

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 DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 02/05/1969
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, DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN 5055 WILSHIRE BLVD STE 600 LOS ANGELES, CA 90036
2b	Employer Identification Number (EIN) 23-7067289
2c	Plan Sponsor's telephone number 323-866-2200
2d	Business code (see instructions) 525100

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	MILLER KAPLAN ARASE LLP
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	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	9584	
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) 8069	
	6a(2) 7231	6b 1779	
	6c 0	6d 9010	
	6e	6f 9010	
	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	2031

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:

4A 4D 4E 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 DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, DIRECTORS GUILD OF AMERICA -	D Employer Identification Number (EIN) 23-7067289	

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
BLACKROCK ADVISORS, LLC
23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BAUPOST VALUE PARTNERS, L.P. - IV
26-2208448

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE BAUPOST GROUP L.L.C.
04-3402144

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BAUPOST PARTNERS L.L.C.
04-2878725

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

DAVIDSON KEMPNER CAPITAL MANAGEMENT

13-3863161

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

DOUBLELINE CAPITAL LP

30-0596331

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

HOLOCENE ADVISORS, LP

36-4833999

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

JPMORGAN ASSET MGMT, (EUROPE) SARL

13-4131516

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

KING STREET CAPITAL MGMT, L.P.

13-3978904

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

KING STREET MASTER ADVISORS, L.L.C.

26-3871197

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

OAKTREE CAPITAL MANAGEMENT, L.P.

26-0189082

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

SENTINEL DOME PARTNERS LLC

46-4761248

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)

ANTHEM BLUE CROSS LIFE AND HEALTH

95-4331852

(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?
12 13 15 49 62	NONE	2457105	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CVS PHARMACY, INC.

05-0340626

(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?
12	NONE	578574	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEDICAL REVIEW INSTITUTE OF AMERICA

87-0515201

(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?
70	NONE	501526	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)

DELTA DENTAL OF CALIFORNIA

94-1461312

(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?
12 14 50	NONE	455514	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE SEGAL COMPANY (WESTERN STATES)

94-1503999

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	427366	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEYFARTH SHAW LLP

36-2152202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	328311	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)

EMPLOYEE ID 115

51-0137697

(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	NONE	296571	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GREEN LIGHT COST MANAGEMENT LLC

45-5248276

(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?
12	NONE	269391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NIGRO KARLIN SEGAL & FELDSTEIN, LLP

95-3632775

(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	NONE	259580	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)

SEGAL SELECT INSURANCE SERVICES INC

46-0619194

(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?
53	NONE	232411	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

EMPLOYEE ID 538

51-0137697

(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	NONE	191072	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEVEN M. SIMONS, M.D., INC.

95-3524994

(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	NONE	88563	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)

MILLER KAPLAN ARASE LLP

95-2036255

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	152090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 121

51-0137697

(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	NONE	139236	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 200

51-0137697

(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	NONE	130876	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)

EMPLOYEE ID 278

51-0137697

(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	NONE	122953	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 543

51-0137697

(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	NONE	121394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 513

51-0137697

(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	NONE	113750	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)

EMPLOYEE ID 548

51-0137697

(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	NONE	113647	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 401

51-0137697

(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	NONE	94510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 120

51-0137697

(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	NONE	92480	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)

EMPLOYEE ID 523

51-0137697

(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	NONE	91436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 437

51-0137697

(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	NONE	91027	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 583

51-0137697

(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	NONE	86369	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)

VISION SERVICE PLAN-(CA)

94-1632821

(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?
23	NONE	83245	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 618

51-0137697

(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	NONE	78590	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AGIO INC

84-4093832

(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	NONE	77754	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)

CAMBRIDGE ASSOCIATES, LLC

04-3515240

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 70	NONE	76000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 346

51-0137697

(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	NONE	75878	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 629

51-0137697

(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	NONE	75735	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)

EMPLOYEE ID 639

51-0137697

(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	NONE	73562	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 114

51-0137697

(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	NONE	73241	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 665

51-0137697

(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	NONE	71164	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)

EMPLOYEE ID 671

51-0137697

(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	NONE	68173	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 626

51-0137697

(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	NONE	66993	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 447

51-0137697

(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	NONE	66372	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)

EMPLOYEE ID 399

51-0137697

(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	NONE	66219	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

J.P. MORGAN INVESTMENT MGMT INC.

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28	NONE	51759	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 641

51-0137697

(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	NONE	65172	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)

EMPLOYEE ID 598

51-0137697

(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	NONE	61954	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 434

51-0137697

(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	NONE	61454	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 663

51-0137697

(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	NONE	61424	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)

EMPLOYEE ID 653

51-0137697

(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	NONE	59334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 585

51-0137697

(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	NONE	57567	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BUSH GOTTLIEB, A LAW CORPORATION

95-2956616

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	51094	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)

EMPLOYEE ID 664

51-0137697

(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	NONE	56583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 662

51-0137697

(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	NONE	56291	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 549

51-0137697

(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	NONE	55766	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)

EMPLOYEE ID 469

51-0137697

(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	NONE	54914	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK FINANCIAL MANAGEMENT INC

13-3806691

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	53616	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 644

51-0137697

(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	NONE	52799	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)

EMPLOYEE ID 246

51-0137697

(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	NONE	52750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 387

51-0137697

(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	NONE	51759	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 207

51-0137697

(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	NONE	49140	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)

EMPLOYEE ID 621

51-0137697

(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	NONE	48916	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 210

51-0137697

(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	NONE	48890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 485

51-0137697

(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	NONE	45536	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)

STATE STREET BANK & TRUST

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19	NONE	52109	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 316

51-0137697

(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	NONE	43177	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 373

51-0137697

(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	NONE	43129	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)

EMPLOYEE ID 642

51-0137697

(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	NONE	41762	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 163

51-0137697

(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	NONE	41334	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 635

51-0137697

(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	NONE	40807	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)

EMPLOYEE ID 256

51-0137697

(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	NONE	40453	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 396

51-0137697

(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	NONE	39803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IAPPSYS INC.

20-2774279

(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	NONE	39167	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)

EMPLOYEE ID 131

51-0137697

(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	NONE	39017	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 374

51-0137697

(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	NONE	38404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 195

51-0137697

(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	NONE	38327	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)

WELLS FARGO BANK, N.A.

94-1347393

(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	NONE	38154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 672

51-0137697

(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	NONE	37361	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 528

51-0137697

(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	NONE	36736	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)

EMPLOYEE ID 526

51-0137697

(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	NONE	36672	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 466

51-0137697

(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	NONE	35737	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 353

51-0137697

(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	NONE	35551	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)

EMPLOYEE ID 389

51-0137697

(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	NONE	35286	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 609

51-0137697

(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	NONE	34630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 456

51-0137697

(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	NONE	34316	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)

EMPLOYEE ID 382

51-0137697

(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	NONE	34298	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 480

51-0137697

(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	NONE	33882	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 643

51-0137697

(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	NONE	31743	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)

EMPLOYEE ID 223

51-0137697

(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	NONE	31465	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 269

51-0137697

(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	NONE	30472	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 390

51-0137697

(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	NONE	30096	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)

EMPLOYEE ID 488

51-0137697

(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	NONE	29897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 474

51-0137697

(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	NONE	28817	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 310

51-0137697

(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	NONE	28502	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)

EMPLOYEE ID 630

51-0137697

(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	NONE	28436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 479

51-0137697

(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	NONE	27361	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 224

51-0137697

(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	NONE	26710	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)

EMPLOYEE ID 388

51-0137697

(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	NONE	26370	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 634

51-0137697

(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	NONE	26059	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EMPLOYEE ID 487

51-0137697

(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	NONE	25375	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)

GREENBERG GLUSKER FIELDS CLAMAN

95-2161045

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	23170	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHENKMAN CAPITAL MANAGEMENT INC

13-3280361

(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	NONE	41269	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROSKAUER ROSE LLP

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	20275	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)

MOTION PICTURE & TELEVISION FUND

95-1652916

(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?
99	NONE	18200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SENTINEL INSURANCE COMPANY, LTD

06-1552103

(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?
23	NONE	9584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BFSG LLC

20-8161914

(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?
26 27	NONE	8146	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)

ROSSMORE PROPERTY & CASUALTY INSUR

95-3658819

(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?
22 53	NONE	6796	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BLACKROCK INSTITUTIONAL TRUST COMP

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 50 51 52	NONE	6376	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

ALTIUS IT INC

88-2136460

(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	NONE	6317	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)

JACKSON LEWIS P.C.

46-3862389

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	5315	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 ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.		OMB No. 1210-0110 2024 This Form is Open to Public Inspection.	
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024					
A Name of plan DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN				B Three-digit plan number (PN) ▶ 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, DIRECTORS GUILD OF AMERICA -				D Employer Identification Number (EIN) 23-7067289	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: 1-3 YEAR TREASURY INDEX FUND B					
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.					
c EIN-PN 94-3181525-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32532321	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code			

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) 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 DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES, DIRECTORS GUILD OF AMERICA -	D Employer Identification Number (EIN) 23-7067289	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13138485	12160607
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	5564814	5854092
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	87679839	76743727
(2) U.S. Government securities	1c(2)	16853595	6620125
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)	57714713	63080751
(B) All other.....	1c(3)(B)	28222374	31890024
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	77138174	84670456
(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)	31260371	32532321
(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)	91165837	94576027
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e	3581210	3208484
f Total assets (add all amounts in lines 1a through 1e).....	1f	412319412	411336614
Liabilities			
g Benefit claims payable	1g	306408274	333985945
h Operating payables	1h	7646472	10062902
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2073664	1763707
k Total liabilities (add all amounts in lines 1g through 1j)	1k	316128410	345812554
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	96191002	65524060

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)	146892805	
(B) Participants	2a(1)(B)	13980879	
(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)		160873684
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1471519	
(B) U.S. Government securities	2b(1)(B)	386760	
(C) Corporate debt instruments	2b(1)(C)	4266851	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	2045	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6127175
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	4611584	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4611584
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	117104091	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	115480938	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1623153
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	10375983	
(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)		1271950
(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)		-1201394
c Other income	2c		13304
d Total income. Add all income amounts in column (b) and enter total	2d		183695439

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	204352954	
(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)		204352954
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)	5065600	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	289610	
(4) IQPA audit fees	2i(4)	73300	
(5) Investment advisory and investment management fees	2i(5)	229020	
(6) Bank or trust company trustee/custodial fees	2i(6)	296933	
(7) Actuarial fees	2i(7)	427366	
(8) Legal fees	2i(8)	388987	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	44846	
(11) Other expenses	2i(11)	3193765	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10009427
j Total expenses. Add all expense amounts in column (b) and enter total	2j		214362381

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-30666942
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: **MILLER KAPLAN ARASE LLP**

(2) EIN: **95-2036255**

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?	☒		10000000
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 _____.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023



INDEPENDENT AUDITOR'S REPORT

Board of Trustees
Directors Guild of America – Producer
Health Plan
5055 Wilshire Boulevard, Suite 600
Los Angeles, California 90036

Members of the Board:

Opinion

We have audited the accompanying financial statements of Directors Guild of America – Producer Health 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 of benefit obligations as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits and benefit obligations 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.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor’s Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of 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 accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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 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 generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 7, 2025

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Assets		
Investments - At Fair Value	\$ 367,685,290	\$ 375,626,511
Cash and Cash Equivalents		
Operating Accounts	21,098,608	14,408,392
Paid Parental Leave (PPL) Benefit Account	1,329,533	-
Receivables		
Employer Contributions	12,160,607	13,138,485
Investment Income	668,366	836,538
Due from Investment Managers	282,839	740,869
Due from Related Entities	16,690	10,380
Prescription Drug Rebates/Refunds	3,059,283	2,263,079
Other	<u>1,841,126</u>	<u>1,713,948</u>
Total Receivables	18,028,911	18,703,299
Other Assets		
Fixed Assets, Net	1,289,796	1,502,951
Right-of-Use Assets, Net	1,636,687	1,781,632
Prepaid Expenses	<u>282,001</u>	<u>296,627</u>
Total Other Assets	<u>3,208,484</u>	<u>3,581,210</u>
Total Assets	411,350,826	412,319,412
Liabilities		
Accounts Payable	4,181,240	3,470,508
Accounts Payable (PPL Benefit)	19,434	-
Claims Payable	3,516,728	1,924,349
Participant Premiums Paid in Advance	2,345,500	2,251,615
Lease Liability	1,763,707	1,873,137
Due to Related Entities (PPL Benefit)	14,212	-
Due to Brokers, Net	<u>-</u>	<u>200,527</u>
Total Liabilities	<u>11,840,821</u>	<u>9,720,136</u>
Net Assets Available for Benefits	399,510,005	402,599,276
Memorandum:		
Benefit Obligations Other Than Postretirement		
Benefit Obligations	<u>333,985,945</u>	<u>306,408,274</u>
Excess of Net Assets Available for Benefits		
Over Benefit Obligations Other Than		
Postretirement Benefit Obligations	<u>\$ 65,524,060</u>	<u>\$ 96,191,002</u>

(Attached notes are an integral part of this statement)

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	January 1, 2024 to <u>December 31, 2024</u>	January 1, 2023 to <u>December 31, 2023</u>
ADDITIONS		
Net Investment Income		
Dividends and Interest	\$ 12,010,034	\$ 11,854,163
Net Appreciation of Investments	10,798,417	8,444,857
Investment Expenses	<u>(319,445)</u>	<u>(249,963)</u>
Net Investment Income	22,489,006	20,049,057
Contributions and Other Income		
Employers	145,464,821	116,549,346
Employers (PPL Benefit)	1,427,984	-
Participants	13,980,879	12,620,340
Miscellaneous Income	<u>13,304</u>	<u>251,375</u>
Total Contributions and Other Income	<u>160,886,988</u>	<u>129,421,061</u>
Total Additions	183,375,994	149,470,118
DEDUCTIONS		
Benefits Paid	176,775,283	162,544,260
Administrative Expenses	8,057,177	7,354,245
Administrative Expenses (PPL Benefit)	132,097	-
Professional Fees	<u>1,500,708</u>	<u>1,381,580</u>
Total Deductions	<u>186,465,265</u>	<u>171,280,085</u>
Net (Decrease) for the Year	(3,089,271)	(21,809,967)
Net Assets Available for Benefits		
Beginning of Year	<u>402,599,276</u>	<u>424,409,243</u>
End of Year	<u>\$ 399,510,005</u>	<u>\$ 402,599,276</u>
Average Number of Covered Participants	<u>9,161</u>	<u>9,667</u>

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN
STATEMENTS OF BENEFIT OBLIGATIONS

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Amounts Payable to or for Participants, Beneficiaries and Dependents		
Claims Incurred But Not Reported	\$ 41,057,000	\$ 29,424,000
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Estimated Accumulated Earned Eligibility Liability	184,700,000	168,600,000
Estimated Active Carry-Over Credit Obligation	<u>108,228,945</u>	<u>108,384,274</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>333,985,945</u>	<u>306,408,274</u>
Postretirement Benefit Obligations*		
Current Retirees, Beneficiaries and Dependents	413,937,115	386,276,144
Other Participants Fully Eligible for Benefits	732,599,600	723,907,874
Other Participants Not Yet Fully Eligible for Benefits	<u>449,378,791</u>	<u>480,650,520</u>
Total Postretirement Benefit Obligations	<u>1,595,915,506</u>	<u>1,590,834,538</u>
Total Benefit Obligations	<u><u>\$ 1,929,901,451</u></u>	<u><u>\$ 1,897,242,812</u></u>

* The calculation of postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN
STATEMENTS OF CHANGES IN BENEFIT OBLIGATIONS

	January 1, 2024 to December 31, 2024	January 1, 2023 to December 31, 2023
Amounts Payable to or for Participants, Beneficiaries and Dependents		
Claims Incurred But Not Reported - Beginning of Year	\$ 29,424,000	\$ 28,929,000
Claims Charged	182,626,144	157,683,081
Claims Paid	<u>(170,993,144)</u>	<u>(157,188,081)</u>
Claims Incurred But Not Reported - End of Year	<u>41,057,000</u>	<u>29,424,000</u>
Other Obligations for Current Benefit Coverage, at Present Value of Estimated Amounts		
Balance - Beginning of Year	276,984,274	286,407,885
Net Change During the Year:		
Estimated Future Benefits Based on:		
Estimated Accumulated Earned Eligibility Liability	16,100,000	(30,300,000)
Estimated Active Carry-Over Credit Obligation	<u>(155,329)</u>	<u>20,876,389</u>
Balance - End of Year	<u>292,928,945</u>	<u>276,984,274</u>
Total Obligations Other Than Postretirement Benefit Obligations	<u>333,985,945</u>	<u>306,408,274</u>
Postretirement Benefit Obligations*		
Balance at Beginning of Year	1,590,834,538	1,323,838,282
Net Changes During the Year:		
Benefits Earned Net of Benefits Paid	112,077,393	93,822,858
Changes in Actuarial Assumptions	(22,526,398)	178,295,238
Plan Amendments	(27,673,313)	-
Actuarial Experience Gain	<u>(56,796,714)</u>	<u>(5,121,840)</u>
Net Increase for the Year	<u>5,080,968</u>	<u>266,996,256</u>
Postretirement Benefit Obligations at End of Year	<u>1,595,915,506</u>	<u>1,590,834,538</u>
Plan's Total Benefit Obligations at End of Year	<u><u>\$ 1,929,901,451</u></u>	<u><u>\$ 1,897,242,812</u></u>

* The calculation of postretirement benefit obligations does not imply that there is any legal liability to provide the benefits valued, nor is there any implication that the Plan is required to implement a funding policy to satisfy the projected expense.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 1 - DESCRIPTION OF THE PLAN

The Directors Guild of America - Producer Health Plan (the Plan) is a multiemployer health benefit plan providing hospital, medical, prescription, dental, vision, mental health, and substance abuse benefits for eligible participants and their qualifying dependents. The Plan, started February 5, 1969, covers eligible collectively bargained and non-affiliate employees of employers signatory to applicable collective bargaining agreements and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Plan is governed by a Board of Trustees (the Board), representing Labor and Management, who serve without compensation.

For retirees who meet eligibility requirements, the Plan provides benefits to them and their eligible dependents.

The following description of the Plan provides only general information. Participants should refer to the Summary Plan Description for a more complete description of the vesting and benefit provisions. Copies of this booklet are available from the Plan's administrative office.

Contributions

Under the terms of the applicable collective bargaining agreements, employers contribute a specified percentage of covered employees' compensation (See Note 2). Contributions collected for the Paid Parental Leave ("PPL") benefit may only be used to pay the PPL benefits and related administrative expenses (See Note 8).

Eligibility

Individuals performing services covered under the collective bargaining agreements must generate minimum contributions to receive 12 months of benefit eligibility. Upon generating minimum contributions, there is a mandatory 3 month waiting period prior to the beginning of a 12 month eligibility period. Eligibility effective dates are determined on a calendar quarter basis. The minimum earnings necessary to qualify for benefits for eligibility periods increased on January 1, 2023 to \$37,925 from \$37,000. When earned coverage ends, participants may in certain circumstances use COBRA Continuation Coverage or Extended Self-Pay Coverage to continue benefits under the Plan.

Plan Amendments

Certain changes were made during 2024 and 2023 adding a paid parental leave benefit, comply with the No Surprises Act and other benefit changes.

Plan Termination

In the event of Plan termination, the Board shall apply Plan assets to pay or to provide for the payment of any and all obligations of the Plan and shall distribute and apply any remaining surplus in such manner as will in their opinion best effectuate the purpose of the Plan. However, no part of the corpus or income of the Plan shall be used for or diverted to purposes other than for the exclusive benefit of the participants, their beneficiaries, or dependents, or the administrative expenses of the Plan or for other payments in accordance with the provisions of the Plan. Under no circumstances shall any portion of the corpus or income of the Plan, directly or indirectly, revert or accrue to the benefit of any contributing employer, or to the benefit of any union. No use thereof for the benefit of the participants, their beneficiaries, or dependents shall be made except by way of health benefits and excluding always any direct distribution of cash or property.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accounts of the Plan are maintained on the accrual basis of accounting.

Estimates

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

Contributions

Employers that are signatory parties to the collective bargaining agreements are required to contribute to the Plan a percentage of the participant's covered compensation. These contributions are reported in the financial statements on the accrual basis. The Plan conducts examinations of employer payroll records to monitor compliance with their obligations to make contributions.

Contributions receivable represent the estimated amount of contributions earned at year-end but not received or reported until the following year. No allowance is made for uncollectible amounts.

Cash and Cash Equivalents

Cash and cash equivalents include an interest bearing sweep account.

Investment Valuation and Income Recognition

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

Dividends are recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade date basis. Interest and other investment income are reported on the accrual basis. The net appreciation or depreciation includes realized gains and losses on investments that were both purchased and sold during the period as well as unrealized appreciation or depreciation of the investments held at year end.

Administrative Expenses

The Plan is administered by common management with the Directors Guild of America – Producer Pension Plan Basic Benefit Plan (Basic Plan) and the Directors Guild of America – Producer Pension Plan Supplemental Benefit Plan (Supplemental Plan), related parties (together with the Plan, the "Plans"). Most administrative expenses and professional fees are paid by the Basic Plan. These costs are allocated to each plan based on the type of expense or service they represent. Expenses directly attributable to one plan are paid by or charged entirely to that plan. Expenses that are shared by the Plans are allocated in a ratable and consistent method to ensure a fair charge among the Plans. Periodically, the allocation percentages are reviewed and approved by the Board for all Plans and updated accordingly. Administrative expenses incurred to administer the PPL benefit are paid exclusively by contributions collected for the PPL benefit.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fixed Assets

Fixed assets include furniture and equipment, computer hardware and software, and leasehold improvements and are stated at cost and depreciated or amortized using the straight-line method over their estimated useful lives, which range from 3 to 20 years. Leasehold improvements are amortized over the shorter of the useful life of the asset or the remaining life of the lease. Depreciation and amortization expense was \$347,069 and \$340,159 for the years ended December 31, 2024 and 2023, respectively.

The following table summarizes fixed assets by class:

	December 31, 2024	December 31, 2023
Fixed Assets at Cost		
Furniture & Equipment	\$ 141,194	\$ 232,456
Computer Hardware & Software	5,409,081	5,331,730
Leasehold Improvements	107,990	97,898
Total Fixed Assets at Cost	<u>5,658,265</u>	<u>5,662,084</u>
Less: Accumulated Depreciation and Amortization	<u>(4,368,469)</u>	<u>(4,159,133)</u>
Fixed Assets, Net	<u>\$ 1,289,796</u>	<u>\$ 1,502,951</u>

Fixed assets for general use are allocated in a ratable and consistent method between the Plans, as discussed above. Fixed assets acquired for a specific plan are allocated to that plan.

Tax-Exempt Status

The Plan has received tax-exempt status from the federal government under Internal Revenue Code Section 501(c)(9) and the state of California under Revenue and Taxation Code Section 23701i. The Plan has since been amended. However, the Plan administrator and Plan counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken a tax position that more likely than not would not be sustained upon examination by a tax authority. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Risks and Uncertainties

Plan investments include a variety of investments that are exposed to various risks, such as interest rate, market fluctuations and credit risks. Due to the level of risk associated with 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 and the statements of changes in net assets available for benefits.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Risks and Uncertainties (Continued)

Plan contributions are made and the actuarial present value of benefit obligations and postretirement benefit obligations are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Concentration of Credit Risk

During the year ended December 31, 2024, the Plan maintained bank accounts with cash balances in excess of the federally insured limit of \$250,000 per bank. The amount in excess of the limit was subject to risk if the financial institution did not perform. The Plan has not incurred any losses on the uninsured balances.

Lease Liability

The Plan leases copy machines and other computer equipment with lease periods up to 60 months, ending in 2029. The Plans entered into a 12 year lease for office space during 2013 and in 2021 extended the lease for an additional 65 months through October 31, 2030.

The Plan classified the leases as operating leases and determined that the fair value at their inception was \$2,364,989 using a discount rate equivalent of the US Treasury daily rate at inception of the lease. During the years ended December 31, 2024 and 2023, the Plan made base rent and lease payments of \$272,387 and \$265,164, respectively. As of December 31, 2024 and 2023, the lease liability was \$1,763,707 and \$1,873,137, respectively. ASC 842 requires recognition in the statements of changes in net assets available for benefits a single lease cost, calculated so that the cost of the lease is allocated over the lease term, generally on a straight-line basis. Rent and lease expense for the years ended December 31, 2024 and 2023 was \$424,167 and \$415,611, respectively. During the years ended December 31, 2024 and 2023, the Plan reflected amortization of the right-of-use asset of \$250,167 and \$251,429, respectively, related to the lease, resulting in a net asset balance of \$1,636,687 and \$1,781,632, respectively, as of December 31, 2024 and 2023.

Maturities of the Plan's lease liability is as follows:

Year Ending December 31,	
2025	\$ 292,803
2026	314,027
2027	322,573
2028	331,377
2029	332,903
Thereafter	265,690
	<u>1,859,373</u>
Less amount representing interest	<u>(95,666)</u>
Present value of lease liability	<u>\$ 1,763,707</u>

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 3 - RELATED PARTIES AND PARTY-IN-INTEREST TRANSACTIONS

The Basic Plan pays for administrative expenses and professional fees, as described in Note 2. The Plan and Supplemental Plan reimburse the Basic Plan for these expenses monthly.

The following tables represent the allocation of administrative expenses between the Plans:

January 1, 2024 to December 31, 2024				
	Basic Plan	Supplemental Plan	Health Plan	Total
<u>Administrative Expenses</u>				
Salaries and Related Expenses	\$ 3,948,920	\$ 3,916,426	\$ 5,065,600	\$ 12,930,946
Rental Expenses	521,343	521,343	330,559	1,373,245
Trustee Meetings, Conferences and Seminars	97,544	94,801	44,846	237,191
Other Administrative Expenses	2,193,083	1,669,184	2,748,269	6,610,536
Total	<u>\$ 6,760,890</u>	<u>\$ 6,201,754</u>	<u>\$ 8,189,274</u>	<u>\$ 21,151,918</u>
January 1, 2023 to December 31, 2023				
	Basic Plan	Supplemental Plan	Health Plan	Total
<u>Administrative Expenses</u>				
Salaries and Related Expenses	\$ 3,420,064	\$ 3,409,689	\$ 4,944,183	\$ 11,773,936
Rental Expenses	487,953	487,953	308,293	1,284,199
Trustee Meetings, Conferences and Seminars	73,187	72,325	38,747	184,259
Other Administrative Expenses	2,105,603	1,586,684	2,063,022	5,755,309
Total	<u>\$ 6,086,807</u>	<u>\$ 5,556,651</u>	<u>\$ 7,354,245</u>	<u>\$ 18,997,703</u>

In 1991, the parties to the various collective bargaining agreements established DGA - Producers Pension and Health Plans, Inc. (DGA-PPHP, Inc.). All contributions are sent to DGA-PPHP, Inc., agent for the employers. DGA-PPHP, Inc. determines which contributions are attributable to each plan and transmits those contributions to the appropriate plan.

The Plan administers health coverage for DGA trainees pursuant to an agreement with the Directors Guild - Producer Training Plan (the Training Plan). The Plan is reimbursed by the Training Plan in an amount equal to the cost of the premiums paid to the providers plus an administrative fee.

Cash held at the custodian and certain investments held by the Plan are issued and managed by the custodian or an affiliate of the custodian. Cash transactions and purchases and sales of the investments represent party-in-interest transactions that are exempt from prohibited transaction rules.

NOTE 4 - BENEFIT OBLIGATIONS

Claims Incurred but Not Reported

Claims incurred but not reported represents the estimated obligation for claims incurred but not paid by the Plan before year end. The estimated obligation for 2024 and 2023 is \$41,057,000 and \$29,424,000, respectively.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 4 - BENEFIT OBLIGATIONS (Continued)

Estimated Accumulated Earned Eligibility Liability and Carry-Over Credit Obligation

The estimated obligation for estimated accumulated earned eligibility liability at December 31, 2024 and 2023 was \$184,700,000 and \$168,600,000, respectively. These amounts were calculated using estimated composite monthly benefit rates of \$1,976 and \$1,743 as of December 31, 2024 and 2023, respectively.

Participants who have covered earnings during a benefit period in excess of the carry-over threshold can earn carry-over credits that can be used to qualify for health coverage in future periods. Carry-over credits begin accumulating when covered earnings during any earnings period exceed \$150,000 effective with benefit periods through December 31, 2024. The overall maximum balance of covered earnings permitted in an individual's carry-over account is \$510,000. The Plan's carry-over credit obligation as of December 31, 2024 and 2023 was \$108,228,945 and \$108,384,274, respectively.

Postretirement Benefits

The postretirement benefit obligation represents the actuarial present value of those estimated future benefits that are attributed to participant service rendered to December 31, 2024 and 2023. Postretirement benefits include future benefits expected to be paid to or for (1) retirees and their beneficiaries and covered dependents, (2) other participants fully eligible for benefits, and (3) other participants not yet fully eligible for benefits. Before an active participant's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the Plan rendered to valuation date.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims cost per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant assumptions used in the valuations included discount rates of 5.50% and 4.75% as of December 31, 2024 and 2023, respectively. Assumed mortality rates used for December 31, 2024 and 2023 were from the Headcount-Weighted RP2014 White Collar Annuitant Mortality Tables, projected generationally from 2014 with Scale MP2021 for healthy participants and the Headcount-Weighted RP2014 Disabled Annuitant Mortality Tables, projected generationally from 2014 with Scale MP2021 for disabled participants. Retirement age ranges from 55 to 80.

The assumed health care cost and the administrative trend rates used in the December 31, 2024 valuation were:

- 7.5% for medical-non-Medicare claims graded to 4.5% over 12 years
- 5.5% for medical-Medicare claims graded to 4.5% over 4 years
- 12.0% for prescription drug claims graded to 4.5% over 15 years
- 3.0% for Medicare Part D
- 4.0% for dental claims
- 3.0% for vision claims
- administrative expenses of \$1,061 per participant increasing 3.0% per year

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 4 - BENEFIT OBLIGATIONS (Continued)

Postretirement Benefits (Continued)

The health care cost-trend rate assumption has a significant effect on the amounts reported. If the assumed rates increased by one percentage point in each year, that would increase the obligation as of December 31, 2024 and 2023 by \$350,461,372 and \$365,274,356, respectively.

The effect of the Medicare Prescription Drug, Improvement, and Modernization Act on the Plan was determined based on the actuary's interpretation of current regulations and guidance. The benefits provided under the Plan are at least actuarially equivalent to Medicare Part D benefits. Thus, the Plan is eligible for the Medicare Prescription Drug subsidy. The gross Medicare subsidy received by the Plan in 2024 and 2023 was \$1,070,554 and \$916,396, respectively, which is netted against benefits paid.

Changes in Actuarial Assumptions

The following are significant changes in actuarial assumptions between the December 31, 2024 and 2023 valuations:

- The discount rate was increased from 4.75% to 5.50%;
- Per capita health care costs and retiree contribution rates were updated;
- Trend rates on per capita health costs and retiree contribution rates were updated;
- The 2025 Active Carry-Over credit threshold was increased from \$150,000 to \$160,000;
- The spouse coverage assumption for male retirees was increased from 70% to 80%; and
- Retirement rates for inactive eligible participants were modified;

The foregoing assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the postretirement benefit obligation.

NOTE 5 - FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring the fair value of assets and liabilities. 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 market 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 are described below:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- Inputs that are derived principally from corroborated observable market data by model-based valuation techniques or other means.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. Typically, the fair value reflects management’s estimates of assumptions that market participants would use in pricing the asset or liability.

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

The following is a description of the valuation techniques used for assets measured at fair value:

U.S. Government Securities and Corporate Debt: Valued at the closing price reported on the active market on which the individual securities are traded. If a closing price is not noted on an active market, valuation is subject to other observable inputs such as the last bid or settlement price.

Common/Collective Trusts: Valued at the net asset value (NAV) stated in the most recent audited and unaudited financial reports from the investment managers as a practical expedient to measure fair value.

Registered Investment Companies: Valued at closing price reported on the active market on which the individual securities are traded.

Partnerships: Valued at the NAV stated in the most recent audited and unaudited financial reports from the investment managers as a practical expedient to measure fair value because the investments do not have a readily determinable fair value and the NAV is calculated in a manner consistent with investment company accounting.

Interest Bearing Cash: Valued at cost, which equals fair value.

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

The following table summarizes the Plan’s investments within the fair value hierarchy as of December 31, 2024:

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

	Level 1	Level 2	Total
U.S. Government Securities	\$ -	\$ 6,620,125	6,620,125
Corporate Debt	-	94,970,775	94,970,775
Registered Investment Companies	94,576,027	-	94,576,027
Interest-Bearing Cash	43,304,609	11,010,977	54,315,586
Total Assets in Fair Market Value Hierarchy	<u>\$ 137,880,636</u>	<u>\$ 112,601,877</u>	<u>250,482,513</u>
Assets Measured at NAV			
Common/Collective Trusts			32,532,321
Partnerships			84,670,456
Total Assets Measured at NAV			<u>117,202,777</u>
<u>Total</u>			<u>\$ 367,685,290</u>

The following table summarizes the Plan's investments within the fair value hierarchy as of December 31, 2023:

	Level 1	Level 2	Total
U.S. Government Securities	\$ -	\$ 16,853,595	\$ 16,853,595
Corporate Debt	-	85,937,087	85,937,087
Registered Investment Companies	91,165,837	-	91,165,837
Interest-Bearing Cash	49,987,914	23,283,533	73,271,447
Total Assets in Fair Market Value Hierarchy	<u>\$ 141,153,751</u>	<u>\$ 126,074,215</u>	<u>267,227,966</u>
Assets Measured at NAV			
Common/Collective Trusts			31,260,371
Partnerships			77,138,174
Total Assets Measured at NAV			<u>108,398,545</u>
<u>Total</u>			<u>\$ 375,626,511</u>

The Plan uses NAV to determine the fair value of all the underlying investments which do not have a readily determinable fair value and prepare their financial statements consistent with the measurement principles of an investment company or have the attributes of an investment company.

The following table presents the fair value, unfunded commitments, and information about redemption periods, if applicable, for those investments where the fair value is determined by the NAV per share or its equivalent as a practical expedient as of December 31, 2024. See Note 7 for total Plan unfunded commitments, including commitments for pending investments.

	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Common/Collective Trusts (a)	\$ 32,532,321	\$ -	Daily	1-2 days
Partnerships (b)	84,670,456	580,842	Daily, Quarterly, Semi-Annually	1-90 days

(a) This is a short duration government bond index fund invests in U.S. bonds and maintains an average portfolio duration of 0-3 years.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 5 - FAIR VALUE MEASUREMENTS (Continued)

(b) This class includes hedge funds, credit funds, and a real assets fund.

NOTE 6 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

For Form 5500 reporting, realized and unrealized gains and losses are computed based on investment market values as of the beginning of the year. For investments purchased during the year, realized and unrealized gains and losses are the same for financial statement and Form 5500 purposes.

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>December 31, 2024</u>	<u>December 31, 2023</u>
Net Assets Available for Benefits Per the Financial Statements	\$ 399,510,005	\$ 402,599,276
Plan's Total Benefit Obligations Other than Postretirement Benefit Obligations	<u>333,985,945</u>	<u>306,408,274</u>
Net Assets Per the Form 5500	<u>\$ 65,524,060</u>	<u>\$ 96,191,002</u>

The following is a reconciliation of benefits paid per the financial statements to the Form 5500 from January 1, 2024 to December 31, 2024:

	<u>January 1, 2024 to December 31, 2024</u>
Benefits Paid to Participants per the Financial Statements	\$ 176,775,283
Add: Benefit Obligations Other than Postretirement Benefit Obligations at December 31, 2024	333,985,945
Less: Benefit Obligations Other than Postretirement Benefit Obligations at December 31, 2023	<u>(306,408,274)</u>
Total Benefit Payments Per the Form 5500	<u>\$ 204,352,954</u>

NOTE 7 - COMMITMENTS AND CONTINGENCIES

As described in Note 5, the Plan has commitments to contribute capital for partnerships. The aggregate amount of these commitments, including commitments for pending investments, is approximately \$581,000 at December 31, 2024 and 2023.

NOTE 8 - PAID PARENTAL LEAVE

The Plan added a separately funded PPL benefit. Contributions collected for this purpose may only be used to fund and administer payment of the PPL benefit. Contributions are due for work on or after July 1, 2024 under certain collective bargaining agreements, and benefits are payable beginning July 1, 2025. The 2024 activity is as follows:

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 8 - PAID PARENTAL LEAVE (Continued)

	<u>January 1, 2024 to December 31, 2024</u>
Beginning Net Assets Available for Benefits	\$ -
Add: Employer Contributions	1,427,984
Less: Administrative Expenses	(132,097)
Ending Net Assets Available for Benefits	<u>\$ 1,295,887</u>

NOTE 9 - MULTIEMPLOYER PENSION PLAN

The Plan participates in the Basic Plan, a multiemployer defined benefit pension plan covering non-collectively bargained employees of the Plan's administrative office. The risks of participating in this multiemployer plan are different from single-employer plans in the following respects:

- Assets contributed to the multiemployer plan by one or more 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 its multiemployer plan, the Plan may be required to pay an amount based on the underfunded status of the plan, referred to as the withdrawal liability. The Basic Plan currently has no withdrawal liability.

The Plan's participation in the Basic Plan for the years ended December 31, 2024 and 2023 is outlined below.

	<u>2024</u>	<u>2023</u>
EIN	95-2892780	95-2892780
Plan Number	001	001
Pension Protection Act of 2006 Zone Status	Green	Green
Contributions by Plan	\$248,785	\$254,013
Plan's contributions >5% of total contributions	No	No
Funding Improvement or Rehabilitation Plan		
Pending or Implemented?	No	No
Surcharge Imposed?	No	No
Expiration of Collective Bargaining and		
Non-Affiliated Agreements	No	No

A portion of the Plan's expense is allocable to the Basic Plan and the Supplemental Plan (see Note 2).

NOTE 10 - POSTRETIREMENT HEALTH BENEFITS

The Plan participates in a multiemployer plan that provides postretirement benefits to retired employees, including health, dental, prescription drug, and vision. The cost of all health benefits was \$401,387 and \$407,715 in 2024 and 2023, respectively. A portion of the Plan's expense is allocated to the Basic Plan and Supplemental Plan (see Note 2).

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2024 AND 2023

NOTE 11 - SUBSEQUENT EVENTS

Management has evaluated subsequent events through October 7, 2025, the date on which these financial statements were available to be issued. There were no material subsequent events that required recognition or additional disclosures in these financial statements.

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN

FORM 5500

SCHEDULE H – PART IV, LINE 4

E.I.N. 23-7067289; PLAN NO. 501

SUPPLEMENTAL SCHEDULE REQUIRED

BY THE DEPARTMENT OF LABOR



Independent Auditor's Report on Supplemental
Schedule Required by the Department of Labor

Board of Trustees
Directors Guild of America – Producer
Health Plan
5055 Wilshire Boulevard, Suite 600
Los Angeles, California 90036

Members of the Board:

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Miller Kaplan Arase LLP

MILLER KAPLAN ARASE LLP

Burbank, California

October 7, 2025

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7067289: PLAN NO. 501
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		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost (\$)	(e) Current Value (\$)
(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value		
Interest-Bearing Cash							
	ABN AMRO FUNDING USA LC	SHORT TERMS	01/06/2025	0.000	299,000	290,240	290,240
	BANK AMER SECS INC	SHORT TERMS	05/29/2025	0.000	718,000	679,814	679,814
	BANK MONTREAL DISC COML PAPER	SHORT TERMS	11/21/2025	0.000	94,000	89,820	89,820
	CHEVRON CORP	SHORT TERMS	04/23/2025	0.000	250,000	244,344	244,344
	CISCO SYSTEMS INC	SHORT TERMS	06/02/2025	0.010	599,000	585,598	585,598
	CREDIT INDL ET COML INSTL CTF	SHORT TERMS	11/21/2025	0.010	454,000	454,000	454,000
	DNB NOR BANK ASA	SHORT TERMS	05/29/2025	0.000	886,000	839,416	839,416
	ING US FUNDING LLC	SHORT TERMS	10/07/2025	0.010	500,000	478,321	478,321
	KEB HANA BK NEW YORK	SHORT TERMS	01/10/2025	0.000	250,000	250,000	250,000
	KOOKMIN BK NY BRH	SHORT TERMS	05/27/2025	999.9	166,000	166,000	166,000
	KOOKMIN BK NY BRH	SHORT TERMS	07/24/2025	4.670	139,000	139,000	139,000
	MACQUARIE BANK LIMITED	SHORT TERMS	11/20/2025	0.010	331,000	316,241	316,241
	PROCTOR GAMBLE AND CO	SHORT TERMS	03/11/2025	0.010	1,100,000	1,063,430	1,063,430
	SIEMENS CAPTAL CO. LLC	SHORT TERMS	04/29/2025	0.000	417,000	407,504	407,504
	SKANDIN ENS BANKEN AG	SHORT TERMS	10/07/2025	0.010	415,000	396,957	396,957
	SOCIETE GENERALE	SHORT TERMS	05/29/2025	0.000	597,000	565,426	565,426
	STANDARD CHRTRD BNKN	SHORT TERMS	10/09/2025	0.010	458,000	458,000	458,000
	SUMITOMO MITSUI BKG CORP	SHORT TERMS	03/18/2025	999.9	521,000	521,000	521,000
	SVENSKA HANDLSBNKN A	SHORT TERMS	11/18/2025	0.000	321,000	306,752	306,752
	SWEDBANK SPARBANKEN SVENGE	SHORT TERMS	10/15/2025	0.010	132,000	132,000	132,000
	TOTAL FINA ELF CAP	SHORT TERMS	01/28/2025	0.000	206,000	203,552	203,552
	TOTAL FINA ELF CAP	SHORT TERMS	01/28/2025	0.010	230,000	227,178	227,267
	US DOLLAR	CASH AND CASH EQUIVALENTS	N/A	N/A	65,732,750	65,732,750	65,732,750
	AUST + NEW ZEA 11/25 ZCP	SHORT TERMS	11/25/2025	0.000	392,000	374,648	374,648
	AUST + NEW ZEA 11/25 ZCP	SHORT TERMS	11/25/2025	0.010	200,000	191,122	191,147
	CREDIT AGRICOLE CORP 10/25 FIXED 4.4	SHORT TERMS	10/07/2025	4.400	513,000	513,000	513,000
	NATIONAL BK OF CANAD 05/25 ZCP	SHORT TERMS	05/23/2025	0.000	600,000	568,500	568,500
	TORONTO DOMINION BK 10/25 FIXED 4.5	SHORT TERMS	10/01/2025	4.500	549,000	549,000	549,000
	Total Interest-Bearing Cash					76,743,613	76,743,727
U.S. Government Securities							
	US TREASURY N/B 05/25 2.125	GOVERNMENT ISSUES	05/15/2025	2.125	600,000	580,854	595,302
	US TREASURY N/B 02/25 1.125	GOVERNMENT ISSUES	02/28/2025	1.125	650,000	624,332	646,692
	US TREASURY N/B 01/25 4.125	GOVERNMENT ISSUES	01/31/2025	4.125	600,000	596,250	599,856
	US TREASURY N/B 02/25 4.625	GOVERNMENT ISSUES	02/28/2025	4.625	500,000	499,705	500,140
	US TREASURY N/B 06/25 4.625	GOVERNMENT ISSUES	06/30/2025	4.625	900,000	902,142	902,169
	US TREASURY N/B 11/25 4.875	GOVERNMENT ISSUES	11/30/2025	4.875	700,000	707,245	703,794
	US TREASURY N/B 09/26 3.5	GOVERNMENT ISSUES	09/30/2026	3.500	2,100,000	2,086,594	2,073,540
	US TREASURY N/B 10/26 4.125	GOVERNMENT ISSUES	10/31/2026	4.125	600,000	598,828	598,632
	Total U.S. Government Securities					6,595,950	6,620,125
Corporate Debt Instruments - Preferred							
	ABBVIE INC SR UNSECURED 05/25 3.6	CORPORATE BONDS	05/14/2025	3.600	885,000	870,495	881,336
	ABBVIE INC SR UNSECURED 11/26 2.95	CORPORATE BONDS	11/21/2026	2.950	355,000	340,807	344,868
	ALLY AUTO RECEIVABLES TRUST ALLYA 2022 3 A3	AUTO LOAN RECEIVABLE	04/15/2027	5.070	119,430	119,449	119,667
	ALLY AUTO RECEIVABLES TRUST ALLYA 2024 1 A2	AUTO LOAN RECEIVABLE	01/15/2027	5.320	299,573	299,547	300,000
	AMERICAN EXPRESS CO SR UNSECURED 11/25 4.2	CORPORATE BONDS	11/06/2025	4.200	1,000,000	997,910	997,660
	AMERICAN EXPRESS CO SR UNSECURED 11/27 5.85	CORPORATE BONDS	11/05/2027	5.850	970,000	1,010,973	1,000,051
	AMERICAN HONDA FINANCE SR UNSECURED 05/25 5	CORPORATE BONDS	05/23/2025	5.000	300,000	300,762	300,168
	AON GLOBAL LTD COMPANY GUAR 12/25 3.875	CORPORATE BONDS	12/15/2025	3.875	350,000	347,046	347,354
	ARI FLEET LEASE TRUST ARIFL 2023 A A2 144A	AUTO LOAN RECEIVABLE	02/17/2032	5.410	140,811	140,542	141,302

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	ASTRAZENECA PLC SR UNSECURED 11/25 3.375	CORPORATE BONDS	11/16/2025	3.375	970,000	948,699	960,465
	ATHENE GLOBAL FUNDING SR SECURED 144A 08/26 4.86	CORPORATE BONDS	08/27/2026	4.860	397,000	398,004	396,579
	AUST + NZ BANKING GROUP SR UNSECURED 144A 03/26 VAR	CORPORATE BONDS	03/18/2026	1.000	200,000	200,000	200,474
	AUST + NZ BANKING GRP NY SR UNSECURED 12/25 5.088	CORPORATE BONDS	12/08/2025	5.088	1,945,000	1,956,597	1,955,231
	BANK OF AMERICA AUTO TRUST BAAT 2023 2A A2 144A	AUTO LOAN RECEIVABLE	08/17/2026	5.850	113,353	114,006	113,690
	BANK OF AMERICA CORP SR UNSECURED 10/26 VAR	CORPORATE BONDS	10/24/2026	1.000	385,000	362,297	374,028
	BANK OF AMERICA CORP SR UNSECURED 10/27 3.248	CORPORATE BONDS	10/21/2027	3.248	710,000	676,417	684,270
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 02/25 3.5	CORPORATE BONDS	02/01/2025	3.500	139,000	136,807	138,776
	BMW VEHICLE LEASE TRUST BMWLT 2023 1 A3	AUTO LOAN RECEIVABLE	11/25/2025	5.160	68,329	68,243	68,377
	BRIGHTHSE FIN GLBL FUND SR SECURED 144A 01/25 1.75	CORPORATE BONDS	01/13/2025	1.750	221,000	214,264	220,790
	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/25 0.75	CORPORATE BONDS	11/13/2025	0.750	1,000,000	963,660	968,740
	CAPITAL ONE MULTI ASSET EXECUT COMET 2022 A1 A1	CREDIT CARD RCVEABLE	03/15/2027	2.800	686,000	674,585	683,440
	CAPITAL ONE MULTI ASSET EXECUT COMET 2022 A2 A	CREDIT CARD RCVEABLE	05/15/2027	3.490	248,000	246,702	247,027
	CAPITAL ONE PRIME AUTO RECEIVA COPAR 2021 1 A3	AUTO LOAN RECEIVABLE	09/15/2026	0.770	186,287	180,292	184,422
	CAPITAL ONE PRIME AUTO RECEIVA COPAR 2022 2 A3	AUTO LOAN RECEIVABLE	05/17/2027	3.660	584,725	575,407	581,584
	CAPITAL ONE PRIME AUTO RECEIVA COPAR 2023 1 A3	AUTO LOAN RECEIVABLE	02/15/2028	4.870	669,000	670,098	671,488
	CAPITAL ONE PRIME AUTO RECEIVA COPAR 2023 2 A2A	AUTO LOAN RECEIVABLE	10/15/2026	5.910	393,946	395,837	395,320
	CATERPILLAR FINL SERVICE SR UNSECURED 11/25 0.8	CORPORATE BONDS	11/13/2025	0.800	2,165,000	2,054,176	2,095,395
	CHEVRON PHILLIPS CHEM CO SR UNSECURED 144A 04/25 5.125	CORPORATE BONDS	04/01/2025	5.125	555,000	554,867	555,216
	CIGNA GROUP/THE COMPANY GUAR 11/25 4.125	CORPORATE BONDS	11/15/2025	4.125	250,000	248,528	248,733
	CITIBANK NA SR UNSECURED 04/26 5.438	CORPORATE BONDS	04/30/2026	5.438	467,000	467,000	471,189
	CITIBANK NA SR UNSECURED 08/26 4.929	CORPORATE BONDS	08/06/2026	4.929	250,000	250,000	250,995
	CNH EQUIPMENT TRUST CNH 2022 A A3	OTHER ASSET BACKED	07/15/2027	2.940	54,964	53,974	54,463
	CNH EQUIPMENT TRUST CNH 2022 B A3	OTHER ASSET BACKED	11/15/2027	3.890	681,404	669,878	678,014
	CNH EQUIPMENT TRUST CNH 2024 A A2	OTHER ASSET BACKED	07/15/2027	5.190	155,578	155,567	155,914
	COMCAST CORP COMPANY GUAR 10/25 3.95	CORPORATE BONDS	10/15/2025	3.950	2,175,000	2,154,143	2,163,690
	COMMONWEALTH BANK AUST SR UNSECURED 144A 03/25 2.296	CORPORATE BONDS	03/14/2025	2.296	335,000	327,848	333,486
	COOPERAT RABOBANK UA/NY 01/26 4.85	CORPORATE BONDS	01/09/2026	4.850	509,000	508,807	510,710
	COOPERAT RABOBANK UA/NY 08/26 4.333	CORPORATE BONDS	08/28/2026	4.333	348,000	348,000	346,907
	COREBRIDGE GLOB FUNDING SECURED 144A 06/26 5.35	CORPORATE BONDS	06/24/2026	5.350	598,000	597,689	603,215
	DELL EQUIPMENT FINANCE TRUST DEFT 2023 3 A2 144A	OTHER ASSET BACKED	04/23/2029	6.100	43,941	44,210	44,080
	DELL EQUIPMENT FINANCE TRUST DEFT 2024 1 A2 144A	OTHER ASSET BACKED	03/22/2030	5.580	149,000	148,990	149,649

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(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost (\$)	(e) Current Value (\$)
		Description	Maturity Date	Interest Rate (%)	Par/Maturity Value		
	DIGITALOCEAN HOLDINGS SR UNSECURED 12/26 0.00000	CONVERTIBLE BONDS	12/01/2026	0.010	42,000	34,625	37,275
	DISCOVER CARD EXECUTION NOTE T DCENT 2022 A2 A	CREDIT CARD RCVEABLE	05/15/2027	3.320	127,000	126,008	126,409
	DISCOVER CARD EXECUTION NOTE T DCENT 2022 A3 A3	CREDIT CARD RCVEABLE	07/15/2027	3.560	563,000	553,038	560,132
	ELEVANCE HEALTH INC SR UNSECURED 10/25 5.35	CORPORATE BONDS	10/15/2025	5.350	1,805,000	1,816,924	1,812,382
	EMD FINANCE LLC COMPANY GUAR 144A 03/25 3.25	CORPORATE BONDS	03/19/2025	3.250	231,000	227,630	230,256
	FORD CREDIT AUTO LEASE TRUST FORDL 2024 A A3	AUTO LOAN RECEIVABLE	05/15/2027	5.060	292,000	293,528	293,438
	FORD CREDIT AUTO OWNER TRUST FORDO 2022 C A3	AUTO LOAN RECEIVABLE	12/15/2026	4.480	156,038	154,970	155,946
	FORD CREDIT AUTO OWNER TRUST FORDO 2024 B A2A	AUTO LOAN RECEIVABLE	04/15/2027	5.400	599,000	598,955	601,810
	GENERAL DYNAMICS CORP COMPANY GUAR 11/27 2.625	CORPORATE BONDS	11/15/2027	2.625	725,000	680,253	688,076
	GEORGIA POWER CO SR UNSECURED 05/25 VAR	CORPORATE BONDS	05/08/2025	1.000	209,000	209,468	209,449
	GM FINANCIAL SECURITIZED TERM GMCAR 2023 1 A3	AUTO LOAN RECEIVABLE	02/16/2028	4.660	242,144	241,605	242,376
	GM FINANCIAL SECURITIZED TERM GMCAR 2023 4 A2A	AUTO LOAN RECEIVABLE	11/16/2026	5.890	136,398	136,727	136,892
	GM FINANCIAL SECURITIZED TERM GMCAR 2024 1 A2A	AUTO LOAN RECEIVABLE	02/16/2027	5.120	68,800	68,799	68,944
	HONDA AUTO RECEIVABLES OWNER T HAROT 2021 4 A3	AUTO LOAN RECEIVABLE	01/21/2026	0.880	202,522	197,895	200,947
	HONDA AUTO RECEIVABLES OWNER T HAROT 2024 1 A2	AUTO LOAN RECEIVABLE	09/15/2026	5.360	237,746	237,830	238,392
	HSBC HOLDINGS PLC SR UNSECURED 04/26 VAR	CORPORATE BONDS	04/18/2026	1.000	700,000	685,328	693,084
	HYUNDAI AUTO LEASE SECURITIZAT HALST 2023 B A3 144A	AUTO LOAN RECEIVABLE	06/15/2026	5.150	224,311	224,653	224,626
	HYUNDAI AUTO RECEIVABLES TRUST HART 2023 A A3	AUTO LOAN RECEIVABLE	04/15/2027	4.580	445,856	442,373	445,999
	HYUNDAI AUTO RECEIVABLES TRUST HART 2024 A A2A	AUTO LOAN RECEIVABLE	04/15/2027	5.290	164,386	164,384	164,937
	HYUNDAI AUTO RECEIVABLES TRUST HART 2024 B A2A	AUTO LOAN RECEIVABLE	06/15/2027	5.150	700,000	699,972	702,766
	HYUNDAI AUTO RECEIVABLES TRUST HART 2024 C A2A	AUTO LOAN RECEIVABLE	09/15/2027	4.530	235,000	234,986	235,094
	HYUNDAI CAPITAL AMERICA SR UNSECURED 144A 06/26 5.45	CORPORATE BONDS	06/24/2026	5.450	231,000	230,831	232,573
	JOHN DEERE CAPITAL CORP SR UNSECURED 10/26 1.3	CORPORATE BONDS	10/13/2026	1.300	735,000	678,104	695,567
	JOHN DEERE OWNER TRUST JDOT 2023 B A3	OTHER ASSET BACKED	03/15/2028	5.180	369,000	372,142	372,047
	JOHN DEERE OWNER TRUST JDOT 2024 B A2A	OTHER ASSET BACKED	05/17/2027	5.420	541,000	540,969	544,427
	JP MORGAN CHASE BANK NA SR UNSECURED 12/26 5.11	CORPORATE BONDS	12/08/2026	5.110	1,345,000	1,358,437	1,359,163
	JPMORGAN CHASE + CO SR UNSECURED 11/26 VAR	CORPORATE BONDS	11/19/2026	1.000	315,000	304,271	304,904
	MARRIOTT VACATION WORLDW COMPANY GUAR 01/26 0.00000	CONVERTIBLE BONDS	01/15/2026	0.010	20,000	17,676	19,012
	MERCEDES BENZ AUTO LEASE TRUST MBALT 2024 B A2A	AUTO LOAN RECEIVABLE	12/15/2026	4.570	113,000	112,996	113,023
	MERCEDES BENZ AUTO RECEIVABLES MBART 2024 1 A2A	AUTO LOAN RECEIVABLE	05/17/2027	5.060	497,036	496,084	497,880

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	METLIFE INC SR UNSECURED 11/25 3.6	CORPORATE BONDS	11/13/2025	3.600	2,070,000	2,041,311	2,052,716
	MITSUBISHI UFJ FIN GRP SR UNSECURED 07/25 1.412	CORPORATE BONDS	07/17/2025	1.412	203,000	197,957	199,421
	MORGAN STANLEY BANK NA SR UNSECURED 10/26 5.882	CORPORATE BONDS	10/30/2026	5.882	350,000	355,513	357,350
	MORGAN STANLEY SR UNSECURED 12/26 VAR	CORPORATE BONDS	12/10/2026	1.000	630,000	606,161	607,534
	NATIONAL AUSTRALIA BK/NY SR UNSECURED 12/25 4.75	CORPORATE BONDS	12/10/2025	4.750	800,000	802,752	801,872
	NATIONAL RURAL UTIL COOP SR UNSECURED 05/25 VAR	CORPORATE BONDS	05/07/2025	1.000	234,000	234,253	234,426
	NEW YORK LIFE GLOBAL FDG SECURED 144A 01/25 2	CORPORATE BONDS	01/22/2025	2.000	700,000	679,476	698,971
	NOVARTIS CAPITAL CORP COMPANY GUAR 11/25 3	CORPORATE BONDS	11/20/2025	3.000	735,000	714,692	725,680
	PACCAR FINANCIAL CORP SR UNSECURED 10/25 4.95	CORPORATE BONDS	10/03/2025	4.950	500,000	502,815	501,440
	PACCAR FINANCIAL CORP SR UNSECURED 11/26 5.2	CORPORATE BONDS	11/09/2026	5.200	330,000	336,960	334,511
	PAYPAL HOLDINGS INC SR UNSECURED 10/26 2.65	CORPORATE BONDS	10/01/2026	2.650	535,000	508,871	518,190
	PHILIP MORRIS INTL INC SR UNSECURED 11/25 5	CORPORATE BONDS	11/17/2025	5.000	1,405,000	1,411,750	1,410,381
	PHILIP MORRIS INTL INC SR UNSECURED 11/27 5.125	CORPORATE BONDS	11/17/2027	5.125	350,000	351,043	354,211
	PNC BANK NA SR UNSECURED 10/27 3.1	CORPORATE BONDS	10/25/2027	3.100	360,000	338,317	345,089
	PORSCHE FINANCIAL AUTO SECURIT PFAST 2023 2A A2A 144A	AUTO LOAN RECEIVABLE	11/23/2026	5.880	20,633	20,743	20,672
	PRICOA GLOBAL FUNDING 1 SECURED 144A 08/25 4.2	CORPORATE BONDS	08/28/2025	4.200	700,000	697,970	698,152
	PRINCIPAL LFE GLB FND II SECURED 144A 01/25 1.375	CORPORATE BONDS	01/10/2025	1.375	434,000	416,709	433,675
	PRINCIPAL LFE GLB FND II SECURED 144A 06/25 1.25	CORPORATE BONDS	06/23/2025	1.250	201,000	190,528	197,762
	PROTECTIVE LIFE GLOBAL SECURED 144A 03/25 3.218	CORPORATE BONDS	03/28/2025	3.218	700,000	685,559	697,704
	PUBLIC STORAGE OP CO COMPANY GUAR 07/25 VAR	CORPORATE BONDS	07/25/2025	1.000	139,000	139,339	139,252
	REALTY INCOME CORP SR UNSECURED 11/25 4.625	CORPORATE BONDS	11/01/2025	4.625	1,213,000	1,212,619	1,211,472
	ROYAL BANK OF CANADA SR UNSECURED 01/25 VAR	CORPORATE BONDS	01/21/2025	1.000	892,000	892,690	892,098
	ROYAL BANK OF CANADA SR UNSECURED 11/27 6	CORPORATE BONDS	11/01/2027	6.000	485,000	508,542	500,860
	SABRE GLBL INC COMPANY GUAR 04/25 4	CONVERTIBLE BONDS	04/15/2025	4.000	47,000	46,200	45,988
	SBNA AUTO LEASE TRUST SBALT 2023 A A3 144A	AUTO LOAN RECEIVABLE	04/20/2027	6.510	237,000	240,379	239,950
	SBNA AUTO LEASE TRUST SBALT 2024 B A2 144A	AUTO LOAN RECEIVABLE	11/20/2026	5.670	138,033	138,033	138,676
	SBNA AUTO LEASE TRUST SBALT 2024 C A2 144A	AUTO LOAN RECEIVABLE	11/20/2026	4.940	102,276	102,269	102,409
	SCENTRE GROUP TRUST 1/2 COMPANY GUAR 144A 02/25 3.5	CORPORATE BONDS	02/12/2025	3.500	141,000	138,848	140,686
	SCENTRE GROUP TRUST 1/2 COMPANY GUAR 144A 10/25 3.25	CORPORATE BONDS	10/28/2025	3.250	121,000	118,500	119,225
	SIMON PROPERTY GROUP LP SR UNSECURED 11/26 3.25	CORPORATE BONDS	11/30/2026	3.250	175,000	168,844	170,709
	SIMON PROPERTY GROUP LP SR UNSECURED 12/27 3.375	CORPORATE BONDS	12/01/2027	3.375	355,000	339,440	343,818

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	SKANDINAVISKA ENSKILDA 144A 06/25 3.7	CORPORATE BONDS	06/09/2025	3.700	446,000	440,247	444,247
	SUMITOMO MITSUI FINL GRP SR						
	UNSECURED 07/26 2.632	CORPORATE BONDS	07/14/2026	2.632	207,000	201,295	200,585
	TELADOC HEALTH INC SR UNSECURED						
	06/27 1.25	CONVERTIBLE BONDS	06/01/2027	1.250	11,000	9,501	9,603
	TESLA AUTO LEASE TRUST TESLA 2024 A A2A						
	144A	AUTO LOAN RECEIVABLE	06/22/2026	5.370	76,621	76,614	76,779
	TEXAS INSTRUMENTS INC SR UNSECURED						
	11/27 2.9	CORPORATE BONDS	11/03/2027	2.900	355,000	338,173	340,271
	THERMO FISHER SCIENTIFIC SR UNSECURED						
	11/27 4.8	CORPORATE BONDS	11/21/2027	4.800	330,000	336,310	332,485
	TORONTO DOMINION BANK SR UNSECURED						
	10/25 VAR	CORPORATE BONDS	10/10/2025	1.000	538,000	538,000	538,570
	TOYOTA AUTO RECEIVABLES OWNER TAOT						
	2022 A A3	AUTO LOAN RECEIVABLE	06/15/2026	1.230	154,029	149,872	152,852
	TOYOTA AUTO RECEIVABLES OWNER TAOT						
	2022 B A3	AUTO LOAN RECEIVABLE	09/15/2026	2.930	235,803	231,101	234,372
	TOYOTA AUTO RECEIVABLES OWNER TAOT						
	2023 C A2A	AUTO LOAN RECEIVABLE	08/17/2026	5.600	63,285	63,390	63,424
	TOYOTA MOTOR CREDIT CORP SR						
	UNSECURED 08/26 4.55	CORPORATE BONDS	08/07/2026	4.550	136,000	135,916	136,092
	TOYOTA MOTOR CREDIT CORP SR						
	UNSECURED 10/25 0.8	CORPORATE BONDS	10/16/2025	0.800	1,000,000	966,830	971,340
	TRUIST BANK SR UNSECURED 11/25 4.05	CORPORATE BONDS	11/03/2025	4.050	950,000	945,114	945,706
	UBS AG LONDON SR UNSECURED 09/25 VAR	CORPORATE BONDS	09/11/2025	1.000	217,000	217,538	218,072
	UBS GROUP AG SR UNSECURED 144A 06/26						
	VAR	CORPORATE BONDS	06/05/2026	1.000	400,000	391,320	395,236
	UNITEDHEALTH GROUP INC SR UNSECURED						
	10/25 5.15	CORPORATE BONDS	10/15/2025	5.150	670,000	677,310	673,337
	UNITEDHEALTH GROUP INC SR UNSECURED						
	10/27 2.95	CORPORATE BONDS	10/15/2027	2.950	890,000	848,037	851,757
	US BANCORP SR UNSECURED 11/25 3.95	CORPORATE BONDS	11/17/2025	3.950	402,000	399,492	400,247
	VISA INC SR UNSECURED 12/25 3.15	CORPORATE BONDS	12/14/2025	3.150	1,400,000	1,370,254	1,384,110
	VOLKSWAGEN AUTO LOAN ENHANCED						
	VALET 2023 1 A2A	AUTO LOAN RECEIVABLE	12/21/2026	5.500	68,534	68,557	68,687
	VOLKSWAGEN AUTO LOAN ENHANCED						
	VALET 2023 1 A3	AUTO LOAN RECEIVABLE	06/20/2028	5.020	326,000	328,267	327,885
	VOLKSWAGEN AUTO LOAN ENHANCED						
	VALET 2023 2 A2A	AUTO LOAN RECEIVABLE	03/22/2027	5.720	218,078	219,405	219,223
	WALT DISNEY COMPANY/THE COMPANY						
	GUAR 10/25 3.7	CORPORATE BONDS	10/15/2025	3.700	760,000	746,457	755,501
	WALT DISNEY COMPANY/THE COMPANY						
	GUAR 11/26 3.375	CORPORATE BONDS	11/15/2026	3.375	695,000	675,491	680,176
	WASTE MANAGEMENT INC COMPANY GUAR						
	11/25 0.75	CORPORATE BONDS	11/15/2025	0.750	1,025,000	986,923	991,811
	WAYFAIR INC SR UNSECURED 08/26 1	CONVERTIBLE BONDS	08/15/2026	1.000	10,000	9,170	9,244
	WESTPAC BANKING CORP SR UNSECURED						
	10/26 4.6	CORPORATE BONDS	10/20/2026	4.600	98,000	97,976	98,171
	WESTPAC BANKING CORP SR UNSECURED						
	11/25 5.512	CORPORATE BONDS	11/17/2025	5.512	1,000,000	1,011,560	1,008,190
	WESTPAC BANKING CORP SR UNSECURED						
	11/27 5.457	CORPORATE BONDS	11/18/2027	5.457	325,000	335,621	332,615
	WISCONSIN PUBLIC SERVICE SR						
	UNSECURED 11/25 5.35	CORPORATE BONDS	11/10/2025	5.350	596,000	599,890	599,433
	WORLD OMNI AUTO RECEIVABLES TR						
	WOART 2022 C A3	AUTO LOAN RECEIVABLE	10/15/2027	3.660	240,403	236,130	239,241
	Total Corporate Debt Instruments - Preferred					62,725,428	63,080,751

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		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost (\$)	(e) Current Value (\$)
(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value		
Corporate Debt Instruments - All Other							
	1011778 BC / NEW RED FIN SECURED 144A 01/28 4.375	CORPORATE BONDS	01/15/2028	4.375	18,000	17,026	17,194
	AAR ESCROW ISSUER LLC COMPANY GUAR 144A 03/29 6.75	CORPORATE BONDS	03/15/2029	6.750	5,000	5,000	5,071
	ACADIA HEALTHCARE CO INC COMPANY GUAR 144A 04/29 5	CORPORATE BONDS	04/15/2029	5.000	17,000	16,320	15,901
	ACADIA HEALTHCARE CO INC COMPANY GUAR 144A 07/28 5.5	CORPORATE BONDS	07/01/2028	5.500	17,000	16,634	16,235
	ACRISURE LLC / FIN INC SR UNSECURED 144A 06/29 8.5	CORPORATE BONDS	06/15/2029	8.500	10,000	10,000	10,421
	ACUSHNET CO COMPANY GUAR 144A 10/28 7.375	CORPORATE BONDS	10/15/2028	7.375	11,000	11,509	11,368
	ADIENT GLOBAL HOLDINGS SR SECURED 144A 04/28 7	CORPORATE BONDS	04/15/2028	7.000	32,000	32,717	32,380
	AG ISSUER LLC SR SECURED 144A 03/28 6.25	CORPORATE BONDS	03/01/2028	6.250	11,000	10,740	10,905
	AHP HEALTH PARTN SR UNSECURED 144A 07/29 5.75	CORPORATE BONDS	07/15/2029	5.750	15,000	14,613	14,490
	AIRCASTLE LTD COMPANY GUAR 06/26 4.25	CORPORATE BONDS	06/15/2026	4.250	35,000	33,814	34,627
	AIRCASTLE LTD COMPANY GUAR 144A 08/25 5.25	CORPORATE BONDS	08/11/2025	5.250	35,000	34,497	35,011
	ALBERTSONS COS/SAFEWAY COMPANY	CORPORATE BONDS	01/15/2027	4.625	35,000	33,906	34,265
	ALBERTSONS COS/SAFEWAY COMPANY	CORPORATE BONDS	03/15/2026	7.500	134,000	136,545	134,473
	ALLISON TRANSMISSION INC SR	CORPORATE BONDS	10/01/2027	4.750	72,000	69,860	69,772
	ALLSTATE CORP SR UNSECURED 12/25 0.75	CORPORATE BONDS	12/15/2025	0.750	299,000	288,042	288,326
	ALLY FINANCIAL INC SR UNSECURED 11/27	CORPORATE BONDS	11/15/2027	7.100	41,000	42,640	43,273
	ALLY FINANCIAL INC SUBORDINATED 11/25	CORPORATE BONDS	11/20/2025	5.750	39,000	38,752	39,201
	AMERICAN AXLE + MFG INC COMPANY GUAR	CORPORATE BONDS	04/01/2027	6.500	94,000	94,288	92,960
	AMERICAN TOWER CORP SR UNSECURED	CORPORATE BONDS	10/15/2026	3.375	870,000	849,686	849,790
	AMERIGAS PART/FIN CORP SR UNSECURED	CORPORATE BONDS	05/20/2025	5.500	49,000	48,448	48,696
	AMERIGAS PART/FIN CORP SR UNSECURED	CORPORATE BONDS	05/20/2027	5.750	41,000	39,751	38,064
	AMERIGAS PART/FIN CORP SR UNSECURED	CORPORATE BONDS	08/20/2026	5.875	35,000	34,655	33,728
	AMERITEX HOLDCO INTERMED SR SECURED	CORPORATE BONDS	10/15/2028	10.25	17,000	17,935	18,121
	AMWINS GROUP INC SR SECURED 144A	CORPORATE BONDS	02/15/2029	6.375	20,000	20,000	20,123
	ANTERO MIDSTREAM PART/FI COMPANY	CORPORATE BONDS	03/01/2027	5.750	65,000	64,496	64,697
	ARAMARK SERVICES INC COMPANY GUAR	CORPORATE BONDS	04/01/2025	5.000	130,000	129,033	129,672
	ASBURY AUTOMOTIVE GROUP COMPANY	CORPORATE BONDS	11/15/2029	4.625	10,000	9,400	9,307
	ASSURED PARTNERS INC SR UNSECURED	CORPORATE BONDS	01/15/2029	5.625	16,000	14,974	16,168
	AUTOZONE INC SR UNSECURED 04/25 3.25	CORPORATE BONDS	04/15/2025	3.250	287,000	282,849	285,634
	AVANTOR FUNDING INC COMPANY GUAR	CORPORATE BONDS	07/15/2028	4.625	6,000	5,835	5,727
	BALL CORP COMPANY GUAR 03/28 6.875	CORPORATE BONDS	03/15/2028	6.875	11,000	11,289	11,251
	BARCLAYS PLC SR UNSECURED 05/26 VAR	CORPORATE BONDS	05/07/2026	1.000	400,000	389,748	396,920
	BATH + BODY WORKS INC COMPANY GUAR	CORPORATE BONDS	07/01/2025	9.375	60,000	63,344	61,018
	BAUSCH HEALTH COS INC SR SECURED	CORPORATE BONDS	11/01/2025	5.500	30,000	27,443	29,256
	BERRY GLOBAL INC SECURED 144A 02/26	CORPORATE BONDS	02/15/2026	4.500	35,000	34,101	34,461
	BERRY GLOBAL INC SECURED 144A 07/27	CORPORATE BONDS	07/15/2027	5.625	30,000	29,636	29,844
	BERRY GLOBAL INC SR SECURED 144A 07/26	CORPORATE BONDS	07/15/2026	4.875	65,000	63,663	64,740
	BLOCK INC SR UNSECURED 06/26 2.75	CORPORATE BONDS	06/01/2026	2.750	35,000	33,006	33,726
	BLUE RACER MID LLC/FINAN SR	CORPORATE BONDS	07/15/2029	7.000	12,000	12,000	12,256
	BOMBARDIER INC SR UNSECURED 144A	CORPORATE BONDS	04/15/2027	7.875	49,000	49,166	49,074
	BOMBARDIER INC SR UNSECURED 144A	CORPORATE BONDS	06/15/2026	7.125	13,000	12,964	13,048
	BOYD GAMING CORP COMPANY GUAR 12/27	CORPORATE BONDS	12/01/2027	4.750	35,000	33,674	33,838
	BRINK S CO/THE COMPANY GUAR 144A	CORPORATE BONDS	06/15/2029	6.500	16,000	16,353	16,215
	BRINK S CO/THE COMPANY GUAR 144A	CORPORATE BONDS	10/15/2027	4.625	16,000	15,474	15,524
	BUCKEYE PARTNERS LP SR UNSECURED	CORPORATE BONDS	12/01/2026	3.950	39,000	36,878	37,536
	BUCKEYE PARTNERS LP SR UNSECURED	CORPORATE BONDS	03/01/2025	4.125	65,000	63,228	64,826
	BUNGE LTD FINANCE CORP COMPANY GUAR	CORPORATE BONDS	08/17/2025	1.630	225,000	216,530	220,727
	CAESARS ENTERTAIN INC COMPANY GUAR	CORPORATE BONDS	07/01/2027	8.125	69,000	70,559	69,690

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(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost (\$)	(e) Current Value (\$)
		Description	Maturity Date	Interest Rate (%)	Par/Maturity Value		
	CAESARS ENTERTAIN INC COMPANY GUAR	CORPORATE BONDS	10/15/2029	4.625	17,000	16,193	15,916
	CALPINE CORP SR SECURED 144A 02/28 4.5	CORPORATE BONDS	02/15/2028	4.500	22,000	21,340	21,100
	CALPINE CORP SR SECURED 144A 06/26	CORPORATE BONDS	06/01/2026	5.250	22,000	21,709	21,973
	CAMELOT FINANCE SA SR SECURED 144A	CORPORATE BONDS	11/01/2026	4.500	91,000	88,365	88,429
	CANADIAN PACIFIC RAILWAY COMPANY	CORPORATE BONDS	02/01/2025	2.900	204,000	201,144	203,590
	CARNIVAL CORP COMPANY GUAR 144A	CORPORATE BONDS	03/01/2027	5.750	15,000	14,756	14,967
	CARNIVAL CORP SR SECURED 144A 08/29 7	CORPORATE BONDS	08/15/2029	7.000	33,000	35,149	34,327
	CARNIVAL HLDGS BM LTD COMPANY GUAR	CORPORATE BONDS	05/01/2028	10.37	123,000	133,782	131,043
	CASTLELAKE AVIATION FIN SR UNSECURED	CORPORATE BONDS	04/15/2027	5.000	10,000	9,700	10,050
	CCO HLDGS LLC/CAP CORP SR UNSECURED	CORPORATE BONDS	02/01/2028	5.000	42,000	40,898	40,483
	CCO HLDGS LLC/CAP CORP SR UNSECURED	CORPORATE BONDS	05/01/2026	5.500	65,000	64,567	64,815
	CCO HLDGS LLC/CAP CORP SR UNSECURED	CORPORATE BONDS	05/01/2027	5.125	99,000	95,618	97,279
	CEC ENTERTAINMENT LLC SR SECURED	CORPORATE BONDS	05/01/2026	6.750	34,000	33,958	33,729
	CHARLES RIVER LABORATORI COMPANY	CORPORATE BONDS	05/01/2028	4.250	13,000	12,236	12,334
	CHOBANI HOLDCO II LLC SR UNSECURED	CORPORATE BONDS	10/01/2029	8.750	5,000	4,950	5,288
	CHOBANI LLC/FINANCE CORP SR	CORPORATE BONDS	07/01/2029	7.625	10,000	10,513	10,341
	CHS/COMMUNITY HEALTH SYS SR SECURED	CORPORATE BONDS	01/15/2029	6.000	10,000	9,350	8,954
	CHS/COMMUNITY HEALTH SYS SR SECURED	CORPORATE BONDS	03/15/2027	5.625	104,000	99,646	99,811
	CHURCHILL DOWNS INC COMPANY GUAR	CORPORATE BONDS	04/01/2027	5.500	102,000	100,924	100,849
	CITIGROUP INC SUBORDINATED 11/26 4.3	CORPORATE BONDS	11/20/2026	4.300	960,000	949,172	951,312
	CLARIOS GLOBAL LP/US FIN COMPANY	CORPORATE BONDS	05/15/2027	8.500	94,000	94,608	94,143
	CLARIOS GLOBAL LP/US FIN SR SECURED	CORPORATE BONDS	05/15/2026	6.250	110,000	110,130	109,973
	CLARIV SCI HLD CORP SR SECURED 144A	CORPORATE BONDS	07/01/2028	3.875	11,000	10,395	10,247
	CLEVELAND CLIFFS INC COMPANY GUAR	CORPORATE BONDS	06/01/2027	5.875	14,000	13,895	13,921
	CLEVELAND CLIFFS INC COMPANY GUAR	CORPORATE BONDS	11/01/2029	6.875	9,000	9,000	8,904
	CLOUD SOFTWARE GRP INC SECURED 144A	CORPORATE BONDS	09/30/2029	9.000	26,000	26,334	26,398
	CLOUD SOFTWARE GRP INC SR SECURED	CORPORATE BONDS	03/31/2029	6.500	33,000	31,703	32,391
	COGENT COMM GROUP LLC SR SECURED	CORPORATE BONDS	05/01/2026	3.500	55,000	52,583	53,253
	COLUMBIA PIPELINE GROUP COMPANY	CORPORATE BONDS	06/01/2025	4.500	295,000	291,534	294,218
	CONSENSUS CLOUD SOLUTION COMPANY	CORPORATE BONDS	10/15/2026	6.000	50,000	47,568	49,337
	CONSENSUS CLOUD SOLUTION COMPANY	CORPORATE BONDS	10/15/2028	6.500	22,000	19,305	21,814
	CONSOLIDATED COMMUNICATI SR	CORPORATE BONDS	10/01/2028	6.500	13,000	12,793	12,508
	CONSTELLATION EN GEN LLC SR	CORPORATE BONDS	06/01/2025	3.250	474,000	467,331	470,914
	CORELOGIC INC SR SECURED 144A 05/28	CORPORATE BONDS	05/01/2028	4.500	12,000	11,265	11,166
	CREDIT ACCEPTANC COMPANY GUAR 144A	CORPORATE BONDS	12/15/2028	9.250	14,000	14,895	14,807
	CROWN AMER/CAP CORP VI COMPANY	CORPORATE BONDS	02/01/2026	4.750	86,000	85,132	85,060
	CROWN CORK + SEAL CO INC COMPANY	CORPORATE BONDS	12/15/2026	7.375	12,000	12,510	12,311
	CSX CORP SR UNSECURED 11/26 2.6	CORPORATE BONDS	11/01/2026	2.600	710,000	678,114	686,400
	CUSHMAN + WAKEFIELD US SR SECURED	CORPORATE BONDS	05/15/2028	6.750	24,000	24,098	24,022
	DANA INC SR UNSECURED 06/28 5.625	CORPORATE BONDS	06/15/2028	5.625	8,000	7,780	7,892
	DANA INC SR UNSECURED 11/27 5.375	CORPORATE BONDS	11/15/2027	5.375	72,000	71,064	70,965
	DARLING INGREDIENTS INC COMPANY GUAR	CORPORATE BONDS	04/15/2027	5.250	53,000	52,423	52,154
	DIRECTV FIN LLC/COINC SR SECURED 144A	CORPORATE BONDS	08/15/2027	5.875	16,000	15,033	15,589
	DTE ENERGY CO SR UNSECURED 10/26 2.85	CORPORATE BONDS	10/01/2026	2.850	375,000	354,758	363,300
	DUKE ENERGY CORP SR UNSECURED 12/25	CORPORATE BONDS	12/08/2025	5.000	1,195,000	1,197,199	1,198,047
	DUKE ENERGY CORP SR UNSECURED 12/27	CORPORATE BONDS	12/08/2027	5.000	335,000	338,799	337,389
	ECO MATERIAL TECH INC SR SECURED 144A	CORPORATE BONDS	01/31/2027	7.875	38,000	38,480	38,614
	ELANCO ANIMAL HEALTH INC SR	CORPORATE BONDS	08/28/2028	6.650	11,000	11,151	11,152
	ELASTIC NV SR UNSECURED 144A 07/29	CORPORATE BONDS	07/15/2029	4.125	13,000	12,147	12,052
	ELLUCIAN HOLDINGS INC SR SECURED 144A	CORPORATE BONDS	12/01/2029	6.500	12,000	12,004	12,005
	ENCOMPASS HEALTH CORP COMPANY	CORPORATE BONDS	02/01/2028	4.500	8,000	7,600	7,719
	ENCOMPASS HEALTH CORP COMPANY	CORPORATE BONDS	09/15/2025	5.750	18,000	17,918	17,973
	ENPRO INC COMPANY GUAR 10/26 5.75	CORPORATE BONDS	10/15/2026	5.750	48,000	47,511	47,760
	ENTEGRIS INC COMPANY GUAR 144A 04/28	CORPORATE BONDS	04/15/2028	4.375	7,000	6,755	6,689
	EQM MIDSTREAM PARTNERS L SR	CORPORATE BONDS	04/01/2029	6.375	2,000	2,000	2,007
	EQM MIDSTREAM PARTNERS L SR	CORPORATE BONDS	06/01/2027	7.500	65,000	66,866	66,281
	EQUINIX INC SR UNSECURED 11/26 2.9	CORPORATE BONDS	11/18/2026	2.900	315,000	304,819	304,035
	ESAB CORP COMPANY GUAR 144A 04/29	CORPORATE BONDS	04/15/2029	6.250	10,000	10,000	10,124
	FAIR ISAAC CORP SR UNSECURED 144A	CORPORATE BONDS	06/15/2028	4.000	10,000	9,363	9,436
	FORD MOTOR COMPANY SR UNSECURED	CORPORATE BONDS	04/22/2030	9.625	11,000	13,108	12,693

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(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value	(d) Cost (\$)	(e) Current Value (\$)
	FORTRESS TRANS + INFRAST COMPANY	CORPORATE BONDS	12/01/2030	7.875	20,000	21,275	21,050
	FREEDOM MORTGAGE HOLD SR	CORPORATE BONDS	02/01/2029	9.250	10,000	10,363	10,319
	FRONTIER COMMUNICATIONS SR SECURED	CORPORATE BONDS	05/01/2028	5.000	13,000	12,454	12,709
	FRONTIER COMMUNICATIONS SR SECURED	CORPORATE BONDS	05/15/2030	8.750	10,000	10,650	10,569
	FRONTIER COMMUNICATIONS SR SECURED	CORPORATE BONDS	10/15/2027	5.875	23,000	22,310	22,927
	GARDA WORLD SECURITY SR SECURED 144A	CORPORATE BONDS	02/15/2027	4.625	58,000	56,318	56,331
	GE HEALTHCARE TECH INC SR UNSECURED	CORPORATE BONDS	11/15/2025	5.600	590,000	595,233	593,941
	GEN DIGITAL INC COMPANY GUAR 144A	CORPORATE BONDS	09/30/2027	6.750	75,000	75,980	76,129
	GEN DIGITAL INC SR UNSECURED 144A	CORPORATE BONDS	04/15/2025	5.000	20,000	19,911	19,954
	GENERAL MILLS INC SR UNSECURED 04/25 4	CORPORATE BONDS	04/17/2025	4.000	228,000	224,941	227,396
	GENERAL MOTORS CO SR UNSECURED	CORPORATE BONDS	10/01/2025	6.125	656,000	662,474	661,052
	GENERAL MOTORS CO SR UNSECURED	CORPORATE BONDS	10/01/2027	4.200	370,000	357,150	362,903
	GENESIS ENERGY LP/FIN COMPANY GUAR	CORPORATE BONDS	01/15/2027	8.000	3,000	3,034	3,052
	GFL ENVIRONMENTAL INC COMPANY GUAR	CORPORATE BONDS	08/01/2028	4.000	11,000	10,211	10,416
	GFL ENVIRONMENTAL INC SR SECURED	CORPORATE BONDS	08/01/2025	3.750	22,000	21,663	21,783
	GFL ENVIRONMENTAL INC SR SECURED	CORPORATE BONDS	12/15/2026	5.125	100,000	98,940	99,462
	GILEAD SCIENCES INC SR UNSECURED	CORPORATE BONDS	10/01/2027	1.200	760,000	678,178	692,877
	GLOBAL MEDICAL RESPONSE SR SECURED	CORPORATE BONDS	10/31/2028	10.00	12,361	12,418	12,346
	GLOBAL NET LEASE/GLOBAL COMPANY	CORPORATE BONDS	12/15/2027	3.750	25,000	23,241	22,816
	GO DADDY OPCO/FINCO COMPANY GUAR	CORPORATE BONDS	12/01/2027	5.250	54,000	53,036	53,043
	GOEASY LTD COMPANY GUAR 144A 05/26	CORPORATE BONDS	05/01/2026	4.375	42,000	40,427	41,462
	GOEASY LTD COMPANY GUAR 144A 05/30	CORPORATE BONDS	05/15/2030	6.875	14,000	14,000	14,117
	GOEASY LTD COMPANY GUAR 144A 12/28	CORPORATE BONDS	12/01/2028	9.250	26,000	27,402	27,710
	GOEASY LTD SR UNSECURED 144A 07/29	CORPORATE BONDS	07/01/2029	7.625	18,000	18,131	18,392
	GOODYEAR TIRE + RUBBER COMPANY GUAR	CORPORATE BONDS	05/31/2025	9.500	52,000	52,579	52,330
	GOODYEAR TIRE + RUBBER COMPANY GUAR	CORPORATE BONDS	05/31/2026	5.000	65,000	63,887	63,979
	GRAHAM HOLDINGS CO COMPANY GUAR	CORPORATE BONDS	06/01/2026	5.750	45,000	44,676	44,805
	GREAT CANADIAN GAMING CO SR SECURED	CORPORATE BONDS	11/15/2029	8.750	11,000	11,000	11,259
	GROUP 1 AUTOMOTIVE INC COMPANY GUAR	CORPORATE BONDS	08/15/2028	4.000	41,000	37,796	38,385
	GXO LOGISTICS INC SR UNSECURED 05/29	CORPORATE BONDS	05/06/2029	6.250	4,000	3,978	4,096
	HEALTHPEAK OP LLC COMPANY GUAR 02/25	CORPORATE BONDS	02/01/2025	3.400	376,000	368,476	375,444
	HERC HOLDINGS INC COMPANY GUAR 144A	CORPORATE BONDS	06/15/2029	6.625	16,000	16,000	16,203
	HERC HOLDINGS INC COMPANY GUAR 144A	CORPORATE BONDS	07/15/2027	5.500	76,000	74,851	75,029
	HRT DNT / HRT DNT FIN SR SECURED 144A	CORPORATE BONDS	04/30/2028	10.50	66,000	69,936	69,974
	HUB INTERNATIONAL LTD SR UNSECURED	CORPORATE BONDS	12/01/2029	5.625	27,000	26,393	26,189
	INTERNATIONAL GAME TECH SR SECURED	CORPORATE BONDS	04/15/2026	4.125	200,000	197,750	196,636
	IQVIA INC COMPANY GUAR 144A 10/26 5	CORPORATE BONDS	10/15/2026	5.000	206,000	204,045	203,225
	IRON MOUNTAIN INC COMPANY GUAR 144A	CORPORATE BONDS	07/15/2028	5.000	11,000	10,560	10,633
	IRON MOUNTAIN INC COMPANY GUAR 144A	CORPORATE BONDS	09/15/2027	4.875	100,000	97,581	97,503
	KINDER MORGAN INC COMPANY GUAR	CORPORATE BONDS	11/15/2026	1.750	745,000	696,116	706,290
	KINETIK HOLDINGS LP SR UNSECURED 144A	CORPORATE BONDS	12/15/2028	6.625	4,000	4,060	4,092
	L3HARRIS TECH INC SR UNSECURED 12/26	CORPORATE BONDS	12/15/2026	3.850	690,000	677,566	679,222
	LGI HOMES INC COMPANY GUAR 144A 12/28	CORPORATE BONDS	12/15/2028	8.750	33,000	34,566	34,615
	LIFEPOINT HEALTH INC SR SECURED 144A	CORPORATE BONDS	02/15/2027	4.375	37,000	34,223	35,449
	LIGHT + WONDER INTL INC COMPANY GUAR	CORPORATE BONDS	05/15/2028	7.000	82,000	82,531	82,162
	LIGHT + WONDER INTL INC COMPANY GUAR	CORPORATE BONDS	11/15/2029	7.250	15,000	15,420	15,302
	LITHIA MOTORS INC COMPANY GUAR 144A	CORPORATE BONDS	12/15/2027	4.625	74,000	71,079	71,599
	LIVE NATION ENTERTAINMEN COMPANY	CORPORATE BONDS	03/15/2026	5.625	65,000	64,406	64,891
	LIVE NATION ENTERTAINMEN SR SECURED	CORPORATE BONDS	05/15/2027	6.500	50,000	50,731	50,550
	LLOYDS BANKING GROUP PLC SR	CORPORATE BONDS	05/08/2025	4.450	700,000	690,270	698,719
	M/I HOMES INC COMPANY GUAR 02/28 4.95	CORPORATE BONDS	02/01/2028	4.950	13,000	12,594	12,559
	MACQUARIE AIRFINANCE HLD SR	CORPORATE BONDS	03/26/2029	6.400	5,000	4,999	5,145
	MACQUARIE AIRFINANCE HLD SR	CORPORATE BONDS	03/30/2029	8.125	9,000	9,450	9,518
	MACQUARIE AIRFINANCE HLD SR	CORPORATE BONDS	03/17/2030	5.150	13,000	12,998	12,699
	MACQUARIE AIRFINANCE HLD SR	CORPORATE BONDS	05/01/2028	8.375	72,000	75,661	75,468
	MACQUARIE GROUP LTD SR UNSECURED	CORPORATE BONDS	08/09/2026	1.000	196,000	196,774	196,020
	MADISON IAQ LLC SR SECURED 144A 06/28	CORPORATE BONDS	06/30/2028	4.125	43,000	40,733	40,706
	MAGNERA CORP COMPANY GUAR 144A	CORPORATE BONDS	11/15/2029	4.750	5,000	4,463	4,440
	MARATHON PETROLEUM CORP SR	CORPORATE BONDS	05/01/2025	4.700	360,000	358,297	359,586
	MARRIOTT OWNERSHIP RESOR COMPANY	CORPORATE BONDS	01/15/2028	4.750	19,000	17,408	18,260

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(c) Description of investment including maturity date, rate of interest, collateral, par, or
maturity value

(a)	(b) Identity of issuer, borrower, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost (\$)	(e) Current Value (\$)
		Description	Maturity Date	Interest Rate (%)	Par/Maturity Value		
	MARRIOTT OWNERSHIP RESOR COMPANY	CORPORATE BONDS	06/15/2029	4.500	10,000	9,413	9,335
	MATCH GROUP HLD II LLC SR UNSECURED	CORPORATE BONDS	02/15/2029	5.625	4,000	3,825	3,884
	MATCH GROUP HLD II LLC SR UNSECURED	CORPORATE BONDS	06/01/2028	4.625	6,000	5,801	5,714
	MATCH GROUP HLD II LLC SR UNSECURED	CORPORATE BONDS	12/15/2027	5.000	51,000	49,616	49,324
	MAUSER PACKAGING SOLUT SECURED 144A	CORPORATE BONDS	04/15/2027	9.250	33,000	33,899	33,386
	MAUSER PACKAGING SOLUT SR SECURED	CORPORATE BONDS	04/15/2027	7.875	27,000	27,743	27,546
	MAVIS TIRE EXPRESS SERVI SR UNSECURED	CORPORATE BONDS	05/15/2029	6.500	30,000	28,613	28,622
	MCGRAW HILL EDUCATION SR SECURED	CORPORATE BONDS	08/01/2028	5.750	76,000	73,124	74,203
	MEDLINE BORROWER/MEDL CO SR	CORPORATE BONDS	04/01/2029	6.250	42,000	41,923	42,443
	MGM RESORTS INTL COMPANY GUAR 09/26	CORPORATE BONDS	09/01/2026	4.625	35,000	33,854	34,517
	MGM RESORTS INTL COMPANY GUAR 10/28	CORPORATE BONDS	10/15/2028	4.750	6,000	5,835	5,745
	MOLINA HEALTHCARE INC SR UNSECURED	CORPORATE BONDS	06/15/2028	4.375	13,000	12,210	12,320
	MPT OPER PARTNERSP/FINL COMPANY	CORPORATE BONDS	08/01/2026	5.250	58,000	51,849	53,397
	NATIONSTAR MTG HLD INC COMPANY GUAR	CORPORATE BONDS	01/15/2027	6.000	45,000	44,663	44,762
	NATIONSTAR MTG HLD INC COMPANY GUAR	CORPORATE BONDS	02/01/2026	5.000	49,000	48,354	48,520
	NATIONSTAR MTG HLD INC COMPANY GUAR	CORPORATE BONDS	08/01/2029	6.500	17,000	17,000	16,971
	NAVIENT CORP SR UNSECURED 03/27 5	CORPORATE BONDS	03/15/2027	5.000	35,000	33,791	34,306
	NAVIENT CORP SR UNSECURED 03/28 4.875	CORPORATE BONDS	03/15/2028	4.875	9,000	8,595	8,585
	NAVIENT CORP SR UNSECURED 06/25 6.75	CORPORATE BONDS	06/25/2025	6.750	95,000	96,132	95,100
	NAVIENT CORP SR UNSECURED 06/26 6.75	CORPORATE BONDS	06/15/2026	6.750	65,000	66,082	65,623
	NCL CORPORATION LTD COMPANY GUAR	CORPORATE BONDS	03/15/2026	5.875	18,000	18,023	17,976
	NCL CORPORATION LTD SR SECURED 144A	CORPORATE BONDS	02/15/2027	5.875	35,000	34,698	34,890
	NCL CORPORATION LTD SR SECURED 144A	CORPORATE BONDS	02/01/2028	8.375	18,000	19,035	18,820
	NCR VOYIX CORP COMPANY GUAR 144A	CORPORATE BONDS	10/01/2028	5.000	19,000	18,453	18,275
	NECESS RETAIL/AFIN OP LP COMPANY GUAR	CORPORATE BONDS	09/30/2028	4.500	20,000	18,700	18,311
	NEPTUNE BIDCO US INC SR SECURED 144A	CORPORATE BONDS	04/15/2029	9.290	13,000	12,546	12,092
	NEWMONT / NEWCREST FIN COMPANY	CORPORATE BONDS	03/15/2026	5.300	90,000	90,601	90,634
	NEXSTAR MEDIA INC COMPANY GUAR 144A	CORPORATE BONDS	07/15/2027	5.625	55,000	53,459	53,645
	NORTHROP GRUMMAN CORP SR	CORPORATE BONDS	01/15/2025	2.930	173,000	169,035	172,860
	NOVA CHEMICALS CORP SR UNSECURED	CORPORATE BONDS	06/01/2027	5.250	25,000	24,120	24,291
	NOVELIS CORP COMPANY GUAR 144A 11/26	CORPORATE BONDS	11/15/2026	3.250	35,000	33,096	33,338
	NUSTAR LOGISTICS LP COMPANY GUAR	CORPORATE BONDS	10/01/2025	5.750	70,000	69,910	69,988
	NUTRIEN LTD SR UNSECURED 04/25 3	CORPORATE BONDS	04/01/2025	3.000	384,000	374,623	382,307
	ONEMAIN FINANCE CORP COMPANY GUAR	CORPORATE BONDS	01/15/2028	6.625	8,000	8,160	8,099
	ONEMAIN FINANCE CORP COMPANY GUAR	CORPORATE BONDS	01/15/2029	9.000	5,000	5,300	5,302
	ONEMAIN FINANCE CORP COMPANY GUAR	CORPORATE BONDS	03/15/2026	7.125	84,000	85,634	85,509
	ONEMAIN FINANCE CORP COMPANY GUAR	CORPORATE BONDS	05/15/2029	6.625	19,000	19,000	19,237
	ONT GAMING GTA/OTG CO IS SR SECURED	CORPORATE BONDS	08/01/2030	8.000	16,000	16,474	16,448
	OPEN TEXT CORP COMPANY GUAR 144A	CORPORATE BONDS	02/15/2028	3.875	12,000	11,430	11,254
	OPEN TEXT CORP SR SECURED 144A 12/27	CORPORATE BONDS	12/01/2027	6.900	50,000	51,940	51,667
	OPENLANE INC COMPANY GUAR 144A 06/25	CORPORATE BONDS	06/01/2025	5.125	35,000	34,388	34,830
	OPTION CARE HEALTH INC COMPANY GUAR	CORPORATE BONDS	10/31/2029	4.375	29,000	26,958	26,744
	ORACLE CORP SR UNSECURED 04/25 2.5	CORPORATE BONDS	04/01/2025	2.500	115,000	111,443	114,338
	ORACLE CORP SR UNSECURED 11/25 5.8	CORPORATE BONDS	11/10/2025	5.800	1,050,000	1,065,650	1,060,395
	OTIS WORLDWIDE CORP SR UNSECURED	CORPORATE BONDS	04/05/2025	2.056	396,000	382,747	392,943
	OUTFRONT MEDIA CAP LLC/C COMPANY	CORPORATE BONDS	08/15/2027	5.000	42,000	40,576	40,875
	OUTFRONT MEDIA CAP LLC/C SR	CORPORATE BONDS	01/15/2029	4.250	8,000	7,520	7,439
	PARK INTERMED HOLDINGS SR SECURED	CORPORATE BONDS	10/01/2028	5.875	53,000	52,241	51,738
	PARKLAND CORP COMPANY GUAR 144A	CORPORATE BONDS	07/15/2027	5.875	51,000	50,838	50,514
	PATRICK INDUSTRIES INC COMPANY GUAR	CORPORATE BONDS	05/01/2029	4.750	10,000	9,470	9,411
	PENN ENTERTAINMENT INC SR UNSECURED	CORPORATE BONDS	01/15/2027	5.625	43,000	41,326	42,338
	PENNYMAC FIN SVCS INC COMPANY GUAR	CORPORATE BONDS	10/15/2025	5.375	20,000	19,875	19,946
	PENSKE AUTOMOTIVE GROUP COMPANY	CORPORATE BONDS	09/01/2025	3.500	116,000	112,576	114,530
	PHINIA INC SR SECURED 144A 04/29 6.75	CORPORATE BONDS	04/15/2029	6.750	12,000	12,026	12,240
	PIKE CORP COMPANY GUAR 144A 09/28 5.5	CORPORATE BONDS	09/01/2028	5.500	16,000	15,580	15,383
	PLAYTIKA HOLDING CORP COMPANY GUAR	CORPORATE BONDS	03/15/2029	4.250	15,000	12,998	13,598
	POST HOLDINGS INC COMPANY GUAR 144A	CORPORATE BONDS	12/15/2029	5.500	55,000	54,164	53,219
	PRIME HEALTHCARE SERVICE SR SECURED	CORPORATE BONDS	09/01/2029	9.375	20,000	20,146	19,454
	PTC INC COMPANY GUAR 144A 02/25 3.625	CORPORATE BONDS	02/15/2025	3.625	35,000	34,216	34,906
	QUEST DIAGNOSTICS INC SR UNSECURED	CORPORATE BONDS	03/30/2025	3.500	104,000	103,241	103,633

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(c) Description of investment including maturity date, rate of interest, collateral, par, or
maturity value

(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value	(d) Cost (\$)	(e) Current Value (\$)
	REPUBLIC SERVICES INC SR UNSECURED	CORPORATE BONDS	11/15/2025	0.875	885,000	819,793	856,184
	REPUBLIC SERVICES INC SR UNSECURED	CORPORATE BONDS	11/15/2027	3.375	350,000	337,068	338,401
	RHP HOTEL PPTY/RHP FINAN COMPANY	CORPORATE BONDS	10/15/2027	4.750	46,000	44,549	44,499
	RHP HOTEL PPTY/RHP FINAN COMPANY	CORPORATE BONDS	07/15/2028	7.250	17,000	17,659	17,455
	RLJ LODGING TRUST LP SR SECURED 144A	CORPORATE BONDS	07/01/2026	3.750	70,000	66,360	68,079
	ROCKETMTGE CO ISSUER INC COMPANY	CORPORATE BONDS	10/15/2026	2.875	64,000	59,221	60,724
	ROYAL CARIBBEAN CRUISES SR	CORPORATE BONDS	07/01/2026	4.250	8,000	7,700	7,849
	ROYAL CARIBBEAN CRUISES SR	CORPORATE BONDS	07/15/2027	5.375	17,000	16,719	16,894
	ROYAL CARIBBEAN CRUISES SR	CORPORATE BONDS	08/31/2026	5.500	74,000	73,259	73,927
	RTX CORP SR UNSECURED 11/26 5.75	CORPORATE BONDS	11/08/2026	5.750	655,000	672,397	666,666
	SABRA HEALTH CARE LP COMPANY GUAR	CORPORATE BONDS	08/15/2026	5.125	35,000	34,372	34,973
	SABRE GLBL INC SR SECURED 144A 06/27	CORPORATE BONDS	06/01/2027	8.625	16,000	14,513	15,780
	SABRE GLBL INC SR SECURED 144A 11/29	CORPORATE BONDS	11/15/2029	10.75	28,000	30,145	28,886
	SBA COMMUNICATIONS CORP SR	CORPORATE BONDS	02/15/2027	3.875	25,000	24,008	23,933
	SCIH SALT HOLDINGS INC SR SECURED	CORPORATE BONDS	05/01/2028	4.875	27,000	25,583	25,400
	SEAGATE HDD CAYMAN COMPANY GUAR	CORPORATE BONDS	01/01/2025	4.750	16,000	15,840	16,000
	SEAGATE HDD CAYMAN COMPANY GUAR	CORPORATE BONDS	12/15/2029	8.250	51,000	54,938	54,340
	SERVICE PROPERTIES TRUST COMPANY	CORPORATE BONDS	12/15/2027	5.500	8,000	7,500	7,481
	SERVICE PROPERTIES TRUST SR	CORPORATE BONDS	10/01/2026	4.750	35,000	32,660	33,074
	SHEA HOMES LP/FNDG CP SR UNSECURED	CORPORATE BONDS	02/15/2028	4.750	14,000	13,612	13,412
	SHIFT4 PAYMENTS LLC/FIN COMPANY GUAR	CORPORATE BONDS	11/01/2026	4.625	55,000	53,434	54,313
	SIRIUS XM RADIO LLC COMPANY GUAR 144A	CORPORATE BONDS	08/01/2027	5.000	39,000	37,650	37,929
	SIRIUS XM RADIO LLC COMPANY GUAR 144A	CORPORATE BONDS	09/01/2026	3.125	132,000	124,505	126,794
	SIX FLAGS ENTERTAINME COMPANY GUAR	CORPORATE BONDS	04/15/2027	5.500	40,000	39,563	39,749
	SIX FLAGS/CANADA WON COMPANY GUAR	CORPORATE BONDS	04/15/2027	5.375	65,000	63,395	64,309
	SLM CORP SR UNSECURED 10/25 4.2	CORPORATE BONDS	10/29/2025	4.200	35,000	33,965	34,687
	SLM CORP SR UNSECURED 11/26 3.125	CORPORATE BONDS	11/02/2026	3.125	65,000	61,604	62,005
	SPECIALTY BUILDING PRODU SR SECURED	CORPORATE BONDS	10/15/2029	7.750	9,000	9,000	9,134
	SS+C TECHNOLOGIES INC COMPANY GUAR	CORPORATE BONDS	09/30/2027	5.500	73,000	71,396	72,300
	STANDARD INDUSTRI INC/NY SR	CORPORATE BONDS	02/15/2027	5.000	66,000	64,309	64,590
	STATION CASINOS LLC COMPANY GUAR	CORPORATE BONDS	02/15/2028	4.500	24,000	22,513	22,773
	SUMMIT MIDSTREAM HOLDING SR SECURED	CORPORATE BONDS	10/31/2029	8.625	9,000	9,000	9,334
	SUNOCO LP COMPANY GUAR 144A 05/29 7	CORPORATE BONDS	05/01/2029	7.000	17,000	17,000	17,447
	SUNOCO LP/FINANCE CORP COMPANY	CORPORATE BONDS	04/15/2027	6.000	65,000	65,056	64,871
	SUNOCO LP/FINANCE CORP COMPANY	CORPORATE BONDS	05/15/2029	4.500	10,000	9,538	9,393
	SUNOCO LP/FINANCE CORP COMPANY	CORPORATE BONDS	09/15/2028	7.000	39,000	39,896	39,901
	SVENSKA HANDELSBANKEN NY CERT OF	CORPORATE BONDS	02/26/2025	1.000	456,000	456,000	456,000
	T MOBILE USA INC COMPANY GUAR 04/26	CORPORATE BONDS	04/15/2026	2.625	154,000	150,058	150,076
	TAYLOR MORRISON COMM COMPANY GUAR	CORPORATE BONDS	01/15/2028	5.750	22,000	22,056	21,854
	TAYLOR MORRISON COMM COMPANY GUAR	CORPORATE BONDS	06/15/2027	5.875	8,000	8,007	8,029
	TEGNA INC COMPANY GUAR 03/28 4.625	CORPORATE BONDS	03/15/2028	4.625	37,000	34,568	34,965
	TEGNA INC COMPANY GUAR 144A 03/26 4.75	CORPORATE BONDS	03/15/2026	4.750	35,000	34,043	34,519
	TELEFLEX INC COMPANY GUAR 11/27 4.625	CORPORATE BONDS	11/15/2027	4.625	2,000	1,968	1,938
	TELEFLEX INC COMPANY GUAR 144A 06/28	CORPORATE BONDS	06/01/2028	4.250	24,000	23,076	22,768
	TENET HEALTHCARE CORP COMPANY GUAR	CORPORATE BONDS	10/01/2028	6.125	6,000	5,933	5,989
	TENET HEALTHCARE CORP SECURED 02/27	CORPORATE BONDS	02/01/2027	6.250	131,000	131,427	130,894
	TENET HEALTHCARE CORP SR SECURED	CORPORATE BONDS	11/01/2027	5.125	29,000	28,359	28,402
	TEVA PHARMACEUTICALS NE COMPANY	CORPORATE BONDS	10/01/2026	3.150	139,000	129,522	133,565
	THOR INDUSTRIES COMPANY GUAR 144A	CORPORATE BONDS	10/15/2029	4.000	16,000	14,650	14,428
	TRANSDIGM INC COMPANY GUAR 11/27 5.5	CORPORATE BONDS	11/15/2027	5.500	109,000	107,061	107,107
	TRANSDIGM INC SR SECURED 144A 03/29	CORPORATE BONDS	03/01/2029	6.375	46,000	46,063	46,102
	TRANSDIGM INC SR SECURED 144A 08/28	CORPORATE BONDS	08/15/2028	6.750	29,000	29,906	29,253
	TRAVEL + LEISURE CO SR SECURED 04/27 6	CORPORATE BONDS	04/01/2027	6.000	56,000	55,688	56,010
	TRAVEL + LEISURE CO SR SECURED 144A	CORPORATE BONDS	07/31/2026	6.625	65,000	65,707	65,695
	TRI POINTE HOMES INC COMPANY GUAR	CORPORATE BONDS	06/01/2027	5.250	26,000	25,618	25,539
	TRITON WATER HOLDINGS IN SR	CORPORATE BONDS	04/01/2029	6.250	18,000	17,888	17,869
	TRIUMPH GROUP INC SR SECURED 144A	CORPORATE BONDS	03/15/2028	9.000	46,000	48,354	47,897
	UBER TECHNOLOGIES INC COMPANY GUAR	CORPORATE BONDS	01/15/2028	6.250	11,000	11,130	11,095
	UBER TECHNOLOGIES INC COMPANY GUAR	CORPORATE BONDS	09/15/2027	7.500	46,000	46,960	46,819
	UNITED WHOLESALE MTGE LL SR	CORPORATE BONDS	04/15/2029	5.500	5,000	4,775	4,816

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(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value	(d) Cost (\$)	(e) Current Value (\$)
	UNITED WHOLESALE MTGE LL SR	CORPORATE BONDS	06/15/2027	5.750	35,000	34,304	34,571
	UNITED WHOLESALE MTGE LL SR	CORPORATE BONDS	11/15/2025	5.500	65,000	64,589	64,680
	UNITI GROUP/CSL CAPITAL SR SECURED	CORPORATE BONDS	02/15/2028	10.50	35,000	35,528	37,320
	UNIVISION COMMUNICATIONS SR SECURED	CORPORATE BONDS	06/01/2027	6.625	75,000	74,735	74,698
	UWM HOLDINGS LLC COMPANY GUAR 144A	CORPORATE BONDS	02/01/2030	6.625	15,000	15,000	14,907
	VERIZON COMMUNICATIONS SR	CORPORATE BONDS	11/20/2025	0.850	2,100,000	1,985,046	2,029,692
	VICI PROPERTIES / NOTE COMPANY GUAR	CORPORATE BONDS	06/15/2025	4.625	70,000	68,758	69,725
	VICI PROPERTIES / NOTE COMPANY GUAR	CORPORATE BONDS	12/01/2026	4.250	70,000	67,365	68,839
	VIDEOTRON LTD / LTEE COMPANY GUAR	CORPORATE BONDS	04/15/2027	5.125	65,000	64,025	64,682
	VIKING CRUISES LTD COMPANY GUAR 144A	CORPORATE BONDS	09/15/2027	5.875	9,000	8,831	8,932
	VISTRA CORP COMPANY GUAR 144A 09/26	CORPORATE BONDS	09/01/2026	5.500	100,000	98,729	99,685
	VISTRA OPERATIONS CO LLC COMPANY	CORPORATE BONDS	02/15/2027	5.625	130,000	128,231	129,479
	VM CONSOLIDATED INC COMPANY GUAR	CORPORATE BONDS	04/15/2029	5.500	4,000	3,850	3,871
	VOC ESCROW LTD SR SECURED 144A 02/28	CORPORATE BONDS	02/15/2028	5.000	12,000	11,580	11,678
	VOLKSWAGEN GROUP AMERICA COMPANY	CORPORATE BONDS	03/20/2026	1.000	465,000	465,000	464,819
	WALGREENS BOOTS ALLIANCE SR	CORPORATE BONDS	06/01/2026	3.450	6,000	5,728	5,808
	WAYFAIR LLC SR SECURED 144A 10/29 7.25	CORPORATE BONDS	10/31/2029	7.250	11,000	11,090	10,995
	WEC ENERGY GROUP INC SR UNSECURED	CORPORATE BONDS	06/15/2025	3.550	394,000	385,958	391,238
	WEC ENERGY GROUP INC SR UNSECURED	CORPORATE BONDS	10/15/2027	1.375	190,000	168,188	173,423
	WELLS FARGO + COMPANY SR UNSECURED	CORPORATE BONDS	10/23/2026	3.000	1,065,000	1,011,878	1,032,645
	WESCO DISTRIBUTION INC COMPANY GUAR	CORPORATE BONDS	03/15/2029	6.375	14,000	14,000	14,187
	WESTERN DIGITAL CORP COMPANY GUAR	CORPORATE BONDS	02/15/2026	4.750	91,000	89,578	90,123
	WILLIAMS SCOTSMAN INC SR SECURED	CORPORATE BONDS	06/15/2025	6.125	35,000	35,050	34,869
	WILLIAMS SCOTSMAN INC SR SECURED	CORPORATE BONDS	06/15/2029	6.625	17,000	17,068	17,202
	WR GRACE HOLDING LLC SR SECURED 144A	CORPORATE BONDS	06/15/2027	4.875	35,000	33,674	33,917
	WYNDHAM HOTELS + RESORTS COMPANY	CORPORATE BONDS	08/15/2028	4.375	20,000	18,715	19,011
	XCEL ENERGY INC SR UNSECURED 06/25 3.3	CORPORATE BONDS	06/01/2025	3.300	388,000	379,666	385,144
	XPLR INFRASTR OPERATING COMPANY GUAR	CORPORATE BONDS	10/15/2026	3.875	14,000	13,505	13,386
	XPO INC SR SECURED 144A 06/28 6.25	CORPORATE BONDS	06/01/2028	6.250	20,000	20,094	20,122
	Total Corporate Debt Instruments - All Other					31,633,393	31,890,024
Partnership/Joint Venture Interests							
	BAUPOST VALUE PARTNERS IV LIMITED						
	PARTNERSHIP	PARTNERSHIP	N/A	N/A	4,364,527	4,945,084	5,660,243
	DAVIDSON KEMPNER INTL BVI LTD CLASS C TR	PARTNERSHIP	N/A	N/A	150,649	18,047,476	20,109,420
	HOLOCENE ADVISORS OFFSHO FD LT						
	LIMITED PARTNERSHIP	PARTNERSHIP	N/A	N/A	12,500	12,467,770	14,159,863
	JPM GLOBAL TRANSPORT INC FUND	PARTNERSHIP	N/A	N/A	10,000,000	10,656,440	12,178,468
	KING STREET CAPITAL LP LIMITED	PARTNERSHIP	N/A	N/A	140,972	18,022,855	19,709,751
	OAKTREE MIDDLE MARKET LENDING FUND	PARTNERSHIP	N/A	N/A	777,440	1,262,661	1,673,810
	SDP SPECIAL SITUATIONS SER R	PARTNERSHIP	N/A	N/A	10,000,000	10,194,560	11,178,901
	Partnership/Joint Venture Interests					75,596,846	84,670,456
Common/Collective Trust							
	BLACKROCK TSY 1 3	CCT	N/A	N/A	1,206,548	31,260,371	32,532,321
	Total Common/Collective Trusts					31,260,371	32,532,321
Registered Investment Companies							
	BLACKROCK TOTAL RETURN FUND						
	BLACKROCK TOTAL RETURN K	MUTUAL FUND	N/A	N/A	4,268,221	42,780,107	41,529,788
	DOUBLELINE LOW DUR BND I	MUTUAL FUND	N/A	N/A	5,537,186	52,997,525	53,046,239
	Total Registered Investment Companies					95,777,632	94,576,027
GRAND TOTAL						\$ 380,333,233	\$ 390,113,431

* Party-in-Interest

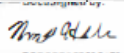
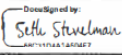
Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the 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 and ending	
A This return/report is for:	☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
B This return/report is:	☐ a single-employer plan ☐ a DFE (specify) _____ ☐ 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 DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 02/05/1969
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, DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN 5055 WILSHIRE BLVD STE 600 LOS ANGELES, CA 90036	2b Employer Identification Number (EIN) 23-7067289 2c Plan Sponsor's telephone number 323-866-2200 2d Business code (see instructions) 525100

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	Russell Hollander Signature of plan administrator	 Date	310,289,2003 Enter name of individual signing as plan administrator
SIGN HERE	Seth Stevelman Signature of employer/plan sponsor	 Date	818,569,7866 Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Form 5500 (2024)

Page 2

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 23-7067289
	3c Administrator's telephone number 323-866-2200

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	9584
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).	
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a(1) Total number of active participants at the beginning of the plan year	6a(1)	8069
a(2) Total number of active participants at the end of the plan year	6a(2)	7231
b Retired or separated participants receiving benefits	6b	1779
c Other retired or separated participants entitled to future benefits	6c	0
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	9010
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e.	6f	9010
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	0
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	2031
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
4A 4D 4E 4Q

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

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

a Pension Schedules

- (1) ☐ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) - Number Attached _____
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information - Small Plan)
- (3) ☐ **A** (Insurance Information) - Number Attached _____
- (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 _____

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7067289: PLAN NO. 501
DECEMBER 31, 2024

SCHEDULE 1
Page 1 of 11

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost (\$)	(e) Current Value (\$)
(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value		
Interest-Bearing Cash							
	ABN AMRO FUNDING USA LC	SHORT TERMS	01/06/2025	0.000	299,000	290,240	290,240
	BANK AMER SECS INC	SHORT TERMS	05/29/2025	0.000	718,000	679,814	679,814
	BANK MONTREAL DISC COML PAPER	SHORT TERMS	11/21/2025	0.000	94,000	89,820	89,820
	CHEVRON CORP	SHORT TERMS	04/23/2025	0.000	250,000	244,344	244,344
	CISCO SYSTEMS INC	SHORT TERMS	06/02/2025	0.010	599,000	585,598	585,598
	CREDIT INDL ET COML INSTL CTF	SHORT TERMS	11/21/2025	0.010	454,000	454,000	454,000
	DNB NOR BANK ASA	SHORT TERMS	05/29/2025	0.000	886,000	839,416	839,416
	ING US FUNDING LLC	SHORT TERMS	10/07/2025	0.010	500,000	478,321	478,321
	KEB HANA BK NEW YORK	SHORT TERMS	01/10/2025	0.000	250,000	250,000	250,000
	KOOKMIN BK NY BRH	SHORT TERMS	05/27/2025	999.9	166,000	166,000	166,000
	KOOKMIN BK NY BRH	SHORT TERMS	07/24/2025	4.670	139,000	139,000	139,000
	MACQUARIE BANK LIMITED	SHORT TERMS	11/20/2025	0.010	331,000	316,241	316,241
	PROCTOR GAMBLE AND CO	SHORT TERMS	03/11/2025	0.010	1,100,000	1,063,430	1,063,430
	SIEMENS CAPITAL CO. LLC	SHORT TERMS	04/29/2025	0.000	417,000	407,504	407,504
	SKANDIN ENS BANKEN AG	SHORT TERMS	10/07/2025	0.010	415,000	396,957	396,957
	SOCIETE GENERALE	SHORT TERMS	05/29/2025	0.000	597,000	565,426	565,426
	STANDARD CHRTRD BNKN	SHORT TERMS	10/09/2025	0.010	458,000	458,000	458,000
	SUMITOMO MITSUI BKG CORP	SHORT TERMS	03/18/2025	999.9	521,000	521,000	521,000
	SVENSKA HANDLSBNKN A	SHORT TERMS	11/18/2025	0.000	321,000	306,752	306,752
	SWEDBANK SPARBANKEN SVENGE	SHORT TERMS	10/15/2025	0.010	132,000	132,000	132,000
	TOTAL FINA ELF CAP	SHORT TERMS	01/28/2025	0.000	206,000	203,552	203,552
	TOTAL FINA ELF CAP	SHORT TERMS	01/28/2025	0.010	230,000	227,178	227,267
	US DOLLAR	CASH AND CASH EQUIVALENTS	N/A	N/A	65,732,750	65,732,750	65,732,750
	AUST + NEW ZEA 11/25 ZCP	SHORT TERMS	11/25/2025	0.000	392,000	374,648	374,648
	AUST + NEW ZEA 11/25 ZCP	SHORT TERMS	11/25/2025	0.010	200,000	191,122	191,147
	CREDIT AGRICOLE CORP 10/25 FIXED 4.4	SHORT TERMS	10/07/2025	4.400	513,000	513,000	513,000
	NATIONAL BK OF CANAD 05/25 ZCP	SHORT TERMS	05/23/2025	0.000	600,000	568,500	568,500
	TORONTO DOMINION BK 10/25 FIXED 4.5	SHORT TERMS	10/01/2025	4.500	549,000	549,000	549,000
Total Interest-Bearing Cash						76,743,613	76,743,727
U.S. Government Securities							
	US TREASURY N/B 05/25 2.125	GOVERNMENT ISSUES	05/15/2025	2.125	600,000	580,854	595,302
	US TREASURY N/B 02/25 1.125	GOVERNMENT ISSUES	02/28/2025	1.125	650,000	624,332	646,692
	US TREASURY N/B 01/25 4.125	GOVERNMENT ISSUES	01/31/2025	4.125	600,000	596,250	599,856
	US TREASURY N/B 02/25 4.625	GOVERNMENT ISSUES	02/28/2025	4.625	500,000	499,705	500,140
	US TREASURY N/B 06/25 4.625	GOVERNMENT ISSUES	06/30/2025	4.625	900,000	902,142	902,169
	US TREASURY N/B 11/25 4.875	GOVERNMENT ISSUES	11/30/2025	4.875	700,000	707,245	703,794
	US TREASURY N/B 09/26 3.5	GOVERNMENT ISSUES	09/30/2026	3.500	2,100,000	2,086,594	2,073,540
	US TREASURY N/B 10/26 4.125	GOVERNMENT ISSUES	10/31/2026	4.125	600,000	598,828	598,632
Total U.S. Government Securities						6,595,950	6,620,125
Corporate Debt Instruments - Preferred							
	ABBVIE INC SR UNSECURED 05/25 3.6	CORPORATE BONDS	05/14/2025	3.600	885,000	870,495	881,336
	ABBVIE INC SR UNSECURED 11/26 2.95	CORPORATE BONDS	11/21/2026	2.950	355,000	340,807	344,868
	ALLY AUTO RECEIVABLES TRUST ALLYA 2022 3 A3	AUTO LOAN RECEIVABLE	04/15/2027	5.070	119,430	119,449	119,667
	ALLY AUTO RECEIVABLES TRUST ALLYA 2024 1 A2	AUTO LOAN RECEIVABLE	01/15/2027	5.320	299,573	299,547	300,000
	AMERICAN EXPRESS CO SR UNSECURED 11/25 4.2	CORPORATE BONDS	11/06/2025	4.200	1,000,000	997,910	997,660
	AMERICAN EXPRESS CO SR UNSECURED 11/27 5.85	CORPORATE BONDS	11/05/2027	5.850	970,000	1,010,973	1,000,051
	AMERICAN HONDA FINANCE SR UNSECURED 05/25 5	CORPORATE BONDS	05/23/2025	5.000	300,000	300,762	300,168
	AON GLOBAL LTD COMPANY GUAR 12/25 3.875	CORPORATE BONDS	12/15/2025	3.875	350,000	347,046	347,354
	ARI FLEET LEASE TRUST ARIFL 2023 A A2 144A	AUTO LOAN RECEIVABLE	02/17/2032	5.410	140,811	140,542	141,302

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7067289: PLAN NO. 501
DECEMBER 31, 2024

SCHEDULE 1
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		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost (\$)	(e) Current Value (\$)
(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value		
	ASTRAZENECA PLC SR UNSECURED 11/25 3.375	CORPORATE BONDS	11/16/2025	3.375	970,000	948,699	960,465
	ATHENE GLOBAL FUNDING SR SECURED 144A 08/26 4.86	CORPORATE BONDS	08/27/2026	4.860	397,000	398,004	396,579
	AUST + NZ BANKING GROUP SR UNSECURED 144A 03/26 VAR	CORPORATE BONDS	03/18/2026	1.000	200,000	200,000	200,474
	AUST + NZ BANKING GRP NY SR UNSECURED 12/25 5.088	CORPORATE BONDS	12/08/2025	5.088	1,945,000	1,956,597	1,955,231
	BANK OF AMERICA AUTO TRUST BAAT 2023 2A A2 144A	AUTO LOAN RECEIVABLE	08/17/2026	5.850	113,353	114,006	113,690
	BANK OF AMERICA CORP SR UNSECURED 10/26 VAR	CORPORATE BONDS	10/24/2026	1.000	385,000	362,297	374,028
	BANK OF AMERICA CORP SR UNSECURED 10/27 3.248	CORPORATE BONDS	10/21/2027	3.248	710,000	676,417	684,270
	BERKSHIRE HATHAWAY ENERG SR UNSECURED 02/25 3.5	CORPORATE BONDS	02/01/2025	3.500	139,000	136,807	138,776
	BMW VEHICLE LEASE TRUST BMWLT 2023 1 A3	AUTO LOAN RECEIVABLE	11/25/2025	5.160	68,329	68,243	68,377
	BRIGHTHSE FIN GLBL FUND SR SECURED 144A 01/25 1.75	CORPORATE BONDS	01/13/2025	1.750	221,000	214,264	220,790
	BRISTOL MYERS SQUIBB CO SR UNSECURED 11/25 0.75	CORPORATE BONDS	11/13/2025	0.750	1,000,000	963,660	968,740
	CAPITAL ONE MULTI ASSET EXECUT COMET 2022 A1 A1	CREDIT CARD RCVEABLE	03/15/2027	2.800	686,000	674,585	683,440
	CAPITAL ONE MULTI ASSET EXECUT COMET 2022 A2 A	CREDIT CARD RCVEABLE	05/15/2027	3.490	248,000	246,702	247,027
	CAPITAL ONE PRIME AUTO RECEIVA COPAR 2021 1 A3	AUTO LOAN RECEIVABLE	09/15/2026	0.770	186,287	180,292	184,422
	CAPITAL ONE PRIME AUTO RECEIVA COPAR 2022 2 A3	AUTO LOAN RECEIVABLE	05/17/2027	3.660	584,725	575,407	581,584
	CAPITAL ONE PRIME AUTO RECEIVA COPAR 2023 1 A3	AUTO LOAN RECEIVABLE	02/15/2028	4.870	669,000	670,098	671,488
	CAPITAL ONE PRIME AUTO RECEIVA COPAR 2023 2 A2A	AUTO LOAN RECEIVABLE	10/15/2026	5.910	393,946	395,837	395,320
	CATERPILLAR FINL SERVICE SR UNSECURED 11/25 0.8	CORPORATE BONDS	11/13/2025	0.800	2,165,000	2,054,176	2,095,395
	CHEVRON PHILLIPS CHEM CO SR UNSECURED 144A 04/25 5.125	CORPORATE BONDS	04/01/2025	5.125	555,000	554,867	555,216
	CIGNA GROUP/THE COMPANY GUAR 11/25 4.125	CORPORATE BONDS	11/15/2025	4.125	250,000	248,528	248,733
	CITIBANK NA SR UNSECURED 04/26 5.438	CORPORATE BONDS	04/30/2026	5.438	467,000	467,000	471,189
	CITIBANK NA SR UNSECURED 08/26 4.929	CORPORATE BONDS	08/06/2026	4.929	250,000	250,000	250,995
	CNH EQUIPMENT TRUST CNH 2022 A A3	OTHER ASSET BACKED	07/15/2027	2.940	54,964	53,974	54,463
	CNH EQUIPMENT TRUST CNH 2022 B A3	OTHER ASSET BACKED	11/15/2027	3.890	681,404	669,878	678,014
	CNH EQUIPMENT TRUST CNH 2024 A A2	OTHER ASSET BACKED	07/15/2027	5.190	155,578	155,567	155,914
	COMCAST CORP COMPANY GUAR 10/25 3.95	CORPORATE BONDS	10/15/2025	3.950	2,175,000	2,154,143	2,163,690
	COMMONWEALTH BANK AUST SR UNSECURED 144A 03/25 2.296	CORPORATE BONDS	03/14/2025	2.296	335,000	327,848	333,486
	COOPERAT RABOBANK UA/NY 01/26 4.85	CORPORATE BONDS	01/09/2026	4.850	509,000	508,807	510,710
	COOPERAT RABOBANK UA/NY 08/26 4.333	CORPORATE BONDS	08/28/2026	4.333	348,000	348,000	346,907
	COREBRIDGE GLOB FUNDING SECURED 144A 06/26 5.35	CORPORATE BONDS	06/24/2026	5.350	598,000	597,689	603,215
	DELL EQUIPMENT FINANCE TRUST DEFT 2023 3 A2 144A	OTHER ASSET BACKED	04/23/2029	6.100	43,941	44,210	44,080
	DELL EQUIPMENT FINANCE TRUST DEFT 2024 1 A2 144A	OTHER ASSET BACKED	03/22/2030	5.580	149,000	148,990	149,649

DIRECTORS GUILD OF AMERICA - PRODUCER HEALTH PLAN
FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
E.I.N. 23-7067289: PLAN NO. 501
DECEMBER 31, 2024

SCHEDULE 1
Page 3 of 11

		(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value				(d) Cost (\$)	(e) Current Value (\$)
(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value		
	DIGITALOCEAN HOLDINGS SR UNSECURED 12/26 0.00000	CONVERTIBLE BONDS	12/01/2026	0.010	42,000	34,625	37,275
	DISCOVER CARD EXECUTION NOTE T DCENT 2022 A2 A	CREDIT CARD RCVEABLE	05/15/2027	3.320	127,000	126,008	126,409
	DISCOVER CARD EXECUTION NOTE T DCENT 2022 A3 A3	CREDIT CARD RCVEABLE	07/15/2027	3.560	563,000	553,038	560,132
	ELEVANCE HEALTH INC SR UNSECURED 10/25 5.35	CORPORATE BONDS	10/15/2025	5.350	1,805,000	1,816,924	1,812,382
	EMD FINANCE LLC COMPANY GUAR 144A 03/25 3.25	CORPORATE BONDS	03/19/2025	3.250	231,000	227,630	230,256
	FORD CREDIT AUTO LEASE TRUST FORDL 2024 A A3	AUTO LOAN RECEIVABLE	05/15/2027	5.060	292,000	293,528	293,438
	FORD CREDIT AUTO OWNER TRUST FORDO 2022 C A3	AUTO LOAN RECEIVABLE	12/15/2026	4.480	156,038	154,970	155,946
	FORD CREDIT AUTO OWNER TRUST FORDO 2024 B A2A	AUTO LOAN RECEIVABLE	04/15/2027	5.400	599,000	598,955	601,810
	GENERAL DYNAMICS CORP COMPANY GUAR 11/27 2.625	CORPORATE BONDS	11/15/2027	2.625	725,000	680,253	688,076
	GEORGIA POWER CO SR UNSECURED 05/25 VAR	CORPORATE BONDS	05/08/2025	1.000	209,000	209,468	209,449
	GM FINANCIAL SECURITIZED TERM GMCAR 2023 1 A3	AUTO LOAN RECEIVABLE	02/16/2028	4.660	242,144	241,605	242,376
	GM FINANCIAL SECURITIZED TERM GMCAR 2023 4 A2A	AUTO LOAN RECEIVABLE	11/16/2026	5.890	136,398	136,727	136,892
	GM FINANCIAL SECURITIZED TERM GMCAR 2024 1 A2A	AUTO LOAN RECEIVABLE	02/16/2027	5.120	68,800	68,799	68,944
	HONDA AUTO RECEIVABLES OWNER T HAROT 2021 4 A3	AUTO LOAN RECEIVABLE	01/21/2026	0.880	202,522	197,895	200,947
	HONDA AUTO RECEIVABLES OWNER T HAROT 2024 1 A2	AUTO LOAN RECEIVABLE	09/15/2026	5.360	237,746	237,830	238,392
	HSBC HOLDINGS PLC SR UNSECURED 04/26 VAR	CORPORATE BONDS	04/18/2026	1.000	700,000	685,328	693,084
	HYUNDAI AUTO LEASE SECURITIZAT HALST 2023 B A3 144A	AUTO LOAN RECEIVABLE	06/15/2026	5.150	224,311	224,653	224,626
	HYUNDAI AUTO RECEIVABLES TRUST HART 2023 A A3	AUTO LOAN RECEIVABLE	04/15/2027	4.580	445,856	442,373	445,999
	HYUNDAI AUTO RECEIVABLES TRUST HART 2024 A A2A	AUTO LOAN RECEIVABLE	04/15/2027	5.290	164,386	164,384	164,937
	HYUNDAI AUTO RECEIVABLES TRUST HART 2024 B A2A	AUTO LOAN RECEIVABLE	06/15/2027	5.150	700,000	699,972	702,766
	HYUNDAI AUTO RECEIVABLES TRUST HART 2024 C A2A	AUTO LOAN RECEIVABLE	09/15/2027	4.530	235,000	234,986	235,094
	HYUNDAI CAPITAL AMERICA SR UNSECURED 144A 06/26 5.45	CORPORATE BONDS	06/24/2026	5.450	231,000	230,831	232,573
	JOHN DEERE CAPITAL CORP SR UNSECURED 10/26 1.3	CORPORATE BONDS	10/13/2026	1.300	735,000	678,104	695,567
	JOHN DEERE OWNER TRUST JDOT 2023 B A3	OTHER ASSET BACKED	03/15/2028	5.180	369,000	372,142	372,047
	JOHN DEERE OWNER TRUST JDOT 2024 B A2A	OTHER ASSET BACKED	05/17/2027	5.420	541,000	540,969	544,427
	JP MORGAN CHASE BANK NA SR UNSECURED 12/26 5.11	CORPORATE BONDS	12/08/2026	5.110	1,345,000	1,358,437	1,359,163
	JPMORGAN CHASE + CO SR UNSECURED 11/26 VAR	CORPORATE BONDS	11/19/2026	1.000	315,000	304,271	304,904
	MARRIOTT VACATION WORLDW COMPANY GUAR 01/26 0.00000	CONVERTIBLE BONDS	01/15/2026	0.010	20,000	17,676	19,012
	MERCEDES BENZ AUTO LEASE TRUST MBALT 2024 B A2A	AUTO LOAN RECEIVABLE	12/15/2026	4.570	113,000	112,996	113,023
	MERCEDES BENZ AUTO RECEIVABLES MBART 2024 1 A2A	AUTO LOAN RECEIVABLE	05/17/2027	5.060	497,036	496,084	497,880

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(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value		
	METLIFE INC SR UNSECURED 11/25 3.6	CORPORATE BONDS	11/13/2025	3.600	2,070,000	2,041,311	2,052,716
	MITSUBISHI UFJ FIN GRP SR UNSECURED 07/25 1.412	CORPORATE BONDS	07/17/2025	1.412	203,000	197,957	199,421
	MORGAN STANLEY BANK NA SR UNSECURED 10/26 5.882	CORPORATE BONDS	10/30/2026	5.882	350,000	355,513	357,350
	MORGAN STANLEY SR UNSECURED 12/26 VAR	CORPORATE BONDS	12/10/2026	1.000	630,000	606,161	607,534
	NATIONAL AUSTRALIA BK/NY SR UNSECURED 12/25 4.75	CORPORATE BONDS	12/10/2025	4.750	800,000	802,752	801,872
	NATIONAL RURAL UTIL COOP SR UNSECURED 05/25 VAR	CORPORATE BONDS	05/07/2025	1.000	234,000	234,253	234,426
	NEW YORK LIFE GLOBAL FDG SECURED 144A 01/25 2	CORPORATE BONDS	01/22/2025	2.000	700,000	679,476	698,971
	NOVARTIS CAPITAL CORP COMPANY GUAR 11/25 3	CORPORATE BONDS	11/20/2025	3.000	735,000	714,692	725,680
	PACCAR FINANCIAL CORP SR UNSECURED 10/25 4.95	CORPORATE BONDS	10/03/2025	4.950	500,000	502,815	501,440
	PACCAR FINANCIAL CORP SR UNSECURED 11/26 5.2	CORPORATE BONDS	11/09/2026	5.200	330,000	336,960	334,511
	PAYPAL HOLDINGS INC SR UNSECURED 10/26 2.65	CORPORATE BONDS	10/01/2026	2.650	535,000	508,871	518,190
	PHILIP MORRIS INTL INC SR UNSECURED 11/25 5	CORPORATE BONDS	11/17/2025	5.000	1,405,000	1,411,750	1,410,381
	PHILIP MORRIS INTL INC SR UNSECURED 11/27 5.125	CORPORATE BONDS	11/17/2027	5.125	350,000	351,043	354,211
	PNC BANK NA SR UNSECURED 10/27 3.1	CORPORATE BONDS	10/25/2027	3.100	360,000	338,317	345,089
	PORSCHE FINANCIAL AUTO SECURIT PFAST 2023 2A A2A 144A	AUTO LOAN RECEIVABLE	11/23/2026	5.880	20,633	20,743	20,672
	PRICOA GLOBAL FUNDING 1 SECURED 144A 08/25 4.2	CORPORATE BONDS	08/28/2025	4.200	700,000	697,970	698,152
	PRINCIPAL LFE GLB FND II SECURED 144A 01/25 1.375	CORPORATE BONDS	01/10/2025	1.375	434,000	416,709	433,675
	PRINCIPAL LFE GLB FND II SECURED 144A 06/25 1.25	CORPORATE BONDS	06/23/2025	1.250	201,000	190,528	197,762
	PROTECTIVE LIFE GLOBAL SECURED 144A 03/25 3.218	CORPORATE BONDS	03/28/2025	3.218	700,000	685,559	697,704
	PUBLIC STORAGE OP CO COMPANY GUAR 07/25 VAR	CORPORATE BONDS	07/25/2025	1.000	139,000	139,339	139,252
	REALTY INCOME CORP SR UNSECURED 11/25 4.625	CORPORATE BONDS	11/01/2025	4.625	1,213,000	1,212,619	1,211,472
	ROYAL BANK OF CANADA SR UNSECURED 01/25 VAR	CORPORATE BONDS	01/21/2025	1.000	892,000	892,690	892,098
	ROYAL BANK OF CANADA SR UNSECURED 11/27 6	CORPORATE BONDS	11/01/2027	6.000	485,000	508,542	500,860
	SABRE GLBL INC COMPANY GUAR 04/25 4	CONVERTIBLE BONDS	04/15/2025	4.000	47,000	46,200	45,988
	SBNA AUTO LEASE TRUST SBALT 2023 A A3 144A	AUTO LOAN RECEIVABLE	04/20/2027	6.510	237,000	240,379	239,950
	SBNA AUTO LEASE TRUST SBALT 2024 B A2 144A	AUTO LOAN RECEIVABLE	11/20/2026	5.670	138,033	138,033	138,676
	SBNA AUTO LEASE TRUST SBALT 2024 C A2 144A	AUTO LOAN RECEIVABLE	11/20/2026	4.940	102,276	102,269	102,409
	SCENTRE GROUP TRUST 1/2 COMPANY GUAR 144A 02/25 3.5	CORPORATE BONDS	02/12/2025	3.500	141,000	138,848	140,686
	SCENTRE GROUP TRUST 1/2 COMPANY GUAR 144A 10/25 3.25	CORPORATE BONDS	10/28/2025	3.250	121,000	118,500	119,225
	SIMON PROPERTY GROUP LP SR UNSECURED 11/26 3.25	CORPORATE BONDS	11/30/2026	3.250	175,000	168,844	170,709
	SIMON PROPERTY GROUP LP SR UNSECURED 12/27 3.375	CORPORATE BONDS	12/01/2027	3.375	355,000	339,440	343,818

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	SKANDINAVISKA ENSKILDA 144A 06/25 3.7	CORPORATE BONDS	06/09/2025	3.700	446,000	440,247	444,247
	SUMITOMO MITSUI FINL GRP SR						
	UNSECURED 07/26 2.632	CORPORATE BONDS	07/14/2026	2.632	207,000	201,295	200,585
	TELADOC HEALTH INC SR UNSECURED						
	06/27 1.25	CONVERTIBLE BONDS	06/01/2027	1.250	11,000	9,501	9,603
	TESLA AUTO LEASE TRUST TESLA 2024 A A2A						
	144A	AUTO LOAN RECEIVABLE	06/22/2026	5.370	76,621	76,614	76,779
	TEXAS INSTRUMENTS INC SR UNSECURED						
	11/27 2.9	CORPORATE BONDS	11/03/2027	2.900	355,000	338,173	340,271
	THERMO FISHER SCIENTIFIC SR UNSECURED						
	11/27 4.8	CORPORATE BONDS	11/21/2027	4.800	330,000	336,310	332,485
	TORONTO DOMINION BANK SR UNSECURED						
	10/25 VAR	CORPORATE BONDS	10/10/2025	1.000	538,000	538,000	538,570
	TOYOTA AUTO RECEIVABLES OWNER TAOT						
	2022 A A3	AUTO LOAN RECEIVABLE	06/15/2026	1.230	154,029	149,872	152,852
	TOYOTA AUTO RECEIVABLES OWNER TAOT						
	2022 B A3	AUTO LOAN RECEIVABLE	09/15/2026	2.930	235,803	231,101	234,372
	TOYOTA AUTO RECEIVABLES OWNER TAOT						
	2023 C A2A	AUTO LOAN RECEIVABLE	08/17/2026	5.600	63,285	63,390	63,424
	TOYOTA MOTOR CREDIT CORP SR						
	UNSECURED 08/26 4.55	CORPORATE BONDS	08/07/2026	4.550	136,000	135,916	136,092
	TOYOTA MOTOR CREDIT CORP SR						
	UNSECURED 10/25 0.8	CORPORATE BONDS	10/16/2025	0.800	1,000,000	966,830	971,340
	TRUIST BANK SR UNSECURED 11/25 4.05	CORPORATE BONDS	11/03/2025	4.050	950,000	945,114	945,706
	UBS AG LONDON SR UNSECURED 09/25 VAR	CORPORATE BONDS	09/11/2025	1.000	217,000	217,538	218,072
	UBS GROUP AG SR UNSECURED 144A 06/26						
	VAR	CORPORATE BONDS	06/05/2026	1.000	400,000	391,320	395,236
	UNITEDHEALTH GROUP INC SR UNSECURED						
	10/25 5.15	CORPORATE BONDS	10/15/2025	5.150	670,000	677,310	673,337
	UNITEDHEALTH GROUP INC SR UNSECURED						
	10/27 2.95	CORPORATE BONDS	10/15/2027	2.950	890,000	848,037	851,757
	US BANCORP SR UNSECURED 11/25 3.95	CORPORATE BONDS	11/17/2025	3.950	402,000	399,492	400,247
	VISA INC SR UNSECURED 12/25 3.15	CORPORATE BONDS	12/14/2025	3.150	1,400,000	1,370,254	1,384,110
	VOLKSWAGEN AUTO LOAN ENHANCED						
	VALET 2023 1 A2A	AUTO LOAN RECEIVABLE	12/21/2026	5.500	68,534	68,557	68,687
	VOLKSWAGEN AUTO LOAN ENHANCED						
	VALET 2023 1 A3	AUTO LOAN RECEIVABLE	06/20/2028	5.020	326,000	328,267	327,885
	VOLKSWAGEN AUTO LOAN ENHANCED						
	VALET 2023 2 A2A	AUTO LOAN RECEIVABLE	03/22/2027	5.720	218,078	219,405	219,223
	WALT DISNEY COMPANY/THE COMPANY						
	GUAR 10/25 3.7	CORPORATE BONDS	10/15/2025	3.700	760,000	746,457	755,501
	WALT DISNEY COMPANY/THE COMPANY						
	GUAR 11/26 3.375	CORPORATE BONDS	11/15/2026	3.375	695,000	675,491	680,176
	WASTE MANAGEMENT INC COMPANY GUAR						
	11/25 0.75	CORPORATE BONDS	11/15/2025	0.750	1,025,000	986,923	991,811
	WAYFAIR INC SR UNSECURED 08/26 1	CONVERTIBLE BONDS	08/15/2026	1.000	10,000	9,170	9,244
	WESTPAC BANKING CORP SR UNSECURED						
	10/26 4.6	CORPORATE BONDS	10/20/2026	4.600	98,000	97,976	98,171
	WESTPAC BANKING CORP SR UNSECURED						
	11/25 5.512	CORPORATE BONDS	11/17/2025	5.512	1,000,000	1,011,560	1,008,190
	WESTPAC BANKING CORP SR UNSECURED						
	11/27 5.457	CORPORATE BONDS	11/18/2027	5.457	325,000	335,621	332,615
	WISCONSIN PUBLIC SERVICE SR						
	UNSECURED 11/25 5.35	CORPORATE BONDS	11/10/2025	5.350	596,000	599,890	599,433
	WORLD OMNI AUTO RECEIVABLES TR						
	WOART 2022 C A3	AUTO LOAN RECEIVABLE	10/15/2027	3.660	240,403	236,130	239,241
	Total Corporate Debt Instruments - Preferred					62,725,428	63,080,751

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Corporate Debt Instruments - All Other							
	1011778 BC / NEW RED FIN SECURED 144A 01/28 4.375	CORPORATE BONDS	01/15/2028	4.375	18,000	17,026	17,194
	AAR ESCROW ISSUER LLC COMPANY GUAR 144A 03/29 6.75	CORPORATE BONDS	03/15/2029	6.750	5,000	5,000	5,071
	ACADIA HEALTHCARE CO INC COMPANY GUAR 144A 04/29 5	CORPORATE BONDS	04/15/2029	5.000	17,000	16,320	15,901
	ACADIA HEALTHCARE CO INC COMPANY GUAR 144A 07/28 5.5	CORPORATE BONDS	07/01/2028	5.500	17,000	16,634	16,235
	ACRISURE LLC / FIN INC SR UNSECURED 144A 06/29 8.5	CORPORATE BONDS	06/15/2029	8.500	10,000	10,000	10,421
	ACUSHNET CO COMPANY GUAR 144A 10/28 7.375	CORPORATE BONDS	10/15/2028	7.375	11,000	11,509	11,368
	ADIENT GLOBAL HOLDINGS SR SECURED 144A 04/28 7	CORPORATE BONDS	04/15/2028	7.000	32,000	32,717	32,380
	AG ISSUER LLC SR SECURED 144A 03/28 6.25	CORPORATE BONDS	03/01/2028	6.250	11,000	10,740	10,905
	AHP HEALTH PARTN SR UNSECURED 144A 07/29 5.75	CORPORATE BONDS	07/15/2029	5.750	15,000	14,613	14,490
	AIRCASTLE LTD COMPANY GUAR 06/26 4.25	CORPORATE BONDS	06/15/2026	4.250	35,000	33,814	34,627
	AIRCASTLE LTD COMPANY GUAR 144A 08/25 5.25	CORPORATE BONDS	08/11/2025	5.250	35,000	34,497	35,011
	ALBERTSONS COS/SAFEWAY COMPANY	CORPORATE BONDS	01/15/2027	4.625	35,000	33,906	34,265
	ALBERTSONS COS/SAFEWAY COMPANY	CORPORATE BONDS	03/15/2026	7.500	134,000	136,545	134,473
	ALLISON TRANSMISSION INC SR	CORPORATE BONDS	10/01/2027	4.750	72,000	69,860	69,772
	ALLSTATE CORP SR UNSECURED 12/25 0.75	CORPORATE BONDS	12/15/2025	0.750	299,000	288,042	288,326
	ALLY FINANCIAL INC SR UNSECURED 11/27	CORPORATE BONDS	11/15/2027	7.100	41,000	42,640	43,273
	ALLY FINANCIAL INC SUBORDINATED 11/25	CORPORATE BONDS	11/20/2025	5.750	39,000	38,752	39,201
	AMERICAN AXLE + MFG INC COMPANY GUAR	CORPORATE BONDS	04/01/2027	6.500	94,000	94,288	92,960
	AMERICAN TOWER CORP SR UNSECURED	CORPORATE BONDS	10/15/2026	3.375	870,000	849,686	849,790
	AMERIGAS PART/FIN CORP SR UNSECURED	CORPORATE BONDS	05/20/2025	5.500	49,000	48,448	48,696
	AMERIGAS PART/FIN CORP SR UNSECURED	CORPORATE BONDS	05/20/2027	5.750	41,000	39,751	38,064
	AMERIGAS PART/FIN CORP SR UNSECURED	CORPORATE BONDS	08/20/2026	5.875	35,000	34,655	33,728
	AMERITEX HOLDCO INTERMED SR SECURED	CORPORATE BONDS	10/15/2028	10.25	17,000	17,935	18,121
	AMWINS GROUP INC SR SECURED 144A	CORPORATE BONDS	02/15/2029	6.375	20,000	20,000	20,123
	ANTERO MIDSTREAM PART/FI COMPANY	CORPORATE BONDS	03/01/2027	5.750	65,000	64,496	64,697
	ARAMARK SERVICES INC COMPANY GUAR	CORPORATE BONDS	04/01/2025	5.000	130,000	129,033	129,672
	ASBURY AUTOMOTIVE GROUP COMPANY	CORPORATE BONDS	11/15/2029	4.625	10,000	9,400	9,307
	ASSUREDPARTNERS INC SR UNSECURED	CORPORATE BONDS	01/15/2029	5.625	16,000	14,974	16,168
	AUTOZONE INC SR UNSECURED 04/25 3.25	CORPORATE BONDS	04/15/2025	3.250	287,000	282,849	285,634
	AVANTOR FUNDING INC COMPANY GUAR	CORPORATE BONDS	07/15/2028	4.625	6,000	5,835	5,727
	BALL CORP COMPANY GUAR 03/28 6.875	CORPORATE BONDS	03/15/2028	6.875	11,000	11,289	11,251
	BARCLAYS PLC SR UNSECURED 05/26 VAR	CORPORATE BONDS	05/07/2026	1.000	400,000	389,748	396,920
	BATH + BODY WORKS INC COMPANY GUAR	CORPORATE BONDS	07/01/2025	9.375	60,000	63,344	61,018
	BAUSCH HEALTH COS INC SR SECURED	CORPORATE BONDS	11/01/2025	5.500	30,000	27,443	29,256
	BERRY GLOBAL INC SECURED 144A 02/26	CORPORATE BONDS	02/15/2026	4.500	35,000	34,101	34,461
	BERRY GLOBAL INC SECURED 144A 07/27	CORPORATE BONDS	07/15/2027	5.625	30,000	29,636	29,844
	BERRY GLOBAL INC SR SECURED 144A 07/26	CORPORATE BONDS	07/15/2026	4.875	65,000	63,663	64,740
	BLOCK INC SR UNSECURED 06/26 2.75	CORPORATE BONDS	06/01/2026	2.750	35,000	33,006	33,726
	BLUE RACER MID LLC/FINAN SR	CORPORATE BONDS	07/15/2029	7.000	12,000	12,000	12,256
	BOMBARDIER INC SR UNSECURED 144A	CORPORATE BONDS	04/15/2027	7.875	49,000	49,166	49,074
	BOMBARDIER INC SR UNSECURED 144A	CORPORATE BONDS	06/15/2026	7.125	13,000	12,964	13,048
	BOYD GAMING CORP COMPANY GUAR 12/27	CORPORATE BONDS	12/01/2027	4.750	35,000	33,674	33,838
	BRINK S CO/THE COMPANY GUAR 144A	CORPORATE BONDS	06/15/2029	6.500	16,000	16,353	16,215
	BRINK S CO/THE COMPANY GUAR 144A	CORPORATE BONDS	10/15/2027	4.625	16,000	15,474	15,524
	BUCKEYE PARTNERS LP SR UNSECURED	CORPORATE BONDS	12/01/2026	3.950	39,000	36,878	37,536
	BUCKEYE PARTNERS LP SR UNSECURED	CORPORATE BONDS	03/01/2025	4.125	65,000	63,228	64,826
	BUNGE LTD FINANCE CORP COMPANY GUAR	CORPORATE BONDS	08/17/2025	1.630	225,000	216,530	220,727
	CAESARS ENTERTAIN INC COMPANY GUAR	CORPORATE BONDS	07/01/2027	8.125	69,000	70,559	69,690

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	CAESARS ENTERTAIN INC COMPANY GUAR	CORPORATE BONDS	10/15/2029	4.625	17,000	16,193	15,916
	CALPINE CORP SR SECURED 144A 02/28 4.5	CORPORATE BONDS	02/15/2028	4.500	22,000	21,340	21,100
	CALPINE CORP SR SECURED 144A 06/26	CORPORATE BONDS	06/01/2026	5.250	22,000	21,709	21,973
	CAMELOT FINANCE SA SR SECURED 144A	CORPORATE BONDS	11/01/2026	4.500	91,000	88,365	88,429
	CANADIAN PACIFIC RAILWAY COMPANY	CORPORATE BONDS	02/01/2025	2.900	204,000	201,144	203,590
	CARNIVAL CORP COMPANY GUAR 144A	CORPORATE BONDS	03/01/2027	5.750	15,000	14,756	14,967
	CARNIVAL CORP SR SECURED 144A 08/29 7	CORPORATE BONDS	08/15/2029	7.000	33,000	35,149	34,327
	CARNIVAL HLDGS BM LTD COMPANY GUAR	CORPORATE BONDS	05/01/2028	10.37	123,000	133,782	131,043
	CASTLELAKE AVIATION FIN SR UNSECURED	CORPORATE BONDS	04/15/2027	5.000	10,000	9,700	10,050
	CCO HLDGS LLC/CAP CORP SR UNSECURED	CORPORATE BONDS	02/01/2028	5.000	42,000	40,898	40,483
	CCO HLDGS LLC/CAP CORP SR UNSECURED	CORPORATE BONDS	05/01/2026	5.500	65,000	64,567	64,815
	CCO HLDGS LLC/CAP CORP SR UNSECURED	CORPORATE BONDS	05/01/2027	5.125	99,000	95,618	97,279
	CEC ENTERTAINMENT LLC SR SECURED	CORPORATE BONDS	05/01/2026	6.750	34,000	33,958	33,729
	CHARLES RIVER LABORATORI COMPANY	CORPORATE BONDS	05/01/2028	4.250	13,000	12,236	12,334
	CHOBANI HOLDCO II LLC SR UNSECURED	CORPORATE BONDS	10/01/2029	8.750	5,000	4,950	5,288
	CHOBANI LLC/FINANCE CORP SR	CORPORATE BONDS	07/01/2029	7.625	10,000	10,513	10,341
	CHS/COMMUNITY HEALTH SYS SR SECURED	CORPORATE BONDS	01/15/2029	6.000	10,000	9,350	8,954
	CHS/COMMUNITY HEALTH SYS SR SECURED	CORPORATE BONDS	03/15/2027	5.625	104,000	99,646	99,811
	CHURCHILL DOWNS INC COMPANY GUAR	CORPORATE BONDS	04/01/2027	5.500	102,000	100,924	100,849
	CITIGROUP INC SUBORDINATED 11/26 4.3	CORPORATE BONDS	11/20/2026	4.300	960,000	949,172	951,312
	CLARIOS GLOBAL LP/US FIN COMPANY	CORPORATE BONDS	05/15/2027	8.500	94,000	94,608	94,143
	CLARIOS GLOBAL LP/US FIN SR SECURED	CORPORATE BONDS	05/15/2026	6.250	110,000	110,130	109,973
	CLARIV SCI HLD CORP SR SECURED 144A	CORPORATE BONDS	07/01/2028	3.875	11,000	10,395	10,247
	CLEVELAND CLIFFS INC COMPANY GUAR	CORPORATE BONDS	06/01/2027	5.875	14,000	13,895	13,921
	CLEVELAND CLIFFS INC COMPANY GUAR	CORPORATE BONDS	11/01/2029	6.875	9,000	9,000	8,904
	CLOUD SOFTWARE GRP INC SECURED 144A	CORPORATE BONDS	09/30/2029	9.000	26,000	26,334	26,398
	CLOUD SOFTWARE GRP INC SR SECURED	CORPORATE BONDS	03/31/2029	6.500	33,000	31,703	32,391
	COGENT COMM GROUP LLC SR SECURED	CORPORATE BONDS	05/01/2026	3.500	55,000	52,583	53,253
	COLUMBIA PIPELINE GROUP COMPANY	CORPORATE BONDS	06/01/2025	4.500	295,000	291,534	294,218
	CONSENSUS CLOUD SOLUTION COMPANY	CORPORATE BONDS	10/15/2026	6.000	50,000	47,568	49,337
	CONSENSUS CLOUD SOLUTION COMPANY	CORPORATE BONDS	10/15/2028	6.500	22,000	19,305	21,814
	CONSOLIDATED COMMUNICATI SR	CORPORATE BONDS	10/01/2028	6.500	13,000	12,793	12,508
	CONSTELLATION EN GEN LLC SR	CORPORATE BONDS	06/01/2025	3.250	474,000	467,331	470,914
	CORELOGIC INC SR SECURED 144A 05/28	CORPORATE BONDS	05/01/2028	4.500	12,000	11,265	11,166
	CREDIT ACCEPTANC COMPANY GUAR 144A	CORPORATE BONDS	12/15/2028	9.250	14,000	14,895	14,807
	CROWN AMER/CAP CORP VI COMPANY	CORPORATE BONDS	02/01/2026	4.750	86,000	85,132	85,060
	CROWN CORK + SEAL CO INC COMPANY	CORPORATE BONDS	12/15/2026	7.375	12,000	12,510	12,311
	CSX CORP SR UNSECURED 11/26 2.6	CORPORATE BONDS	11/01/2026	2.600	710,000	678,114	686,400
	CUSHMAN + WAKEFIELD US SR SECURED	CORPORATE BONDS	05/15/2028	6.750	24,000	24,098	24,022
	DANA INC SR UNSECURED 06/28 5.625	CORPORATE BONDS	06/15/2028	5.625	8,000	7,780	7,892
	DANA INC SR UNSECURED 11/27 5.375	CORPORATE BONDS	11/15/2027	5.375	72,000	71,064	70,965
	DARLING INGREDIENTS INC COMPANY GUAR	CORPORATE BONDS	04/15/2027	5.250	53,000	52,423	52,154
	DIRECTV FIN LLC/COINC SR SECURED 144A	CORPORATE BONDS	08/15/2027	5.875	16,000	15,033	15,589
	DTE ENERGY CO SR UNSECURED 10/26 2.85	CORPORATE BONDS	10/01/2026	2.850	375,000	354,758	363,300
	DUKE ENERGY CORP SR UNSECURED 12/25	CORPORATE BONDS	12/08/2025	5.000	1,195,000	1,197,199	1,198,047
	DUKE ENERGY CORP SR UNSECURED 12/27	CORPORATE BONDS	12/08/2027	5.000	335,000	338,799	337,389
	ECO MATERIAL TECH INC SR SECURED 144A	CORPORATE BONDS	01/31/2027	7.875	38,000	38,480	38,614
	ELANCO ANIMAL HEALTH INC SR	CORPORATE BONDS	08/28/2028	6.650	11,000	11,151	11,152
	ELASTIC NV SR UNSECURED 144A 07/29	CORPORATE BONDS	07/15/2029	4.125	13,000	12,147	12,052
	ELLUCIAN HOLDINGS INC SR SECURED 144A	CORPORATE BONDS	12/01/2029	6.500	12,000	12,004	12,005
	ENCOMPASS HEALTH CORP COMPANY	CORPORATE BONDS	02/01/2028	4.500	8,000	7,600	7,719
	ENCOMPASS HEALTH CORP COMPANY	CORPORATE BONDS	09/15/2025	5.750	18,000	17,918	17,973
	ENPRO INC COMPANY GUAR 10/26 5.75	CORPORATE BONDS	10/15/2026	5.750	48,000	47,511	47,760
	ENTEGRIS INC COMPANY GUAR 144A 04/28	CORPORATE BONDS	04/15/2028	4.375	7,000	6,755	6,689
	EQM MIDSTREAM PARTNERS L SR	CORPORATE BONDS	04/01/2029	6.375	2,000	2,000	2,007
	EQM MIDSTREAM PARTNERS L SR	CORPORATE BONDS	06/01/2027	7.500	65,000	66,866	66,281
	EQUINIX INC SR UNSECURED 11/26 2.9	CORPORATE BONDS	11/18/2026	2.900	315,000	304,819	304,035
	ESAB CORP COMPANY GUAR 144A 04/29	CORPORATE BONDS	04/15/2029	6.250	10,000	10,000	10,124
	FAIR ISAAC CORP SR UNSECURED 144A	CORPORATE BONDS	06/15/2028	4.000	10,000	9,363	9,436
	FORD MOTOR COMPANY SR UNSECURED	CORPORATE BONDS	04/22/2030	9.625	11,000	13,108	12,693

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(c) Description of investment including maturity date, rate of interest, collateral, par, or
maturity value

(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value	(d) Cost (\$)	(e) Current Value (\$)
	FORTRESS TRANS + INFRAST COMPANY	CORPORATE BONDS	12/01/2030	7.875	20,000	21,275	21,050
	FREEDOM MORTGAGE HOLD SR	CORPORATE BONDS	02/01/2029	9.250	10,000	10,363	10,319
	FRONTIER COMMUNICATIONS SR SECURED	CORPORATE BONDS	05/01/2028	5.000	13,000	12,454	12,709
	FRONTIER COMMUNICATIONS SR SECURED	CORPORATE BONDS	05/15/2030	8.750	10,000	10,650	10,569
	FRONTIER COMMUNICATIONS SR SECURED	CORPORATE BONDS	10/15/2027	5.875	23,000	22,310	22,927
	GARDA WORLD SECURITY SR SECURED 144A	CORPORATE BONDS	02/15/2027	4.625	58,000	56,318	56,331
	GE HEALTHCARE TECH INC SR UNSECURED	CORPORATE BONDS	11/15/2025	5.600	590,000	595,233	593,941
	GEN DIGITAL INC COMPANY GUAR 144A	CORPORATE BONDS	09/30/2027	6.750	75,000	75,980	76,129
	GEN DIGITAL INC SR UNSECURED 144A	CORPORATE BONDS	04/15/2025	5.000	20,000	19,911	19,954
	GENERAL MILLS INC SR UNSECURED 04/25 4	CORPORATE BONDS	04/17/2025	4.000	228,000	224,941	227,396
	GENERAL MOTORS CO SR UNSECURED	CORPORATE BONDS	10/01/2025	6.125	656,000	662,474	661,052
	GENERAL MOTORS CO SR UNSECURED	CORPORATE BONDS	10/01/2027	4.200	370,000	357,150	362,903
	GENESIS ENERGY LP/FIN COMPANY GUAR	CORPORATE BONDS	01/15/2027	8.000	3,000	3,034	3,052
	GFL ENVIRONMENTAL INC COMPANY GUAR	CORPORATE BONDS	08/01/2028	4.000	11,000	10,211	10,416
	GFL ENVIRONMENTAL INC SR SECURED	CORPORATE BONDS	08/01/2025	3.750	22,000	21,663	21,783
	GFL ENVIRONMENTAL INC SR SECURED	CORPORATE BONDS	12/15/2026	5.125	100,000	98,940	99,462
	GILEAD SCIENCES INC SR UNSECURED	CORPORATE BONDS	10/01/2027	1.200	760,000	678,178	692,877
	GLOBAL MEDICAL RESPONSE SR SECURED	CORPORATE BONDS	10/31/2028	10.00	12,361	12,418	12,346
	GLOBAL NET LEASE/GLOBAL COMPANY	CORPORATE BONDS	12/15/2027	3.750	25,000	23,241	22,816
	GO DADDY OPCO/FINCO COMPANY GUAR	CORPORATE BONDS	12/01/2027	5.250	54,000	53,036	53,043
	GOEASY LTD COMPANY GUAR 144A 05/26	CORPORATE BONDS	05/01/2026	4.375	42,000	40,427	41,462
	GOEASY LTD COMPANY GUAR 144A 05/30	CORPORATE BONDS	05/15/2030	6.875	14,000	14,000	14,117
	GOEASY LTD COMPANY GUAR 144A 12/28	CORPORATE BONDS	12/01/2028	9.250	26,000	27,402	27,710
	GOEASY LTD SR UNSECURED 144A 07/29	CORPORATE BONDS	07/01/2029	7.625	18,000	18,131	18,392
	GOODYEAR TIRE + RUBBER COMPANY GUAR	CORPORATE BONDS	05/31/2025	9.500	52,000	52,579	52,330
	GOODYEAR TIRE + RUBBER COMPANY GUAR	CORPORATE BONDS	05/31/2026	5.000	65,000	63,887	63,979
	GRAHAM HOLDINGS CO COMPANY GUAR	CORPORATE BONDS	06/01/2026	5.750	45,000	44,676	44,805
	GREAT CANADIAN GAMING CO SR SECURED	CORPORATE BONDS	11/15/2029	8.750	11,000	11,000	11,259
	GROUP 1 AUTOMOTIVE INC COMPANY GUAR	CORPORATE BONDS	08/15/2028	4.000	41,000	37,796	38,385
	GXO LOGISTICS INC SR UNSECURED 05/29	CORPORATE BONDS	05/06/2029	6.250	4,000	3,978	4,096
	HEALTHPEAK OP LLC COMPANY GUAR 02/25	CORPORATE BONDS	02/01/2025	3.400	376,000	368,476	375,444
	HERC HOLDINGS INC COMPANY GUAR 144A	CORPORATE BONDS	06/15/2029	6.625	16,000	16,000	16,203
	HERC HOLDINGS INC COMPANY GUAR 144A	CORPORATE BONDS	07/15/2027	5.500	76,000	74,851	75,029
	HRT DNT / HRT DNT FIN SR SECURED 144A	CORPORATE BONDS	04/30/2028	10.50	66,000	69,936	69,974
	HUB INTERNATIONAL LTD SR UNSECURED	CORPORATE BONDS	12/01/2029	5.625	27,000	26,393	26,189
	INTERNATIONAL GAME TECH SR SECURED	CORPORATE BONDS	04/15/2026	4.125	200,000	197,750	196,636
	IQVIA INC COMPANY GUAR 144A 10/26 5	CORPORATE BONDS	10/15/2026	5.000	206,000	204,045	203,225
	IRON MOUNTAIN INC COMPANY GUAR 144A	CORPORATE BONDS	07/15/2028	5.000	11,000	10,560	10,633
	IRON MOUNTAIN INC COMPANY GUAR 144A	CORPORATE BONDS	09/15/2027	4.875	100,000	97,581	97,503
	KINDER MORGAN INC COMPANY GUAR	CORPORATE BONDS	11/15/2026	1.750	745,000	696,116	706,290
	KINETIK HOLDINGS LP SR UNSECURED 144A	CORPORATE BONDS	12/15/2028	6.625	4,000	4,060	4,092
	L3HARRIS TECH INC SR UNSECURED 12/26	CORPORATE BONDS	12/15/2026	3.850	690,000	677,566	679,222
	LGI HOMES INC COMPANY GUAR 144A 12/28	CORPORATE BONDS	12/15/2028	8.750	33,000	34,566	34,615
	LIFEPOINT HEALTH INC SR SECURED 144A	CORPORATE BONDS	02/15/2027	4.375	37,000	34,223	35,449
	LIGHT + WONDER INTL INC COMPANY GUAR	CORPORATE BONDS	05/15/2028	7.000	82,000	82,531	82,162
	LIGHT + WONDER INTL INC COMPANY GUAR	CORPORATE BONDS	11/15/2029	7.250	15,000	15,420	15,302
	LITHIA MOTORS INC COMPANY GUAR 144A	CORPORATE BONDS	12/15/2027	4.625	74,000	71,079	71,599
	LIVE NATION ENTERTAINMEN COMPANY	CORPORATE BONDS	03/15/2026	5.625	65,000	64,406	64,891
	LIVE NATION ENTERTAINMEN SR SECURED	CORPORATE BONDS	05/15/2027	6.500	50,000	50,731	50,550
	LLOYDS BANKING GROUP PLC SR	CORPORATE BONDS	05/08/2025	4.450	700,000	690,270	698,719
	M/I HOMES INC COMPANY GUAR 02/28 4.95	CORPORATE BONDS	02/01/2028	4.950	13,000	12,594	12,559
	MACQUARIE AIRFINANCE HLD SR	CORPORATE BONDS	03/26/2029	6.400	5,000	4,999	5,145
	MACQUARIE AIRFINANCE HLD SR	CORPORATE BONDS	03/30/2029	8.125	9,000	9,450	9,518
	MACQUARIE AIRFINANCE HLD SR	CORPORATE BONDS	03/17/2030	5.150	13,000	12,998	12,699
	MACQUARIE AIRFINANCE HLD SR	CORPORATE BONDS	05/01/2028	8.375	72,000	75,661	75,468
	MACQUARIE GROUP LTD SR UNSECURED	CORPORATE BONDS	08/09/2026	1.000	196,000	196,774	196,020
	MADISON IAQ LLC SR SECURED 144A 06/28	CORPORATE BONDS	06/30/2028	4.125	43,000	40,733	40,706
	MAGNERA CORP COMPANY GUAR 144A	CORPORATE BONDS	11/15/2029	4.750	5,000	4,463	4,440
	MARATHON PETROLEUM CORP SR	CORPORATE BONDS	05/01/2025	4.700	360,000	358,297	359,586
	MARRIOTT OWNERSHIP RESOR COMPANY	CORPORATE BONDS	01/15/2028	4.750	19,000	17,408	18,260

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(c) Description of investment including maturity date, rate of interest, collateral, par, or
maturity value

(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value	(d) Cost (\$)	(e) Current Value (\$)
	MARRIOTT OWNERSHIP RESOR COMPANY	CORPORATE BONDS	06/15/2029	4.500	10,000	9,413	9,335
	MATCH GROUP HLD II LLC SR UNSECURED	CORPORATE BONDS	02/15/2029	5.625	4,000	3,825	3,884
	MATCH GROUP HLD II LLC SR UNSECURED	CORPORATE BONDS	06/01/2028	4.625	6,000	5,801	5,714
	MATCH GROUP HLD II LLC SR UNSECURED	CORPORATE BONDS	12/15/2027	5.000	51,000	49,616	49,324
	MAUSER PACKAGING SOLUT SECURED 144A	CORPORATE BONDS	04/15/2027	9.250	33,000	33,899	33,386
	MAUSER PACKAGING SOLUT SR SECURED	CORPORATE BONDS	04/15/2027	7.875	27,000	27,743	27,546
	MAVIS TIRE EXPRESS SERVI SR UNSECURED	CORPORATE BONDS	05/15/2029	6.500	30,000	28,613	28,622
	MCGRAW HILL EDUCATION SR SECURED	CORPORATE BONDS	08/01/2028	5.750	76,000	73,124	74,203
	MEDLINE BORROWER/MEDL CO SR	CORPORATE BONDS	04/01/2029	6.250	42,000	41,923	42,443
	MGM RESORTS INTL COMPANY GUAR 09/26	CORPORATE BONDS	09/01/2026	4.625	35,000	33,854	34,517
	MGM RESORTS INTL COMPANY GUAR 10/28	CORPORATE BONDS	10/15/2028	4.750	6,000	5,835	5,745
	MOLINA HEALTHCARE INC SR UNSECURED	CORPORATE BONDS	06/15/2028	4.375	13,000	12,210	12,320
	MPT OPER PARTNERSP/FINL COMPANY	CORPORATE BONDS	08/01/2026	5.250	58,000	51,849	53,397
	NATIONSTAR MTG HLD INC COMPANY GUAR	CORPORATE BONDS	01/15/2027	6.000	45,000	44,663	44,762
	NATIONSTAR MTG HLD INC COMPANY GUAR	CORPORATE BONDS	02/01/2026	5.000	49,000	48,354	48,520
	NATIONSTAR MTG HLD INC COMPANY GUAR	CORPORATE BONDS	08/01/2029	6.500	17,000	17,000	16,971
	NAVIENT CORP SR UNSECURED 03/27 5	CORPORATE BONDS	03/15/2027	5.000	35,000	33,791	34,306
	NAVIENT CORP SR UNSECURED 03/28 4.875	CORPORATE BONDS	03/15/2028	4.875	9,000	8,595	8,585
	NAVIENT CORP SR UNSECURED 06/25 6.75	CORPORATE BONDS	06/25/2025	6.750	95,000	96,132	95,100
	NAVIENT CORP SR UNSECURED 06/26 6.75	CORPORATE BONDS	06/15/2026	6.750	65,000	66,082	65,623
	NCL CORPORATION LTD COMPANY GUAR	CORPORATE BONDS	03/15/2026	5.875	18,000	18,023	17,976
	NCL CORPORATION LTD SR SECURED 144A	CORPORATE BONDS	02/15/2027	5.875	35,000	34,698	34,890
	NCL CORPORATION LTD SR SECURED 144A	CORPORATE BONDS	02/01/2028	8.375	18,000	19,035	18,820
	NCR VOYIX CORP COMPANY GUAR 144A	CORPORATE BONDS	10/01/2028	5.000	19,000	18,453	18,275
	NECESS RETAIL/AFIN OP LP COMPANY GUAR	CORPORATE BONDS	09/30/2028	4.500	20,000	18,700	18,311
	NEPTUNE BIDCO US INC SR SECURED 144A	CORPORATE BONDS	04/15/2029	9.290	13,000	12,546	12,092
	NEWMONT / NEWCREST FIN COMPANY	CORPORATE BONDS	03/15/2026	5.300	90,000	90,601	90,634
	NEXSTAR MEDIA INC COMPANY GUAR 144A	CORPORATE BONDS	07/15/2027	5.625	55,000	53,459	53,645
	NORTHROP GRUMMAN CORP SR	CORPORATE BONDS	01/15/2025	2.930	173,000	169,035	172,860
	NOVA CHEMICALS CORP SR UNSECURED	CORPORATE BONDS	06/01/2027	5.250	25,000	24,120	24,291
	NOVELIS CORP COMPANY GUAR 144A 11/26	CORPORATE BONDS	11/15/2026	3.250	35,000	33,096	33,338
	NUSTAR LOGISTICS LP COMPANY GUAR	CORPORATE BONDS	10/01/2025	5.750	70,000	69,910	69,988
	NUTRIEN LTD SR UNSECURED 04/25 3	CORPORATE BONDS	04/01/2025	3.000	384,000	374,623	382,307
	ONEMAIN FINANCE CORP COMPANY GUAR	CORPORATE BONDS	01/15/2028	6.625	8,000	8,160	8,099
	ONEMAIN FINANCE CORP COMPANY GUAR	CORPORATE BONDS	01/15/2029	9.000	5,000	5,300	5,302
	ONEMAIN FINANCE CORP COMPANY GUAR	CORPORATE BONDS	03/15/2026	7.125	84,000	85,634	85,509
	ONEMAIN FINANCE CORP COMPANY GUAR	CORPORATE BONDS	05/15/2029	6.625	19,000	19,000	19,237
	ONT GAMING GTA/OTG CO IS SR SECURED	CORPORATE BONDS	08/01/2030	8.000	16,000	16,474	16,448
	OPEN TEXT CORP COMPANY GUAR 144A	CORPORATE BONDS	02/15/2028	3.875	12,000	11,430	11,254
	OPEN TEXT CORP SR SECURED 144A 12/27	CORPORATE BONDS	12/01/2027	6.900	50,000	51,940	51,667
	OPENLANE INC COMPANY GUAR 144A 06/25	CORPORATE BONDS	06/01/2025	5.125	35,000	34,388	34,830
	OPTION CARE HEALTH INC COMPANY GUAR	CORPORATE BONDS	10/31/2029	4.375	29,000	26,958	26,744
	ORACLE CORP SR UNSECURED 04/25 2.5	CORPORATE BONDS	04/01/2025	2.500	115,000	111,443	114,338
	ORACLE CORP SR UNSECURED 11/25 5.8	CORPORATE BONDS	11/10/2025	5.800	1,050,000	1,065,650	1,060,395
	OTIS WORLDWIDE CORP SR UNSECURED	CORPORATE BONDS	04/05/2025	2.056	396,000	382,747	392,943
	OUTFRONT MEDIA CAP LLC/C COMPANY	CORPORATE BONDS	08/15/2027	5.000	42,000	40,576	40,875
	OUTFRONT MEDIA CAP LLC/C SR	CORPORATE BONDS	01/15/2029	4.250	8,000	7,520	7,439
	PARK INTERMED HOLDINGS SR SECURED	CORPORATE BONDS	10/01/2028	5.875	53,000	52,241	51,738
	PARKLAND CORP COMPANY GUAR 144A	CORPORATE BONDS	07/15/2027	5.875	51,000	50,838	50,514
	PATRICK INDUSTRIES INC COMPANY GUAR	CORPORATE BONDS	05/01/2029	4.750	10,000	9,470	9,411
	PENN ENTERTAINMENT INC SR UNSECURED	CORPORATE BONDS	01/15/2027	5.625	43,000	41,326	42,338
	PENNYMAC FIN SVCS INC COMPANY GUAR	CORPORATE BONDS	10/15/2025	5.375	20,000	19,875	19,946
	PENSKE AUTOMOTIVE GROUP COMPANY	CORPORATE BONDS	09/01/2025	3.500	116,000	112,576	114,530
	PHINIA INC SR SECURED 144A 04/29 6.75	CORPORATE BONDS	04/15/2029	6.750	12,000	12,026	12,240
	PIKE CORP COMPANY GUAR 144A 09/28 5.5	CORPORATE BONDS	09/01/2028	5.500	16,000	15,580	15,383
	PLAYTIKA HOLDING CORP COMPANY GUAR	CORPORATE BONDS	03/15/2029	4.250	15,000	12,998	13,598
	POST HOLDINGS INC COMPANY GUAR 144A	CORPORATE BONDS	12/15/2029	5.500	55,000	54,164	53,219
	PRIME HEALTHCARE SERVICE SR SECURED	CORPORATE BONDS	09/01/2029	9.375	20,000	20,146	19,454
	PTC INC COMPANY GUAR 144A 02/25 3.625	CORPORATE BONDS	02/15/2025	3.625	35,000	34,216	34,906
	QUEST DIAGNOSTICS INC SR UNSECURED	CORPORATE BONDS	03/30/2025	3.500	104,000	103,241	103,633

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(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value

(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value	(d) Cost (\$)	(e) Current Value (\$)
	REPUBLIC SERVICES INC SR UNSECURED	CORPORATE BONDS	11/15/2025	0.875	885,000	819,793	856,184
	REPUBLIC SERVICES INC SR UNSECURED	CORPORATE BONDS	11/15/2027	3.375	350,000	337,068	338,401
	RHP HOTEL PPTY/RHP FINAN COMPANY	CORPORATE BONDS	10/15/2027	4.750	46,000	44,549	44,499
	RHP HOTEL PPTY/RHP FINAN COMPANY	CORPORATE BONDS	07/15/2028	7.250	17,000	17,659	17,455
	RLJ LODGING TRUST LP SR SECURED 144A	CORPORATE BONDS	07/01/2026	3.750	70,000	66,360	68,079
	ROCKETMTGE CO ISSUER INC COMPANY	CORPORATE BONDS	10/15/2026	2.875	64,000	59,221	60,724
	ROYAL CARIBBEAN CRUISES SR	CORPORATE BONDS	07/01/2026	4.250	8,000	7,700	7,849
	ROYAL CARIBBEAN CRUISES SR	CORPORATE BONDS	07/15/2027	5.375	17,000	16,719	16,894
	ROYAL CARIBBEAN CRUISES SR	CORPORATE BONDS	08/31/2026	5.500	74,000	73,259	73,927
	RTX CORP SR UNSECURED 11/26 5.75	CORPORATE BONDS	11/08/2026	5.750	655,000	672,397	666,666
	SABRA HEALTH CARE LP COMPANY GUAR	CORPORATE BONDS	08/15/2026	5.125	35,000	34,372	34,973
	SABRE GLBL INC SR SECURED 144A 06/27	CORPORATE BONDS	06/01/2027	8.625	16,000	14,513	15,780
	SABRE GLBL INC SR SECURED 144A 11/29	CORPORATE BONDS	11/15/2029	10.75	28,000	30,145	28,886
	SBA COMMUNICATIONS CORP SR	CORPORATE BONDS	02/15/2027	3.875	25,000	24,008	23,933
	SCIH SALT HOLDINGS INC SR SECURED	CORPORATE BONDS	05/01/2028	4.875	27,000	25,583	25,400
	SEAGATE HDD CAYMAN COMPANY GUAR	CORPORATE BONDS	01/01/2025	4.750	16,000	15,840	16,000
	SEAGATE HDD CAYMAN COMPANY GUAR	CORPORATE BONDS	12/15/2029	8.250	51,000	54,938	54,340
	SERVICE PROPERTIES TRUST COMPANY	CORPORATE BONDS	12/15/2027	5.500	8,000	7,500	7,481
	SERVICE PROPERTIES TRUST SR	CORPORATE BONDS	10/01/2026	4.750	35,000	32,660	33,074
	SHEA HOMES LP/FNDG CP SR UNSECURED	CORPORATE BONDS	02/15/2028	4.750	14,000	13,612	13,412
	SHIFT4 PAYMENTS LLC/FIN COMPANY GUAR	CORPORATE BONDS	11/01/2026	4.625	55,000	53,434	54,313
	SIRIUS XM RADIO LLC COMPANY GUAR 144A	CORPORATE BONDS	08/01/2027	5.000	39,000	37,650	37,929
	SIRIUS XM RADIO LLC COMPANY GUAR 144A	CORPORATE BONDS	09/01/2026	3.125	132,000	124,505	126,794
	SIX FLAGS ENTERTAINME COMPANY GUAR	CORPORATE BONDS	04/15/2027	5.500	40,000	39,563	39,749
	SIX FLAGS/CANADA WON COMPANY GUAR	CORPORATE BONDS	04/15/2027	5.375	65,000	63,395	64,309
	SLM CORP SR UNSECURED 10/25 4.2	CORPORATE BONDS	10/29/2025	4.200	35,000	33,965	34,687
	SLM CORP SR UNSECURED 11/26 3.125	CORPORATE BONDS	11/02/2026	3.125	65,000	61,604	62,005
	SPECIALTY BUILDING PRODU SR SECURED	CORPORATE BONDS	10/15/2029	7.750	9,000	9,000	9,134
	SS+C TECHNOLOGIES INC COMPANY GUAR	CORPORATE BONDS	09/30/2027	5.500	73,000	71,396	72,300
	STANDARD INDUSTRI INC/NY SR	CORPORATE BONDS	02/15/2027	5.000	66,000	64,309	64,590
	STATION CASINOS LLC COMPANY GUAR	CORPORATE BONDS	02/15/2028	4.500	24,000	22,513	22,773
	SUMMIT MIDSTREAM HOLDING SR SECURED	CORPORATE BONDS	10/31/2029	8.625	9,000	9,000	9,334
	SUNOCO LP COMPANY GUAR 144A 05/29 7	CORPORATE BONDS	05/01/2029	7.000	17,000	17,000	17,447
	SUNOCO LP/FINANCE CORP COMPANY	CORPORATE BONDS	04/15/2027	6.000	65,000	65,056	64,871
	SUNOCO LP/FINANCE CORP COMPANY	CORPORATE BONDS	05/15/2029	4.500	10,000	9,538	9,393
	SUNOCO LP/FINANCE CORP COMPANY	CORPORATE BONDS	09/15/2028	7.000	39,000	39,896	39,901
	SVENSKA HANDELSBANKEN NY CERT OF	CORPORATE BONDS	02/26/2025	1.000	456,000	456,000	456,000
	T MOBILE USA INC COMPANY GUAR 04/26	CORPORATE BONDS	04/15/2026	2.625	154,000	150,058	150,076
	TAYLOR MORRISON COMM COMPANY GUAR	CORPORATE BONDS	01/15/2028	5.750	22,000	22,056	21,854
	TAYLOR MORRISON COMM COMPANY GUAR	CORPORATE BONDS	06/15/2027	5.875	8,000	8,007	8,029
	TEGNA INC COMPANY GUAR 03/28 4.625	CORPORATE BONDS	03/15/2028	4.625	37,000	34,568	34,965
	TEGNA INC COMPANY GUAR 144A 03/26 4.75	CORPORATE BONDS	03/15/2026	4.750	35,000	34,043	34,519
	TELEFLEX INC COMPANY GUAR 11/27 4.625	CORPORATE BONDS	11/15/2027	4.625	2,000	1,968	1,938
	TELEFLEX INC COMPANY GUAR 144A 06/28	CORPORATE BONDS	06/01/2028	4.250	24,000	23,076	22,768
	TENET HEALTHCARE CORP COMPANY GUAR	CORPORATE BONDS	10/01/2028	6.125	6,000	5,933	5,989
	TENET HEALTHCARE CORP SECURED 02/27	CORPORATE BONDS	02/01/2027	6.250	131,000	131,427	130,894
	TENET HEALTHCARE CORP SR SECURED	CORPORATE BONDS	11/01/2027	5.125	29,000	28,359	28,402
	TEVA PHARMACEUTICALS NE COMPANY	CORPORATE BONDS	10/01/2026	3.150	139,000	129,522	133,565
	THOR INDUSTRIES COMPANY GUAR 144A	CORPORATE BONDS	10/15/2029	4.000	16,000	14,650	14,428
	TRANSDIGM INC COMPANY GUAR 11/27 5.5	CORPORATE BONDS	11/15/2027	5.500	109,000	107,061	107,107
	TRANSDIGM INC SR SECURED 144A 03/29	CORPORATE BONDS	03/01/2029	6.375	46,000	46,063	46,102
	TRANSDIGM INC SR SECURED 144A 08/28	CORPORATE BONDS	08/15/2028	6.750	29,000	29,906	29,253
	TRAVEL + LEISURE CO SR SECURED 04/27 6	CORPORATE BONDS	04/01/2027	6.000	56,000	55,688	56,010
	TRAVEL + LEISURE CO SR SECURED 144A	CORPORATE BONDS	07/31/2026	6.625	65,000	65,707	65,695
	TRI POINTE HOMES INC COMPANY GUAR	CORPORATE BONDS	06/01/2027	5.250	26,000	25,618	25,539
	TRITON WATER HOLDINGS IN SR	CORPORATE BONDS	04/01/2029	6.250	18,000	17,888	17,869
	TRIUMPH GROUP INC SR SECURED 144A	CORPORATE BONDS	03/15/2028	9.000	46,000	48,354	47,897
	UBER TECHNOLOGIES INC COMPANY GUAR	CORPORATE BONDS	01/15/2028	6.250	11,000	11,130	11,095
	UBER TECHNOLOGIES INC COMPANY GUAR	CORPORATE BONDS	09/15/2027	7.500	46,000	46,960	46,819
	UNITED WHOLESALE MTGE LL SR	CORPORATE BONDS	04/15/2029	5.500	5,000	4,775	4,816

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(c) Description of investment including maturity date, rate of interest, collateral, par, or
maturity value

(a)	(b) Identity of issuer, borrower, or similar party	Description	Maturity Date	Interest Rate (%)	Par/Maturity Value	(d) Cost (\$)	(e) Current Value (\$)
	UNITED WHOLESALE MTGE LL SR	CORPORATE BONDS	06/15/2027	5.750	35,000	34,304	34,571
	UNITED WHOLESALE MTGE LL SR	CORPORATE BONDS	11/15/2025	5.500	65,000	64,589	64,680
	UNITI GROUP/CSL CAPITAL SR SECURED	CORPORATE BONDS	02/15/2028	10.50	35,000	35,528	37,320
	UNIVISION COMMUNICATIONS SR SECURED	CORPORATE BONDS	06/01/2027	6.625	75,000	74,735	74,698
	UWM HOLDINGS LLC COMPANY GUAR 144A	CORPORATE BONDS	02/01/2030	6.625	15,000	15,000	14,907
	VERIZON COMMUNICATIONS SR	CORPORATE BONDS	11/20/2025	0.850	2,100,000	1,985,046	2,029,692
	VICI PROPERTIES / NOTE COMPANY GUAR	CORPORATE BONDS	06/15/2025	4.625	70,000	68,758	69,725
	VICI PROPERTIES / NOTE COMPANY GUAR	CORPORATE BONDS	12/01/2026	4.250	70,000	67,365	68,839
	VIDEOTRON LTD / LTEE COMPANY GUAR	CORPORATE BONDS	04/15/2027	5.125	65,000	64,025	64,682
	VIKING CRUISES LTD COMPANY GUAR 144A	CORPORATE BONDS	09/15/2027	5.875	9,000	8,831	8,932
	VISTRA CORP COMPANY GUAR 144A 09/26	CORPORATE BONDS	09/01/2026	5.500	100,000	98,729	99,685
	VISTRA OPERATIONS CO LLC COMPANY	CORPORATE BONDS	02/15/2027	5.625	130,000	128,231	129,479
	VM CONSOLIDATED INC COMPANY GUAR	CORPORATE BONDS	04/15/2029	5.500	4,000	3,850	3,871
	VOC ESCROW LTD SR SECURED 144A 02/28	CORPORATE BONDS	02/15/2028	5.000	12,000	11,580	11,678
	VOLKSWAGEN GROUP AMERICA COMPANY	CORPORATE BONDS	03/20/2026	1.000	465,000	465,000	464,819
	WALGREENS BOOTS ALLIANCE SR	CORPORATE BONDS	06/01/2026	3.450	6,000	5,728	5,808
	WAYFAIR LLC SR SECURED 144A 10/29 7.25	CORPORATE BONDS	10/31/2029	7.250	11,000	11,090	10,995
	WEC ENERGY GROUP INC SR UNSECURED	CORPORATE BONDS	06/15/2025	3.550	394,000	385,958	391,238
	WEC ENERGY GROUP INC SR UNSECURED	CORPORATE BONDS	10/15/2027	1.375	190,000	168,188	173,423
	WELLS FARGO + COMPANY SR UNSECURED	CORPORATE BONDS	10/23/2026	3.000	1,065,000	1,011,878	1,032,645
	WESCO DISTRIBUTION INC COMPANY GUAR	CORPORATE BONDS	03/15/2029	6.375	14,000	14,000	14,187
	WESTERN DIGITAL CORP COMPANY GUAR	CORPORATE BONDS	02/15/2026	4.750	91,000	89,578	90,123
	WILLIAMS SCOTSMAN INC SR SECURED	CORPORATE BONDS	06/15/2025	6.125	35,000	35,050	34,869
	WILLIAMS SCOTSMAN INC SR SECURED	CORPORATE BONDS	06/15/2029	6.625	17,000	17,068	17,202
	WR GRACE HOLDING LLC SR SECURED 144A	CORPORATE BONDS	06/15/2027	4.875	35,000	33,674	33,917
	WYNDHAM HOTELS + RESORTS COMPANY	CORPORATE BONDS	08/15/2028	4.375	20,000	18,715	19,011
	XCEL ENERGY INC SR UNSECURED 06/25 3.3	CORPORATE BONDS	06/01/2025	3.300	388,000	379,666	385,144
	XPLR INFRASTR OPERATING COMPANY GUAR	CORPORATE BONDS	10/15/2026	3.875	14,000	13,505	13,386
	XPO INC SR SECURED 144A 06/28 6.25	CORPORATE BONDS	06/01/2028	6.250	20,000	20,094	20,122
	Total Corporate Debt Instruments - All Other					31,633,393	31,890,024
Partnership/Joint Venture Interests							
	BAUPOST VALUE PARTNERS IV LIMITED						
	PARTNERSHIP	PARTNERSHIP	N/A	N/A	4,364,527	4,945,084	5,660,243
	DAVIDSON KEMPNER INTL BVI LTD CLASS C TR	PARTNERSHIP	N/A	N/A	150,649	18,047,476	20,109,420
	HOLOCENE ADVISORS OFFSHO FD LT						
	LIMITED PARTNERSHIP	PARTNERSHIP	N/A	N/A	12,500	12,467,770	14,159,863
	JPM GLOBAL TRANSPORT INC FUND	PARTNERSHIP	N/A	N/A	10,000,000	10,656,440	12,178,468
	KING STREET CAPITAL LP LIMITED	PARTNERSHIP	N/A	N/A	140,972	18,022,855	19,709,751
	OAKTREE MIDDLE MARKET LENDING FUND	PARTNERSHIP	N/A	N/A	777,440	1,262,661	1,673,810
	SDP SPECIAL SITUATIONS SER R	PARTNERSHIP	N/A	N/A	10,000,000	10,194,560	11,178,901
	Partnership/Joint Venture Interests					75,596,846	84,670,456
Common/Collective Trust							
	BLACKROCK TSY 1 3	CCT	N/A	N/A	1,206,548	31,260,371	32,532,321
	Total Common/Collective Trusts					31,260,371	32,532,321
Registered Investment Companies							
	BLACKROCK TOTAL RETURN FUND						
	BLACKROCK TOTAL RETURN K	MUTUAL FUND	N/A	N/A	4,268,221	42,780,107	41,529,788
	DOUBLELINE LOW DUR BND I	MUTUAL FUND	N/A	N/A	5,537,186	52,997,525	53,046,239
	Total Registered Investment Companies					95,777,632	94,576,027
GRAND TOTAL						\$ 380,333,233	\$ 390,113,431

* Party-in-Interest