Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**Annual Return/Report of Employee Benefit Plan** This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	OMB Nos. 1210-0110 1210-0089 **2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
INTERNATIONAL PAPER CO RET ACCT - EMERGING MARKETS EQUITY

1b Three-digit plan number (PN) ▶ 230

1c Effective date of plan

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

6400 POPLAR AVENUE
MEMPHIS, TN 38197-0100

2b Employer Identification Number (EIN)
13-0872805

2c Plan Sponsor's telephone number
901-419-9000

2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	ANNE ZARAGOSA
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor SVP - HUMAN RESOURCES INTERNATIONAL PAPER COMPANY EMPLOYEE BENEFITS 6400 POPLAR AVENUE MEMPHIS, TN 38197-0100	**3b** Administrator's EIN 13-2912565 **3c** Administrator's telephone number 901-419-9000
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN

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

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

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

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

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

a Pension Schedules

(1) ☐ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) ☐ **DCG** (Individual Plan Information) – Number Attached ______

(5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) ☒ **H** (Financial Information)

(2) ☐ **I** (Financial Information – Small Plan)

(3) ☐ **A** (Insurance Information) – Number Attached 0

(4) ☒ **C** (Service Provider Information)

(5) ☒ **D** (DFE/Participating Plan Information)

(6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code______________________

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	**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.**	OMB No. 1210-0110 **2024** **This Form is Open to Public Inspection.**

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

A Name of plan INTERNATIONAL PAPER CO RET ACCT - EMERGING MARKETS EQUITY	**B** Three-digit plan number (PN) ▶ 230
C Plan sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL PAPER COMPANY	**D** Employer Identification Number (EIN) 13-0872805

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

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

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

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

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

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

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

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

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

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

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

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

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

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

ACADIAN

45-2634493

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	355364	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PZENA CAPITAL MANAGEMENT

13-3860154

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	176727	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BAILLIE GIFFORD

98-0473976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	151713	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

JP MORGAN EMERGING MARKET EQUITY

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51 68	NONE	145426	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

STATE STREET BANK

04-1867445

(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?
19 25 51 62 63 99	TRUSTEE	25157	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

INTERNATIONAL PAPER

13-0872805

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered “Yes” to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 50	SELF	7312	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

STATE STREET GLOBAL ADVISORS

58-2009206

(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?
18 19 51	NONE	1029	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

A Name of plan INTERNATIONAL PAPER CO RET ACCT - EMERGING MARKETS EQUITY	**B** Three-digit plan number (PN) ▶ 230
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 INTERNATIONAL PAPER COMPANY	**D** Employer Identification Number (EIN) 13-0872805

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

a Name of MTIA, CCT, PSA, or 103-12 IE: DAILY EMERGING MKTS INDEX FD

b Name of sponsor of entity listed in (a): STATE STR BK AND TR CO INVT FDS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-192	C	7073613

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

b Name of sponsor of entity listed in (a): BAILLIE GIFFORD GROUP TRUST

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-1561860-000	C	54287654

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

b Name of sponsor of entity listed in (a): ACADIAN EMERGING MARKETS II

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
26-3368395-012	C	59227073

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name	IP SALARIED SAVINGS PLAN	
b Name of plan sponsor	INTERNATIONAL PAPER COMPANY	**c** EIN-PN 13-0872805-007
a Plan name	INT'L PAPER CO HRLY SAVINGS PLAN	
b Name of plan sponsor	INTERNATIONAL PAPER COMPANY	**c** EIN-PN 13-0872805-118
a Plan name	RET PLAN OF INTERNATIONAL PAPER	
b Name of plan sponsor	INTERNATIONAL PAPER COMPANY	**c** EIN-PN 13-0872805-001
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN
a Plan name		
b Name of plan sponsor		**c** EIN-PN

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

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

A Name of plan
INTERNATIONAL PAPER CO RET ACCT - EMERGING MARKETS EQUITY

B Three-digit plan number (PN) ▶ 230

C Plan sponsor's name as shown on line 2a of Form 5500
INTERNATIONAL PAPER COMPANY

D Employer Identification Number (EIN)
13-0872805

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	154830	16794
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	242305	244299
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1378193	1719179
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	4642725	3185451
(B) Common	1c(4)(B)	123089714	104115614
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	80355287	66300686
(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)	133138089	113295338
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	343001143	288877361
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	233086	158974
k Total liabilities (add all amounts in lines 1g through1j)	1k	233086	158974
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	342768057	288718387

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	73387	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		73387
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	375863	
(B) Common stock	2b(2)(B)	2627280	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	910266	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3913409
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	28495150	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		28495150
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	16367847	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		16367847

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-15633607
(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)		-3748580
c Other income	2c		-77540
d Total income. Add all **income** amounts in column (b) and enter total	2d		29390066

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	682614	
(6) Bank or trust company trustee/custodial fees	2i(6)	25157	
(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)	7312	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		715083
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		715083

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		28674983
l Transfers of assets:			
(1) To this plan	2l(1)		64081821
(2) From this plan	2l(2)		146806474

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year ______________.

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

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

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

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

INTL PAPER EMERGING MARKET EQ

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS – SINGLE

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE	
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH					
INTEREST BEARING CASH TOTALS					
		0.00	0.00	0.00	0.00

INTL PAPER EMERGING MARKET EQ

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET		RATE	MAT DATE	
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
CORPORATE STOCKS - PREFERRED					
CORPORATE STOCKS - PREFERRED TOTALS					
	0.00		0.00	0.00	0.00

INTL PAPER EMERGING MARKET EQ PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY	(B) DESCRIPTION OF ASSET			RATE	MAT DATE	
(C) PURCHASE PRICE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET		(H) CURR VALUE	(I) GAIN/LOSS
CORPORATE STOCKS - COMMON						
CORPORATE STOCKS - COMMON TOTALS						
		0.00	0.00		0.00	0.00

INTL PAPER EMERGING MARKET EQ
PLAN YEAR ENDING: 12/31/24
SCHEDULE H, LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS – SINGLE
BEGINNING NET ASSET VALUE: 342,996,200.71
5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY / (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET / (D) SELLING PRICE	(F) EXPENSES INCURRED	RATE / (G) COST OF ASSET	MAT DATE / (H) CURR VALUE	(I) GAIN/LOSS
COMMON/COLLECTIVE TRUSTS					
06099A932 BAILLIE GIFFORD GROUP TRUST	EMERGING MARKETS				
	60,793,194.89	0.00	10,688,090.10	60,793,194.89	50,105,104.79
COMMON/COLLECTIVE TRUSTS TOTALS					
		0.00	10,688,090.10	60,793,194.89	50,105,104.79

INTL PAPER EMERGING MARKET EQ PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY / (C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET / (D) SELLING PRICE	(F) EXPENSES INCURRED	RATE / (G) COST OF ASSET	MAT DATE / (H) CURR VALUE	(I) GAIN/LOSS
REGISTERED INVESTMENT COMPANY					
05685G600	BAILLIE GIFFORD GROUP TR	MUTUAL FUND			
60,793,194.89		0.00	0.00	60,793,194.89	0.00
REGISTERED INVESTMENT COMPANY TOTALS					
		0.00	0.00	60,793,194.89	0.00

INTL PAPER EMERGING MARKET EQ PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SINGLE

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY (B) DESCRIPTION OF ASSET RATE MAT DATE (C) PURCHASE PRICE (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	(H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH	0.00	0.00	0.00	0.00
CERTIFICATES OF DEPOSIT	0.00	0.00	0.00	0.00
U.S. GOVERNMENT SECURITIES	0.00	0.00	0.00	0.00
CORP. DEBT INSTR. - PREFERRED	0.00	0.00	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER	0.00	0.00	0.00	0.00
CORPORATE STOCKS - PREFERRED	0.00	0.00	0.00	0.00
CORPORATE STOCKS - COMMON	0.00	0.00	0.00	0.00
PARTN./JOINT VENTURE INTERESTS	0.00	0.00	0.00	0.00
REAL ESTATE-INCOME PRODUCING	0.00	0.00	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.00	0.00	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.00	0.00	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.00	0.00	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.00	0.00	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.00	0.00	0.00	0.00
OTHER	0.00	0.00	0.00	0.00
COMMON/COLLECTIVE TRUSTS	0.00	10,688,090.10	60,793,194.89	50,105,104.79
POOLED SEPARATE ACCOUNTS	0.00	0.00	0.00	0.00
103-12 INVESTMENTS	0.00	0.00	0.00	0.00
REGISTERED INVESTMENT COMPANY	0.00	0.00	60,793,194.89	0.00
INSURANCE CO. GENERAL ACCOUNT	0.00	0.00	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.00	0.00	0.00	0.00
REPORTABLE TRANSACTION TOTALS	0.00	10,688,090.10	121,586,389.78	50,105,104.79

RUN DATE: 03/11/25

INTL PAPER EMERGING MARKET EQ
PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J – SCHEDULE OF REPORTABLE TRANSACTIONS – SERIES

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY / #PUR	(C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET / #SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE / #TOTAL	MAT DATE / (H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH								
86199E9B7	STATE STREET TR			STIF FUND		1.000	12/31/2030	
121	14,687,892.56	110	13,931,743.45	0.00	13,931,743.45	231	28,619,636.01	0.00
INTEREST BEARING CASH TOTALS								
121	14,687,892.56	110	13,931,743.45	0.00	13,931,743.45	231	28,619,636.01	0.00

INTL PAPER EMERGING MARKET EQ PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY		(B) DESCRIPTION OF ASSET				RATE	MAT DATE	
#PUR	(C) PURCHASE PRICE	#SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	#TOTAL	(H) CURR VALUE	(I) GAIN/LOSS
CORPORATE STOCKS - PREFERRED								
CORPORATE STOCKS - PREFERRED TOTALS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00

INTL PAPER EMERGING MARKET EQ PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY #PUR	(C) PURCHASE PRICE	(B) DESCRIPTION OF ASSET #SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE #TOTAL	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
CORPORATE STOCKS - COMMON								
CORPORATE STOCKS - COMMON TOTALS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00

INTL PAPER EMERGING MARKET EQ PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY / #PUR	(C) PURCHASE PRICE	#SALE	(D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE / #TOTAL	MAT DATE / (H) CURR VALUE	(I) GAIN/LOSS
COMMON/COLLECTIVE TRUSTS								
ACI01PH91	ACADIAN EMERGING MARKETS II			MUTUAL FUND				
0	0.00	2	21,000,000.00	0.00	12,485,719.11	2	21,000,000.00	8,514,280.89
06099A932	BAILLIE GIFFORD GROUP TRUST			EMERGING MARKETS				
0	0.00	3	72,793,194.89	0.00	12,753,222.88	3	72,793,194.89	60,039,972.01
COMMON/COLLECTIVE TRUSTS TOTALS								
0	0.00	5	93,793,194.89	0.00	25,238,941.99	5	93,793,194.89	68,554,252.90

INTL PAPER EMERGING MARKET EQ PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY / #PUR	(C) PURCHASE PRICE	#SALE	(B) DESCRIPTION OF ASSET / (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE / #TOTAL	MAT DATE / (H) CURR VALUE	(I) GAIN/LOSS
REGISTERED INVESTMENT COMPANY								
ACI087BH2	ACADIAN EMERGING MARKETS		SMALL CAP EQUITY FUND					
0	0.00	2	19,000,000.00	0.00	7,055,511.70	2	19,000,000.00	11,944,488.30
05685G600	BAILLIE GIFFORD GROUP TR		MUTUAL FUND					
1	60,793,194.89	1	5,000,000.00	0.00	4,910,003.45	2	65,793,194.89	89,996.55
857480834	STATE STR GLOBAL ADVISORS TR C		EMERGING MKTS INDEX SECS LENDI					
81	72,161,356.43	197	66,497,673.61	0.00	65,006,988.56	278	138,659,030.04	1,490,685.05
REGISTERED INVESTMENT COMPANY TOTALS								
82	132,954,551.32	200	90,497,673.61	0.00	76,972,503.71	282	223,452,224.93	13,525,169.90

INTL PAPER EMERGING MARKET EQ
PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS - SERIES

BEGINNING NET ASSET VALUE: 342,996,200.71

5% OF ASSET VALUE: 17,149,810.04

(A) IDENTITY OF PARTY #PUR	(C) PURCHASE PRICE	#SALE	(B) DESCRIPTION OF ASSET (D) SELLING PRICE	(F) EXPENSES INCURRED	(G) COST OF ASSET	RATE #TOTAL	MAT DATE (H) CURR VALUE	(I) GAIN/LOSS
INTEREST BEARING CASH								
121	14,687,892.56	110	13,931,743.45	0.00	13,931,743.45	231	28,619,636.01	0.00
CERTIFICATES OF DEPOSIT								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
U.S. GOVERNMENT SECURITIES								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - PREFERRED								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - PREFERRED								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
CORPORATE STOCKS - COMMON								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
PARTN./JOINT VENTURE INTERESTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-INCOME PRODUCING								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REAL ESTATE-NON INC. PRODUCING								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-RESID.								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS SECURED BY MTGES-COM'L								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTIC. - MORTGAGES								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
LOANS TO PARTICIPANTS - OTHER								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
OTHER								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
COMMON/COLLECTIVE TRUSTS								
0	0.00	5	93,793,194.89	0.00	25,238,941.99	5	93,793,194.89	68,554,252.90
POOLED SEPARATE ACCOUNTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
103-12 INVESTMENTS								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REGISTERED INVESTMENT COMPANY								
82	132,954,551.32	200	90,497,673.61	0.00	76,972,503.71	282	223,452,224.93	13,525,169.90
INSURANCE CO. GENERAL ACCOUNT								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
** ASSET CATEGORY NOT FOUND **								
0	0.00	0	0.00	0.00	0.00	0	0.00	0.00
REPORTABLE TRANSACTION TOTALS								
203	147,642,443.88	315	198,222,611.95	0.00	116,143,189.15	518	345,865,055.83	82,079,422.80
NON-REPORTABLE TRANSACTION TOTALS								
507	20,039,690.20	352	48,930,032.27	0.00	45,219,000.42	859	68,969,722.47	3,711,031.85

RUN DATE: 03/11/25

COMPOSITE

PLAN YEAR ENDING: 12/31/24

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS

(HELD AT END OF YEAR)

THIS IS A COMPOSITE REPORT FOR:

39B3	JP MORGAN EMERGING MARKETS
39F4	BAILLIE GIFFORD (GROWTH)
39HW	ACADIAN EMERGING EQUITY (CORE)
39M6	SSGA DAILY EMERGING SERIES A
394G	PZENA–EMERGING EQUITY VALUE
394I	ACADIAN EM EQUITY (SMALL CAP)
399C	INTERNATIONAL PAPER CO.
399H	INTERNATIONAL PAPER

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
INTEREST BEARING CASH				
	BRAZILIAN REAL			
		103,592.66	16,686.83	16,768.40
394G	BRL	103,592.66	16,686.83	16,768.40
	EURO CURRENCY			
		99.03	104.24	102.55
394G	EUR	99.03	104.24	102.55
	HUNGARIAN FORINT			
		1,086.00	2.75	2.73
394G	HUF	1,086.00	2.75	2.73
	INDONESIAN RUPIAH			
		0.17	0.00	0.00
394G	IDR	0.17	0.00	0.00
	THAILAND BAHT			
		315,307.67	0.00	9,247.92
394G	THB	315,307.67	0.00	9,247.92
	NEW TAIWAN DOLLAR			
		15.00	0.46	0.46
394G	TWD	15.00	0.46	0.46
	STATE STREET TR	STIF FUND	1.000 12/31/2030	
		1,447,307.27	1,447,307.27	1,447,307.27
394G	86199E9B7	1,447,307.27	1,447,307.27	1,447,307.27
		1,867,407.80	1,464,101.55	1,473,429.33

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
CORPORATE STOCKS – PREFERRED				
	ITAU UNIBANCO HOLDING S PREF	PREFERENCE		
		142,900.000	747,280.66	710,816.38
394G	B037HR904	142,900.000	747,280.66	710,816.38
	CIA ENERGETICA MINAS GER PRF	PREFERENCE		
		593,487.000	741,544.52	1,067,303.44
394G	B1YBRG902	593,487.000	741,544.52	1,067,303.44
	PETROBRAS PETROLEO BRAS PR	PREFERENCE		
		132,600.000	725,604.56	776,774.12
394G	268453008	132,600.000	725,604.56	776,774.12
		868,987.000	2,214,429.74	2,554,893.94

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

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
CORPORATE STOCKS - COMMON				
	HANKOOK TIRE + TECHNOLOGY CO	COMMON STOCK KRW500.0		
		47,269.000	1,187,905.89	1,232,978.70
394G	ACI02DOT5	47,269.000	1,187,905.89	1,232,978.70
	RICHTER GEDEON NYRT	COMMON STOCK HUF100.0		
		29,859.000	873,513.50	781,684.24
394G	ACI06DSC4	29,859.000	873,513.50	781,684.24
	ORION CORP/REPUBLIC OF KOREA	COMMON STOCK KRW500.0		
		9,475.000	679,863.91	659,063.27
394G	BDVLJ7906	9,475.000	679,863.91	659,063.27
	BEIJING ORIENTAL YUHONG A	COMMON STOCK CNY1.0		
		325,800.000	838,894.13	579,358.70
394G	BD5CFP909	325,800.000	838,894.13	579,358.70
	MOL HUNGARIAN OIL AND GAS PL	COMMON STOCK HUF125.0		
		86,115.000	669,139.61	591,785.35
394G	BD5ZXH906	86,115.000	669,139.61	591,785.35
	NEOENERGIA SA	COMMON STOCK		
		176,100.000	528,326.59	539,030.73
394G	BF8GMG904	176,100.000	528,326.59	539,030.73
	AMBEV SA	COMMON STOCK		
		789,200.000	1,907,895.49	1,499,746.35
394G	BG7ZWY901	789,200.000	1,907,895.49	1,499,746.35
	NATURA +CO HOLDING SA	COMMON STOCK		
		493,000.000	1,451,028.46	1,018,263.64
394G	BJRFY3903	493,000.000	1,451,028.46	1,018,263.64
	ALIBABA GROUP HOLDING LTD	COMMON STOCK USD.000003125		
		141,500.000	2,380,461.73	1,500,988.03
394G	BK6YZP902	141,500.000	2,380,461.73	1,500,988.03
	HAIER SMART HOME CO LTD H	COMMON STOCK CNY1.0		
		408,600.000	1,256,212.82	1,446,520.64
394G	BLD4QD905	408,600.000	1,256,212.82	1,446,520.64
	WH GROUP LTD	COMMON STOCK USD.0001		
		1,913,500.000	1,095,932.83	1,480,459.45
394G	BLLHKZ904	1,913,500.000	1,095,932.83	1,480,459.45

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

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
	TENCENT HOLDINGS LTD	COMMON STOCK HKD.00002		
		23,100.000	900,747.83	1,240,056.90
394G	BMMV2K903	23,100.000	900,747.83	1,240,056.90
	SCB X PCL FOREIGN	FOREIGN SH. THB10.0 A		
		301,400.000	933,924.90	1,034,280.69
394G	BPH071907	301,400.000	933,924.90	1,034,280.69
	PING AN INSURANCE GROUP CO A	COMMON STOCK CNY1.0		
		40,700.000	293,454.44	293,571.94
394G	BP3R28903	40,700.000	293,454.44	293,571.94
	ZHEJIANG LONGSHENG GROUP C A	COMMON STOCK CNY1.0		
		446,400.000	648,774.95	629,305.20
394G	BP3R4W908	446,400.000	648,774.95	629,305.20
	NIEN MADE ENTERPRISE CO LTD	COMMON STOCK TWD10.0		
		40,000.000	443,105.61	447,162.53
394G	BSZLN1907	40,000.000	443,105.61	447,162.53
	GF SECURITIES CO LTD H	COMMON STOCK CNY1.0		
		411,000.000	527,252.26	557,668.37
394G	BW4NKK909	411,000.000	527,252.26	557,668.37
	WONIK IPS CO LTD	COMMON STOCK KRW500.0		
		21,414.000	556,246.32	325,104.71
394G	BZ8TP8907	21,414.000	556,246.32	325,104.71
	BAIDU INC CLASS A	COMMON STOCK USD.000000625		
		115,700.000	1,406,102.75	1,231,778.01
394G	B0J2D4903	115,700.000	1,406,102.75	1,231,778.01
	PING AN INSURANCE GROUP CO H	COMMON STOCK CNY1.0		
		102,500.000	563,971.56	607,641.01
394G	B01FLR903	102,500.000	563,971.56	607,641.01
	PACIFIC BASIN SHIPPING LTD	COMMON STOCK USD.01		
		3,950,526.000	857,224.46	834,050.51
394G	B01RQM903	3,950,526.000	857,224.46	834,050.51
	AKBANK T.A.S.	COMMON STOCK TRY1.0		
		321,010.000	443,943.31	588,721.84
394G	B03MN7908	321,010.000	443,943.31	588,721.84
	CHINA MERCHANTS BANK H	COMMON STOCK CNY1.0		
		241,000.000	1,158,847.37	1,240,996.66
394G	B1DYPZ905	241,000.000	1,158,847.37	1,240,996.66

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
	WILMAR INTERNATIONAL LTD	COMMON STOCK				
		554,300.000			1,372,176.60	1,259,588.04
394G	B17KC6900	554,300.000			1,372,176.60	1,259,588.04
	KB FINANCIAL GROUP INC	COMMON STOCK KRW5000.0				
		13,013.000			483,332.94	732,790.61
394G	B3DF0Y902	13,013.000			483,332.94	732,790.61
	INDORAMA VENTURES PCL NVDR	NVDR THB1.0				
		466,300.000			358,092.58	340,544.65
394G	B5KZ7P907	466,300.000			358,092.58	340,544.65
	SBERBANK PJSC SPONSORED ADR	ADR				
		55,449.000			875,569.16	2,511.84
394G	B5SC09903	55,449.000			875,569.16	2,511.84
	INDORAMA VENTURES FOREIGN	FOREIGN SH. THB1.0 A				
		504,500.000			422,299.33	368,442.59
394G	B5V4S1904	504,500.000			422,299.33	368,442.59
	MAN WAH HOLDINGS LTD	COMMON STOCK HKD.4				
		930,400.000			596,142.08	576,113.90
394G	B6083Z909	930,400.000			596,142.08	576,113.90
	ZHONGSHENG GROUP HOLDINGS	COMMON STOCK HKD.0001				
		377,500.000			700,499.72	678,415.80
394G	B633D9904	377,500.000			700,499.72	678,415.80
	CREDICORP LTD	COMMON STOCK USD5.0				
		6,334.000			839,956.35	1,161,148.88
394G	G2519Y108	6,334.000			839,956.35	1,161,148.88
	BAIDU INC SPON ADR	ADR USD.00005				
		1,961.000			302,125.12	165,331.91
394G	056752108	1,961.000			302,125.12	165,331.91
	COGNIZANT TECH SOLUTIONS A	COMMON STOCK USD.01				
		18,508.000			1,144,964.02	1,423,265.20
394G	192446102	18,508.000			1,144,964.02	1,423,265.20
	VALE SA	COMMON STOCK				
		118,000.000			1,573,433.59	1,041,932.06
394G	219628005	118,000.000			1,573,433.59	1,041,932.06
	BANCO DO BRASIL S.A.	COMMON STOCK				
		181,800.000			756,290.34	711,267.84
394G	232859900	181,800.000			756,290.34	711,267.84

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
	HDFC BANK LTD ADR	ADR		
		18,263.000	1,059,616.78	1,166,275.18
394G	40415F101	18,263.000	1,059,616.78	1,166,275.18
	ICICI BANK LTD SPON ADR	ADR		
		9,564.000	87,711.14	285,581.04
394G	45104G104	9,564.000	87,711.14	285,581.04
	JSC KASPI.KZ ADR	ADR		
		8,002.000	1,003,686.73	757,869.42
394G	48581R205	8,002.000	1,003,686.73	757,869.42
	BANCA TRANSILVANIA SA	COMMON STOCK RON10.0		
		55,604.000	164,694.34	312,453.54
394G	539330902	55,604.000	164,694.34	312,453.54
	BANGKOK BANK PCL FOREIGN REG	FOREIGN SH. THB10.0 A		
		262,300.000	1,127,645.68	1,161,674.73
394G	607701000	262,300.000	1,127,645.68	1,161,674.73
	UNITED INTEGRATED SERVICES	COMMON STOCK TWD10.0		
		62,000.000	484,839.14	911,528.31
394G	610513905	62,000.000	484,839.14	911,528.31
	DB INSURANCE CO LTD	COMMON STOCK KRW500.0		
		11,758.000	477,906.42	821,059.27
394G	615593902	11,758.000	477,906.42	821,059.27
	CHINA OVERSEAS LAND + INVEST	COMMON STOCK		
		979,864.000	2,075,275.61	1,564,159.60
394G	619215007	979,864.000	2,075,275.61	1,564,159.60
	COMPAL ELECTRONICS	COMMON STOCK TWD10.0		
		447,667.000	427,213.18	514,104.61
394G	622574903	447,667.000	427,213.18	514,104.61
	SHINHAN FINANCIAL GROUP LTD	COMMON STOCK KRW5000.0		
		22,261.000	730,946.91	720,535.71
394G	639750900	22,261.000	730,946.91	720,535.71
	HON HAI PRECISION INDUSTRY	COMMON STOCK TWD10.0		
		47,788.000	143,702.56	268,205.77
394G	643856909	47,788.000	143,702.56	268,205.77
	HYUNDAI MOBIS CO LTD	COMMON STOCK KRW5000.0		
		6,296.000	1,047,931.48	1,011,448.56
394G	644954000	6,296.000	1,047,931.48	1,011,448.56

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

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
	GALAXY ENTERTAINMENT GROUP L	COMMON STOCK		
		271,000.000	1,747,725.33	1,151,269.00
394G	646587006	271,000.000	1,747,725.33	1,151,269.00
	ABU DHABI COMMERCIAL BANK	COMMON STOCK AED1.0		
		216,598.000	429,588.58	614,462.41
394G	654546902	216,598.000	429,588.58	614,462.41
	YUE YUEN INDUSTRIAL HLDG	COMMON STOCK HKD.25		
		260,500.000	419,271.92	583,513.02
394G	658653902	260,500.000	419,271.92	583,513.02
	BANK RAKYAT INDONESIA PERSER	COMMON STOCK IDR50.0		
		4,219,300.000	1,496,236.45	1,069,570.92
394G	670909902	4,219,300.000	1,496,236.45	1,069,570.92
	SHANDONG WEIGAO GP MEDICAL H	COMMON STOCK CNY.1		
		760,000.000	424,629.63	450,054.39
394G	674234901	760,000.000	424,629.63	450,054.39
	WEICHAI POWER CO LTD H	COMMON STOCK CNY1.0		
		961,000.000	1,443,521.18	1,469,715.95
394G	674395900	961,000.000	1,443,521.18	1,469,715.95
	SAMSUNG ELECTRONICS CO LTD	COMMON STOCK KRW100.0		
		48,480.000	2,081,745.18	1,751,951.91
394G	677172009	48,480.000	2,081,745.18	1,751,951.91
	SASOL LTD	COMMON STOCK		
		159,366.000	2,915,416.66	703,254.20
394G	677745903	159,366.000	2,915,416.66	703,254.20
	TAIWAN SEMICONDUCTOR MANUFAC	COMMON STOCK TWD10.0		
		83,000.000	570,747.53	2,721,560.49
394G	688910900	83,000.000	570,747.53	2,721,560.49
	OTP BANK PLC	COMMON STOCK HUF100.0		
		20,077.000	589,966.09	1,096,178.12
394G	732015904	20,077.000	589,966.09	1,096,178.12
	ZTO EXPRESS CAYMAN INC ADR	ADR USD.0001		
		41,039.000	796,892.39	802,312.45
394G	98980A105	41,039.000	796,892.39	802,312.45
		22,634,960.000	52,774,563.46	50,730,309.39

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

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE	MAT DATE	(D) COST	(E) CURRENT VALUE
COMMON/COLLECTIVE TRUSTS						
	ACADIAN EMERGING MARKETS II	MUTUAL FUND				
		15,592.743			34,020,846.81	59,227,072.66
39HW	ACI01PH91	15,592.743			34,020,846.81	59,227,072.66
		15,592.743			34,020,846.81	59,227,072.66

SCHEDULE H, LINE 4I – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)

(A) FUND	(B) IDENTITY OF ISSUER	(C) DESCRIPTION OF INVESTMENT SHARES/PAR	RATE MAT DATE (D) COST	(E) CURRENT VALUE
REGISTERED INVESTMENT COMPANY				
	ACADIAN EMERGING MARKETS	SMALL CAP EQUITY FUND		
		12,025.359	20,740,218.63	56,495,153.12
394I	ACI087BH2	12,025.359	20,740,218.63	56,495,153.12
	BAILLIE GIFFORD GROUP TR	MUTUAL FUND		
		984,899.391	55,883,191.44	54,287,654.43
39F4	05685G600	984,899.391	55,883,191.44	54,287,654.43
	JPMORGAN EMERGING MARKETS EQUI	JPMORGAN EMERG MRKT EQ R6		
		1,877,071.520	83,248,081.05	56,800,184.20
39B3	48121L122	1,877,071.520	83,248,081.05	56,800,184.20
	STATE STR GLOBAL ADVISORS TR C	EMERGING MKTS INDEX SECS LEND		
		576,214.804	7,154,367.87	7,073,612.93
39M6	857480834	576,214.804	7,154,367.87	7,073,612.93
		3,450,211.074	167,025,858.99	174,656,604.68

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

ASSET CATEGORY	UNITS	COST	CURRENT VALUE
INTEREST BEARING CASH	1,867,407.800	1,464,101.55	1,473,429.33
CERTIFICATES OF DEPOSIT	0.000	0.00	0.00
U.S. GOVERNMENT SECURITIES	0.000	0.00	0.00
CORP. DEBT INSTR. - PREFERRED	0.000	0.00	0.00
CORP. DEBT INSTR. - ALL OTHER	0.000	0.00	0.00
CORPORATE STOCKS - PREFERRED	868,987.000	2,214,429.74	2,554,893.94
CORPORATE STOCKS - COMMON	22,634,960.000	52,774,563.46	50,730,309.39
PARTN./JOINT VENTURE INTERESTS	0.000	0.00	0.00
REAL ESTATE-INCOME PRODUCING	0.000	0.00	0.00
REAL ESTATE-NON INC. PRODUCING	0.000	0.00	0.00
LOANS SECURED BY MTGES-RESID.	0.000	0.00	0.00
LOANS SECURED BY MTGES-COM'L	0.000	0.00	0.00
LOANS TO PARTIC. - MORTGAGES	0.000	0.00	0.00
LOANS TO PARTICIPANTS - OTHER	0.000	0.00	0.00
OTHER	0.000	0.00	0.00
COMMON/COLLECTIVE TRUSTS	15,592.743	34,020,846.81	59,227,072.66
POOLED SEPARATE ACCOUNTS	0.000	0.00	0.00
103-12 INVESTMENTS	0.000	0.00	0.00
REGISTERED INVESTMENT COMPANY	3,450,211.074	167,025,858.99	174,656,604.68
INSURANCE CO. GENERAL ACCOUNT	0.000	0.00	0.00
** ASSET CATEGORY NOT FOUND **	0.000	0.00	0.00
GRAND TOTALS	28,837,158.617	257,499,800.55	288,642,310.00