3,001 par	3,229	2,782
	Federal NATL MTG Assn 3.000% 2048	932 par	993	807
	Federal NATL MTG Assn 4.000% 2048	4,439 par	4,520	4,115
	Federal NATL MTG Assn 4.000% 2048	3,630 par	6,519	3,365
	Federal NATL MTG Assn 4.000% 2049	459 par	894	425
	Federal NATL MTG Assn 3.500% 2049	446 par	843	400
	Federal NATL MTG Assn 3.500% 2049	744 par	2,927	666
	Federal NATL MTG Assn 2.500% 2049	81,705 par	89,219	67,449
	Federal NATL MTG Assn 3.000% 2049	10,151 par	11,109	8,712
	Federal NATL MTG Assn 4.000% 2050	12,010 par	13,925	11,098
	Federal NATL MTG Assn 3.500% 2050	21,187 par	25,124	18,967
	Federal NATL MTG Assn 3.000% 2050	3,203 par	4,238	2,731
	Federal NATL MTG Assn 3.500% 2050	9,334 par	14,573	8,338
	Federal NATL MTG Assn 3.000% 2050	21,614 par	25,232	18,580
	Federal NATL MTG Assn 2.500% 2050	25,628 par	26,916	20,990
	Federal NATL MTG Assn 2.000% 2051	54,965 par	43,522	42,951
	Federal NATL MTG Assn 2.000% 2051	457,403 par	377,665	357,624
	Federal NATL MTG Assn 3.500% 2051	15,254 par	16,432	13,540
	Federal NATL MTG Assn 2.000% 2052	190,288 par	150,367	148,450
	Federal NATL MTG Assn 2.500% 2052	197,350 par	176,014	161,013
	Federal NATL MTG Assn 3.000% 2052	11,346 par	11,163	9,645
	Federal NATL MTG Assn 2.500% 2052	652,769 par	552,186	533,599
	Federal NATL MTG Assn 3.500% 2052	157,234 par	153,661	139,307
	Federal NATL MTG Assn 3.000% 2052	139,715 par	123,926	118,809
	Federal NATL MTG Assn 4.000% 2052	26,045 par	26,757	23,820
	Federal NATL MTG Assn 3.000% 2052	969,885 par	880,472	824,365

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Corporate/Government Bonds (continued)				
	Federal NATL MTG Assn 3.500% 2052	27,827 par	27,215	24,653
	Federal NATL MTG Assn 4.000% 2052	43,488 par	42,894	39,821
	Federal NATL MTG Assn 3.500% 2052	5,325 par	5,036	4,713
	Federal NATL MTG Assn 3.000% 2052	22,659 par	19,269	19,250
	Federal NATL MTG Assn 4.000% 2052	21,900 par	20,439	20,051
	Federal NATL MTG Assn 4.000% 2053	4,625 par	4,359	4,231
	Federal NATL MTG Assn 5.500% 2053	63,364 par	63,173	62,558
	Federal NATL MTG Assn 5.000% 2053	211,189 par	200,391	204,063
	Federal NATL MTG Assn 6.000% 2053	197,130 par	191,568	198,268
	Federal NATL MTG Assn 4.500% 2053	218,178 par	201,022	205,320
	Federal NATL MTG Assn 5.000% 2053	173,284 par	159,319	167,294
	Federal NATL MTG Assn 6.000% 2053	10,123 par	10,260	10,181
	Federal NATL MTG Assn 4.000% 2053	125,775 par	118,478	115,030
	Federal NATL MTG Assn 4.500% 2054	113,624 par	110,058	106,879
	Federal NATL MTG Assn 5.000% 2054	108,743 par	107,593	104,961
	Federal NATL MTG Assn 4.500% 2054	530,362 par	515,064	498,880
	Federal NATL MTG Assn 4.000% 2054	246,196 par	226,501	225,160
	Federal NATL MTG Assn 4.500% 2025	444 par	68,727	443
	Federal NATL MTG Assn 4.500% 2025	577 par	616	576
	Federal NATL MTG Assn 6.250% 05/15/29	410,000 par	458,562	440,274
	Fifth Third Bankcorp Var% 07/28/30	112,000 par	105,358	109,730
	Florida St Brd Admin Fin 5.526% 07/01/34	375,000 par	393,803	378,757
	Gainesville Fla Spl 1.117% 10/01/25	135,000 par	121,944	131,764
	General Mtrs Co 6.125% 10/01/25	16,000 par	18,112	16,123
	General Mtrs Co 3.100% 01/12/32	118,000 par	99,268	101,012
	Global Payments Inc 3.200% 08/15/29	31,000 par	26,848	28,395
	Gnm Pma 3.500% 2032	36,533 par	65,907	35,452
	Golden St Tob Scrtzn Crp 2.346% 06/01/30	140,000 par	117,610	122,780
	Goldman Sachs Group Inc Var% 10/24/34	56,000 par	57,841	60,196
	Goldman Sachs Group Inc Var% 06/05/28	162,000 par	153,170	157,344
	Goldman Sachs Group Inc 3.500% 11/16/26	380,000 par	378,746	371,541
	Goldman Sachs Group Inc 3.850% 01/26/27	107,000 par	103,463	105,001
	Goldman Sachs Group Inc Var% 10/21/27	37,000 par	34,003	35,105
	HCA Inc 3.500% 09/01/30	48,000 par	44,017	43,594
	HCA Inc 3.625% 03/15/32	114,000 par	98,945	100,476
	Home Depot Inc 2.950% 06/15/29	131,000 par	135,509	121,484
	Home Depot Inc 3.250% 04/15/32	54,000 par	48,081	48,176
	Home Depot Inc 4.950% 06/25/34	51,000 par	51,250	50,311
	HP Enterprise Co 4.450% 09/25/26	36,000 par	36,123	35,818
	HP Enterprise Co 5.000% 10/15/34	54,000 par	53,850	51,903
	Illinois St Taxable Pension Fdg 4.540% 10/01/33	70,000 par	68,846	66,295
	Illinois St Taxable Pension Fdg 5.100% 06/01/33	200,000 par	191,354	197,178
	Indiana St Hsg Cda Sfm 5.026% 07/01/31	115,000 par	115,000	114,749
	Indiana St Hsg Cda Sfm 4.717% 07/01/29	135,000 par	135,000	134,812
	Intercontinental Exchange 3.650% 05/23/25	46,000 par	46,411	45,778
	Intercontinental Exchange 4.600% 03/15/33	113,000 par	107,854	108,376
	Invitation Homes Op Company 4.150% 04/15/32	28,000 par	24,476	25,824

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Corporate/Government Bonds (continued)				
John Deere Capital Corp 4.350% 09/15/32	111,000 par	108,600	106,422	
JPMorgan Chase & Co Var% 04/22/31	280,000 par	261,173	246,669	
JPMorgan Chase & Co Var% 10/15/30	595,000 par	552,280	535,988	
JPMorgan Chase & Co Var% 02/24/26	231,000 par	222,674	230,208	
Kannapolis N C Ltd Oblig 04.180% 10/01/28	230,000 par	230,000	225,918	
Kroger Co 5.000% 09/15/34	105,000 par	106,457	101,694	
Lockheed Martin Corp 5.250% 01/15/33	37,000 par	37,976	37,392	
Lowes Cos Inc 3.350% 04/01/27	45,000 par	42,769	43,707	
Maine St Hsg at Energy 2.010% 06/15/31	210,000 par	210,000	175,115	
Merk & Co Inc 2.150% 12/10/31	47,000 par	38,433	39,307	
Meta Platforms Inc 3.850% 08/15/32	41,000 par	37,701	38,103	
Miami-Dade Cnty Fla Aviation R 02.604% 10/01/25	185,000 par	187,157	182,493	
Michigan St Strategic 2.128% 09/01/31	65,000 par	54,048	55,009	
Micron Technology Inc 5.875% 02/09/33	99,000 par	102,064	101,398	
Micron Technology Inc 4.185% 02/15/27	35,000 par	34,024	34,504	
Micron Technology Inc 6.750% 11/01/29	59,000 par	63,063	62,816	
Microsoft Corp 3.125% 11/03/25	250,000 par	253,797	247,390	
Microsoft Corp 3.750% 02/12/45	108,000 par	105,208	90,083	
Mississippi St 01.482% 11/01/30	200,000 par	200,000	168,562	
Morgan Stanley Var% 10/18/33	102,000 par	107,648	107,897	
Morgan Stanley Var% 07/19/35	103,000 par	102,779	101,312	
Morgan Stanley Var% 11/01/29	240,000 par	248,262	250,685	
Morgan Stanley Var% 01/22/31	69,000 par	69,841	61,307	
Morgan Stanley 3.625% 01/20/27	39,000 par	38,300	38,289	
Mplx Lp 4.950% 09/01/32	103,000 par	101,394	99,304	
National Rural Util Coop 4.800% 03/15/28	46,000 par	46,017	46,081	
National Rural Util Coop 5.450% 10/30/25	39,000 par	39,074	39,282	
New York NY City Transitional 02.650% 02/01/25	60,000 par	61,516	59,912	
New York NY City Transitional 03.040% 08/01/27	100,000 par	92,155	96,341	
New York NY City Transitional 04.970% 05/01/33	205,000 par	211,273	203,452	
New York NY Taxable 2.023% 08/01/32	200,000 par	165,024	163,302	
Nextera Energy Capital Company 2.750% 11/01/29	44,000 par	37,737	39,903	
Nextera Energy Capital Company 4.900% 03/15/29	123,000 par	122,742	122,614	
Nxp Bv/Nxp Fdg/Nxp USA 5.000% 01/15/33	50,000 par	47,162	48,658	
Oneok Inc 6.100% 11/15/32	98,000 par	102,796	101,413	
Oracle Corp 3.250% 11/15/27	129,000 par	121,676	124,028	
Oracle Corp 5.800% 11/10/25	34,000 par	34,550	34,337	
Oregon St 02.960% 11/01/27	140,000 par	140,357	134,448	
Parker-Hannifin Corp 4.250% 09/15/27	108,000 par	106,561	106,862	
Pfizer Investment Enter Company 4.750% 05/19/33	126,000 par	125,381	122,432	
Philip Morris Intl Inc 5.750% 11/17/32	194,000 par	206,041	199,481	
PNC Financial Servcies Var% 10/28/33	106,000 par	107,407	109,698	
PNC Financial Servcies Var% 05/14/30	43,000 par	43,052	43,606	
Prologis Inc 4.750% 06/15/33	205,000 par	205,489	198,411	
Public Service Electric 3.100% 03/15/32	140,000 par	126,790	123,917	
Public Service Enterprise 5.200% 04/01/29	35,000 par	35,517	35,361	
Qualcomm Inc 2.150% 05/20/30	280,000 par	275,512	245,742	

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Corporate/Government Bonds (continued)				
Realty Income Corp 2.850% 12/15/32	242,000 par	208,336	204,417	
Regions Finl Corp 2.250% 05/18/25	38,000 par	38,936	37,618	
Relx Capital Inc 3.000% 05/22/30	44,000 par	38,191	39,975	
Royal Bank of Canada 5.000% 02/01/33	93,000 par	90,395	91,407	
Sabine Pass Liquefaction 5.625% 03/01/25	24,000 par	23,999	24,009	
Sales Tax Securitization Corp 4.558% 01/01/26	115,000 par	115,000	114,997	
San Diego G & E Ser 1.700% 10/01/30	63,000 par	50,723	52,829	
Santa Monica CA Cmty 3.911% 08/01/31	15,000 par	15,000	14,273	
Servienow Inc 1.400% 09/01/30	49,000 par	38,162	40,724	
Shell International 4.000% 05/10/46	74,000 par	83,075	58,662	
Shire Acq Inv 3.200% 09/23/26	71,000 par	68,804	69,376	
Simon Property Group Lp 6.250% 01/15/34	50,000 par	53,457	53,023	
Southern Cal Edison 5.950% 11/01/32	193,000 par	207,962	201,285	
Southern Co 3.250% 7/01/26	63,000 par	63,133	61,702	
S&P Global Inc 4.250% 05/01/29	68,000 par	65,405	66,507	
State Street Corp Var % 08/04/33	115,000 par	104,185	107,313	
Targa Resources Partners Company 6.150% 03/01/29	33,000 par	34,296	34,252	
T-Mobile USA 5.150% 04/15/34	123,000 par	126,420	121,014	
Toronto-Dominion Bank 0.75% 09/11/25	133,000 par	132,827	129,462	
Toronto-Dominion Bank 1.250% 09/10/26	38,000 par	36,454	35,900	
Toyota Motor Credit Corp 2.150% 02/13/30	61,000 par	51,443	53,453	
Truist Financial Corp 1.200% 08/05/25	275,000 par	251,897	269,462	
Truist Financial Corp Var% 10/28/33	393,000 par	417,775	409,207	
Truist Financial Corp Var% 06/08/27	122,000 par	122,407	124,007	
Tucson Ariz Ctfs 1.457% 07/01/28	165,000 par	136,534	148,076	
Uber Technologies Inc 4.300% 01/15/30	127,000 par	127,264	122,897	
Udr Inc 1.900% 03/15/33	155,000 par	123,110	119,085	
Union Pacific Corp 2.375% 05/20/31	51,000 par	42,960	44,028	
United Health Group Inc 4.500% 04/15/33	88,000 par	85,843	83,493	
United Health Group Inc 5.350% 02/15/33	52,000 par	53,381	52,327	
United States Treas Bd 1.125% 05/15/40	88,000 par	60,706	52,926	
United States Treas Bd 2.875% 05/15/49	445,000 par	382,585	315,447	
United State Treas Bd 2.875% 11/15/46	564,000 par	470,727	409,746	
United States Treas Bd 3.000% 05/15/42	386,000 par	419,712	302,941	
United States Treas Bd 3.125% 08/15/44	518,000 par	459,624	402,289	
United States Treas Bd 4.50% 02/15/36	9,000 par	11,752	8,987	
United States Treas Nt 0.375% 01/31/26	179,000 par	167,466	171,752	
United States Treas Nt 0.500% 03/31/25	248,000 par	237,472	245,783	
United States Treas Nt 0.750% 03/31/26	90,000 par	86,901	86,206	
United States Treas Nt 0.750% 08/31/26	169,000 par	154,086	159,595	
United States Treas Nt 1.250% 05/31/28	115,000 par	104,141	103,860	
United States Treas Nt 1.625% 05/15/31	677,000 par	600,365	571,144	
United States Teas Nt 1.875% 02/15/32	151,000 par	131,873	127,005	
United States Treas Nt 2.250% 11/15/25	360,000 par	346,687	353,840	
United States Treas Nt 2.250% 08/15/27	884,000 par	858,223	840,277	
United States Treas Nt 2.750% 05/31/29	297,000 par	287,473	277,686	
United States Treas Nt 2.750% 08/15/32	113,000 par	105,347	100,212	

STEVENS & LEE SAVINGS PLAN

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SPONSOR EIN: 23-1886296

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DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Corporate/Government Bonds (continued)			
	Ujnitd States Treas Nt 2.750% 07/31/27	542,000 par	523,198	521,984
	United States Treas Nt 3.125% 08/31/27	686,000 par	671,423	666,243
	United States Treas Nt 3.250% 06/30/27	342,000 par	343,354	333,980
	United States TreasNt 3.375% 5/15/33	135,000 par	129,647	124,062
	United States Treas Nt 3.625% 03/31/30	312,000 par	305,353	300,690
	United States Treas Nt 3.625% 05/31/28	221,000 par	215,856	216,160
	United States Treas Nt 3.625% 08/31/29	124,000 par	123,172	120,063
	United States Treas Nt 3.750% 12/31/28	105,000 par	105,980	102,643
	United States Treas Nt 3.875% 11/30/27	143,000 par	143,268	141,386
	United States Treas Nt 3.875% 08/15/33	261,000 par	249,668	248,399
	United States TreasNt 4.125% 07/31/28	57,000 par	56,663	56,607
	United States TreasNt 4.125% 10/31/29	118,000 par	117,392	116,641
	United States TreasNt 4.125% 10/31/26	154,000 par	153,423	153,649
	United States Treas Nt 4.125% 11/15/32	86,000 par	89,239	83,877
	United States Treas Nt 4.125% 11/15/27	820,000 par	816,324	816,384
	United States Treas Nt 4.250% 02/28/29	143,000 par	143,978	142,332
	United States Treas Nt 4.375% 05/15/34	50,000 par	52,695	49,231
	United States Treas Nt 4.500% 05/31/29	139,000 par	141,494	139,664
	United States Treas Nt 4.625% 04/30/29	256,000 par	261,060	258,452
	United States TreasNt 4.875% 10/31/28	183,000 par	190,236	186,290
	University Calif Rev3.806% 05/15/26	90,000 par	93,983	89,313
	University Minn Taxable 02.765% 04/01/27	140,000 par	140,000	135,435
	US Bancorp 1.450% 05/12/25	274,000 par	255,612	270,865
	Verizon Communications Inc 2.550% 03/21/31	142,000 par	139,651	122,286
	Verizon Communications Inc 4.329% 09/21/28	255,000 par	266,918	249,760
	Verizon Communications Inc 4.500% 08/10/33	41,000 par	37,367	38,638
	Virginia Elec & Power Co 3.150% 01/15/26	40,000 par	38,093	39,403
	Visa Inc 4.300% 12/14/45	69,000 par	69,361	59,058
	Walmart Inc 4.150% 09/09/32	126,000 par	125,902	121,334
	Walt Disney Company 2.000% 09/01/29	45,000 par	37,843	40,015
	Wells Fargo & Co Var% 02/11/26	35,000 par	35,108	34,893
	Wells Fargo & Co Var % 04/04/51	438,000 par	416,893	388,791
	Wells Fargo & Co Var% 10/23/34	57,000 par	58,154	60,590
	Wells Fargo & Co Var% 07/25/33	380,000 par	368,177	366,993
	Wells Fargo & Co 4.300% 07/22/27	176,000 par	171,751	173,645
	Wisconsin St Gen Fd 02.383% 05/01/26	160,000 par	158,739	155,811
	Xcel Energy Inc 4.600% 06/01/32	56,000 par	52,209	53,294
	Total Corporate/Government Bonds		48,997,387	46,937,249
	Common Stocks			
	Aar Corp	588 shares	31,684	36,033
	Abbott Labs	14576 shares	1,611,464	1,648,691
	Abbvie Inc	8273 shares	968,831	1,470,112
	Abercrombie & Fitch Co	381 shares	59,723	56,948
	Accenture PLC	5,024 shares	858,513	1,767,393

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	Common Stocks (continued)			
	Adobe Inc	1,184 shares	225,154	526,501
	Adidas Ag	1,116 shares	142,430	135,895
	Air Liquide	3,598 shares	128,654	116,035
	Alibaba Group Hldg Ltd	1,634 shares	204,368	138,547
	Air Lease Corp	829 shares	41,782	39,966
	Alphabet Inc	11,352 shares	467,970	2,161,875
	Amazon Com Inc	10,185 shares	699,429	2,234,487
	Ambarella Inc	804 shares	58,250	58,483
	American Express Co	5,980 shares	825,991	1,774,804
	Amphenol Corp	9,721 shares	602,767	675,123
	Analog Devices Inc	3,994 shares	669,298	848,565
	AON PLC	2,755 shares	697,996	989,486
	Appfolio Inc	206 shares	46,791	50,824
	Apple Inc	10,964 shares	562,886	2,745,605
	ASE Technology Holding Co	46,748 shares	275,763	470,752
	Ashland Inc	406 shares	30,474	29,013
	Asml Holdings NV	1,135 shares	463,877	786,646
	Astera Labs Inc	579 shares	53,315	76,689
	Astrazeneca Plc	3,457 shares	266,798	226,503
	Avient Corp	821 shares	34,292	33,546
	Axalta Coating Systems	1,897 shares	73,413	64,915
	Axon Enterprise Inc	213 shares	93,709	126,590
	Azek Co Inc	1,144 shares	51,612	54,306
	Azenta Inc	681 shares	30,830	34,050
	Baidu Inc	1,100 shares	153,397	92,741
	Baker Hughes Co	2,534 shares	88,998	103,945
	Barclays Plc	15,047 shares	192,959	199,975
	BDO Unibank Inc	6,325 shares	159,734	161,287
	Bellring Brands Inc	761 shares	48,767	57,334
	Beiersdorf Ag	9,704 shares	292,867	246,676
	Bill Holdings Inc	722 shares	61,171	61,161
	Blackbaud Inc	435 shares	34,471	32,155
	Black Hills Corp	730 shares	42,761	42,720
	Bloom Energy Corp	3,156 shares	74,188	70,095
	Boeing Company	4,822 shares	950,066	853,494
	Boot Barn Holdings Inc	312 shares	50,076	47,368
	Boston Scientific Corp	8,668 shares	341,088	774,226
	Brinker Intl Inc	509 shares	54,075	67,336
	Broadcom Inc	10,599 shares	1,072,735	2,457,272
	Cactus Inc	939 shares	40,330	54,800
	Cadence Design Sys Inc	3,066 shares	865,715	921,210
	Canadian Natl Railway Co	2,515 shares	296,619	255,298
	Canadian Pac Kans City Ltd	3,493 shares	277,274	252,788
	Capitec Bank Holdings	1,873 shares	87,826	156,246
	Carpenter Technology	447 shares	73,424	75,860
	Championx Corp	2,034 shares	51,583	55,304
	Chevron Corp	4,231 shares	462,498	612,818

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common Stocks (continued)			
	Chubb Ltd	2,460 shares	474,092	679,698
	CIGNA Group	4,488 shares	1,187,793	1,239,316
	Citigroup Inc Com	8,354 shares	382,263	588,038
	Cnx Res Corp	1,253 shares	30,563	45,947
	Columbia Bkg Sys Inc	2,197 shares	54,111	59,341
	Columbus McKinnon Cp NY	2,129 shares	74,643	79,284
	Comcast Corp	15,064 shares	588,765	565,352
	Compagnie De Saint	12,528 shares	200,443	221,808
	Confluent Inc	2634 shares	73,158	73,647
	Conocophillips	10,086 shares	1,003,488	1,000,229
	Costco Whsl Corp	1,099 shares	216,125	1,006,981
	Credicorp Ltd	1,033 shares	164,623	189,370
	Crowdstrike Hldgs Inc	2,500 shares	415,646	855,400
	Cts Corporation	708 shares	27,399	37,333
	Cushman and Wakefield	5,772 shares	59,074	75,498
	CVB Fincl Corp	2,733 shares	51,939	58,513
	Dayforce Inc	892 shares	56,599	64,795
	Deutsche Tele Ag	10,774 shares	288,364	321,604
	Dexcom Inc	5,305 shares	494,471	412,570
	Diageo PLC	4,397 shares	668,536	558,991
	Digitalocean Holdings	1,752 shares	76,650	59,691
	Diodes Inc	744 shares	56,129	45,882
	Dominion Energy Inc	16,549 shares	910,928	891,329
	Doximity Inc	1,894 shares	79,851	101,121
	Duke Energy Corp	7,857 shares	720,719	846,513
	Duolingo Inc	197 shares	56,586	63,873
	Dutch Bros Inc	1,214 shares	41,647	63,589
	Eaton Corp PLC	3,931 shares	634,479	1,304,581
	Edgewell Pers Care Co	1,396 shares	52,920	46,906
	Elastic N V	539 shares	60,602	53,404
	Element Solutions Inc	1,983 shares	41,847	50,428
	Elevance Health Inc	1,272 shares	389,974	469,241
	Elf Beauty Inc	626 shares	72,572	78,594
	Enovis Corp	1,243 shares	66,588	54,543
	Enpro Inds Inc	386 shares	52,604	66,566
	Envista Holdings Corp	1,550 shares	31,765	29,899
	Epam Systems Inc	604 shares	142,589	141,227
	Exxon Mobil Corp	16,119 shares	1,826,496	1,733,921
	First Financial Bancorp	1,813 shares	39,063	48,733
	Five Below	477 shares	55,673	50,066
	Five9 Inc	1,401 shares	56,546	56,937
	FNB Corp	4,453 shares	54,759	65,815
	Foschini Group Ltd	9,728 shares	78,689	85,947
	Freshpet Inc	477 shares	68,520	70,648
	Freshworks Inc	3,458 shares	56,798	55,916
	Ftai Aviation Ltd	444 shares	65,552	63,954
	Gartner Inc	1,145 shares	388,350	554,718

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common Stocks (continued)			
	Gates Indl Corp	3,346 shares	55,875	68,827
	GE Aerospace	3,027 shares	486,905	504,873
	Genl Dynamics Corp	2,939 shares	699,423	774,397
	Gitlab Inc	942 shares	56,223	53,082
	Globus Med Inc	796 shares	56,460	65,837
	Griffin Corp	717 shares	55,628	51,101
	Grupo Financiero Banorte	4,109 shares	138,144	131,899
	Guardant Health Inc	2,205 shares	45,413	67,363
	Halozyme Therapeutics Inc	993 shares	54,070	47,475
	HDFC Bk Ltd	3,407 shares	197,414	217,571
	Healthequity Inc	551 shares	46,929	52,868
	Helen of Troy Ltd	383 shares	41,578	22,915
	Helios Technologies Inc	599 shares	31,969	26,739
	Honeywell Intl Inc	2,642 shares	310,056	596,801
	Hub Group Inc	1,174 shares	47,112	52,313
	Ichor Holdings Ltd	1,759 shares	61,866	56,675
	ICICI Bk Ltd	11,542 shares	183,775	344,644
	Illinois Tool Works Inc	2,254 shares	471,819	571,524
	Inari Med Inc	1,006 shares	56,904	51,356
	Independent Bk Group Inc	658 shares	37,074	39,921
	Infineon Techs Ag	4,514 shares	166,046	146,389
	Ingredion Inc	353 shares	53,363	48,559
	Inpost Sa	26,000 shares	180,337	219,700
	Inspire Med Sys Inc	259 shares	54,903	48,013
	Intapp Inc	1,347 shares	65,000	86,329
	Integer Hldgs Corp	307 shares	27,364	40,684
	Intesa Sanpaolo Spon Adr	6,551 shares	149,894	158,207
	Intuitive Surgical Inc	1,661 shares	419,268	866,976
	Ipg Photonics Corp	520 shares	40,029	37,814
	Jack in the Box Inc	1,111 shares	78,793	46,262
	Jet Marel Corp	578 shares	56,345	73,464
	Johnson & Johnson	5,452 shares	826,026	788,468
	J P Morgan Chase and Co	11,442 shares	1,239,652	2,742,762
	Julius Baer Group	12,051 shares	139,487	155,178
	Ke Holdings Inc	3,826 shares	92,966	70,475
	Kemper Corp Del	1,185 shares	61,531	78,731
	Kenvue Inc	25,776 shares	540,096	550,318
	Kirby Corp	425 shares	52,530	44,965
	KKR & Co Inc	5,037 shares	325,339	745,023
	KLA Corp	686 shares	296,923	432,262
	Korn Ferry	794 shares	46,499	53,555
	Kratos Defns & Sec Soltn	2,294 shares	58,211	60,516
	Lenovo Group Ltd	2,445 shares	58,949	62,959
	Life Time Group Hldgs	2,016 shares	52,096	44,594
	Linde Plc New	2,165 shares	295,901	906,421
	Livanova Plc	732 shares	39,295	33,899
	Lowe's Companies Inc	5,423 shares	692,116	1,338,396

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Common Stocks (continued)				
Lumentum Holdings Inc	919 shares	63,526	77,150	
Lvmh Moet Hennessy	1,578 shares	248,833	206,229	
Makemytrip Limited	1,194 shares	111,173	134,062	
Malibu Boats Inc	1,393 shares	53,278	52,363	
Marriott Intl Inc	2,531 shares	462,748	705,997	
Marsh & McLennan Cos Inc	6,625 shares	722,761	1,407,216	
Marvel Tech Inc	1,822 shares	149,594	201,240	
Mastercard Inc	4,596 shares	1,417,982	2,420,116	
Matador Res Co	736 shares	43,323	41,407	
McDonalds Corp	2,796 shares	627,530	810,532	
Mckesson Corp	2,098 shares	744,116	1,195,671	
Mercadolibre Inc	127 shares	208,085	215,956	
Merit Medical Sys Inc	541 shares	51,476	52,325	
Meta Platforms Inc	2,513 shares	1,234,165	1,471,387	
Methanex Corp	1,733 shares	86,482	86,546	
Microsoft Corp	13,887 shares	3,239,663	5,853,371	
Mid Penn Bancorp Inc	1,740 shares	50,000	50,182	
Minerals Technologies	911 shares	58,465	69,427	
Modelez Intl Inc	16,079 shares	944,356	960,399	
Modine Mfg Co	738 shares	91,876	85,556	
Moog Inc	189 shares	21,300	37,203	
Morgan Stanley	7,290 shares	588,174	916,499	
Motorola Solutions Inc	2,260 shares	323,986	1,044,640	
Mueller Wtr Prods Inc	1,794 shares	24,324	40,365	
Nasdaq OMX Group Inc	7,405 shares	355,655	572,481	
Nestle S A	5,720 shares	612,507	467,324	
Nextera Energy Inc	10,846 shares	454,663	777,550	
Nextracker Inc	894 shares	31,505	32,658	
Nintendo Ltd	8,990 shares	114,936	131,524	
Nomad Foods Ltd	2,597 shares	44,209	43,578	
Northrop Grumman Corp	910 shares	478,159	427,054	
Northwestern Ene Group	981 shares	53,023	52,444	
Novo Nordisk	7,085 shares	847,561	609,452	
Nvidia Corp	32,034 shares	187,400	4,301,846	
NXP Semiconductors NV	2,387 shares	483,934	496,138	
Old Natl Bancorp Ind	3,843 shares	60,301	83,412	
O'Reilly Automotive Inc	588 shares	548,567	697,250	
Otis Worldwide Corp	1,688 shares	169,892	156,326	
Oxford Industries	347 shares	33,134	27,337	
Paccar Inc	8,558 shares	811,122	890,203	
Packaging Corp Amer	665 shares	50,044	149,711	
Pacific Premier Bancorp	1,943 shares	51,494	48,420	
Pagseguro Digital Ltd	18,381 shares	249,021	115,065	
Palo Alto Networks Inc	4,066 shares	456,396	739,849	
Patterson Cos Inc	2,233 shares	61,812	68,910	
Patterson Util Energy Inc	2,874 shares	26,126	23,739	
Pegasystems Inc	899 shares	65,946	83,787	

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Common Stocks (continued)				
Pepsico Inc	7,467 shares	1,035,188	1,135,432	
Pfizer	26,432 shares	901,148	701,241	
Philip Morris Intl Inc	5,470 shares	497,777	658,314	
Ping An Ins Group Co China Ltd	9,922 shares	162,662	115,492	
Plexus Corp	246 shares	22,439	38,494	
Post Holdings Inc	451 shares	51,681	51,621	
PRA Group Inc	1,942 shares	51,558	40,568	
Primo Wtr Corp	2,197 shares	32,682	67,602	
Progressive Crp Ohio	5,682 shares	774,974	1,361,464	
Progress Software Corp	756 shares	38,897	49,253	
Provident Finl Svcs Inc	2,485 shares	47,933	46,892	
PT Bank Rakyat	9,342 shares	137,914	115,841	
PT Bk Cent Asia Tbk	11,179 shares	136,985	161,872	
Recruit Hldgs Co Ltd	25,588 shares	220,535	357,464	
Reliance Inds	2,336 shares	121,860	132,657	
Relx Plc	6,293 shares	277,877	285,828	
Renasant Corp	1,745 shares	53,448	62,384	
Revolove Group Inc	2,018 shares	50,069	67,583	
Rtx Corp	6,368 shares	530,967	736,905	
Rush Enterprises	1,063 shares	42,448	58,242	
S&P Global Inc	3,055 shares	886,705	1,521,482	
Sands China Ltd	4,136 shares	138,105	111,382	
Sandy Spring Bncrp Inc	1,151 shares	36,052	38,800	
Selective Ins Group Inc	673 shares	62,694	62,939	
Semtech Corp	1,187 shares	53,914	73,416	
Servicenow Inc	2,138 shares	345,348	2,266,537	
Shopify Inc	7,192 shares	498,218	764,725	
Six Flags Entmt Corp	1,422 shares	58,294	68,526	
Smurfit Westrock Ltd	4,172 shares	225,321	224,704	
Sony Group Corp	22,977 shares	392,827	486,193	
Southern Co	9,949 shares	649,285	819,002	
Sprouts Farmers Markets Inc	511 shares	52,715	64,933	
Starbucks Corp	4,044 shares	388,550	369,015	
STD Bank Group Ltd	6,252 shares	85,865	73,148	
Std Chartered	6,445 shares	121,291	160,803	
Stride Inc	626 shares	44,759	65,060	
Taiwan S Manufacturing	10,314 shares	1,285,618	2,036,912	
Target Corp	2,855 shares	379,742	385,939	
Taylor Wimpey Plc	8,736 shares	192,038	132,263	
Techtronic Inds Ltd	1,208 shares	90,524	79,257	
Teck Resources Ltf	2,064 shares	98,473	83,654	
Tenaris SA	3,477 shares	111,969	131,396	
Tencent Hldgs Ltd	12,331 shares	607,624	655,763	
Texas Instruments Inc	1,612 shares	166,385	302,266	
The Trade Desk	5,420 shares	115,391	637,013	
TJX Cos Inc	6,119 shares	417,351	739,236	

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common Stocks (continued)			
	Totvs	13,135 shares	154,672	112,830
	Townebank Portsmouth VA	1,935 shares	54,164	65,906
	Trane Tech Plc	1,771 shares	95,561	654,119
	Treehouse Foods Inc	1,958 shares	78,524	68,784
	Trimas Corp	1,315 shares	34,851	32,336
	Trip Com Group LTD	1,595 shares	59,505	109,513
	Tri Pointe Homes Inc	834 shares	23,932	30,241
	Txnm Energy Inc	1,814 shares	74,918	89,194
	Tyler Techs Inc	716 shares	426,034	412,874
	Under Armour Inc	6,509 shares	58,188	53,894
	Unifirst Corp	265 shares	46,401	45,339
	Union Pac Corp	5,365 shares	852,454	1,223,435
	United Bkshrs Inc	1,684 shares	58,300	63,234
	United Community Banks	1,689 shares	48,837	54,572
	Unitedhealth Group Inc	3,092 shares	828,532	1,564,119
	Upstart Hldgs Inc	828 shares	60,730	50,980
	Urban Outfitters Inc	1,211 shares	60,812	66,460
	Vertex Inc	1,491 shares	60,803	79,545
	Vertiv Hldg Co	1,189 shares	133,156	135,082
	Victoria's Secret and Co	2,250 shares	60,608	93,195
	VISA Inc	3,818 shares	352,606	1,206,641
	Visteon Corp	700 shares	77,487	62,104
	Walmart Inc	9,757 shares	469,765	881,545
	Waste Connections Inc	3,239 shares	257,392	555,748
	Waystar Hldg Corp	1,765 shares	56,675	64,775
	WEC Energy Group Inc	6,591 shares	445,624	619,818
	Xiaomi Corp	4,788 shares	46,144	104,666
	Zoetis Inc	7,081 shares	1,007,327	1,153,707
	Zto Espress Cayman	4,811 shares	133,287	94,055
	Total Common Stocks		74,611,285	113,477,470
	Registered Investment Companies			
	Ab Discovery Value Fund CI Z	14,323 shares	304,335	292,191
	American Europacific Gr R6	7,738 shares	423,830	415,679
	American New Perspective	2,678 shares	153,703	166,454
	Blackrock EQ Dividend CI K	172,877 shares	3,341,809	3,276,013
	Blackrock Global Allocation K	88,571 shares	1,641,011	1,654,515
	BNY Mellon Global Fixed	170,243 shares	3,653,066	3,423,584
	Clearbridge Small Cap Grth IS	- shares	-	-
	Columbia Contrarian Core	142,236 shares	4,705,172	5,190,208
	Congress Mid Cap Grth Fd Instl	25,618 shares	629,079	582,043
	Fidelity Samll Cap Grth Fd K6	25,763 shares	500,693	459,104
	FS Chiron Capital	590,063 shares	7,079,932	8,136,976
	Fuller & Thaler Behavrl Sml Cap R6	20,567 shares	879,255	934,169
	Invesco Developing Mkts Fd R6	- shares	-	-
	Ishares MSCI EAFE Intrnl Idx K	35,445 shares	550,126	541,252

STEVENS & LEE SAVINGS PLAN

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

SPONSOR EIN: 23-1886296

PLAN NUMBER: 002

DECEMBER 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value	
Registered Investment Companies (continued)				
Ishares Russell 2000 Sml Cap K	7,494 shares	177,969	183,527	
Ishares Russell Mid Cap Idx K	35,544 shares	507,013	528,183	
Ishares S&P 500 Index Fd CL K	11,064 shares	6,380,942	7,613,166	
Ishares U.S. Aggregate Bnd K	103,574 shares	939,543	921,809	
JP Morgan High Yield Fund CL R6	21,038 shares	135,387	136,536	
JPM Incm Smart Rtrmnt R6	73,435 shares	1,091,060	1,128,701	
JPM Smart Rtrmnt 2020 Fund R6	182,535 shares	2,796,330	2,862,154	
JPM Smart Rtrmnt 2030 Fund R6	454,818 shares	8,135,969	8,373,203	
JPM Smart Rtrmnt 2040 Fund R6	244,882 shares	5,009,515	5,286,995	
JPM Smart Rtrmnt 2050 Fund R6	203,906 shares	4,237,681	4,618,473	
JPM Smart Rtrmnt 2060 Fund R6	34,987 shares	747,806	802,945	
JPM Smart Rtrmnt 2035 Fund R6	94 shares	1,976	1,866	
JPM Smart Rtrmnt 2055 Fund R6	89 shares	2,519	2,432	
JPM Smart Rtrmnt 2045 Fund R6	59 shares	1,363	1,293	
JPM Smart Rtrmnt 2065 Fund R6	192 shares	4,007	3,881	
Loomis Sayles Growth Fund CL N	400,425 shares	9,527,597	11,876,602	
Lord Abbett Short Duration R6	136,725 shares	528,236	527,757	
Macquarie Corporate Bond	237,242 shares	1,655,866	3,594,215	
MFS International Intrinsic VL FD R6	52,516 shares	1,974,138	1,880,080	
MFS Mid Cap Value Fd R6	52,188 shares	1,625,200	1,659,069	
Pimco Real Return Fd CL Inst	29,965 shares	301,140	298,753	
Pimco Total Return Port. Instl	251,292 shares	2,165,846	2,130,952	
Seafarer Overseas Growth	20,503 shares	253,249	238,249	
Transamerica Intl Eqty Fd R6	14 shares	295	287	
Total Registered Investment Companies		72,062,658	79,743,316	
Other Investments				
Alkeon Growth Offshore Fund Ltd	1,351,862 shares	1,600,000	1,351,862	
American Tower	5,331 shares	896,617	977,759	
Blue Owl Credit Income Corp	94,439 shares	900,000	901,889	
First Indl Realty Tr Inc	589 shares	29,871	29,527	
Four Corners Property	1,416 shares	36,169	38,430	
Hamilton Lane	57,980 shares	913,681	947,001	
Highwoods Pptys Inc	1,128 shares	39,252	34,494	
Ijndependence Rlty Tr Inc	1,933 shares	34,758	38,351	
Ironwood Multi-Strategy Fund LLC	2,809 shares	3,073,112	3,419,900	
JLL Income Property Class AI	218,439 shares	2,519,869	2,509,866	
Kite Realty Group	2,418 shares	49,684	61,030	
Partners Group Private Equity	1,585,225 shares	915,022	3,268,734	
Pebblebrook Hotel Trust	3,173 shares	49,097	42,994	
Pimco Flexible Credit	122,177 shares	1,089,838	865,011	
Prologis Inc	13,849 shares	1,479,336	1,463,839	
Renaissance Access LLC TR A	283,195 shares	575,000	1,035,278	
Ryman Hospitality Pprys Inc	446 shares	42,441	46,536	
Stag Industrials Inc	1,270 shares	44,180	42,951	
Total Other Investments		14,287,927	17,075,452	
Total Investments		\$ 220,699,923	\$ 267,974,153	
*Party-in-interest to the Plan- None				

SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS**SPONSOR EIN: 23-1886296****PLAN NUMBER: 002****DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Sales Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Blackrock Liquidity Funds	Money Market Funds	\$ 57,324,621	N/A	\$ 57,324,621	\$ 57,324,621	N/A
Blackrock Liquidity Funds	Money Market Funds	N/A	\$ 62,186,493	\$ 62,186,493	\$ 62,186,493	N/A

"Lease Rental" and "Expense Incurred with Transaction" were not applicable in 2024

Schedule H, line 4j – Schedule of Reportable Transactions

Plan Name: Stevens & Lee Savings Plan
Employer I.D. #: 23-1886296
Plan Number: 002

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
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Schedule of Reportable Transactions is contained in the attached audit report.

Schedule C, line 2(h) – Formula Description

Plan Name: Stevens & Lee Savings Plan
Employer I.D. #: 23-1886296
Plan Number: 002

<u>(a) Name of Investment Fund (Source of Compensation)</u>	<u>(b) Name of Investment Adviser (Service Provider)</u>	<u>(c) Formula as Percentage of Assets</u>	<u>(d) Other Formula, if any</u>
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See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: Stevens & Lee Savings Plan
Employer I.D. #: 23-1886296
Plan Number: 002

<u>(a)</u>	<u>(b) Identity of issue, borrower, lessor, or similar party</u>	<u>(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
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Schedule of Assets (Held At End of Year) is contained in the attached audit report.