

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (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, 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, 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: BAKER HUGHES U.S. EQUITY FUND
1b Three-digit plan number (PN): 042
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): BAKER HUGHES HOLDINGS LLC
2b Employer Identification Number (EIN): 76-0207995
2c Plan Sponsor's telephone number: 713-879-2000
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.

Table with 4 columns: Label (SIGN HERE), Signature, Date, and Name. Rows include: 1. Filed with authorized/valid electronic signature, 10/13/2025, DANIEL O. WEBBER; 2. Signature of plan administrator; 3. Signature of employer/plan sponsor; 4. Filed with authorized/valid electronic signature, 10/13/2025, DANIEL O. WEBBER; 5. Signature of DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	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 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)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 BAKER HUGHES U.S. EQUITY FUND	B Three-digit plan number (PN) ▶	042
C Plan sponsor's name as shown on line 2a of Form 5500 BAKER HUGHES HOLDINGS LLC	D Employer Identification Number (EIN) 76-0207995	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

FIDUCIARY MANAGEMENT INC

39-1346018

(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 50	NONE	1823034	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)

T ROWE PRICE STABLE ASSET MGMT INC.

52-0556948

(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 50	NONE	1472650	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)

WELLINGTON MANAGEMENT COMPANY LLP

47-1167553

(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 50	NONE	344384	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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50 51	NONE	172130	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SILVERCREST ASSET MANAGEMENT GROUP

13-4194623

(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 50	NONE	170413	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<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>BAKER HUGHES U.S. EQUITY FUND</u>	B Three-digit plan number (PN) ▶	<u>042</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BAKER HUGHES HOLDINGS LLC</u>	D Employer Identification Number (EIN) <u>76-0207995</u>
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVESTMENT

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>21692765</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FD LND

b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.

c EIN-PN <u>45-6138589-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>229374275</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WTC CIF II SMID CAP RESEARCH EQUITY

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY, NA

c EIN-PN <u>04-6913417-128</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>45119924</u>
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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)
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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)
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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)
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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)
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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)
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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	BAKER HUGHES COMPANY 401(K) PLAN	
b Name of plan sponsor	BAKER HUGHES HOLDINGS LLC	c EIN-PN 76-0207995-002

a Plan name	BAKER HUGHES COMPANY PENSION PLAN	
b Name of plan sponsor	BAKER HUGHES HOLDINGS LLC	c EIN-PN 76-0207995-050

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

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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) <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 BAKER HUGHES U.S. EQUITY FUND	B Three-digit plan number (PN) ▶ 042
C Plan sponsor's name as shown on line 2a of Form 5500 BAKER HUGHES HOLDINGS LLC	D Employer Identification Number (EIN) 76-0207995

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	769178	460184
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)		
(B) Common	1c(4)(B)	857694285	845742067
(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)	248053662	296186964
(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)	3760202	1951373
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	1110277327	1144340588
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1015542	1231332
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1015542	1231332
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1109261785	1143109256

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-32	
(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)		-32
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	7187974	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	106963	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		7294937
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	398399250	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	354969794	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	122644325	
(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)		51725023
(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)		
c Other income	2c		292206
d Total income. Add all income amounts in column (b) and enter total	2d		225385915

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)		
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)	4148754	
(6) Bank or trust company trustee/custodial fees	2i(6)	172130	
(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)	39	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4320923
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4320923

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		221064992
l Transfers of assets:			
(1) To this plan	2l(1)		677640490
(2) From this plan	2l(2)		864858011

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
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.)			
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?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
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?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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 of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Receivable Income - USD			
United States - USD			
SECURITIES LENDING INCOME SECURITIES LENDING INCOME	4.000	0.00	0.00
Total United States - USD		0.00	0.00
Total Receivable Income - USD		0.00	0.00
Receivables - Other - USD			
Pending trade sales: United States dollar	0.000	8,359.55	8,359.55
Total - all currencies		8,359.55	8,359.55
Total Receivables - Other - USD		8,359.55	8,359.55
Corporate Stock - Common			
Canada - USD			
SHOPIFY INC CL A SHOPIFY INC SEDOL: BXDZ9Z0	40,156.000	2,875,377.87	4,269,787.48
Total Canada - USD		2,875,377.87	4,269,787.48
China - USD			
ADR LEGEND BIOTECH CORP SPON ADS EACH REP 2 ORD SHS SEDOL: BMX9K07	25,450.000	1,507,880.57	828,143.00
Total China - USD		1,507,880.57	828,143.00
Germany - USD			
ADR FRESENIUS MEDICAL CARE AG CUSIP: 358029106	401,377.000	12,953,486.58	9,087,175.28
Total Germany - USD		12,953,486.58	9,087,175.28
Israel - USD			
CELLEBRITE DI LTD COM USD0.0001 CUSIP: M2197Q107	12,317.000	251,936.29	271,343.51

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

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
Israel - USD			
KORNIT DIGITAL LTD COMMON STOCK CUSIP: M6372Q113	10,059.000	226,760.70	311,326.05
Total Israel - USD		478,696.99	582,669.56
Japan - USD			
ADR SONY GROUP CORPORATION SPON ADS EACH REPR 1 ORD SHS CUSIP: 835699307	663,400.000	10,375,509.04	14,037,544.00
Total Japan - USD		10,375,509.04	14,037,544.00
Korea, Republic of - USD			
COUPANG INC SEDOL: BNYHDF3	143,396.000	3,157,109.44	3,151,844.08
Total Korea, Republic of - USD		3,157,109.44	3,151,844.08
Netherlands - USD			
ADR ARGEX SE SPONSORED ADS SEDOL: BDVLM39	5,125.000	2,106,451.44	3,151,875.00
ADR ASML HLDG NV NY REG 2012 (POST REV SPLIT) SEDOL: B908F01	3,496.000	1,272,175.80	2,423,007.68
KONINKLIJKE PHILIPS NV CUSIP: 500472303	393,830.000	13,500,808.57	9,971,775.60
Total Netherlands - USD		16,879,435.81	15,546,658.28
Switzerland - USD			
ADR SONOVA HLDG AG UNSP ADR SEDOL: B3K9YR2	39,599.000	2,809,311.35	2,575,518.96
Total Switzerland - USD		2,809,311.35	2,575,518.96
United Kingdom - USD			
ADR BICYCLE THERAPEUTICS PLC SPONSORED ADS REPSTG 1 SHS CUSIP: 088786108	8,818.000	224,582.77	123,452.00
ADR SMITH & NEPHEW GROUP P L C SPONSOREDADR NEW CUSIP: 83175M205	251,996.000	9,435,924.31	6,194,061.68

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United Kingdom - USD			
ADR UNILEVER PLC SPONSORED ADR NEW CUSIP: 904767704	235,022.000	11,685,173.03	13,325,747.40
GENIUS SPORTS LTD COM NPV CUSIP: G3934V109	64,456.000	422,563.66	557,544.40
Total United Kingdom - USD		21,768,243.77	20,200,805.48
United States - USD			
#REORG/INDEPENDENT MERGER SOUTHSTATE 2Y1PAK1 1-2-2025 CUSIP: 45384B106	7,353.000	341,256.64	446,106.51
#REORG/SUMMIT MATLS INC CL A MERGER 02-10-2025 CUSIP: 86614U100	10,657.000	413,259.78	539,244.20
ACV AUCTIONS INC CL A CL A CUSIP: 00091G104	22,084.000	459,047.47	477,014.40
ADOBE INC COM SEDOL: 2008154	6,484.000	3,172,357.08	2,883,305.12
ADVANCED MICRO DEVICES INC COM SEDOL: 2007849	14,011.000	1,743,907.45	1,692,388.69
AEHR TEST SYS COM CUSIP: 00760J108	23,215.000	324,029.33	386,065.45
AFFIRM HLDGS INC CL A CL A SEDOL: BMF9NM8	6,895.000	192,007.93	419,905.50
AGIOS PHARMACEUTICALS INC COM CUSIP: 00847X104	5,324.000	256,166.71	174,946.64
ALKAMI TECHNOLOGY INC COM CUSIP: 01644J108	17,529.000	336,428.26	642,963.72
ALLEGION PLC COMMON STOCK CUSIP: G0176J109	58,358.000	7,791,478.74	7,626,223.44
ALLEGRO MICROSYSTEMS INC DEL COM CUSIP: 01749D105	16,755.000	452,509.04	366,264.30
ALPHABET INC CAPITAL STOCK USD0.001 CL A SEDOL: BYVY8G0	246,859.000	23,536,635.33	46,730,408.70
AMAZON COM INC COM SEDOL: 2000019	154,225.000	14,916,083.67	33,835,422.75
AMERESCO INC CUSIP: 02361E108	15,483.000	435,092.68	363,540.84
AMICUS THERAPEUTICS INC COM CUSIP: 03152W109	32,552.000	363,474.15	306,639.84

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
AMPHASTAR PHARMACEUTICALS INC DEL COM CUSIP: 03209R103	10,684.000	361,818.12	396,696.92
AMPHENOL CORP NEW CL A SEDOL: 2145084	100,878.000	4,024,951.22	7,005,977.10
APPLE INC COM STK SEDOL: 2046251	154,398.000	16,185,553.06	38,664,347.16
APPLIED INDL TECHNOLOGIES INC COM CUSIP: 03820C105	5,084.000	521,487.37	1,217,465.48
APPLIED OPTOELECTRONICS INC COM CUSIP: 03823U102	15,038.000	221,519.84	554,300.68
APTARGROUP INC COM CUSIP: 038336103	6,020.000	625,007.96	945,742.00
ARAMARK COM CUSIP: 03852U106	502,724.000	16,758,906.71	18,756,632.44
ARHAUS INC CL A CL A CUSIP: 04035M102	42,462.000	550,751.61	399,142.80
ARROW ELECTR INC COM CUSIP: 042735100	16,403.000	1,621,893.93	1,855,507.36
ARROWHEAD PHARMACEUTICALS INC COM CUSIP: 04280A100	16,998.000	449,610.52	319,562.40
ARTERIS INC COM CUSIP: 04302A104	44,518.000	300,048.59	453,638.42
ATLAS ENERGY SOLUTIONS INC NEW CL A CUSIP: 642045108	17,603.000	345,246.81	390,434.54
ATLASSIAN CORP CL A SEDOL: BQ1PC76	13,334.000	3,090,771.55	3,245,228.92
AURORA INNOVATION INC CL A COM SEDOL: BMF0P92	111,400.000	334,200.00	701,820.00
AVEPOINT INC COM CUSIP: 053604104	21,854.000	261,858.62	360,809.54
AVERY DENNISON CORP COM CUSIP: 053611109	86,612.000	15,498,435.32	16,207,703.56
AVIDXCHANGE HLDGS INC COM USD0.001 CUSIP: 05368X102	29,647.000	341,593.76	306,549.98
AXOGEN INC COM USD0.01 CUSIP: 05463X106	37,360.000	499,091.19	615,692.80

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
BANCORP INC DEL COM STK CUSIP: 05969A105	8,106.000	233,643.27	426,618.78
BEACON ROOFING SUPPLY INC COM CUSIP: 073685109	13,826.000	746,517.04	1,404,445.08
BECTON DICKINSON & CO COM SEDOL: 2087807	11,182.000	2,724,622.97	2,536,860.34
BERKSHIRE HATHAWAY INC COM CUSIP: 084670702	44,137.000	5,296,350.70	20,006,419.36
BJS WHSL CLUB HLDGS INC COM CUSIP: 05550J101	21,100.000	1,327,215.47	1,885,285.00
BLACKROCK INC NEW COM CUSIP: 09290D101	9,063.000	5,349,721.66	9,290,571.93
BOEING CO COM SEDOL: 2108601	15,188.000	2,531,729.54	2,688,276.00
BOOKING HLDGS INC COM SEDOL: BDRXDB4	5,579.000	10,521,529.07	27,718,815.18
CANTALOUPE INC COM CUSIP: 138103106	66,823.000	339,240.63	635,486.73
CARLISLE COMPANIES INC COM CUSIP: 142339100	21,908.000	4,967,310.44	8,080,546.72
CARMAX INC COM CUSIP: 143130102	176,691.000	14,909,777.41	14,446,256.16
CARRIER GLOBAL CORPORATION COM USD0.01 WI CUSIP: 14448C104	208,451.000	9,256,323.65	14,228,865.26
CASTLE BIOSCIENCES INC COM CUSIP: 14843C105	12,807.000	274,322.75	341,306.55
CDW CORP COM CUSIP: 12514G108	47,839.000	8,966,568.77	8,325,899.56
CECO ENVIRONMENTAL CORP COM CUSIP: 125141101	12,962.000	189,575.06	391,841.26
CERTARA INC COM CUSIP: 15687V109	31,207.000	521,410.18	332,354.55
CERUS CORP COM CUSIP: 157085101	215,251.000	762,767.43	331,486.54
CHAMPION HOMES INC CUSIP: 830830105	4,841.000	221,856.40	426,492.10

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
CHIPOTLE MEXICAN GRILL INC COM STK SEDOL: B0X7DZ3	47,779.000	978,826.00	2,881,073.70
CORE & MAIN INC COM CL A COM CL A CUSIP: 21874C102	31,514.000	958,874.75	1,604,377.74
CREDO TECHNOLOGY GROUP HOLDING LTD CUSIP: G25457105	6,969.000	86,173.62	468,386.49
CRYOPORT INC COM PAR \$0.001 COM PAR \$0.001 CUSIP: 229050307	47,579.000	707,059.70	370,164.62
CSX CORP COM STK CUSIP: 126408103	360,343.000	11,977,117.01	11,628,268.61
CTS CORP COM CUSIP: 126501105	13,175.000	584,854.71	694,717.75
CVRX INC COM CUSIP: 126638105	23,805.000	362,000.26	301,609.35
DANAHER CORP COM SEDOL: 2250870	11,528.000	2,729,722.84	2,646,252.40
DOLLAR TREE INC COM STK CUSIP: 256746108	94,563.000	9,606,450.23	7,086,551.22
DONALDSON INC COM CUSIP: 257651109	23,178.000	1,210,297.67	1,561,038.30
DUTCH BROS INC CL A CL A CUSIP: 26701L100	14,427.000	504,624.23	755,686.26
DYNATRACE INC COM SEDOL: BJV2RD9	31,707.000	1,365,749.27	1,723,275.45
ELI LILLY & CO COM SEDOL: 2516152	10,600.000	3,688,494.19	8,183,200.00
ENERGY RECOVERY INC COM CUSIP: 29270J100	31,605.000	520,037.10	464,593.50
ENFUSION INC CL A CL A CUSIP: 292812104	26,714.000	293,113.66	275,154.20
ENPRO INC CUSIP: 29355X107	3,284.000	377,030.63	566,325.80
ENTEGRIS INC COM SEDOL: 2599700	26,100.000	2,740,817.47	2,585,466.00
EQUIFAX INC COM SEDOL: 2319146	12,707.000	3,316,937.40	3,238,378.95

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
EXAGEN INC COM CUSIP: 30068X103	31,283.000	448,308.34	128,260.30
FAIR ISAAC CORPORATION COM SEDOL: 2330299	1,385.000	1,255,461.71	2,757,438.05
FERGUSON ENTERPRISES INC USD0.0001 CUSIP: 31488V107	96,161.000	12,054,679.71	16,690,664.77
FIRSTCASH HLDGS INC COM CUSIP: 33768G107	13,946.000	1,117,041.28	1,444,805.60
FISERV INC COM SEDOL: 2342034	58,152.000	5,979,382.13	11,945,583.84
FLYWIRE CORP COM VTG COM VTG CUSIP: 302492103	35,789.000	864,896.17	737,969.18
FORTUNE BRANDS INNOVATIONS INC USD0.01 CUSIP: 34964C106	22,264.000	1,313,292.96	1,521,299.12
FRESHPET INC COM CUSIP: 358039105	3,740.000	272,590.73	553,931.40
GATES INDL CORP PL COM USD0.01 CUSIP: G39108108	81,469.000	1,106,796.37	1,675,817.33
GENEDX HOLDINGS CORP CL A NEW CUSIP: 81663L200	4,589.000	366,061.50	352,710.54
GENPACT LIMITED COM STK USD0.01 CUSIP: G3922B107	53,969.000	1,604,530.92	2,317,968.55
HAYWARD HLDGS INC COM CUSIP: 421298100	45,000.000	709,576.32	688,050.00
HELIOS TECHNOLOGIES INC CUSIP: 42328H109	11,279.000	592,628.93	503,494.56
HENRY SCHEIN INC COMMON STOCK CUSIP: 806407102	26,454.000	1,742,692.64	1,830,616.80
HOULIHAN LOKEY INC CL A CL A CUSIP: 441593100	12,699.000	752,675.23	2,205,308.34
HOWMET AEROSPACE INC COM USD1.00 WI SEDOL: BKLJ8V2	29,297.000	1,603,143.37	3,204,212.89
HUBSPOT INC COM SEDOL: BR4T3B3	4,825.000	2,515,279.03	3,361,915.25
ICHOR HOLDINGS LTD COM USD0.0001 CUSIP: G4740B105	11,617.000	448,527.11	374,299.74

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
IMPINJ INC COM CUSIP: 453204109	2,340.000	194,441.81	339,908.40
INGERSOLL RAND INC COM SEDOL: BL5GZ82	33,943.000	1,025,005.59	3,070,483.78
INSIGHT ENTERPRISES INC COM CUSIP: 45765U103	8,968.000	652,216.07	1,364,032.80
INTRA-CELLULAR THERAPIES INC COM CUSIP: 46116X101	7,187.000	430,063.21	600,258.24
INTUIT COM SEDOL: 2459020	20,003.000	7,354,661.99	12,571,885.50
INTUITIVE SURGICAL INC COM NEW STK SEDOL: 2871301	16,502.000	3,183,182.85	8,613,383.92
IRHYTHM TECHNOLOGIES INC COM CUSIP: 450056106	5,754.000	564,655.10	518,838.18
JFROG LTD COM CUSIP: M6191J100	22,994.000	625,589.86	676,253.54
KRATOS DEFENSE & SECURITY SOLUTIONS INC CUSIP: 50077B207	32,848.000	524,625.89	866,530.24
LEONARDO DRS INC COM CUSIP: 52661A108	11,672.000	151,097.97	377,122.32
LIMBACH HLDGS INC COM CUSIP: 53263P105	3,774.000	296,475.41	322,827.96
LINDBLAD EXPEDITIONS HLDGS INC COM CUSIP: 535219109	47,337.000	485,366.83	561,416.82
LULULEMON ATHLETICA INC COM SEDOL: B23FN39	5,134.000	1,639,182.10	1,963,292.94
LUMENTUM HLDGS INC COM CUSIP: 55024U109	7,470.000	375,744.33	627,106.50
MAGNITE INC COM CUSIP: 55955D100	64,275.000	932,172.61	1,023,258.00
MAMA S CREATIONS INC CUSIP: 56146T103	43,999.000	356,964.14	350,232.04
MASCO CORP COM CUSIP: 574599106	213,607.000	8,247,986.36	15,501,459.99
MASTERCARD INC CL A SEDOL: B121557	26,684.000	9,803,555.92	14,050,993.88

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
MAXCYTE INC COM CUSIP: 57777K106	69,231.000	333,321.30	288,000.96
MERCADOLIBRE INC COM STK SEDOL: B23X1H3	1,311.000	2,135,221.74	2,229,276.84
META PLATFORMS INC COM USD0.000006 CL 'A' SEDOL: B7TL820	36,182.000	8,020,816.89	21,184,922.82
MICROCHIP TECHNOLOGY INC COM CUSIP: 595017104	137,271.000	8,458,942.91	7,872,491.85
MICRON TECH INC COM CUSIP: 595112103	92,713.000	5,398,527.16	7,802,726.08
MICROSOFT CORP COM SEDOL: 2588173	111,629.000	19,410,869.76	47,051,623.50
MIRUM PHARMACEUTICALS INC COM CUSIP: 604749101	8,756.000	208,639.47	362,060.60
MITEK SYS INC COM NEW COM NEW CUSIP: 606710200	31,669.000	419,183.89	352,475.97
MODINE MFG CO COM STK CUSIP: 607828100	3,059.000	186,490.30	354,629.87
MONEYLION INC CL A CUSIP: 60938K304	8,200.000	522,799.69	705,282.00
MONTROSE ENVIRONMENTAL GROUP INC COM CUSIP: 615111101	14,215.000	431,245.81	263,688.25
MP MATERIALS CORP COM USD0.0001 CL A CUSIP: 553368101	17,308.000	342,009.40	270,004.80
NATERA INC COM SEDOL: BYQRG48	7,754.000	980,109.92	1,227,458.20
NETFLIX INC COM STK SEDOL: 2857817	7,622.000	2,346,803.56	6,793,641.04
NORTHERN OIL & GAS INC COM NEW CUSIP: 665531307	14,813.000	435,982.11	550,451.08
NOVOCURE LTD COM USD0.00 CUSIP: G6674U108	20,728.000	416,397.10	617,694.40
NPK INTERNATIONAL INC CUSIP: 651718504	52,230.000	430,997.17	400,604.10
NVENT ELECTRIC PLC COM USD0.01 WI CUSIP: G6700G107	16,968.000	364,031.20	1,156,538.88

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

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
NVIDIA CORP COM SEDOL: 2379504	285,029.000	9,078,993.88	38,276,544.41
O REILLY AUTOMOTIVE INC NEW COM USD0.01 CUSIP: 67103H107	7,702.000	7,420,103.26	9,133,031.60
ONEMAIN HLDGS INC COM CUSIP: 68268W103	22,870.000	1,135,342.36	1,192,213.10
PAGERDUTY INC COM CUSIP: 69553P100	11,711.000	251,380.49	213,842.86
PDF SOLUTIONS INC COM CUSIP: 693282105	18,360.000	658,681.85	497,188.80
PENGUIN SOLUTIONS INC CUSIP: G8232Y101	25,147.000	439,586.79	482,570.93
PENUMBRA INC COM SEDOL: BZ0V201	25.000	6,450.08	5,937.00
PHREESIA INC COM CUSIP: 71944F106	23,685.000	689,089.84	595,914.60
PINNACLE FINL PARTNERS INC COM CUSIP: 72346Q104	5,660.000	345,612.96	647,447.40
PLEXUS CORP COM CUSIP: 729132100	10,100.000	782,934.00	1,580,448.00
POTBELLY CORP COM CUSIP: 73754Y100	30,695.000	395,699.77	289,146.90
PRIMERICA INC COM CUSIP: 74164M108	5,421.000	733,352.77	1,471,367.82
PRIMORIS SVCS CORP COM CUSIP: 74164F103	4,949.000	335,092.97	378,103.60
PROGRESSIVE CORP OH COM CUSIP: 743315103	57,733.000	5,338,733.29	13,833,404.13
PROTAGONIST THERAPEUTICS INC COM CUSIP: 74366E102	5,405.000	114,790.38	208,633.00
QUEST DIAGNOSTICS INC COM CUSIP: 74834L100	84,071.000	11,390,858.37	12,682,951.06
QUINSTREET INC COM STK CUSIP: 74874Q100	13,581.000	176,603.40	313,313.67
REMITLY GLOBAL INC COM CUSIP: 75960P104	14,953.000	313,569.87	337,489.21

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◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
REVOLVE GROUP INC CL A CL A CUSIP: 76156B107	20,717.000	611,073.03	693,812.33
ROBERT HALF INC COM USD0.001 CUSIP: 770323103	23,680.000	1,520,037.83	1,668,492.80
ROSS STORES INC COM SEDOL: 2746711	23,319.000	2,312,122.93	3,527,465.13
RXSIGHT INC COM CUSIP: 78349D107	5,281.000	273,128.06	181,560.78
SCHLUMBERGER LTD COM COM SEDOL: 2779201	162,920.000	8,730,903.48	6,246,352.80
SCHWAB CHARLES CORP COM NEW SEDOL: 2779397	339,434.000	17,629,037.86	25,121,510.34
SEMRUSH HLDGS INC CL A COM CL A COM CUSIP: 81686C104	51,113.000	685,450.84	607,222.44
SERVICENOW INC COM USD0.001 SEDOL: B80NXX8	7,026.000	1,773,758.77	7,448,403.12
SI-BONE INC COM CUSIP: 825704109	30,628.000	495,589.47	429,404.56
SIMPSON MFG INC COM CUSIP: 829073105	10,103.000	1,066,248.82	1,675,380.49
SIMULATIONS PLUS INC COM CUSIP: 829214105	10,233.000	440,768.32	285,398.37
SITIME CORP COM CUSIP: 82982T106	1,804.000	223,550.05	387,012.12
SKECHERS U S A INC CL A CL A ISIN #US8305661055 CUSIP: 830566105	26,701.000	1,153,306.48	1,795,375.24
SPROUT SOCIAL INC COM CL A COM CL A CUSIP: 85209W109	12,323.000	521,609.03	378,439.33
STERLING INFRASTRUCTURE INC COM STK USD0.01 CUSIP: 859241101	3,851.000	491,268.25	648,700.95
STIFEL FINL CORP COM CUSIP: 860630102	8,662.000	469,969.39	918,864.96
STRYKER CORP SEDOL: 2853688	15,308.000	3,312,761.26	5,511,645.40
SWEETGREEN INC CL A CL A CUSIP: 87043Q108	13,492.000	496,634.72	432,553.52

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

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
SYSKO CORP COM CUSIP: 871829107	166,902.000	12,065,613.45	12,761,326.92
TANDEM DIABETES CARE INC COM NEW COM USD0.001(POST REV SPLT) CUSIP: 875372203	20,973.000	968,944.66	755,447.46
TECNOGLASS INC COMMON STOCK CUSIP: G87264100	3,421.000	289,335.42	271,353.72
THE CIGNA GROUP SEDOL: BHJ0775	18,707.000	3,550,445.37	5,165,750.98
TIMKEN CO COM CUSIP: 887389104	12,563.000	916,404.48	896,621.31
TJX COS INC COM NEW CUSIP: 872540109	45,771.000	2,181,520.02	5,529,594.51
TRADEWEB MKTS INC CL A CL A SEDOL: BJXMVK2	13,007.000	953,652.92	1,702,876.44
TRANSCAT INC COM CUSIP: 893529107	4,028.000	395,285.20	425,920.72
TRIMAS CORP COM NEW COM NEW CUSIP: 896215209	26,495.000	672,660.65	651,512.05
TWIST BIOSCIENCE CORP COM CUSIP: 90184D100	10,856.000	290,583.97	504,478.32
UDEMY INC COM CUSIP: 902685106	46,935.000	569,215.56	386,275.05
UNITEDHEALTH GROUP INC COM SEDOL: 2917766	46,005.000	13,437,653.48	23,272,089.30
VALVOLINE INC COM CUSIP: 92047W101	44,693.000	1,543,527.08	1,616,992.74
VEECO INSTRS INC DEL COM CUSIP: 922417100	13,822.000	354,364.25	370,429.60
VERICEL CORP COM CUSIP: 92346J108	12,372.000	489,317.91	679,346.52
VISA INC COM CL A STK SEDOL: B2PZN04	29,408.000	4,347,841.18	9,294,104.32
VSE CORP COM CUSIP: 918284100	6,977.000	543,238.39	663,512.70
WARBY PARKER INC CL A COM CL A COM CUSIP: 93403J106	31,947.000	494,082.83	773,436.87

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

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
WEAVE COMMUNICATIONS INC COM CUSIP: 94724R108	36,852.000	410,559.31	586,683.84
WERNER ENTERPRISES INC COM CUSIP: 950755108	13,784.000	521,352.43	495,121.28
WHITE MOUNTAINS INSURANCE GROUP COM STOCK CUSIP: G9618E107	500.000	550,738.01	972,530.00
XENCOR INC COM CUSIP: 98401F105	9,204.000	268,591.54	211,507.92
ZETA GLOBAL HLDGS CORP CL A CL A CUSIP: 98956A105	20,774.000	193,550.41	373,724.26
ZEVIA PBC CL A COM CL A COM CUSIP: 98955K104	85,088.000	499,882.05	356,518.72
ZIONS BANCORPORATION N A CUSIP: 989701107	25,544.000	1,007,495.16	1,385,762.00
ZYMEWORKS DEL INC COM CUSIP: 98985Y108	18,075.000	156,387.43	264,618.00
Total United States - USD		479,794,423.57	775,461,920.51
Total Corporate Stock - Common		552,599,474.99	845,742,066.63
Value of Interest in Common/Collective Trusts			
United States - USD			
MFB NT COLLECTIVE S&P 500 INDEX FUND - LENDING CUSIP: 658991294	10,100.190	198,225,029.85	229,374,274.58
MFO WELLINGTON CIT SMID CAP RESEARCH EQUITY PORTFOLIO II CUSIP: 94966P521	1,587,611.680	26,618,859.76	45,119,923.95
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	21,692,765.300	21,692,765.30	21,692,765.30
Total United States - USD		246,536,654.91	296,186,963.83
Total Value of Interest in Common/Collective Trusts		246,536,654.91	296,186,963.83

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

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Registered Investment Companies</i>			
United States - USD			
MFO RESERVE INVT FDS INC T ROWE PRICE GOVT RESERVE FD CUSIP: 76105Y109	1,951,373.140	1,951,373.14	1,951,373.14
Total United States - USD		1,951,373.14	1,951,373.14
Total Value of Interest in Registered Investment Com		1,951,373.14	1,951,373.14
<i>Other</i>			
USD - United States dollar	0.000	0.00	0.00
Total - all currencies		0.00	0.00
Total Other		0.00	0.00
<i>Payable Other</i>			
United States - USD			
EXPENSE ACCRUALS SECURITIES LENDING FEE CUSIP: 994996940	4.000	0.00	0.00
INVESTMENT MANAGEMENT EXPENSE ACCRUAL CUSIP: 994996916	0.000	0.00	0.00
Total United States - USD		0.00	0.00
Total Payable Other		0.00	0.00
Total		801,095,862.59	1,143,888,763.15

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

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.)
- B** This return/report is: a single-employer plan a DFE (specify) M
 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 BAKER HUGHES U.S. EQUITY FUND	1b Three-digit plan number (PN) ▶ 042
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) BAKER HUGHES HOLDINGS LLC US FINANCIAL BENEFITS P.O. BOX 4740 HOUSTON TX 77210-4740	1c Effective date of plan 2b Employer Identification Number (EIN) 76-0207995 2c Plan Sponsor's telephone number 713-879-2000 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	<i>Dan Webber</i>	10/13/2025	DANIEL O. WEBBER
	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	<i>Dan Webber</i>	10/13/2025	DANIEL O. WEBBER
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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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	
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)	
(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) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	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 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)

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

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
MFB NT COLLECTIVE S&P 500 INDEX FUND - L ENDING CUSIP: 658991294	3,399.260	12 Apr 24	19,593.6260			0.00	66,603,830.61	66,603,830.61	0.00
MFB NT COLLECTIVE S&P 500 INDEX FUND - L ENDING CUSIP: 658991294	2,677.890	14 Oct 24	22,562.4420			0.00	60,419,739.73	60,419,739.73	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 1,109,261,783.83

◆ **5% Report - Part B**

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 1,109,261,783.83

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
MFB NT COLLECTIVE S&P 500 INDEX FUND - L ENDING CUSIP: 658991294	Total acquisitions	126	241,495,707.73			0.00	241,495,707.73	241,495,707.73
	Total dispositions	213		235,579,393.85		0.00	197,299,217.32	235,579,393.85
MFO RESERVE INVT FDS INC T ROWE PRICE GOVT RESERVE FD CUSIP: 76105Y109	Total acquisitions	63	30,882,681.69			0.00	30,882,681.69	30,882,681.69
	Total dispositions	58		32,691,510.06		0.00	32,691,510.06	32,691,510.06
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	311	121,556,018.75			0.00	121,556,018.75	121,556,018.75
	Total dispositions	234		99,863,253.45		0.00	99,863,253.45	99,863,253.45
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	161	65,629,464.67			0.00	65,629,464.67	65,629,464.67
	Total dispositions	111		88,640,225.71		0.00	88,640,225.71	88,640,225.71

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 1,109,261,783.83

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
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THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2023-09-30 VALUE (INCLUDING ACCRUALS) OF 1,109,261,783.83