

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
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan SEAFARERS VACATION PLAN	1b Three-digit plan number (PN) ▶ 503
		1c Effective date of plan 06/01/1951
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) BOARD OF TRUSTEES SEAFARERS VACATION PLA 5201 CAPITAL GATEWAY DRIVE CAMP SPRINGS, MD 20746	2b Employer Identification Number (EIN) 13-5602047 2c Plan Sponsor's telephone number 301-899-0675 2d Business code (see instructions) 483000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	GEORGE TRICKER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	ANTHONY NACCARATO
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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 5740
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.....	6a(1) 5609 6a(2) 5782 6b 125 6c 6d 5907 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 60

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:

4Q

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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) ☐ **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 _____
- (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 SEAFARERS VACATION PLAN	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SEAFARERS VACATION PLA	D Employer Identification Number (EIN) 13-5602047	

Part I	Service Provider Information (see instructions)
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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
NGL GROUP LLC
11-2334973

(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)

SEAFARERS INTL UNION AGLIW

11-1690171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 64		3169493	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RIVERBEND TECHNOLOGIES LLC

1610 AUDUBON ST
NEW ORLEANS, LA 70118-5502

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 16		1340791	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARGARET R BOWEN

13-5602047

(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?
30 50		289486	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LESLIE E TARANTOLA

13-5602047

(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?
30 50		220796	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

URS-VRS ENTERPRISES INC.

13090 MONICA COURT
FAIRFAX, VA 22030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70 50		206036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIRST-CITIZENS BANK & TRUST CO

56-0223230

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50 65		201638	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHERICE R. ORZECOWSKI

13-5602047

(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?
30 50		178228	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WALLACE L SCHMIDT

13-5602047

(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?
30 50		177150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ELLEN A SILVER

13-5602047

(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?
30 50		163958	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN M SACCO

13-5602047

(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?
30 50		152903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HANKINS COMPUTER SERVICES, INC

5220 JOSHUA ROAD
MECHANICSBURG, PA 17050

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50 70		132025	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RAYMOND B LABELLA ESQ.

13-5602047

(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?
30 50		129652	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ASB CAPITAL MANAGEMENT LLC

80-0618452

(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 50 19 72		117545	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LEAH M COMER

13-5602047

(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?
30 50		113883	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDRA L. GUY

13-5602047

(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?
30 50		110267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRISTY L CLEMENTS

13-5602047

(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?
30 50		105094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CATHERINE S. FENWICK

13-5602047

(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?
30 50		99251	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEAVER AND TIDWELL, LLP

75-0786316

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50		98520	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONTESSA B. ANDERSON

13-5602047

(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?
30 50		97204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FREDERICK A LONG

13-5602047

(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?
30 50		96572	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES E COOK

13-5602047

(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?
30 50		96347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LISA R. WILLIAMS

13-5602047

(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?
30 50		94930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CURTIS E REEVES

13-5602047

(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?
30 50		90438	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORMA J. FERGUSON-PIKE

13-5602047

(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?
30 50		84427	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BEVERLY GORMAN WATKINS

13-5602047

(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?
30 50		84408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUIST BANK

56-1074313

(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?
65 49 50		82172	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CURTIS DIX JR

13-5602047

(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?
30 50		81919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KERRIE E. THOMPSON

13-5602047

(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?
30 50		81759	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBORAH K. KARR

13-5602047

(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?
30 50		81089	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSICA L NORRIS

13-5602047

(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?
50 30		80129	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STEPHANIE M MCNULTY

13-5602047

(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?
30 50		79204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FRANCISCO TORRES

13-5602047

(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?
30 50		77043	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRYAN J WILLIS

13-5602047

(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?
30 50		75948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BRIAN P HORTON

13-5602047

(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?
30 50		75525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIFFANY L. BLAKE

13-5602047

(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?
30 50		75291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CYNTHIA L GREEN

13-5602047

(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?
30 50		74050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JANE H LESCALLETT

13-5602047

(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?
30 50		72714	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TAMMY MARIE KILEY-BRAZEROL

13-5602047

(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?
30 50		72442	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SARAH BRACKETT JOHNSON

13-5602047

(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?
30 50		70192	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CONSTANCE D YOUNG

13-5602047

(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?
30 50		68801	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGNES D. WOODLAND

13-5602047

(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?
30 50		68671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN M. BROW

13-5602047

(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?
30 50		67608	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REBECCA D. HOWE

13-5602047

(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?
30 50		67078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUAN CARLOS SANDE

13-5602047

(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?
30 50		66203	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TUSHIMA N. FRENZEN

13-5602047

(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?
30 50		65977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JANAY M JAMES

13-5602047

(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?
30 50		65665	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DALTON G. ANGELES

13-5602047

(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?
30 50		65547	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STACY M THACKER

13-5602047

(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?
30 50		65037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MINETTE S. CLARKE

13-5602047

(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?
30 50		64876	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANN M. MCNEAL

13-5602047

(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?
30 50		64789	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUSTIN A HARLEY

13-5602047

(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?
30 50		64116	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STANFORD DUBIN

13-5602047

(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?
30 50		63971	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUZANNE EILEEN HILDEBRANDT

13-5602047

(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?
30 50		63734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LARRY A BULL

13-5602047

(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?
30 50		63323	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STEPHANIE E BAKER

13-5602047

(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?
30 50		62699	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBBIE T WILLS

13-5602047

(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?
30 50		62082	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LATOYA M BOWIE

13-5602047

(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?
30 50		60898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

AMBER L. RYE

13-5602047

(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?
30 50		60742	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ETHAN F. FOX

13-5602047

(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?
30 50		59971	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MIA E. MYERS

13-5602047

(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?
30 50		59831	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SARAH E. THOMPSON

13-5602047

(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?
30 50		59044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAQUITA L. BROOKS

13-5602047

(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?
30 50		57391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JASMIN FRANCO

13-5602047

(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?
30 50		57281	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ZACHARY R. CHASE

13-5602047

(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?
30 50		56739	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOAN B. BOWMAN

13-5602047

(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?
30 50		56219	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIMBERLY A. GREENWELL

13-5602047

(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?
30 50		55431	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

APRIL TUCKER

13-5602047

(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?
30 50		55266	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ENGLA A GRAY

13-5602047

(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?
30 50		55188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JORDAN R BISCARDO

13-5602047

(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?
30 50		55188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THOMAS C WATTS

13-5602047

(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?
30 50		55188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAMELA J. EVANS

13-5602047

(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?
30 50		55188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORIA M. SACCO

13-5602047

(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?
30 50		55095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ANGELA J GRIFFIN

13-5602047

(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?
30 50		54914	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONALD E. RANKIN

13-5602047

(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?
30 50		53259	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHARON A. THOMPSON

13-5602047

(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?
30 50		52576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHRIS H. LEEMAN

13-5602047

(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?
30 50		52181	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY B. BROWNE

13-5602047

(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?
30 50		51687	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMBER L. MASON

13-5602047

(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?
30 50		51637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SHELBY F. MONTGOMERY

13-5602047

(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?
30 50		51344	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROL A. STROHMEYER

13-5602047

(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?
30 50		51140	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONNA L BRISCO

13-5602047

(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?
30 50		50533	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

REBECCA R. JOHNSON

13-5602047

(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?
30 50		50391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENELL E. GANDY

13-5602047

(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?
30 50		49904	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEGAN E. WATHEN

13-5602047

(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?
30 50		49860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

RACHEL N. CURTIS

13-5602047

(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?
30 50		49061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARK E GOLDSMITH

13-5602047

(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?
30 50		48598	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LORI M. CURRENCE

13-5602047

(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?
30 50		47261	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LAUREN R. MOXLEY

13-5602047

(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?
30 50		45934	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLHA POTAPOVA

13-5602047

(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?
30 50		45441	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRUCE A. WILKS JR.

13-5602047

(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?
30 50		44926	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SHAWN S WERFEL

13-5602047

(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?
30 50		44674	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARLETTE LOLO

13-5602047

(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?
30 50		44210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DARNISHA M. TOYE

13-5602047

(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?
30 50		43756	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MACHELLE A. TERRY-COURTNEY

13-5602047

(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?
30 50		43319	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERICA M. ESCOBAR

13-5602047

(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?
30 50		43070	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WANDA LEE LOHEED

13-5602047

(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?
30 50		43009	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MICHELLE A DEMARR

13-5602047

(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?
30 50		42831	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN G. WHITT

13-5602047

(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?
30 50		42781	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SYDNEY A. TOLBERT

13-5602047

(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?
30 50		41731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHRISTINE J. DAVIS

13-5602047

(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?
30 50		41498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRAIG L FLOYD

13-5602047

(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?
30 50		40950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATLYN L. GAGNON

13-5602047

(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?
30 50		40799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARKEISE D. BLOUNT

13-5602047

(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?
30 50		40604	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PRISCILLA M. FLETCHER

13-5602047

(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?
30 50		40204	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLEY P. VEHRIS

13-5602047

(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?
30 50		39930	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BRYANT M. BEST

13-5602047

(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?
30 50		39658	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY C. WILLS

13-5602047

(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?
30 50		39513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY E. BOGGS

13-5602047

(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?
30 50		39338	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MADISON A. DAVIS

13-5602047

(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?
30 50		38898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUDMILA LUPANCIUC

13-5602047

(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?
30 50		38790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRITTANY R. STROHMEYER

13-5602047

(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?
30 50		38767	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROCHELLE R. BLACKISTON

13-5602047

(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?
30 50		38492	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARISSA T. GILES

13-5602047

(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?
30 50		38370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OLIVIA M. HERBERT

13-5602047

(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?
30 50		38003	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JESSICA F. EVERSBERG

13-5602047

(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?
30 50		37397	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLIE A. ROWLEY

13-5602047

(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?
30 50		37072	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHANISE D. DAMES

13-5602047

(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?
30 50		36802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LEIGH A. KOCH-DEWITT

13-5602047

(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?
30 50		36332	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIRSTEN A. EVERSBERG

13-5602047

(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?
30 50		36267	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIA L. GILLARD WILLIAMS

13-5602047

(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?
30 50		36096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TYSHEENA M. BRISCOE

13-5602047

(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?
30 50		35711	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLYN N. NICHOLS

13-5602047

(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?
30 50		35372	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANNA J. BUCKLER

13-5602047

(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?
30 50		35253	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GLORIA D. RICKS

13-5602047

(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?
30 50		34167	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCKENZIE N. HUMPHREY

13-5602047

(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?
30 50		33986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EZRA A. BEIEN

13-5602047

(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?
30 50		33486	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VIRGINIA TREVETHAN

13-5602047

(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?
30 50		33374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SABRINA MARSHALL

13-5602047

(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?
30 50		33210	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUTUMN L. CLEMENTS

13-5602047

(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?
30 50		32292	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

YASHICA X. ROBINSON

13-5602047

(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?
30 50		32000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MOLLY A. COLEMAN

13-5602047

(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?
30 50		27031	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LESLY J. ALVARADO ARGUETA

13-5602047

(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?
30 50		26982	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SAMANTHA R. SHAFER

13-5602047

(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?
30 50		25000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FORTUNATO A. NACCARATO

7 LAWRENCE COURT
SYOSSET, NY 11791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	TRUSTEE	6000	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 H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	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 SEAFARERS VACATION PLAN	B Three-digit plan number (PN) ▶	503
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES SEAFARERS VACATION PLA	D Employer Identification Number (EIN) 13-5602047	

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	3876124	3724663
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5977630	7142804
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	2510258	2915828
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	7256747	8858922
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	16835591	20986546
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8777888	8600761
(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)		
(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)	637982	723184
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	7767691	6008674

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	670292	432901
f Total assets (add all amounts in lines 1a through 1e)	1f	54310203	59394283
Liabilities			
g Benefit claims payable	1g	18657202	20113409
h Operating payables	1h	1005366	1074737
i Acquisition indebtedness	1i		
j Other liabilities	1j	33228	217184
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19695796	21405330
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	34614407	37988953

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)	83923544	
(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)		83923544
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	252417	
(C) Corporate debt instruments	2b(1)(C)	776652	
(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)		1029069
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	162795	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	131388	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		294183
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	38175915	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	37142290	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1033625
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	301200	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		69628
c Other income	2c		252090
d Total income. Add all income amounts in column (b) and enter total	2d		86903339

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	74732044	
(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)		74732044
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)	115909	
(5) Investment advisory and investment management fees	2i(5)	125044	
(6) Bank or trust company trustee/custodial fees	2i(6)	42617	
(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)	8513179	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		8796749
j Total expenses. Add all expense amounts in column (b) and enter total	2j		83528793

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3374546
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **WEAVER AND TIDWELL, LLP**

(2) EIN: **75-0786316**

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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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.)	☒		
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.)	☒		
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 _____.

Seafarers Vacation Plan

Financial Report

December 31, 2024

CONTENTS

Page

Independent Auditor's Report.....	1
-----------------------------------	---

Financial Statements

Statements of Net Assets Available for Benefits and Benefit Obligations	4
Statements of Changes in Net Assets Available for Benefits and Benefit Obligations.....	5
Notes to Financial Statements	6

ERISA-Required Supplementary Information

Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year).....	14
Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions	22

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 are omitted because of the absence of the conditions under which they would apply.

Independent Auditor's Report

To the Board of Trustees
Seafarers Vacation Plan

Opinion

We have audited the financial statements of Seafarers Vacation Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, information regarding the Plan's net assets available for benefits and benefit obligation of the Plan as of December 31, 2024 and 2023, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America (US GAAP).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with US GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with US GAAS, we:

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

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

The Board of Trustees
Seafarers Vacation Plan

In our opinion, the information in the accompanying supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's for Reporting and Disclosure under ERISA.

Weaver and Tidwell, L.L.P.

WEAVER AND TIDWELL, L.L.P.

Bethesda, Maryland
October 13, 2025

Seafarers Vacation Plan

Statements of Net Assets Available for Benefits and Benefit Obligations December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments, at fair value		
U.S. government and government agencies	\$ 8,858,922	\$ 7,256,747
State and municipal obligations	6,008,674	7,767,691
Corporate obligations	20,986,546	16,835,591
Stocks	8,600,761	8,777,888
Registered investment companies	723,184	637,982
Total investments	45,178,087	41,275,899
Receivables		
Employers' contributions, net of allowance for doubtful accounts of \$316,852 in 2024 and 2023	7,142,804	5,977,630
Due from related organizations	1,372,665	1,608,233
Interest and dividends	277,657	232,538
Other	574,119	303,498
Total receivables	9,367,245	8,121,899
Cash	3,724,663	3,876,124
Property and equipment, at cost, less accumulated depreciation of \$11,720,531 at December 31, 2024 and \$11,388,048 at December 31, 2023	432,901	670,292
Prepaid expenses	691,387	365,989
Total assets	59,394,283	54,310,203
LIABILITIES		
Cash overdraft	172,347	33,228
Accounts payable and accrued expenses	538,489	613,199
Due to broker	44,837	-
Due to related organizations	536,248	392,167
Total liabilities	1,291,921	1,038,594
Net assets available for benefits	58,102,362	53,271,609
BENEFIT OBLIGATIONS		
Estimated vacation benefit obligation	18,684,077	17,331,353
Payroll taxes on vacation benefit obligation	1,429,332	1,325,849
Total benefit obligations	20,113,409	18,657,202
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS	<u>\$ 37,988,953</u>	<u>\$ 34,614,407</u>

The Notes to Financial Statements
are an integral part to these statements.

Seafarers Vacation Plan

Statements of Changes in Net Assets Available for Benefits and Benefit Obligations Years Ended December 31, 2024 and 2023

	2024	2023
ADDITIONS		
Investment income		
Net appreciation in fair value of investments	\$ 1,404,453	\$ 2,389,677
Interest and dividends	1,323,252	884,811
Other investment income	252,090	517,407
	2,979,795	3,791,895
Less investment expenses	125,044	111,450
Net investment income	2,854,751	3,680,445
Employers' contributions	83,923,544	77,494,851
Total additions	86,778,295	81,175,296
DEDUCTIONS		
Payments for benefits		
Vacation benefits	68,068,589	63,492,764
Payroll taxes on vacation benefits	5,207,248	4,857,226
Total payments for benefits	73,275,837	68,349,990
Administrative expenses	8,671,705	8,054,985
Total deductions	81,947,542	76,404,975
Net income	4,830,753	4,770,321
INCREASE (DECREASE) IN BENEFIT OBLIGATIONS ATTRIBUTED TO		
Benefits earned and related payroll taxes	74,732,044	70,616,430
Payments for benefits and related payroll taxes	(73,275,837)	(68,349,990)
Increase in benefit obligations	1,456,207	2,266,440
Increase in excess of net assets available for benefits over benefit obligations	3,374,546	2,503,881
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, beginning of year	34,614,407	32,110,526
EXCESS OF NET ASSETS AVAILABLE FOR BENEFITS OVER BENEFIT OBLIGATIONS, end of year	\$ 37,988,953	\$ 34,614,407

Seafarers Vacation Plan

Notes to Financial Statements

Note 1. Description of the Plan

The following description of the Seafarers Vacation Plan (the Plan) provides only general information. Participants should refer to the Plan regulations for a more complete description of the Plan's provisions.

General

The Plan is a multiemployer benefit plan established under the provisions of an Agreement and Declaration of Trust dated June 1, 1951, as amended, between the Seafarers International Union of North America - Atlantic, Gulf, Lakes and Inland Waters (the Union) and various employers having collective bargaining agreements with the Union. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration of the Plan is the responsibility of the Board of Trustees and is governed by a joint board consisting of equal representation from the participating employers and the Union.

Contributions and Funding

Funds to provide benefits are contributed by the signatory employers under the terms of collective bargaining agreements between the Union and the employers.

Benefits

Eligible employees are entitled to receive vacation and tour of duty benefits for work performed based on a scale of vacation allowances in accordance with their collective bargaining agreements.

Eligibility for Benefits

Deep Sea and Great Lakes

An employee must complete a minimum of 60 days of covered employment within a fifteen (15) month period with one or more employers.

Inland Division

An employee must complete a minimum of 75 days of covered employment within a fifteen (15) month period with one or more employers.

Other Employees

Employees of employers that are signatory to a collective bargaining agreement with the Union, but are not employed as seamen or boatmen, shall be eligible for benefits in accordance with a collective bargaining agreement, or in accordance with criteria that are established by the Trustees or the Administrator when such power has been delegated to the Administrator.

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared using the accrual basis of accounting.

Seafarers Vacation Plan

Notes to Financial Statements

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year. Other investment income includes interest and the Plan's gains and losses on municipal bonds bought and sold as well as held during the year.

Cash

The Plan considers all non-interest bearing deposits to be cash.

Employers' Contributions and Related Receivables

Contributions receivables are reported at their outstanding balances net of an estimated reserve for doubtful accounts and are primarily composed of balances due from employers. The Plan estimates doubtful accounts based on historical bad debts, factors related to specific employers' or ability to pay, and current economic trends and conditions. As of December 31, 2024 and 2023, the allowance for doubtful accounts was \$316,852, for each of the years. Changes in the allowance for doubtful accounts are recorded in administrative expenses in the statements of changes in net assets available for benefits.

Depreciation

Property and equipment include furniture, fixtures, and equipment. Depreciation is computed on the straight-line method over the estimated useful lives of the assets. During 2024 and 2023, depreciation expense amounted to \$332,391 and \$414,492, respectively.

Benefit Obligations

The vacation benefit obligations represent the value of those estimated future benefits that are attributed to participant service rendered through December 31st.

Payment of Benefits

Benefits are recorded when paid.

Seafarers Vacation Plan

Notes to Financial Statements

Administrative Expenses

All administrative fees are paid by the Plan. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statements of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Lease Accounting

The Plan evaluated its leases and determined that all the leases are cancelable operating leases, in which both parties have the option to terminate the lease after 30 days. Therefore, the leases are classified as short-term leases and do not require the recognition of a right of use asset and lease liability.

Management's Review of Subsequent Events

The Plan has evaluated subsequent events and transactions through October 13, 2025, the date the financial statements were available to be issued.

Note 3. Concentrations of Risk

Financial instruments that subject the Plan to concentrations of credit risk include cash and employers' contributions.

During 2024 and 2023, contributions from three and four employers comprise 65% and 60%, respectively, of the total contributions made to the Plan. As of December 31, 2024 and 2023, contributions receivable from three and three employers comprised approximately 35% and 33%, respectively, of the total contributions to be paid to the Plan.

Note 4. Cash Overdraft

In order to maximize interest income, the Plan directed its disbursing bank to maintain the operating checking account at a zero balance. Therefore, for the operating account, funds are transferred on a daily basis and, for the benefit account, funds are transferred as required. As a result of this practice, the amount of checks issued but not clearing the bank are reflected in the financial statements as a cash overdraft.

Seafarers Vacation Plan

Notes to Financial Statements

Note 5. Fair Value Measurements

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

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability; and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

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

U.S. government and government agencies: Valued at fair value as determined by quoted market prices in active markets or by using pricing models maximizing the use of observable inputs for similar securities.

State and municipal obligations: Valued using recently executed transactions, market price quotations and pricing models that factor in, where applicable, interest rates, bond or credit default swap spreads and volatility.

Corporate obligations: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments from certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Seafarers Vacation Plan

Notes to Financial Statements

Stocks: Valued using quoted market prices in active markets.

Registered investment companies: These include mutual funds and exchange - traded funds. Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open - ended and mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) by the fund at year end and are deemed to be actively traded.

The following table sets forth, by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023

	2024	2023
Level 1:		
US government	\$ 8,852,066	\$ 7,245,606
Stocks	8,600,761	8,777,888
Registered investment companies	723,184	637,982
	18,176,011	16,661,476
Level 2:		
State and municipal obligations	6,008,674	7,767,691
US government agencies	6,856	11,141
Corporate obligations	20,986,546	16,835,591
	27,002,076	24,614,423
Investments at fair value	\$ 45,178,087	\$ 41,275,899

Note 6. Pension Plans for Employees

The Plan participates in the Seafarers Officers and Employees Pension Plan (Pension Plan), a defined benefit multiemployer pension plan which covers its employees. The risks of participating in this multiemployer plan are different from single-employer plans in the following aspects:

- Assets contributed to the multiemployer plan by one employer may be used to provide benefits to employees of other participating employers.
- If a participating employer stops contributing to the Plan, the unfunded obligations of the Plan may be borne by the remaining participating employers.
- If the Plan chooses to stop participating in the Pension Plan, the Plan may be required to pay the Pension Plan an amount based on the underfunded status of the Pension Plan, referred to as a withdrawal liability.

The Plan's participation in the Pension Plan for the years ended December 31, 2024 and 2023 is outlined in the table below. The "EIN/Pension Plan Number" row provides the Employee Identification Number (EIN) and the three-digit plan number. The most recent Pension Protection Act (PPA) zone status available is for the Plan's year end at December 31, 2024 and 2023. The zone status is based on information that is certified by the Pension Plan's actuary. Among other factors, plans in the red zone are generally less than 65 percent funded, plans in the yellow zone are less than 80 percent funded, and plans in the green zone are at least 80 percent funded.

Seafarers Vacation Plan

Notes to Financial Statements

The "FIP/RP Status Pending/Implemented" row indicates plans for which a financial improvement plan (FIP) or a rehabilitation plan (RP) is either pending or has been implemented. The "Surcharge imposed" row indicates whether a surcharge was imposed by the multiemployer plan. The last row lists the expiration date of the collective-bargaining agreement to which the Plan is subject.

Pension Plan:	Seafarers Officers and Employees Pension Plan	
EIN/Pension Plan Number:	11-2401856/333	
	2024	2023
Pension Protection Act zone status	Green	Green
FIP/RP Status Pending/Implemented	No	No
Total Plan contributions	\$1,953,598	\$1,954,540
Plan contributions are more than 5% of total plan contributions	Yes	Yes
Surcharge imposed	No	No
Expiration date of collective bargaining agreement	9/30/2027	9/30/2024

Note 7. Plan on Termination

At the expiration of the Plan, the Union, and the employers still party thereto may agree as to the disposition of that portion of the Plan which is in excess of that required to pay all unpaid expenses and those benefits still due and accrued as of the date of expiration or they may simply extend the Plan. Until such agreement is reached, the provisions of the Plan, except for collection of future contributions, shall continue; all eligible employees shall retain their eligibility, the benefit scale will be frozen, and benefits will be paid out to eligible employees as they qualify until, in the judgment of the Trustees, the available plan assets are insufficient to warrant continuation. In such case, the Trustees shall turn over the remaining funds to such seamen's charity, or charities, as they shall determine.

Note 8. Risk and Uncertainties

The Plan invests in various investment securities that are exposed to various risks such as interest rate, market, and credit risks. Market values of investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults and credit rating downgrades. Market risks include global events, which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Note 9. Tax Status

The Plan obtained its latest determination letter on June 14, 1954, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, is qualified under Section 401(a) of the Internal Revenue Code (IRC) and is exempt from federal income taxation. The Plan has been amended since receiving the determination letter. However, Plan Management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

Seafarers Vacation Plan

Notes to Financial Statements

The Plan currently reports as a Trust and files an annual Form 1041, *U.S. Income Tax Return for Estates and Trusts*, with the IRS. The Plan's Trustees believe that, based upon applicable rulings of the U.S. Treasury Department, contributions to the Plan do not constitute gross income of the Plan, and that amounts paid or credited to employees may be deducted against investment income. The Plan is not required to pay federal, state, or municipal income taxes. At December 31, 2024, the Plan's Form 1041s for the years 2022 through 2024 remain eligible for examination by the IRS.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 10. Related-Party and Party-in-Interest Transactions

The Plan is related to a family of jointly administered, collectively-bargained employee benefit plans affiliated with the Union through one or more of its divisions, regions or other jurisdictions. Since these plans co-exist in the same premises, utilizing mutual resources, equipment, and personnel to effectuate cost-savings and to minimize duplication of efforts, interfund relationships have been established on a continuing basis as recommended and approved by each organization's respective Board of Trustees.

The Plan charged related entities for their share of allocated administrative expenses, aggregating \$11,418,674 in 2024 and \$10,849,413 in 2023. The Plan leases office space from the Seafarers Maryland Building Corporation (SMBC), which is a wholly owned subsidiary of the Seafarers Pension Plan. Rent expense charged by SMBC was \$1,613,326 and \$1,368,456 for the years ended December 31, 2024 and 2023, respectively, and is included in administrative expenses on the statements of changes in net assets available for benefits and benefit obligations.

The Plan participates in the Seafarers Officers and Employees Welfare Plan (Welfare Plan), which provides health and life insurance for all its employees. The Plan contributed \$2,129,153 and \$2,051,273, for the years ended December 31, 2024 and 2023, respectively, to the Welfare Plan. This expense is included in administrative expenses on the statements of changes in net assets available for benefits and benefit obligations.

The Union charged the Plan \$3,279,816 and \$3,032,702, for services rendered in the ports that are necessary for the operations of the Plan for the years ended December 31, 2024 and 2023, respectively.

Certain Plan investments are held by Comerica Bank and Trust, the custodian for the Plan. As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

Note 11. Reconciliation of Financial Statements to Form 5500

For the year ended December 31, 2024 investment expenses amounting to \$125,044 are shown as a reduction of investment income for financial statement purposes and are classified as "investment advisory and management fees" on Form 5500, Schedule H, Part II, Line 2i(5).

Seafarers Vacation Plan

Notes to Financial Statements

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

	<u>2024</u>	<u>2023</u>
Net assets available for benefits per the financial statements	\$ 58,102,362	\$ 53,271,609
Benefit obligations currently payable	<u>(20,113,409)</u>	<u>(18,657,202)</u>
Net assets available for benefits per Form 5500	<u>\$ 37,988,953</u>	<u>\$ 34,614,407</u>

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

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Benefits paid per the financial statements	\$ 73,275,837	\$ 68,349,990
Amounts currently payable at December 31, 2024 and 2023	20,113,409	18,657,202
Amounts currently payable at December 31, 2023 and 2022	<u>(18,657,202)</u>	<u>(16,390,762)</u>
Benefits paid per Form 5500	<u>\$ 74,732,044</u>	<u>\$ 70,616,430</u>

Supplementary Information

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
U.S. government and government agencies:							
Federal Home Loan Mtg Corp Group #:							
Nbr P0-0061 Gold Pool	Note	N/A	8/1/2034	4.500%	\$ 1,488	\$ 1,399	\$ 1,465
Nbr A4-3654 Gold	Note	N/A	3/1/2036	6.000%	60	61	60
Nbr A4-5600 Gold	Note	N/A	6/1/2035	5.500%	47	46	48
Nbr A6-5898 Gold	Note	N/A	9/1/2037	6.500%	244	245	251
G01931	Note	N/A	10/01/2035	5.500%	243	240	246
78-9583	Note	N/A	7/1/2032	6.250%	591	598	605
190360	Note	N/A	8/1/2035	5.000%	1,683	1,601	1,669
745169	Note	N/A	1/1/2036	4.030%	47	47	49
762526	Note	N/A	7/1/2033	7.000%	138	142	138
960393	Note	N/A	12/1/2037	6.000%	396	399	408
627119	Note	N/A	3/15/2034	5.500%	1,913	1,919	1,910
395681	Note	N/A	8/1/2027	7.000%	7	7	7
United States Treas	Bond	N/A	11/15/2027	0.000%	870,000	868,475	866,163
United States Treas	Bond	N/A	10/31/2031	4.125%	4,217,000	4,164,982	4,127,642
United States Treas	Bond	N/A	09/30/2024	3.625%	1,100,000	1,094,005	1,045,286
United States Treas	Bond	N/A	12/15/2024	4.000%	90,000	89,698	89,308
United States Treas	Bond	N/A	11/30/2024	4.125%	290,000	288,380	283,809
United States Treas	Bond	N/A	12/31/2024	4.500%	385,000	386,173	385,320
United States Treasury	Bond	N/A	08/15/2024	0.000%	781,000	776,103	738,467
United States Treasury	Bond	N/A	09/30/2024	0.000%	135,000	132,822	129,896
United States Treasury	Bond	N/A	10/31/2024	0.000%	1,200,000	1,194,938	1,186,175
Total U.S. Government and government agencies						9,002,279	8,858,922
State and municipal obligations:							
Alabama St Pub Sch & College Aut	Bond	N/A	06/01/2026	1.155%	175,000	175,000	167,578
Alaska St Hsg Fin Corp Taxable	Bond	N/A	06/01/2028	1.680%	150,000	150,000	136,316
Allen Tex Indpt Sch Dist	Bond	N/A	2/15/2027	0.000%	100,000	91,292	90,695
Allen Tex Indpt Sch Dist	Bond	N/A	2/15/2027	0.000%	135,000	123,244	122,723
Alvarado Tex Indpt Sch Dist	Bond	N/A	02/15/2028	0.000%	50,000	44,708	43,328
Arizona Brd Regents Ctfs Partn	Bond	N/A	06/01/2025	1.147%	125,000	125,000	123,285
Avon Oh Taxable Go Ltd Tax Var	Bond	N/A	12/01/2026	1.234%	65,000	65,000	61,244
Baltimore Md Rev Taxable Ref Bds	Bond	N/A	07/01/2025	0.845%	75,000	75,000	73,727
Bexar Cnty Tex Rev Taxable Ref	Bond	N/A	08/15/2027	1.573%	150,000	150,000	139,110
Brazos Tex Higher Ed Auth Inc St	Bond	N/A	04/01/2025	1.981%	45,000	45,000	44,721
Chicago Il Midway Txbi-Ref-2Nd	Bond	N/A	01/01/2027	3.747%	100,000	100,000	98,475
Colorado Hsg & Fin Auth Taxable Single	Bond	N/A	11/1/2027	5.717%	100,000	100,000	102,937
Colorado St Univ Sys Ser B	Bond	N/A	03/01/2026	2.155%	200,000	200,000	195,110
Connecticut St Taxable Go Bds	Bond	N/A	5/15/2030	4.657%	150,000	150,000	149,205
Crosby Tex Indpt Sch Dist	Bond	N/A	02/15/2026	0.000%	125,000	116,184	118,780
Curators Univ Mo Sys Facs Rev	Bond	N/A	11/01/2027	2.012%	50,000	50,000	46,705
Dallas Tex Wtrwks & Swr Sys Rev	Bond	N/A	10/01/2028	1.680%	100,000	100,000	90,403
District Columbia Income Tax Rev	Bond	N/A	5/1/2030	5.071%	125,000	125,000	126,988
Eagle Mtn & Saginaw Tex Indpt Sc	Bond	N/A	08/15/2028	5.000%	50,000	62,930	50,973
East Baton Rouge La Sew Commn Re	Bond	N/A	02/01/2026	1.247%	125,000	125,000	120,920
Franklin Cnty Wash Ref Taxable	Bond	N/A	01/01/2025	0.980%	75,000	75,000	75,000
Golder Ranch Fire Dist Ariz Ctfs	Bond	N/A	07/01/2025	1.096%	160,000	160,000	157,381
Greenville Cnty S C Hospitality	Bond	N/A	04/01/2025	1.100%	80,000	80,000	79,328
Hamilton Ohio City Sch Dist	Bond	N/A	12/01/2025	0.000%	100,000	93,492	96,048
Hartford Cnty Conn Met Dist Clea	Bond	N/A	04/01/2026	1.151%	50,000	50,000	48,141
Hays County Tx Taxable Ltd Tax	Bond	N/A	02/15/2025	0.772%	70,000	70,000	69,705
Illinois Hsg Dev Auth Rev Taxable Bds	Bond	N/A	4/1/2028	5.869%	100,000	100,000	103,525
Iowa Fin Auth Single Family Mtg Rev	Bond	N/A	1/1/2028	4.474%	175,000	175,000	174,330

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Current value
	State and municipal obligations - continued:						
	Kentucky Higher Ed Student Ln Corp	Bond	N/A	6/1/2028	5.321%	100,000	100,513
	Kingman Ariz Excise Tax Rev	Bond	N/A	07/15/2025	0.946%	180,000	176,593
	La Habra Calif Pension Oblig	Bond	N/A	08/01/2026	1.891%	150,000	144,186
	Lancaster Cnty Pa Convention Ctr	Bond	N/A	05/01/2027	4.780%	150,000	150,213
	Laredo Tex Wtrwks Swr Sys Rev	Bond	N/A	03/01/2028	1.729%	80,000	73,206
	Los Angeles Calif Dept Arpts Cus	Bond	N/A	05/15/2029	3.158%	50,000	46,881
	Louisville Jefferson Cnty Ky Met	Bond	N/A	05/15/2026	3.427%	100,000	98,639
	Maine Health & Higher Edl Facs A	Bond	N/A	07/01/2025	1.054%	200,000	196,702
	Miami-Dade Cnty Fl Taxable Ref	Bond	N/A	08/01/2025	1.586%	25,000	24,539
	Miamisburg Oh City Sch Dist	Bond	N/A	12/01/2028	0.000%	50,000	41,497
	Michigan St Hsg Dev Auth Single	Bond	N/A	06/01/2025	0.958%	150,000	147,909
	Minnesota St Hsg Fin Agy Taxable	Bond	N/A	07/01/2027	5.094%	215,000	217,589
	Montgomery Cnty Md Hsg Opptys Co	Bond	N/A	01/01/2028	2.170%	150,000	139,656
	Nevada Hsg Div Single Family Mtg Rev	Bond	N/A	10/1/2026	4.975%	80,000	80,664
	New York N Y Txbl-Ser B-2 B-2	Bond	N/A	10/01/2025	1.890%	125,000	122,769
	New York St Dorm Auth St Pers In	Bond	N/A	03/15/2029	1.952%	100,000	89,966
	North Hudson Sew Auth N J Gross	Bond	N/A	11/22/2019	2.591%	5,000	4,963
	North Hudson Sew Auth N J Gross	Bond	N/A	11/22/2019	2.591%	65,000	64,432
	Ohio St Hsg Fin Agy Residential Mtg	Bond	N/A	9/1/2026	5.108%	85,000	85,866
	Paramount Calif Pension Oblig	Bond	N/A	06/01/2025	1.352%	50,000	49,351
	Pittsburgh Pa Pub Pkg Auth Pkg	Bond	N/A	12/01/2028	2.230%	150,000	136,420
	Sales Tax Securitization Corp II	Bond	N/A	01/01/2031	2.857%	30,000	26,705
	Seguin Tx Indpt Sch Dist Taxable	Bond	N/A	08/15/2028	0.000%	50,000	42,527
	Southwestern Cmnty College Dist	Bond	N/A	08/01/2025	1.120%	125,000	122,750
	Tobacco Settlement Auth Ia	Bond	N/A	06/01/2025	1.382%	225,000	221,978
	University Okla Revs Taxable Gen	Bond	N/A	07/01/2026	1.417%	100,000	95,839
	Virginia St Hsg Dev Auth	Bond	N/A	11/25/2039	3.125%	28,198	25,882
	Virginia St Hsg Dev Auth Comwlth	Bond	N/A	12/11/2014	3.500%	18,640	17,334
	Virginia St Hsg Dev Auth Comwlth Mtg	Bond	N/A	11/21/2024	4.442%	50,000	49,923
	Virginia St Hsg Dev Auth Comwlth Mtg Tax	Bond	N/A	11/25/2039	5.238%	50,000	50,742
	Washington St Univ Taxable Gen	Bond	N/A	10/01/2026	1.689%	100,000	95,365
	Wellman-Union Tex Cons Indpt Sch	Bond	N/A	08/15/2026	0.000%	70,000	64,915
	Wyandotte Cnty Kans City Kans Un	Bond	N/A	09/01/2026	1.562%	100,000	95,535
	Total state and municipal obligations					8,121,506	6,008,674
	Corporate obligations:						
	Aercap Ireland Capital Limited Sr Nt	Foreign Note	N/A	N/A	N/A	150,000	142,811
	Astrazeneca Plc	Foreign Bond	N/A	8/6/2030	1.375%	85,000	70,805
	Canadian Pacific Railway	Foreign Bond	N/A	12/2/2026	1.750%	75,000	71,021
	Enbridge Inc	Foreign Bond	N/A	3/8/2033	5.700%	75,000	75,779
	Johnson Ctls Intl Plc	Foreign Note	N/A	N/A	N/A	75,000	76,331
	Schlumberger Invt	Foreign Bond	N/A	6/26/2030	2.650%	75,000	66,838
	Toronto Dominion Bank	Foreign Bond	N/A	3/6/2026	1.250%	175,000	166,647
	American Airfs	Asset Backed Securities	N/A	8/15/2030	0.000%	41,519	39,514
	Ba Cr Card	Asset Backed Securities	N/A	5/15/2029	4.930%	125,000	126,208
	Carmax Auto Owner Trust	Asset backed securities	N/A	06/15/26	0.550%	10,116	10,040
	Nissan Auto Receivables Owner Tr	Asset backed securities	N/A	11/15/2027	4.920%	150,000	151,019
	Toyota Auto Rec Tr	Asset Backed Securities	N/A	6/15/2029	4.470%	100,000	99,706
	United Airlines Inc Sr	Asset Backed Securities	N/A	7/15/2037	5.800%	97,766	99,700
	World Omni Auto Rec	Asset Backed Securities	N/A	12/17/2029	4.430%	100,000	99,980
	Bank 2021-Bnk35	Collateralized oblig.	N/A	8/15/2031	0.596%	34,671	33,514
	Bank 2021-Bnk36	Collateralized oblig.	N/A	09/15/2064	0.801%	37,114	36,111
	Benchmark Mortgage Trust	Collateralized oblig.	N/A	10/10/2051	4.203%	46,638	45,735

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

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		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Current value
	Corporate obligations - continued:						
	Government Natl Mtg Assn Gtd Mul	Collateralized oblig.	N/A	8/16/2052	2.100%	1,919	1,885
	Abbott Labs	Bond	N/A	1/30/2028	1.150%	50,000	49,685
	Abbvie Inc Sr Nt Callable	Bond	N/A	03/15/2027	4.800%	110,000	109,845
	Aep Tex Inc	Bond	N/A	05/15/2032	4.700%	100,000	99,716
	Agilent Technologies	Bond	N/A	09/06/2034	4.750%	125,000	124,548
	Agree Lp	Bond	N/A	06/15/2028	2.000%	100,000	99,265
	Air Products & Chemical Inc	Bond	N/A	05/15/2030	2.050%	65,000	64,912
	Alexandria Real Estate	Bond	N/A	12/15/2029	2.750%	125,000	124,803
	Ally Finl Inc	Bond	N/A	11/15/2027	7.100%	100,000	98,998
	Altria Group Inc	Bond	N/A	05/06/2030	3.400%	75,000	76,394
	Altria Group Inc	Bond	N/A	02/14/2026	4.400%	32,000	31,933
	Amazon Com Inc	Bond	N/A	06/03/2027	1.200%	75,000	74,975
	Ameren Corp	Bond	N/A	03/15/2028	1.750%	75,000	75,063
	Ameren Corp Sr Nt	Bond	N/A	01/15/2029	5.000%	75,000	74,831
	American Elec Pwr Inc	Bond	N/A	01/15/2029	5.200%	50,000	49,921
	American Express Co	Bond	N/A	11/04/2026	1.650%	100,000	99,842
	American Tower Reit	Bond	N/A	09/15/2025	1.300%	50,000	49,860
	American Tower Reit	Bond	N/A	03/15/2033	5.650%	100,000	99,544
	Amphenol Corp Sr	Bond	N/A	04/05/2027	5.050%	100,000	100,497
	Aon Corporation / Aon Global Hol	Bond	N/A	05/28/2027	2.850%	100,000	99,944
	Aon North America Inc.	Bond	N/A	3/1/2027	5.125%	50,000	49,903
	Apple Inc Sr Nt	Bond	N/A	05/10/2030	4.150%	50,000	49,865
	Applied Matls Inc	Bond	N/A	06/01/2030	1.750%	50,000	49,809
	Astrazeneca Finance Llc	Bond	N/A	03/03/2030	4.900%	100,000	99,590
	At&T Inc	Bond	N/A	02/01/2028	1.650%	150,000	144,954
	Atmos Energy Corp	Bond	N/A	06/15/2027	3.000%	75,000	74,794
	Autozone Inc	Bond	N/A	07/15/2029	5.100%	75,000	74,918
	Avalonbay Cmnty Inc Medium	Bond	N/A	11/15/2025	3.500%	20,000	19,935
	Avalonbay Communities	Bond	N/A	12/01/2028	1.900%	100,000	99,869
	Baker Hughes Holdings Llc / Bake	Bond	N/A	12/15/2026	2.061%	100,000	100,000
	Baltimore Gas & Electric	Bond	N/A	06/15/2031	2.250%	115,000	114,795
	Bank New York Mellon Corp Medium	Bond	N/A	01/28/2026	0.750%	50,000	49,893
	Bank New York Mellon Corp Medium	Bond	N/A	04/24/2025	1.600%	50,000	49,981
	Bat Capital Corp. Sr	Bond	N/A	02/20/2031	5.834%	150,000	150,000
	Becton Dickinson & Co	Bond	N/A	06/07/2029	5.081%	75,000	75,000
	Best Buy Inc	Bond	N/A	10/01/2028	4.450%	150,000	173,681
	Bk Of America Corp Fr	Bond	N/A	6/14/2029	2.087%	100,000	100,000
	Bk Of America Corp Fr	Bond	N/A	04/27/2033	4.571%	100,000	100,000
	Bk Of America Corp Fr	Bond	N/A	11/10/2022	6.204%	50,000	50,000
	Boston Properties Inc	Bond	N/A	12/01/2027	6.750%	100,000	99,941
	Bp Cap Mkts Amer Inc	Bond	N/A	04/10/2029	4.699%	150,000	149,970
	Broadcom Inc	Bond	N/A	07/12/2027	5.050%	50,000	49,935
	Broadcom Inc Sr Nt	Bond	N/A	02/15/2032	4.550%	50,000	49,870
	Cadence Design System	Bond	N/A	09/10/2029	4.300%	150,000	149,787
	Camden Ppty Tr	Bond	N/A	05/15/2030	2.800%	80,000	79,943
	Camden Ppty Tr	Bond	N/A	11/03/2026	5.850%	40,000	39,999
	Campbell Soup Co	Bond	N/A	03/23/2035	4.750%	125,000	124,533
	Capital One Finl Corp Gbl Flt	Bond	N/A	11/2/2027	1.878%	50,000	50,000
	Capital One Finl Corp Gbl Flt	Bond	N/A	5/10/2028	4.927%	50,000	50,000
	Capital One Finl Corp Gbl Flt	Bond	N/A	7/28/2026	3.750%	50,000	49,823
	Capital One Finl Var	Bond	N/A	06/08/2034	6.377%	75,000	75,000
	Cardinal Health Inc	Bond	N/A	11/22/2024	5.000%	160,000	159,946
	Caterpillar Finl	Bond	N/A	10/15/2027	4.400%	100,000	99,950
	Caterpillar Finl	Bond	N/A	02/27/2029	4.850%	75,000	74,898

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

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		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
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	Corporate obligations - continued:						
	Caterpillar Finl	Bond	N/A	05/14/2027	5.000%	100,000	101,018
	Charter Comm Opt Llc/Cap	Bond	N/A	7/23/2025	4.908%	21,000	20,975
	Chubb Inc	Bond	N/A	08/15/2029	4.650%	75,000	74,733
	Cisco Sys Inc	Bond	N/A	02/26/2034	5.050%	65,000	64,765
	Citigroup Inc	Bond	N/A	6/9/2027	1.462%	75,000	71,411
	Citigroup Inc	Bond	N/A	6/3/2031	2.572%	50,000	43,578
	Cna Finl Corp	Bond	N/A	06/15/2033	5.500%	100,000	100,887
	Coca Cola Co	Bond	N/A	06/01/2027	1.450%	85,000	79,356
	Coca Cola Co	Bond	N/A	03/05/2028	1.500%	100,000	91,048
	Coca Cola Cons Inc	Bond	N/A	06/01/2029	5.250%	75,000	76,045
	Comcast Corp	Bond	N/A	01/15/2027	2.350%	65,000	62,139
	ConocoPhillips Sr Nt	Bond	N/A	09/15/2033	5.050%	100,000	98,668
	Conservation Fund / Sustainable	Bond	N/A	12/15/2029	3.474%	60,000	55,126
	Consolidated Edison Co	Bond	N/A	12/01/2026	2.900%	75,000	72,479
	Constellation	Bond	N/A	05/09/2027	4.350%	100,000	98,998
	Consumers Energy	Bond	N/A	01/15/2030	4.700%	150,000	148,956
	Corporate Office Pptys L P	Bond	N/A	01/15/2029	2.000%	175,000	153,965
	Cubesmart L P	Bond	N/A	02/15/2031	2.000%	45,000	37,342
	Cvs/Caremark Corp	Bond	N/A	08/21/2027	1.300%	100,000	90,610
	Cvs/Caremark Corp	Bond	N/A	08/21/2030	1.750%	50,000	40,701
	Devon Energy Corp	Bond	N/A	09/15/2034	5.200%	60,000	56,956
	Diamondback Energy	Bond	N/A	01/30/2030	5.150%	100,000	100,213
	Discover Finl Svcs	Bond	N/A	11/29/2032	6.700%	75,000	79,934
	Discover Finl Svcs Sr Nt	Bond	N/A	11/02/2034	VAR	25,000	28,572
	Dollar Gen Corp New	Bond	N/A	04/03/2030	3.500%	25,000	22,942
	Dominion Energy Inc Perp Gbl -C	Bond	N/A	08/15/2026	2.850%	50,000	49,983
	Dte Energy Co	Bond	N/A	12/01/2026	4.850%	75,000	75,586
	Dte Energy Co	Bond	N/A	10/01/2026	2.850%	60,000	58,128
	Dte Energy Co Sr	Bond	N/A	03/01/2029	5.100%	100,000	100,231
	Duke Energy Corp	Bond	N/A	06/01/2030	2.450%	125,000	109,565
	Duke Energy Ohio Inc	Bond	N/A	6/1/2030	2.125%	100,000	86,487
	Eastman Chemical	Bond	N/A	6/1/2030	5.000%	75,000	74,764
	Elevance Health Inc	Bond	N/A	05/15/2030	2.250%	50,000	43,437
	Energy Transfer Partners L P	Bond	N/A	04/15/2027	4.200%	30,000	29,600
	Energy Transfer Partners L P	Bond	N/A	01/15/2026	4.750%	50,000	49,930
	Energy Transfer, L.P.	Bond	N/A	02/15/2028	5.550%	80,000	81,214
	Enterprise Prods Oper	Bond	N/A	01/11/2027	4.600%	125,000	125,031
	Enterprise Prods Oper	Bond	N/A	09/15/2034	4.650%	100,000	94,827
	Erp Oper Ltd Partnership	Bond	N/A	07/01/2029	3.000%	60,000	55,372
	Erp Oper Ltd Partnership	Bond	N/A	08/01/2027	3.250%	50,000	48,153
	Essex Portfolio L P	Bond	N/A	03/01/2028	1.700%	75,000	67,814
	Evergny Inc	Bond	N/A	09/15/2029	2.900%	100,000	90,988
	Eversource Energy	Bond	N/A	03/01/2027	2.900%	100,000	95,988
	Eversource Energy	Bond	N/A	07/01/2027	4.600%	75,000	74,483
	Extra Space Storage Lp	Bond	N/A	04/01/2029	3.900%	100,000	95,602
	Extra Space Storage Lp	Bond	N/A	10/15/2030	2.200%	80,000	68,068
	F N B Corp Pa	Bond	N/A	08/25/2025	5.150%	50,000	49,894
	Federal Rlty Invst Tr	Bond	N/A	02/15/2026	1.250%	100,000	95,995
	Fifth Third Bancorp	Bond	N/A	11/1/2027	1.707%	100,000	94,419
	Fifth Third Bancorp	Bond	N/A	07/28/2030	4.772%	50,000	48,987
	First Md Cap I	Bond	N/A	1/15/2027	5.830%	125,000	121,765
	Fiserv Inc Sr	Bond	N/A	03/15/2031	5.350%	70,000	71,155
	Gatx Corp	Bond	N/A	06/30/2030	4.000%	65,000	61,532
	GE Healthcare	Bond	N/A	08/14/2029	4.800%	110,000	108,972

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

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December 31, 2024

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	Corporate obligations - continued:							
	General Mills Inc Sr	Bond	N/A	11/21/2024	5.250%	125,000	124,355	123,246
	General Motors Co	Bond	N/A	10/01/2027	6.800%	80,000	80,054	83,551
	General Mtrs Finl Co Inc	Bond	N/A	02/26/2027	2.350%	25,000	24,976	23,689
	General Mtrs Finl Co Inc	Bond	N/A	04/10/2028	2.400%	150,000	149,837	137,817
	Georgia Power Co Sr	Bond	N/A	02/23/2027	5.004%	75,000	75,000	75,577
	Goldman Sachs Group Inc	Bond	N/A	12/9/2026	1.093%	75,000	75,000	72,400
	Goldman Sachs Group Inc	Bond	N/A	06/15/2027	4.387%	100,000	100,000	99,404
	HCA Inc Sr Nt	Bond	N/A	04/01/2031	5.450%	150,000	149,768	149,699
	Hewlett Packard	Bond	N/A	10/15/2034	5.000%	100,000	99,078	96,117
	Honeywell Int	Bond	N/A	07/30/2027	4.650%	75,000	74,998	75,273
	Hp Inc	Bond	N/A	04/15/2029	4.000%	75,000	74,825	71,897
	Hubbell Inc	Bond	N/A	03/01/2026	3.350%	110,000	116,883	108,203
	Humana Inc	Bond	N/A	02/03/2027	1.350%	50,000	49,953	46,486
	Humana Inc Sr Gbl Nt	Bond	N/A	12/01/2028	5.750%	50,000	49,915	50,922
	Huntington Bancshares Inc	Bond	N/A	08/21/2029	VAR	50,000	50,000	51,620
	Huntington Var	Bond	N/A	01/15/2031	VAR	50,000	50,000	50,040
	Ingersoll Rand Inc.	Bond	N/A	06/15/2031	5.314%	100,000	99,992	101,106
	Interpublic Group	Bond	N/A	06/15/2033	5.375%	85,000	83,938	84,256
	Intuit Inc	Bond	N/A	07/15/2027	1.350%	125,000	124,883	115,319
	Johnson & Johnson Sr Nt	Bond	N/A	06/01/2031	4.900%	125,000	124,888	125,789
	Jpmorgan Chase & Co	Bond	N/A	4/22/2028	0.000%	50,000	50,000	50,850
	Jpmorgan Chase & Co	Bond	N/A	11/19/2020	1.045%	100,000	100,000	96,795
	Jpmorgan Chase & Co	Bond	N/A	04/22/2027	1.578%	100,000	100,000	96,023
	Jpmorgan Chase & Co	Bond	N/A	01/29/2027	3.960%	50,000	50,000	49,612
	Jpmorgan Chase & Co Sr Var	Bond	N/A	10/22/2030	VAR	100,000	100,000	98,097
	Keurig Dr Pepper Inc	Bond	N/A	04/15/2029	3.950%	50,000	49,907	47,959
	Keycorp	Bond	N/A	05/23/2025	3.878%	100,000	100,000	100,089
	Kimco	Bond	N/A	03/01/2028	1.900%	60,000	59,732	54,809
	Kimco Rlty Op LLC	Bond	N/A	03/01/2035	4.850%	150,000	149,723	142,853
	Kinder Morgan Inc Del	Bond	N/A	02/01/2033	4.800%	100,000	99,943	95,025
	Legg Mason Inc	Bond	N/A	03/15/2026	4.750%	150,000	173,244	149,982
	Lilly Eli & Co	Bond	N/A	02/27/2033	4.700%	75,000	74,840	73,508
	Lockheed Martin	Bond	N/A	06/15/2030	1.850%	50,000	49,890	42,857
	Lockheed Martin	Bond	N/A	11/15/2027	5.100%	60,000	59,900	60,923
	Lowes Companies Inc	Bond	N/A	04/01/2027	3.350%	100,000	99,926	97,126
	Marsh	Bond	N/A	03/15/2030	4.650%	100,000	99,785	98,765
	Mastercard Incorporated	Bond	N/A	11/15/2025	4.350%	150,000	149,820	144,965
	Mc Cormick & Co	Bond	N/A	1/30/2026	3.250%	45,000	44,668	44,341
	Mcdonalds Corp	Bond	N/A	12/3/2025	3.700%	75,000	74,757	74,419
	Mckesson Corp	Bond	N/A	12/10/2028	0.900%	75,000	74,971	72,508
	Merck & Co Inc	Bond	N/A	08/15/2031	1.900%	150,000	149,736	135,338
	Meta Platforms Inc	Bond	N/A	09/15/2033	4.550%	100,000	99,952	98,396
	Micron Technology Inc	Bond	N/A	3/1/2035	5.875%	35,000	34,827	35,898
	Mid-America Apts Lt Sr Nt	Bond	N/A	12/10/2026	4.950%	100,000	99,170	96,364
	Morgan Stanley	Bond	N/A	05/04/2027	0.985%	75,000	75,000	72,326
	Morgan Stanley	Bond	N/A	7/22/2028	1.593%	100,000	100,000	95,853
	Morgan Stanley	Bond	N/A	04/18/2030	3.591%	50,000	50,000	48,215
	Morgan Stanley Fr Var	Bond	N/A	11/01/2029	VAR	50,000	50,000	50,898
	Morgan Stanley Sr Nt Var	Bond	N/A	03/01/2026	VAR	60,000	60,000	62,671
	Mplx Lp	Bond	N/A	06/01/2034	1.750%	60,000	59,871	57,929
	Mplx Lp Sr Nt	Bond	N/A	11/13/2026	5.500%	75,000	74,084	73,918
	National Rural Utils	Bond	N/A	06/15/2025	5.600%	75,000	74,974	76,238
	National Rural Utils Coop Fin Vr	Bond	N/A	2/7/2029	3.450%	25,000	24,993	24,857
	National Rural Utils Coop Fin Vr	Bond	N/A	2/7/2031	4.850%	50,000	49,985	50,026

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
Corporate obligations - continued:							
National Rural Utils Coop Fin Vr	Bond	N/A	01/15/2027	5.000%	50,000	49,869	50,263
Nextera Energy Cap Hldgs Inc	Bond	N/A	06/01/2030	1.875%	50,000	49,966	47,245
Nextera Energy Cap Hldgs Inc	Bond	N/A	05/01/2027	2.250%	40,000	39,985	34,584
Nextera Energy Cap Hldgs Inc	Bond	N/A	06/15/2028	3.550%	85,000	84,759	82,834
Nextera Energy Cap Hldgs Inc Pp	Bond	N/A	08/15/2025	1.900%	75,000	74,956	67,895
Nisource Inc	Bond	N/A	03/30/2028	0.950%	50,000	49,876	48,768
Nisource Inc	Bond	N/A	03/30/2028	0.950%	50,000	50,140	50,433
Nnn Reit Inc Sr Nt	Bond	N/A	06/15/2034	5.500%	80,000	79,014	79,670
Northern Trust Corp	Bond	N/A	05/01/2030	1.950%	80,000	79,697	69,076
Northrop Grumman Corp Sr	Bond	N/A	02/01/2029	4.600%	100,000	99,903	99,176
Nvidia Corp	Bond	N/A	06/15/2028	1.550%	150,000	149,525	136,212
O Reilly Automotive Inc New	Bond	N/A	06/15/2032	4.700%	50,000	49,842	48,302
Occidental Pete Corp	Bond	N/A	08/01/2029	5.200%	100,000	99,964	99,215
O Reilly Automotive	Bond	N/A	11/20/2026	5.750%	100,000	99,954	101,730
Otis	Bond	N/A	11/19/2031	5.125%	125,000	124,993	125,053
Paccar Financial Corp Fr	Bond	N/A	11/09/2026	5.200%	100,000	99,923	101,367
Pacificorp 1st Mtg	Bond	N/A	02/15/2031	5.300%	50,000	49,914	50,440
Philip Morris Intl Inc	Bond	N/A	02/15/2030	5.125%	50,000	50,283	50,264
Philip Morris Intl Inc	Bond	N/A	11/17/2027	5.125%	100,000	99,513	101,203
Philip Morris Intl Inc	Bond	N/A	02/13/2031	5.125%	50,000	49,279	50,004
Philip Morris Intl Inc	Bond	N/A	09/07/2028	5.250%	50,000	49,596	50,717
Plains All Amern Pipeline L P /	Bond	N/A	12/15/2029	3.550%	110,000	109,781	102,312
Pnc Finl Svcs Group Inc	Bond	N/A	1/21/2028	5.300%	50,000	50,000	50,429
Pnc Finl Svcs Group Inc	Bond	N/A	4/23/2032	2.307%	100,000	100,000	84,081
Pnc Finl Svcs Group Inc	Bond	N/A	12/2/2028	5.354%	100,000	100,000	101,419
Ppl	Bond	N/A	05/15/2033	5.000%	100,000	98,975	98,813
Prologis L P	Bond	N/A	01/31/2035	5.000%	100,000	98,856	97,441
Public Storage	Bond	N/A	05/01/2028	1.850%	125,000	124,910	113,981
Public Svc Enterprise Group Inc	Bond	N/A	04/01/2029	5.200%	75,000	74,891	75,774
Public Svc Enterprise Group Inc	Bond	N/A	08/15/2025	8.000%	100,000	99,775	97,557
Realty Income Corp	Bond	N/A	02/15/2029	4.750%	75,000	74,419	74,445
Realty Income Corp	Bond	N/A	06/01/2026	4.875%	130,000	136,600	130,315
Realty Income Corp	Bond	N/A	03/15/2028	2.100%	115,000	113,540	105,691
Regions Financial Var	Bond	N/A	06/06/2030	VAR	50,000	50,000	50,692
Republic	Bond	N/A	04/01/2029	4.875%	100,000	100,067	99,768
Roper Technologies Inc	Bond	N/A	09/15/2025	1.000%	100,000	99,868	97,561
Rtx Corporation Sr Nt	Bond	N/A	03/15/2031	6.000%	50,000	49,967	52,452
Safehold Oper	Bond	N/A	04/01/2034	6.100%	75,000	74,052	76,303
Schwab Charles Corp	Bond	N/A	03/20/2028	2.000%	85,000	84,856	77,858
Sempra Energy	Bond	N/A	04/01/2025	3.300%	100,000	99,823	99,590
Simon Property Group Inc	Bond	N/A	09/01/2025	3.500%	100,000	107,396	99,294
Smucker J M Co Gbl Nt	Bond	N/A	11/15/2028	5.900%	125,000	124,945	129,473
Southern Co Sr 2021C Fl Nt23	Bond	N/A	03/15/2029	5.500%	150,000	149,999	153,041
Southwest	Bond	N/A	06/15/2027	5.125%	40,000	42,068	40,178
Southwest Gas Corp	Bond	N/A	03/15/2032	4.050%	175,000	174,347	162,524
Stanley Black & Decker Inc	Bond	N/A	03/01/2026	3.400%	65,000	64,908	63,938
Starbucks Corp Sr Nt	Bond	N/A	02/08/2027	4.850%	100,000	99,959	100,481
State Str Corp	Bond	N/A	11/18/2021	1.684%	130,000	130,000	123,101
State Str Corp	Bond	N/A	02/07/2028	2.203%	150,000	150,000	142,599
Stryker Corp	Bond	N/A	09/11/2034	4.625%	125,000	124,338	119,258
Synchrony Finl	Bond	N/A	06/13/2025	4.875%	75,000	74,946	74,926
T Mobile USA Inc Sr	Bond	N/A	01/15/2029	4.850%	125,000	124,813	124,296
Tapestry Inc Sr Nt	Bond	N/A	3/11/2030	5.100%	50,000	49,938	49,449
Targa Resources Corp. (Calif)	Bond	N/A	07/01/2027	5.200%	100,000	99,849	100,588

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c)				(d)	(e)
Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares							
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
Corporate obligations - continued:							
Texas Instrs Inc	Bond	N/A	05/04/2030	1.750%	125,000	124,863	106,990
Texas Instrs Inc	Bond	N/A	02/15/2028	4.600%	80,000	79,862	80,148
The Cigna Group	Bond	N/A	03/15/2026	1.250%	100,000	99,971	95,905
The Cigna Group	Bond	N/A	03/15/2033	5.400%	100,000	99,906	99,849
Tjx	Bond	N/A	09/15/2026	2.250%	45,000	44,664	43,376
Truist Financial Corporation	Bond	N/A	03/02/2027	1.267%	50,000	50,000	47,952
Truist Financial Corporation	Bond	N/A	6/7/2029	1.887%	100,000	100,000	90,221
Unitedhealth Group Inc	Bond	N/A	04/15/2033	4.500%	50,000	49,684	47,439
Unitedhealth Group Inc	Bond	N/A	01/15/2032	4.950%	100,000	99,773	98,872
University Notre Dame Du Lac	Bond	N/A	02/15/2030	1.637%	100,000	100,000	84,509
Us Bancorp	Bond	N/A	6/12/2029	5.775%	125,000	125,000	127,824
Us Bancorp	Bond	N/A	01/27/2028	2.215%	40,000	40,000	37,925
Us Bancorp Var	Bond	N/A	01/23/2030	VAR	35,000	35,000	35,289
Verizon Commns Inc	Bond	N/A	01/20/2031	1.750%	50,000	49,773	41,203
Verizon Commns Inc	Bond	N/A	03/21/2031	2.550%	68,000	67,721	58,560
Vici Properties Lp Sr Nt	Bond	N/A	11/15/2031	5.125%	100,000	99,426	97,546
Vmware Inc	Bond	N/A	08/15/2028	1.800%	75,000	74,611	67,289
Vulcan Materials	Bond	N/A	06/01/2030	3.500%	55,000	54,847	50,978
Vulcan Materials Co Sr	Bond	N/A	12/1/2034	5.350%	70,000	69,923	69,789
Waste Management Inc	Bond	N/A	06/01/2029	2.000%	150,000	149,988	133,238
Wec Energy Group Inc	Bond	N/A	10/15/2027	1.375%	50,000	49,960	45,638
Wec Energy Group Inc	Bond	N/A	09/12/2026	5.600%	21,000	20,997	21,271
Wells Fargo & Co Sr Nt	Bond	N/A	02/11/2026	2.164%	75,000	75,000	74,771
Wells Fargo & Co Sr Nt	Bond	N/A	03/24/2028	3.526%	100,000	100,000	96,993
Williams Co	Bond	N/A	03/15/2031	2.600%	50,000	49,816	43,056
Williams Co Inc Sr	Bond	N/A	03/15/2029	4.900%	125,000	124,799	124,053
Wisconsin Elec Pwr	Bond	N/A	05/15/2029	5.000%	60,000	59,855	60,420
Total corporate obligations						20,274,247	20,986,546
Stocks:							
Adobe Sys Inc	Common stock	N/A	N/A	N/A	473	243,198	210,334
Alphabet Inc Cl C	Common stock	N/A	N/A	N/A	2,287	155,697	435,536
Apple Inc	Common stock	N/A	N/A	N/A	1,682	117,213	421,206
Applied Matls Inc	Common stock	N/A	N/A	N/A	1,455	97,530	236,627
Arista Networks Inc	Common stock	N/A	N/A	N/A	2,432	80,577	268,809
Berkshire Hathaway Inc Cl B	Common stock	N/A	N/A	N/A	415	81,135	188,111
Blackrock Inc	Common stock	N/A	N/A	N/A	155	61,662	158,892
Check Point Software Tech Adr	Foreign stock	N/A	N/A	N/A	934	116,455	174,378
Cisco Sys Inc	Common stock	N/A	N/A	N/A	6,254	311,789	370,237
Clorox Co	Common stock	N/A	N/A	N/A	830	157,526	134,800
Conocophillips	Common stock	N/A	N/A	N/A	2,465	276,822	244,454
Cvs/Caremark Corp	Common stock	N/A	N/A	N/A	3,093	201,971	138,845
Deckers Outdoor Corp	Common stock	N/A	N/A	N/A	950	43,746	192,936
Ebay Inc	Common stock	N/A	N/A	N/A	4,938	270,399	305,909
Exxon Mobil Corporation	Common stock	N/A	N/A	N/A	1,986	72,026	213,634
Gentex Corp	Common stock	N/A	N/A	N/A	7,872	234,336	226,163
Goldman Sachs Group Inc	Common stock	N/A	N/A	N/A	483	166,913	276,575
Graco Inc	Common stock	N/A	N/A	N/A	2,074	158,032	174,817
Hologic Inc	Common stock	N/A	N/A	N/A	2,490	181,506	179,504
Host Hotels & Resorts, Inc.	Real estate investment trust	N/A	N/A	N/A	4,054	39,637	71,026
Kimberly Clark Corp	Common stock	N/A	N/A	N/A	1,502	193,822	196,822
Masco Corp	Common stock	N/A	N/A	N/A	2,109	118,727	153,050
Medpace Hldqs Inc	Common stock	N/A	N/A	N/A	605	71,787	200,999

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
Stocks - continued:							
Moelis & Co	Common stock	N/A	N/A	N/A	2,231	126,341	164,826
Monster Beverage Corp New	Common stock	N/A	N/A	N/A	3,193	137,134	167,824
Newmont Mng Corp	Common stock	N/A	N/A	N/A	6,662	282,730	247,960
Nrg Energy Inc	Common stock	N/A	N/A	N/A	1,944	75,076	175,388
Paychex Inc	Common stock	N/A	N/A	N/A	2,291	278,287	321,244
Public Storage Inc	Real estate investment trust	N/A	N/A	N/A	246	48,866	73,662
Quest Diagnostics Inc	Common stock	N/A	N/A	N/A	1,210	140,066	182,541
Sei Investment Company	Common stock	N/A	N/A	N/A	3,164	201,663	260,967
Smith A O Corp	Common stock	N/A	N/A	N/A	1,697	75,757	115,752
Snap On Inc	Common stock	N/A	N/A	N/A	1,142	255,560	387,686
Stryker Corp	Common stock	N/A	N/A	N/A	380	82,353	136,819
Teradyne Inc	Common stock	N/A	N/A	N/A	1,744	204,738	219,604
United Therapeutics Corp	Common Stock	N/A	N/A	N/A	920	251,640	324,613
Verizon Commns Inc	Common stock	N/A	N/A	N/A	6,486	299,485	259,375
Yeti Hldgs Inc Com	Common stock	N/A	N/A	N/A	10,097	471,030	388,836
Total common stocks						6,383,232	8,600,761
Registered investment companies:							
Ishares Tr Tr-S&P 500 Index	Closed end mlf - equity	N/A	N/A	N/A	627	249,765	369,102
Goldman Sachs Financial Square	Short term investments	N/A	N/A	N/A	354,082	354,082	354,082
Total registered investment companies						603,847	723,184
Total investments						<u>\$ 40,297,998</u>	<u>\$ 45,178,087</u>

Seafarers Vacation Plan

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of asset	Purchase price	Selling price	Cost of asset	Current value	Net gain or (loss)
	Single transaction:					
	Goldman Sachs Financial Square Govt Inst	\$ 4,911,549	\$ -	\$ -	\$ 4,911,549	\$ -
	Goldman Sachs Financial Square Govt Inst	-	2,752,617	2,752,617	2,752,617	-
	United States Treasury Note 05/15/2034 Ser C	3,413,547	-	-	3,413,547	-
	United States Treasury Note 00.00% 08/15/2034	2,739,180	-	-	2,739,180	-
	Series of transactions:					
	Goldman Sachs Financial Square Govt Inst	17,276,179	17,260,605	17,260,605	34,536,784	-
	United States Treasury Notes 05/15/2034 Ser C	5,597,809	5,802,701	5,597,809	11,400,510	204,892
	United States Treasury Notes 00.00% 08/15/2034	4,956,067	4,048,341	4,179,964	9,004,408	(131,623)
	United States Treasury Note 4.125% 10/31/2031	4,164,982	-	-	4,164,982	-
	United States Treasury Notes 00.00% 07/31/2029	2,030,584	2,001,160	2,030,584	4,031,744	(29,424)
	United States Treasury Notes 3.62% 09/30/2031	2,317,301	1,186,489	1,223,296	3,503,790	(36,807)
	United States Treasury Notes 4.125% 7/31/2031	1,547,092	1,563,037	1,547,092	3,110,129	15,945

The following items are not applicable

(a) Identity of party involved

(e) Lease rental

(f) Expenses incurred with transaction

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares						
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
	U.S. government and government agencies:							
	Federal Home Loan Mtg Corp Group #:							
	Nbr P0-0061 Gold Pool	Note	N/A	8/1/2034	4.500%	\$ 1,488	\$ 1,399	\$ 1,465
	Nbr A4-3654 Gold	Note	N/A	3/1/2036	6.000%	60	61	60
	Nbr A4-5600 Gold	Note	N/A	6/1/2035	5.500%	47	46	48
	Nbr A6-5898 Gold	Note	N/A	9/1/2037	6.500%	244	245	251
	G01931	Note	N/A	10/01/2035	5.500%	243	240	246
	78-9583	Note	N/A	7/1/2032	6.250%	591	598	605
	190360	Note	N/A	8/1/2035	5.000%	1,683	1,601	1,669
	745169	Note	N/A	1/1/2036	4.030%	47	47	49
	762526	Note	N/A	7/1/2033	7.000%	138	142	138
	960393	Note	N/A	12/1/2037	6.000%	396	399	408
	627119	Note	N/A	3/15/2034	5.500%	1,913	1,919	1,910
	395681	Note	N/A	8/1/2027	7.000%	7	7	7
	United States Treas	Bond	N/A	11/15/2027	0.000%	870,000	868,475	866,163
	United States Treas	Bond	N/A	10/31/2031	4.125%	4,217,000	4,164,982	4,127,642
	United States Treas	Bond	N/A	09/30/2024	3.625%	1,100,000	1,094,005	1,045,286
	United States Treas	Bond	N/A	12/15/2024	4.000%	90,000	89,698	89,308
	United States Treas	Bond	N/A	11/30/2024	4.125%	290,000	288,380	283,809
	United States Treas	Bond	N/A	12/31/2024	4.500%	385,000	386,173	385,320
	United States Treasury	Bond	N/A	08/15/2024	0.000%	781,000	776,103	738,467
	United States Treasury	Bond	N/A	09/30/2024	0.000%	135,000	132,822	129,896
	United States Treasury	Bond	N/A	10/31/2024	0.000%	1,200,000	1,194,938	1,186,175
	Total U.S. Government and government agencies						9,002,279	8,858,922
	State and municipal obligations:							
	Alabama St Pub Sch & College Aut	Bond	N/A	06/01/2026	1.155%	175,000	175,000	167,578
	Alaska St Hsg Fin Corp Taxable	Bond	N/A	06/01/2028	1.680%	150,000	150,000	136,316
	Allen Tex Indpt Sch Dist	Bond	N/A	2/15/2027	0.000%	100,000	91,292	90,695
	Allen Tex Indpt Sch Dist	Bond	N/A	2/15/2027	0.000%	135,000	123,244	122,723
	Alvarado Tex Indpt Sch Dist	Bond	N/A	02/15/2028	0.000%	50,000	44,708	43,328
	Arizona Brd Regents Ctfs Partn	Bond	N/A	06/01/2025	1.147%	125,000	125,000	123,285
	Avon Oh Taxable Go Ltd Tax Var	Bond	N/A	12/01/2026	1.234%	65,000	65,000	61,244
	Baltimore Md Rev Taxable Ref Bds	Bond	N/A	07/01/2025	0.845%	75,000	75,000	73,727
	Bexar Cnty Tex Rev Taxable Ref	Bond	N/A	08/15/2027	1.573%	150,000	150,000	139,110
	Brazos Tex Higher Ed Auth Inc St	Bond	N/A	04/01/2025	1.981%	45,000	45,000	44,721
	Chicago Il Midway Txbl-Ref-2Nd	Bond	N/A	01/01/2027	3.747%	100,000	100,000	98,475
	Colorado Hsg & Fin Auth Taxable Single	Bond	N/A	11/1/2027	5.717%	100,000	100,000	102,937
	Colorado St Univ Sys Ser B	Bond	N/A	03/01/2026	2.155%	200,000	200,000	195,110
	Connecticut St Taxable Go Bds	Bond	N/A	5/15/2030	4.657%	150,000	150,000	149,205
	Crosby Tex Indpt Sch Dist	Bond	N/A	02/15/2026	0.000%	125,000	116,184	118,780
	Curators Univ Mo Sys Facs Rev	Bond	N/A	11/01/2027	2.012%	50,000	50,000	46,705
	Dallas Tex Wtrwks & Swr Sys Rev	Bond	N/A	10/01/2028	1.680%	100,000	100,000	90,403
	District Columbia Income Tax Rev	Bond	N/A	5/1/2030	5.071%	125,000	125,000	126,988
	Eagle Mtn & Saginaw Tex Indpt Sc	Bond	N/A	08/15/2028	5.000%	50,000	62,930	50,973
	East Baton Rouge La Sew Commn Re	Bond	N/A	02/01/2026	1.247%	125,000	125,000	120,920
	Franklin Cnty Wash Ref Taxable	Bond	N/A	01/01/2025	0.980%	75,000	75,000	75,000
	Golder Ranch Fire Dist Ariz Ctfs	Bond	N/A	07/01/2025	1.096%	160,000	160,000	157,381
	Greenville Cnty S C Hospitality	Bond	N/A	04/01/2025	1.100%	80,000	80,000	79,328
	Hamilton Ohio City Sch Dist	Bond	N/A	12/01/2025	0.000%	100,000	93,492	96,048
	Hartford Cnty Conn Met Dist Clea	Bond	N/A	04/01/2026	1.151%	50,000	50,000	48,141
	Hays County Tx Taxable Ltd Tax	Bond	N/A	02/15/2025	0.772%	70,000	70,000	69,705
	Illinois Hsg Dev Auth Rev Taxable Bds	Bond	N/A	4/1/2028	5.869%	100,000	100,000	103,525
	Iowa Fin Auth Single Family Mtg Rev	Bond	N/A	1/1/2028	4.474%	175,000	175,000	174,330

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
State and municipal obligations - continued:							
Kentucky Higher Ed Student Ln Corp	Bond	N/A	6/1/2028	5.321%	100,000	99,568	100,513
Kingman Ariz Excise Tax Rev	Bond	N/A	07/15/2025	0.946%	180,000	180,000	176,593
La Habra Calif Pension Oblig	Bond	N/A	08/01/2026	1.891%	150,000	150,000	144,186
Lancaster Cnty Pa Convention Ctr	Bond	N/A	05/01/2027	4.780%	150,000	150,000	150,213
Laredo Tex Wtrwks Swr Sys Rev	Bond	N/A	03/01/2028	1.729%	80,000	80,000	73,206
Los Angeles Calif Dept Arpts Cus	Bond	N/A	05/15/2029	3.158%	50,000	50,000	46,881
Louisville Jefferson Cnty Ky Met	Bond	N/A	05/15/2026	3.427%	100,000	100,000	98,639
Maine Health & Higher Edl Facs A	Bond	N/A	07/01/2025	1.054%	200,000	200,000	196,702
Miami-Dade Cnty Fl Taxable Ref	Bond	N/A	08/01/2025	1.586%	25,000	25,000	24,539
Miamisburg Oh City Sch Dist	Bond	N/A	12/01/2028	0.000%	50,000	41,497	41,441
Michigan St Hsg Dev Auth Single	Bond	N/A	06/01/2025	0.958%	150,000	150,000	147,909
Minnesota St Hsg Fin Agy Taxable	Bond	N/A	07/01/2027	5.094%	215,000	215,000	217,589
Montgomery Cnty Md Hsg Opptys Co	Bond	N/A	01/01/2028	2.170%	150,000	150,000	139,656
Nevada Hsg Div Single Family Mtg Rev	Bond	N/A	10/1/2026	4.975%	80,000	80,000	80,664
New York N Y Txbl-Ser B-2 B-2	Bond	N/A	10/01/2025	1.890%	125,000	125,000	122,769
New York St Dorm Auth St Pers In	Bond	N/A	03/15/2029	1.952%	100,000	100,000	89,966
North Hudson Sew Auth N J Gross	Bond	N/A	11/22/2019	2.591%	5,000	5,000	4,963
North Hudson Sew Auth N J Gross	Bond	N/A	11/22/2019	2.591%	65,000	65,000	64,432
Ohio St Hsg Fin Agy Residential Mtg	Bond	N/A	9/1/2026	5.108%	85,000	85,000	85,866
Paramount Calif Pension Oblig	Bond	N/A	06/01/2025	1.352%	50,000	50,000	49,351
Pittsburgh Pa Pub Pkg Auth Pkg	Bond	N/A	12/01/2028	2.230%	150,000	150,000	136,420
Sales Tax Securitization Corp II	Bond	N/A	01/01/2031	2.857%	30,000	26,561	26,705
Seguin Tx Indpt Sch Dist Taxable	Bond	N/A	08/15/2028	0.000%	50,000	44,415	42,527
Southwestern Cmnty College Dist	Bond	N/A	08/01/2025	1.120%	125,000	125,000	122,750
Tobacco Settlement Auth Ia	Bond	N/A	06/01/2025	1.382%	225,000	225,000	221,978
University Okla Revs Taxable Gen	Bond	N/A	07/01/2026	1.417%	100,000	100,000	95,839
Virginia St Hsg Dev Auth	Bond	N/A	11/25/2039	3.125%	28,198	28,198	25,882
Virginia St Hsg Dev Auth Comwlth	Bond	N/A	12/11/2014	3.500%	18,640	18,640	17,334
Virginia St Hsg Dev Auth Comwlth Mtg	Bond	N/A	11/21/2024	4.442%	50,000	50,000	49,923
Virginia St Hsg Dev Auth Comwlth Mtg Tax	Bond	N/A	11/25/2039	5.238%	50,000	50,000	50,742
Washington St Univ Taxable Gen	Bond	N/A	10/01/2026	1.689%	100,000	100,000	95,365
Wellman-Union Tex Cons Indpt Sch	Bond	N/A	08/15/2026	0.000%	70,000	63,980	64,915
Wyandotte Cnty Kans City Kans Un	Bond	N/A	09/01/2026	1.562%	100,000	100,000	95,535
Total state and municipal obligations						8,121,506	6,008,674
Corporate obligations:							
Aercap Ireland Capital Limited Sr Nt	Foreign Note	N/A	N/A	N/A	150,000	147,656	142,811
Astrazeneca Plc	Foreign Bond	N/A	8/6/2030	1.375%	85,000	84,755	70,805
Canadian Pacific Railway	Foreign Bond	N/A	12/2/2026	1.750%	75,000	74,889	71,021
Enbridge Inc	Foreign Bond	N/A	3/8/2033	5.700%	75,000	75,090	75,779
Johnson Ctls Intl Plc	Foreign Note	N/A	N/A	N/A	75,000	75,803	76,331
Schlumberger Invt	Foreign Bond	N/A	6/26/2030	2.650%	75,000	74,706	66,838
Toronto Dominion Bank	Foreign Bond	N/A	3/6/2026	1.250%	175,000	174,991	166,647
American Airfs	Asset Backed Securities	N/A	8/15/2030	0.000%	41,519	41,519	39,514
Ba Cr Card	Asset Backed Securities	N/A	5/15/2029	4.930%	125,000	124,993	126,208
Carmax Auto Owner Trust	Asset backed securities	N/A	06/15/26	0.550%	10,116	10,115	10,040
Nissan Auto Receivables Owner Tr	Asset backed securities	N/A	11/15/2027	4.920%	150,000	149,999	151,019
Toyota Auto Rec Tr	Asset Backed Securities	N/A	6/15/2029	4.470%	100,000	99,994	99,706
United Airlines Inc Sr	Asset Backed Securities	N/A	7/15/2037	5.800%	97,766	97,766	99,700
World Omni Auto Rec	Asset Backed Securities	N/A	12/17/2029	4.430%	100,000	99,980	99,654
Bank 2021-Bnk35	Collateralized oblig.	N/A	8/15/2031	0.596%	34,671	34,670	33,514
Bank 2021-Bnk36	Collateralized oblig.	N/A	09/15/2064	0.801%	37,114	37,114	36,111
Benchmark Mortgage Trust	Collateralized oblig.	N/A	10/10/2051	4.203%	46,638	48,037	45,735

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c)				(d)	(e)
	Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares						
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Current value
	Corporate obligations - continued:						
	Government Natl Mtg Assn Gtd Mul	Collateralized oblig.	N/A	8/16/2052	2.100%	1,919	1,885
	Abbott Labs	Bond	N/A	1/30/2028	1.150%	50,000	49,685
	Abbvie Inc Sr Nt Callable	Bond	N/A	03/15/2027	4.800%	110,000	109,845
	Aep Tex Inc	Bond	N/A	05/15/2032	4.700%	100,000	99,716
	Agilent Technologies	Bond	N/A	09/06/2034	4.750%	125,000	124,548
	Agree Lp	Bond	N/A	06/15/2028	2.000%	100,000	99,265
	Air Products & Chemical Inc	Bond	N/A	05/15/2030	2.050%	65,000	64,912
	Alexandria Real Estate	Bond	N/A	12/15/2029	2.750%	125,000	124,803
	Ally Finl Inc	Bond	N/A	11/15/2027	7.100%	100,000	98,998
	Altria Group Inc	Bond	N/A	05/06/2030	3.400%	75,000	76,394
	Altria Group Inc	Bond	N/A	02/14/2026	4.400%	32,000	31,933
	Amazon Com Inc	Bond	N/A	06/03/2027	1.200%	75,000	74,975
	Ameren Corp	Bond	N/A	03/15/2028	1.750%	75,000	75,063
	Ameren Corp Sr Nt	Bond	N/A	01/15/2029	5.000%	75,000	74,831
	American Elec Pwr Inc	Bond	N/A	01/15/2029	5.200%	50,000	49,921
	American Express Co	Bond	N/A	11/04/2026	1.650%	100,000	99,842
	American Tower Reit	Bond	N/A	09/15/2025	1.300%	50,000	49,860
	American Tower Reit	Bond	N/A	03/15/2033	5.650%	100,000	99,544
	Amphenol Corp Sr	Bond	N/A	04/05/2027	5.050%	100,000	100,497
	Aon Corporation / Aon Global Hol	Bond	N/A	05/28/2027	2.850%	100,000	99,944
	Aon North America Inc.	Bond	N/A	3/1/2027	5.125%	50,000	49,903
	Apple Inc Sr Nt	Bond	N/A	05/10/2030	4.150%	50,000	49,865
	Applied Matls Inc	Bond	N/A	06/01/2030	1.750%	50,000	49,809
	Astrazeneca Finance Llc	Bond	N/A	03/03/2030	4.900%	100,000	99,590
	At&T Inc	Bond	N/A	02/01/2028	1.650%	150,000	144,954
	Atmos Energy Corp	Bond	N/A	06/15/2027	3.000%	75,000	74,794
	Autozone Inc	Bond	N/A	07/15/2029	5.100%	75,000	74,918
	Avalonbay Cmnty Inc Medium	Bond	N/A	11/15/2025	3.500%	20,000	19,935
	Avalonbay Communities	Bond	N/A	12/01/2028	1.900%	100,000	99,869
	Baker Hughes Holdings Llc / Bake	Bond	N/A	12/15/2026	2.061%	100,000	100,000
	Baltimore Gas & Electric	Bond	N/A	06/15/2031	2.250%	115,000	114,795
	Bank New York Mellon Corp Medium	Bond	N/A	01/28/2026	0.750%	50,000	49,893
	Bank New York Mellon Corp Medium	Bond	N/A	04/24/2025	1.600%	50,000	49,981
	Bat Capital Corp. Sr	Bond	N/A	02/20/2031	5.834%	150,000	150,000
	Becton Dickinson & Co	Bond	N/A	06/07/2029	5.081%	75,000	75,000
	Best Buy Inc	Bond	N/A	10/01/2028	4.450%	150,000	173,681
	Bk Of America Corp Fr	Bond	N/A	6/14/2029	2.087%	100,000	100,000
	Bk Of America Corp Fr	Bond	N/A	04/27/2033	4.571%	100,000	100,000
	Bk Of America Corp Fr	Bond	N/A	11/10/2022	6.204%	50,000	50,000
	Boston Properties Inc	Bond	N/A	12/01/2027	6.750%	100,000	99,941
	Bp Cap Mkts Amer Inc	Bond	N/A	04/10/2029	4.699%	150,000	149,970
	Broadcom Inc	Bond	N/A	07/12/2027	5.050%	50,000	49,935
	Broadcom Inc Sr Nt	Bond	N/A	02/15/2032	4.550%	50,000	49,870
	Cadence Design System	Bond	N/A	09/10/2029	4.300%	150,000	149,787
	Camden Ppty Tr	Bond	N/A	05/15/2030	2.800%	80,000	79,943
	Camden Ppty Tr	Bond	N/A	11/03/2026	5.850%	40,000	39,999
	Campbell Soup Co	Bond	N/A	03/23/2035	4.750%	125,000	124,533
	Capital One Finl Corp Gbl Flt	Bond	N/A	11/2/2027	1.878%	50,000	50,000
	Capital One Finl Corp Gbl Flt	Bond	N/A	5/10/2028	4.927%	50,000	50,000
	Capital One Finl Corp Gbl Flt	Bond	N/A	7/28/2026	3.750%	50,000	49,823
	Capital One Finl Var	Bond	N/A	06/08/2034	6.377%	75,000	75,000
	Cardinal Health Inc	Bond	N/A	11/22/2024	5.000%	160,000	159,946
	Caterpillar Finl	Bond	N/A	10/15/2027	4.400%	100,000	99,950
	Caterpillar Finl	Bond	N/A	02/27/2029	4.850%	75,000	74,898

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

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		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares					
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Current value
	Corporate obligations - continued:						
	Caterpillar Finl	Bond	N/A	05/14/2027	5.000%	100,000	101,018
	Charter Comm Opt Llc/Cap	Bond	N/A	7/23/2025	4.908%	21,000	20,975
	Chubb Inc	Bond	N/A	08/15/2029	4.650%	75,000	74,733
	Cisco Sys Inc	Bond	N/A	02/26/2034	5.050%	65,000	64,765
	Citigroup Inc	Bond	N/A	6/9/2027	1.462%	75,000	71,411
	Citigroup Inc	Bond	N/A	6/3/2031	2.572%	50,000	43,578
	Cna Finl Corp	Bond	N/A	06/15/2033	5.500%	100,000	100,887
	Coca Cola Co	Bond	N/A	06/01/2027	1.450%	85,000	79,356
	Coca Cola Co	Bond	N/A	03/05/2028	1.500%	100,000	91,048
	Coca Cola Cons Inc	Bond	N/A	06/01/2029	5.250%	75,000	76,045
	Comcast Corp	Bond	N/A	01/15/2027	2.350%	65,000	62,139
	ConocoPhillips Sr Nt	Bond	N/A	09/15/2033	5.050%	100,000	98,668
	Conservation Fund / Sustainable	Bond	N/A	12/15/2029	3.474%	60,000	55,126
	Consolidated Edison Co	Bond	N/A	12/01/2026	2.900%	75,000	72,479
	Constellation	Bond	N/A	05/09/2027	4.350%	100,000	98,998
	Consumers Energy	Bond	N/A	01/15/2030	4.700%	150,000	148,956
	Corporate Office Pptys L P	Bond	N/A	01/15/2029	2.000%	175,000	153,965
	Cubesmart L P	Bond	N/A	02/15/2031	2.000%	45,000	37,342
	Cvs/Caremark Corp	Bond	N/A	08/21/2027	1.300%	100,000	99,752
	Cvs/Caremark Corp	Bond	N/A	08/21/2030	1.750%	50,000	40,701
	Devon Energy Corp	Bond	N/A	09/15/2034	5.200%	60,000	56,956
	Diamondback Energy	Bond	N/A	01/30/2030	5.150%	100,000	100,213
	Discover Finl Svcs	Bond	N/A	11/29/2032	6.700%	75,000	79,934
	Discover Finl Svcs Sr Nt	Bond	N/A	11/02/2034	VAR	25,000	28,572
	Dollar Gen Corp New	Bond	N/A	04/03/2030	3.500%	25,000	22,942
	Dominion Energy Inc Perp Gbl - C	Bond	N/A	08/15/2026	2.850%	50,000	49,983
	Dte Energy Co	Bond	N/A	12/01/2026	4.850%	75,000	75,586
	Dte Energy Co	Bond	N/A	10/01/2026	2.850%	60,000	58,128
	Dte Energy Co Sr	Bond	N/A	03/01/2029	5.100%	100,000	100,231
	Duke Energy Corp	Bond	N/A	06/01/2030	2.450%	125,000	109,565
	Duke Energy Ohio Inc	Bond	N/A	6/1/2030	2.125%	100,000	86,487
	Eastman Chemical	Bond	N/A	6/1/2030	5.000%	75,000	74,764
	Elevance Health Inc	Bond	N/A	05/15/2030	2.250%	50,000	43,437
	Energy Transfer Partners L P	Bond	N/A	04/15/2027	4.200%	30,000	29,600
	Energy Transfer Partners L P	Bond	N/A	01/15/2026	4.750%	50,000	49,930
	Energy Transfer, L.P.	Bond	N/A	02/15/2028	5.550%	80,000	81,214
	Enterprise Prods Oper	Bond	N/A	01/11/2027	4.600%	125,000	125,031
	Enterprise Prods Oper	Bond	N/A	09/15/2034	4.650%	100,000	94,827
	Erp Oper Ltd Partnership	Bond	N/A	07/01/2029	3.000%	60,000	55,372
	Erp Oper Ltd Partnership	Bond	N/A	08/01/2027	3.250%	50,000	48,153
	Essex Portfolio L P	Bond	N/A	03/01/2028	1.700%	75,000	67,814
	Eergy Inc	Bond	N/A	09/15/2029	2.900%	100,000	90,988
	Eversource Energy	Bond	N/A	03/01/2027	2.900%	100,000	95,988
	Eversource Energy	Bond	N/A	07/01/2027	4.600%	75,000	74,483
	Extra Space Storage Lp	Bond	N/A	04/01/2029	3.900%	100,000	95,602
	Extra Space Storage Lp	Bond	N/A	10/15/2030	2.200%	80,000	68,068
	F N B Corp Pa	Bond	N/A	08/25/2025	5.150%	50,000	49,894
	Federal Rlty Invt Tr	Bond	N/A	02/15/2026	1.250%	100,000	95,995
	Fifth Third Bancorp	Bond	N/A	11/1/2027	1.707%	100,000	94,419
	Fifth Third Bancorp	Bond	N/A	07/28/2030	4.772%	50,000	48,987
	First Md Cap I	Bond	N/A	1/15/2027	5.830%	125,000	121,765
	Fiserv Inc Sr	Bond	N/A	03/15/2031	5.350%	70,000	71,155
	Gatx Corp	Bond	N/A	06/30/2030	4.000%	65,000	61,532
	GE Healthcare	Bond	N/A	08/14/2029	4.800%	110,000	108,972

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

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		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares						
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	Corporate obligations - continued:							
	General Mills Inc Sr	Bond	N/A	11/21/2024	5.250%	125,000	124,355	123,246
	General Motors Co	Bond	N/A	10/01/2027	6.800%	80,000	80,054	83,551
	General Mtrs Finl Co Inc	Bond	N/A	02/26/2027	2.350%	25,000	24,976	23,689
	General Mtrs Finl Co Inc	Bond	N/A	04/10/2028	2.400%	150,000	149,837	137,817
	Georgia Power Co Sr	Bond	N/A	02/23/2027	5.004%	75,000	75,000	75,577
	Goldman Sachs Group Inc	Bond	N/A	12/9/2026	1.093%	75,000	75,000	72,400
	Goldman Sachs Group Inc	Bond	N/A	06/15/2027	4.387%	100,000	100,000	99,404
	HCA Inc Sr Nt	Bond	N/A	04/01/2031	5.450%	150,000	149,768	149,699
	Hewlett Packard	Bond	N/A	10/15/2034	5.000%	100,000	99,078	96,117
	Honeywell Int	Bond	N/A	07/30/2027	4.650%	75,000	74,998	75,273
	Hp Inc	Bond	N/A	04/15/2029	4.000%	75,000	74,825	71,897
	Hubbell Inc	Bond	N/A	03/01/2026	3.350%	110,000	116,883	108,203
	Humana Inc	Bond	N/A	02/03/2027	1.350%	50,000	49,953	46,486
	Humana Inc Sr Gbl Nt	Bond	N/A	12/01/2028	5.750%	50,000	49,915	50,922
	Huntington Bancshares Inc	Bond	N/A	08/21/2029	VAR	50,000	50,000	51,620
	Huntington Var	Bond	N/A	01/15/2031	VAR	50,000	50,000	50,040
	Ingersoll Rand Inc.	Bond	N/A	06/15/2031	5.314%	100,000	99,992	101,106
	Interpublic Group	Bond	N/A	06/15/2033	5.375%	85,000	83,938	84,256
	Intuit Inc	Bond	N/A	07/15/2027	1.350%	125,000	124,883	115,319
	Johnson & Johnson Sr Nt	Bond	N/A	06/01/2031	4.900%	125,000	124,888	125,789
	Jpmorgan Chase & Co	Bond	N/A	4/22/2028	0.000%	50,000	50,000	50,850
	Jpmorgan Chase & Co	Bond	N/A	11/19/2020	1.045%	100,000	100,000	96,795
	Jpmorgan Chase & Co	Bond	N/A	04/22/2027	1.578%	100,000	100,000	96,023
	Jpmorgan Chase & Co	Bond	N/A	01/29/2027	3.960%	50,000	50,000	49,612
	Jpmorgan Chase & Co Sr Var	Bond	N/A	10/22/2030	VAR	100,000	100,000	98,097
	Keurig Dr Pepper Inc	Bond	N/A	04/15/2029	3.950%	50,000	49,907	47,959
	Keycorp	Bond	N/A	05/23/2025	3.878%	100,000	100,000	100,089
	Kimco	Bond	N/A	03/01/2028	1.900%	60,000	59,732	54,809
	Kimco Rlty Op LLC	Bond	N/A	03/01/2035	4.850%	150,000	149,723	142,853
	Kinder Morgan Inc Del	Bond	N/A	02/01/2033	4.800%	100,000	99,943	95,025
	Legg Mason Inc	Bond	N/A	03/15/2026	4.750%	150,000	173,244	149,982
	Lilly Eli & Co	Bond	N/A	02/27/2033	4.700%	75,000	74,840	73,508
	Lockheed Martin	Bond	N/A	06/15/2030	1.850%	50,000	49,890	42,857
	Lockheed Martin	Bond	N/A	11/15/2027	5.100%	60,000	59,900	60,923
	Lowes Companies Inc	Bond	N/A	04/01/2027	3.350%	100,000	99,926	97,126
	Marsh	Bond	N/A	03/15/2030	4.650%	100,000	99,785	98,765
	Mastercard Incorporated	Bond	N/A	11/15/2025	4.350%	150,000	149,820	144,965
	Mc Cormick & Co	Bond	N/A	1/30/2026	3.250%	45,000	44,668	44,341
	Mcdonalds Corp	Bond	N/A	12/3/2025	3.700%	75,000	74,757	74,419
	Mckesson Corp	Bond	N/A	12/10/2028	0.900%	75,000	74,971	72,508
	Merck & Co Inc	Bond	N/A	08/15/2031	1.900%	150,000	149,736	135,338
	Meta Platforms Inc	Bond	N/A	09/15/2033	4.550%	100,000	99,952	98,396
	Micron Technology Inc	Bond	N/A	3/1/2035	5.875%	35,000	34,827	35,898
	Mid-America Apts Lt Sr Nt	Bond	N/A	12/10/2026	4.950%	100,000	99,170	96,364
	Morgan Stanley	Bond	N/A	05/04/2027	0.985%	75,000	75,000	72,326
	Morgan Stanley	Bond	N/A	7/22/2028	1.593%	100,000	100,000	95,853
	Morgan Stanley	Bond	N/A	04/18/2030	3.591%	50,000	50,000	48,215
	Morgan Stanley Fr Var	Bond	N/A	11/01/2029	VAR	50,000	50,000	50,898
	Morgan Stanley Sr Nt Var	Bond	N/A	03/01/2026	VAR	60,000	60,000	62,671
	Mplx Lp	Bond	N/A	06/01/2034	1.750%	60,000	59,871	57,929
	Mplx Lp Sr Nt	Bond	N/A	11/13/2026	5.500%	75,000	74,084	73,918
	National Rural Utils	Bond	N/A	06/15/2025	5.600%	75,000	74,974	76,238
	National Rural Utils Coop Fin Vr	Bond	N/A	2/7/2029	3.450%	25,000	24,993	24,857
	National Rural Utils Coop Fin Vr	Bond	N/A	2/7/2031	4.850%	50,000	49,985	50,026

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
Corporate obligations - continued:							
National Rural Utils Coop Fin Vr	Bond	N/A	01/15/2027	5.000%	50,000	49,869	50,263
Nextera Energy Cap Hldgs Inc	Bond	N/A	06/01/2030	1.875%	50,000	49,966	47,245
Nextera Energy Cap Hldgs Inc	Bond	N/A	05/01/2027	2.250%	40,000	39,985	34,584
Nextera Energy Cap Hldgs Inc	Bond	N/A	06/15/2028	3.550%	85,000	84,759	82,834
Nextera Energy Cap Hldgs Inc Pp	Bond	N/A	08/15/2025	1.900%	75,000	74,956	67,895
Nisource Inc	Bond	N/A	03/30/2028	0.950%	50,000	49,876	48,768
Nisource Inc	Bond	N/A	03/30/2028	0.950%	50,000	50,140	50,433
Nnn Reit Inc Sr Nt	Bond	N/A	06/15/2034	5.500%	80,000	79,014	79,670
Northern Trust Corp	Bond	N/A	05/01/2030	1.950%	80,000	79,697	69,076
Northrop Grumman Corp Sr	Bond	N/A	02/01/2029	4.600%	100,000	99,903	99,176
Nvidia Corp	Bond	N/A	06/15/2028	1.550%	150,000	149,525	136,212
O Reilly Automotive Inc New	Bond	N/A	06/15/2032	4.700%	50,000	49,842	48,302
Occidental Pete Corp	Bond	N/A	08/01/2029	5.200%	100,000	99,964	99,215
O Reilly Automotive	Bond	N/A	11/20/2026	5.750%	100,000	99,954	101,730
Otis	Bond	N/A	11/19/2031	5.125%	125,000	124,993	125,053
Paccar Financial Corp Fr	Bond	N/A	11/09/2026	5.200%	100,000	99,923	101,367
Pacificorp 1st Mtg	Bond	N/A	02/15/2031	5.300%	50,000	49,914	50,440
Philip Morris Intl Inc	Bond	N/A	02/15/2030	5.125%	50,000	50,283	50,264
Philip Morris Intl Inc	Bond	N/A	11/17/2027	5.125%	100,000	99,513	101,203
Philip Morris Intl Inc	Bond	N/A	02/13/2031	5.125%	50,000	49,279	50,004
Philip Morris Intl Inc	Bond	N/A	09/07/2028	5.250%	50,000	49,596	50,717
Plains All Amern Pipeline L P /	Bond	N/A	12/15/2029	3.550%	110,000	109,781	102,312
Pnc Finl Svcs Group Inc	Bond	N/A	1/21/2028	5.300%	50,000	50,000	50,429
Pnc Finl Svcs Group Inc	Bond	N/A	4/23/2032	2.307%	100,000	100,000	84,081
Pnc Finl Svcs Group Inc	Bond	N/A	12/2/2028	5.354%	100,000	100,000	101,419
Ppl	Bond	N/A	05/15/2033	5.000%	100,000	98,975	98,813
Prologis L P	Bond	N/A	01/31/2035	5.000%	100,000	98,856	97,441
Public Storage	Bond	N/A	05/01/2028	1.850%	125,000	124,910	113,981
Public Svc Enterprise Group Inc	Bond	N/A	04/01/2029	5.200%	75,000	74,891	75,774
Public Svc Enterprise Group Inc	Bond	N/A	08/15/2025	8.000%	100,000	99,775	97,557
Realty Income Corp	Bond	N/A	02/15/2029	4.750%	75,000	74,419	74,445
Realty Income Corp	Bond	N/A	06/01/2026	4.875%	130,000	136,600	130,315
Realty Income Corp	Bond	N/A	03/15/2028	2.100%	115,000	113,540	105,691
Regions Financial Var	Bond	N/A	06/06/2030	VAR	50,000	50,000	50,692
Republic	Bond	N/A	04/01/2029	4.875%	100,000	100,067	99,768
Roper Technologies Inc	Bond	N/A	09/15/2025	1.000%	100,000	99,868	97,561
Rtx Corporation Sr Nt	Bond	N/A	03/15/2031	6.000%	50,000	49,967	52,452
Safehold Oper	Bond	N/A	04/01/2034	6.100%	75,000	74,052	76,303
Schwab Charles Corp	Bond	N/A	03/20/2028	2.000%	85,000	84,856	77,858
Sempra Energy	Bond	N/A	04/01/2025	3.300%	100,000	99,823	99,590
Simon Property Group Inc	Bond	N/A	09/01/2025	3.500%	100,000	107,396	99,294
Smucker J M Co Gbl Nt	Bond	N/A	11/15/2028	5.900%	125,000	124,945	129,473
Southern Co Sr 2021C Fl Nt23	Bond	N/A	03/15/2029	5.500%	150,000	149,999	153,041
Southwest	Bond	N/A	06/15/2027	5.125%	40,000	42,068	40,178
Southwest Gas Corp	Bond	N/A	03/15/2032	4.050%	175,000	174,347	162,524
Stanley Black & Decker Inc	Bond	N/A	03/01/2026	3.400%	65,000	64,908	63,938
Starbucks Corp Sr Nt	Bond	N/A	02/08/2027	4.850%	100,000	99,959	100,481
State Str Corp	Bond	N/A	11/18/2021	1.684%	130,000	130,000	123,101
State Str Corp	Bond	N/A	02/07/2028	2.203%	150,000	150,000	142,599
Stryker Corp	Bond	N/A	09/11/2034	4.625%	125,000	124,338	119,258
Synchrony Finl	Bond	N/A	06/13/2025	4.875%	75,000	74,946	74,926
T Mobile USA Inc Sr	Bond	N/A	01/15/2029	4.850%	125,000	124,813	124,296
Tapestry Inc Sr Nt	Bond	N/A	3/11/2030	5.100%	50,000	49,938	49,449
Targa Resources Corp. (Calif)	Bond	N/A	07/01/2027	5.200%	100,000	99,849	100,588

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c)				(d)	(e)	
		Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares						
	Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Current value	
	Corporate obligations - continued:							
	Texas Instrs Inc	Bond	N/A	05/04/2030	1.750%	125,000	124,863	
	Texas Instrs Inc	Bond	N/A	02/15/2028	4.600%	80,000	79,862	
	The Cigna Group	Bond	N/A	03/15/2026	1.250%	100,000	99,971	
	The Cigna Group	Bond	N/A	03/15/2033	5.400%	100,000	99,906	
	Tjx	Bond	N/A	09/15/2026	2.250%	45,000	44,664	
	Truist Financial Corporation	Bond	N/A	03/02/2027	1.267%	50,000	50,000	
	Truist Financial Corporation	Bond	N/A	6/7/2029	1.887%	100,000	100,000	
	Unitedhealth Group Inc	Bond	N/A	04/15/2033	4.500%	50,000	49,684	
	Unitedhealth Group Inc	Bond	N/A	01/15/2032	4.950%	100,000	99,773	
	University Notre Dame Du Lac	Bond	N/A	02/15/2030	1.637%	100,000	100,000	
	Us Bancorp	Bond	N/A	6/12/2029	5.775%	125,000	125,000	
	Us Bancorp	Bond	N/A	01/27/2028	2.215%	40,000	40,000	
	Us Bancorp Var	Bond	N/A	01/23/2030	VAR	35,000	35,000	
	Verizon Commns Inc	Bond	N/A	01/20/2031	1.750%	50,000	49,773	
	Verizon Commns Inc	Bond	N/A	03/21/2031	2.550%	68,000	67,721	
	Vici Properties Lp Sr Nt	Bond	N/A	11/15/2031	5.125%	100,000	99,426	
	Vmware Inc	Bond	N/A	08/15/2028	1.800%	75,000	74,611	
	Vulcan Materials	Bond	N/A	06/01/2030	3.500%	55,000	54,847	
	Vulcan Materials Co Sr	Bond	N/A	12/1/2034	5.350%	70,000	69,923	
	Waste Management Inc	Bond	N/A	06/01/2029	2.000%	150,000	149,988	
	Wec Energy Group Inc	Bond	N/A	10/15/2027	1.375%	50,000	49,960	
	Wec Energy Group Inc	Bond	N/A	09/12/2026	5.600%	21,000	20,997	
	Wells Fargo & Co Sr Nt	Bond	N/A	02/11/2026	2.164%	75,000	75,000	
	Wells Fargo & Co Sr Nt	Bond	N/A	03/24/2028	3.526%	100,000	100,000	
	Williams Co	Bond	N/A	03/15/2031	2.600%	50,000	49,816	
	Williams Co Inc Sr	Bond	N/A	03/15/2029	4.900%	125,000	124,799	
	Wisconsin Elec Pwr	Bond	N/A	05/15/2029	5.000%	60,000	59,855	
	Total corporate obligations						20,274,247	20,986,546
	Stocks:							
	Adobe Sys Inc	Common stock	N/A	N/A	N/A	473	243,198	210,334
	Alphabet Inc Cl C	Common stock	N/A	N/A	N/A	2,287	155,697	435,536
	Apple Inc	Common stock	N/A	N/A	N/A	1,682	117,213	421,206
	Applied Matls Inc	Common stock	N/A	N/A	N/A	1,455	97,530	236,627
	Arista Networks Inc	Common stock	N/A	N/A	N/A	2,432	80,577	268,809
	Berkshire Hathaway Inc Cl B	Common stock	N/A	N/A	N/A	415	81,135	188,111
	Blackrock Inc	Common stock	N/A	N/A	N/A	155	61,662	158,892
	Check Point Software Tech Adr	Foreign stock	N/A	N/A	N/A	934	116,455	174,378
	Cisco Sys Inc	Common stock	N/A	N/A	N/A	6,254	311,789	370,237
	Clorox Co	Common stock	N/A	N/A	N/A	830	157,526	134,800
	Conocophillips	Common stock	N/A	N/A	N/A	2,465	276,822	244,454
	Cvs/Caremark Corp	Common stock	N/A	N/A	N/A	3,093	201,971	138,845
	Deckers Outdoor Corp	Common stock	N/A	N/A	N/A	950	43,746	192,936
	Ebay Inc	Common stock	N/A	N/A	N/A	4,938	270,399	305,909
	Exxon Mobil Corporation	Common stock	N/A	N/A	N/A	1,986	72,026	213,634
	Gentex Corp	Common stock	N/A	N/A	N/A	7,872	234,336	226,163
	Goldman Sachs Group Inc	Common stock	N/A	N/A	N/A	483	166,913	276,575
	Graco Inc	Common stock	N/A	N/A	N/A	2,074	158,032	174,817
	Hologic Inc	Common stock	N/A	N/A	N/A	2,490	181,506	179,504
	Host Hotels & Resorts, Inc.	Real estate investment trust	N/A	N/A	N/A	4,054	39,637	71,026
	Kimberly Clark Corp	Common stock	N/A	N/A	N/A	1,502	193,822	196,822
	Masco Corp	Common stock	N/A	N/A	N/A	2,109	118,727	153,050
	Medpace Hldqs Inc	Common stock	N/A	N/A	N/A	605	71,787	200,999

Seafarers Vacation Plan

Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year) – Continued

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c) Description of investment including collateral, maturity date, rate of interest, par/maturity value or shares				(d)	(e)
Identity of issue, borrower, lessor or similar party	Description	Collateral	Maturity date	Rate of interest	Par/ maturity value or shares	Cost	Current value
Stocks - continued:							
Moelis & Co	Common stock	N/A	N/A	N/A	2,231	126,341	164,826
Monster Beverage Corp New	Common stock	N/A	N/A	N/A	3,193	137,134	167,824
Newmont Mng Corp	Common stock	N/A	N/A	N/A	6,662	282,730	247,960
Nrg Energy Inc	Common stock	N/A	N/A	N/A	1,944	75,076	175,388
Paychex Inc	Common stock	N/A	N/A	N/A	2,291	278,287	321,244
Public Storage Inc	Real estate investment trust	N/A	N/A	N/A	246	48,866	73,662
Quest Diagnostics Inc	Common stock	N/A	N/A	N/A	1,210	140,066	182,541
Sei Investment Company	Common stock	N/A	N/A	N/A	3,164	201,663	260,967
Smith A O Corp	Common stock	N/A	N/A	N/A	1,697	75,757	115,752
Snap On Inc	Common stock	N/A	N/A	N/A	1,142	255,560	387,686
Stryker Corp	Common stock	N/A	N/A	N/A	380	82,353	136,819
Teradyne Inc	Common stock	N/A	N/A	N/A	1,744	204,738	219,604
United Therapeutics Corp	Common Stock	N/A	N/A	N/A	920	251,640	324,613
Verizon Commns Inc	Common stock	N/A	N/A	N/A	6,486	299,485	259,375
Yeti Hldgs Inc Com	Common stock	N/A	N/A	N/A	10,097	471,030	388,836
Total common stocks						6,383,232	8,600,761
Registered investment companies:							
Ishares Tr Tr-S&P 500 Index	Closed end mlf - equity	N/A	N/A	N/A	627	249,765	369,102
Goldman Sachs Financial Square	Short term investments	N/A	N/A	N/A	354,082	354,082	354,082
Total registered investment companies						603,847	723,184
Total investments						<u>\$ 40,297,998</u>	<u>\$ 45,178,087</u>

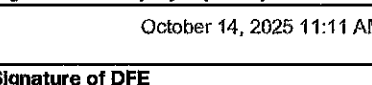
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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. 1510-0110 1510-0089 2024 This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (filers checking this box must provide participating employer information in accordance with the form instructions.)	☐ a single-employer plan ☐ a DFE (specify) _____
B This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C If the plan is a collectively bargained plan, check here ☒	
D Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description) _____	
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here ☐	

Part II Basic Plan Information - enter all requested information	
1a Name of plan SEAFARERS VACATION PLAN	1b Three-digit plan number (PN) ▶ 503
	1c Effective date of plan 06/01/1951
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) BOARD OF TRUSTEES SEAFARERS VACATION PLA 5201 CAPITAL GATEWAY DRIVE CAMP SPRINGS MD 20746	2b Employer Identification Number (EIN) 13-5602047 2c Plan Sponsor's telephone number 301-899-0675 2d Business code (see instructions) 483000

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		GEORGE TRICKER
	Date	Enter name of individual signing as plan administrator
SIGN HERE	October 14, 2025 11:38 AM 	ANTHONY NACCARATO
	Signature of employer/plan sponsor	Enter name of individual signing as employer or plan sponsor
SIGN HERE	October 14, 2025 11:11 AM 	
	Signature of DFE	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

Seafarers Vacation Plan

Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Plan #503 / EIN: 13-5602047

December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
	Description of asset	Purchase price	Selling price	Cost of asset	Current value	Net gain or (loss)
	Single transaction:					
	Goldman Sachs Financial Square Govt Inst	\$ 4,911,549	\$ -	\$ -	\$ 4,911,549	\$ -
	Goldman Sachs Financial Square Govt Inst	-	2,752,617	2,752,617	2,752,617	-
	United States Treasury Note 05/15/2034 Ser C	3,413,547	-	-	3,413,547	-
	United States Treasury Note 00.00% 08/15/2034	2,739,180	-	-	2,739,180	-
	Series of transactions:					
	Goldman Sachs Financial Square Govt Inst	17,276,179	17,260,605	17,260,605	34,536,784	-
	United States Treasury Notes 05/15/2034 Ser C	5,597,809	5,802,701	5,597,809	11,400,510	204,892
	United States Treasury Notes 00.00% 08/15/2034	4,956,067	4,048,341	4,179,964	9,004,408	(131,623)
	United States Treasury Note 4.125% 10/31/2031	4,164,982	-	-	4,164,982	-
	United States Treasury Notes 00.00% 07/31/2029	2,030,584	2,001,160	2,030,584	4,031,744	(29,424)
	United States Treasury Notes 3.62% 09/30/2031	2,317,301	1,186,489	1,223,296	3,503,790	(36,807)
	United States Treasury Notes 4.125% 7/31/2031	1,547,092	1,563,037	1,547,092	3,110,129	15,945

The following items are not applicable

(a) Identity of party involved

(e) Lease rental

(f) Expenses incurred with transaction