

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) M
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: ABBVIE PENSION PLAN TRUST
1b Three-digit plan number (PN): 004
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): ABBVIE INC.
2b Employer Identification Number (EIN): 32-0375147
2c Plan Sponsor's telephone number: 847-932-7900
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan ABBVIE PENSION PLAN TRUST	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 ABBVIE INC.	D Employer Identification Number (EIN) 32-0375147	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

NORTHERN TRUST INVESTMENTS, N.A.

36-3608252

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

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

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

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	2629702	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PGIM, INC.

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1086536	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

REAMS ASSET MANAGEMENT

02-0782928

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	503329	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

NEPC, LLC

26-1429809

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17 50	NONE	459375	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

LEGAL & GENERAL INVESTMENT MGMT

20-8058531

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	338344	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 50 51	NONE	324069	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

BLACKROCK INSTITUTIONAL TRUST CO NA

30-0587659

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	232928	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

NISA INVESTMENT ADVISORS LLC

48-1140940

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	189860	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

RHUMBLINE ADVISORS FUND

61-6310014

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	119878	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

GROOM LAW GROUP

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	NONE	6466	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>ABBVIE PENSION PLAN TRUST</u>	B Three-digit plan number (PN) <u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ABBVIE INC.</u>	D Employer Identification Number (EIN) <u>32-0375147</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EMERGING MARKET TRUST FUND</u>		
b Name of sponsor of entity listed in (a): <u>ARROWSTREET CAPITAL, LIMITED PARTNERSHIP</u>		
c EIN-PN <u>83-1237604-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>181143664</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MID-CAP INDEX FUND POOLED TRUST</u>		
b Name of sponsor of entity listed in (a): <u>RHUMBLINE ADVISERS CORP.</u>		
c EIN-PN <u>04-3345692-001</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>402249313</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WTC-CIF DB AA SOLUTION II</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY, NA</u>		
c EIN-PN <u>04-2767481-135</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>347782357</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLL SHORT TERM INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>42748048</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>GQG PARTNERS INTERNATIONAL EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>RELIANCE TRUST COMPANY</u>		
c EIN-PN <u>82-6253445-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>181209677</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLL S&P 500 INDEX FUND-NL</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1499169778</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLL EAFE INDEX FUND-LENDING</u>		
b Name of sponsor of entity listed in (a): <u>NORTHERN TRUST INVESTMENTS, INC.</u>		
c EIN-PN <u>45-6138589-017</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>647507106</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: AXIOM EMERGING MARKETS EQUITY FUND

b Name of sponsor of entity listed in (a): AXIOM INTERNATIONAL INVESTORS, LLC

c EIN-PN 34-2057991-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	174935484
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL HIGH YIELD BOND FUND L.P.

b Name of sponsor of entity listed in (a): OAKTREE CAPITAL MANAGEMENT, L.P.

c EIN-PN 46-5053790-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	85579591
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBUS UNCONSTRAINED BOND FUND

b Name of sponsor of entity listed in (a): REAMS ASSET MANAGEMENT

c EIN-PN 35-1913089-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION CORP CREDIT SCREENED

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.

c EIN-PN 27-4520291-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	369309681
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a Name of MTIA, CCT, PSA, or 103-12 IE: L&G LONG DURATION U.S. CREDIT CIT

b Name of sponsor of entity listed in (a): RELIANCE TRUST COMPANY

c EIN-PN 35-7085469-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	370765917
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
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Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name ABBVIE PENSION PLAN

b Name of plan sponsor ABBVIE INC. **c** EIN-PN 32-0375147-002

a Plan name ABBVIE PENSION PLAN FOR FORMER BASF AND FORMER SOLVAY EMPLOYEES

b Name of plan sponsor ABBVIE INC. **c** EIN-PN 32-0375147-003

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ABBVIE PENSION PLAN TRUST	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 ABBVIE INC.	D Employer Identification Number (EIN) 32-0375147

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	43432	247749502
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	6808973	3775849
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21613484	0
(2) U.S. Government securities	1c(2)	115597719	157900920
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	93489085	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1035131	0
(B) Common	1c(4)(B)	268313611	353529479
(5) Partnership/joint venture interests	1c(5)	107394542	113316786
(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)	2969307125	3633428048
(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)	599231144	668972568
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	361915308	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	315097553	311424213

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4859847107	5490097365
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5599800	3615341
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5599800	3615341
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4854247307	5486482024

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	-764	
(B) U.S. Government securities.....	2b(1)(B)	3511716	
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3510952
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1424896	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	2533654	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3958550
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	172450400	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	179194974	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-6744574
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	80376248	
(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)		413161663
(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)		64860689
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-3465375
c Other income	2c		-27263894
d Total income. Add all income amounts in column (b) and enter total	2d		528394259

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	7030652	
(6) Bank or trust company trustee/custodial fees	2i(6)	172033	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	6466	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		7209151
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7209151

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		521185108
l Transfers of assets:			
(1) To this plan	2l(1)		250000000
(2) From this plan	2l(2)		138950391

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

1 JAN 24 - 31 DEC 24

Schedule H, Line 4j - Schedule of Reportable Transactions

December 31, 2024

Page 15 of 63

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Common/Collective Trusts									
United States - USD									
CF BLACKROCK LONG DURATION CORPORATE CRE DIT SCREENED NON-LENDABLE FUND CUSIP: 996099305	14,667,416.610	23 Feb 24	18.0670			0.00	265,000,000.00	265,000,000.00	0.00
CF COLUMBUS UNCON STRAINED BOND FUND CUSIP: 30999QKV3	-681,176.730	21 Feb 24		367.4540		0.00	222,411,353.06	250,301,410.06	27,890,057.00
CF LEGAL & GENERAL LONG DURATION U.S CRE DIT CIT FUND CUSIP: 996892758	2,216,645.760	26 Feb 24	119.5500			0.00	265,000,000.00	265,000,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	245,000,000.000	28 Feb 24	1.0000			0.00	245,000,000.00	245,000,000.00	0.00
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	-245,000,000.000	28 Feb 24		1.0000		0.00	245,000,000.00	245,000,000.00	0.00

Value of Interest in Registered Investment Companies**United States - USD**

MFO BLACKROCK STRATEGIC INCOME OPPORTUNI TIES CUSIP: 09260B382	-38,519,774.520	26 Feb 24		9.3400		0.00	387,810,311.10	359,774,692.92	-28,035,618.18
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NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 4,856,025,420.68

◆ 5% Report - Part B

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

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

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 4,856,025,420.68

1 JAN 24 - 31 DEC 24

Schedule H, Line 4j - Schedule of Reportable Transactions
December 31, 2024

Page 17 of 63

◆ 5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate		Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
			Acquisition Price	Disposition Price				
CF BLACKROCK LONG DURATION CORPORATE CRE DIT SCREENED NON-LENDABLE FUND CUSIP: 996099305	Total acquisitions	1	265,000,000.00			0.00	265,000,000.00	265,000,000.00
	Total dispositions	4		232,928.22		0.00	249,893.19	232,928.22
CF COLUMBUS UNCON STRAINED BOND FUND CUSIP: 30999QKV3	Total dispositions	3		250,614,758.06		0.00	222,689,784.89	250,614,758.06
CF LEGAL & GENERAL LONG DURATION U.S CRE DIT CIT FUND CUSIP: 996892758	Total acquisitions	1	265,000,000.00			0.00	265,000,000.00	265,000,000.00
	Total dispositions	7		2,152,959.34		0.00	2,268,793.75	2,152,959.34
MFO BLACKROCK STRATEGIC INCOME OPPORTUNITIES CUSIP: 09260B382	Total acquisitions	1	1,324,759.03			0.00	1,324,759.03	1,324,759.03
	Total dispositions	1		359,774,692.92		0.00	387,810,311.10	359,774,692.92
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	Total acquisitions	387	952,356,285.98			0.00	952,356,285.98	952,356,285.98
	Total dispositions	289		1,155,824,308.66		0.00	1,155,824,308.66	1,155,824,308.66

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 4,856,025,420.68

◆ 5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

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

NOTE: TRANSACTIONS ARE BASED ON THE 2023-12-31 VALUE (INCLUDING ACCRUALS) OF 4,856,025,420.68

31 DEC 24

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Page 22 of 63

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
USD - United States dollar	-2,250,497.930	-2,250,497.93	-2,250,497.93
USD - United States dollar	0.000	250,000,000.00	250,000,000.00
Total - all currencies		247,749,502.07	247,749,502.07
Total Non-Interest Bearing Cash - USD		247,749,502.07	247,749,502.07
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	147,765.18	147,765.18
Total - all currencies		147,765.18	147,765.18
Total Receivables - Other - USD		147,765.18	147,765.18
<i>U.S. Government Securities</i>			
United States - USD			
UNITED STATES OF AMER TREAS BONDS 3.375% 05-15-2044 SEDOL: BYQLTW9	6,765,000.000	5,865,730.66	5,488,899.04
UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053 SEDOL: BQYLTM5	13,260,000.000	11,527,912.50	10,797,576.63
UNITED STATES OF AMER TREAS BONDS 3.625%02-15-2053 SEDOL: BQXLPR3	34,700,000.000	30,140,203.13	28,241,191.49
UNITED STATES TREAS BD STRIPPED PRIN PMT15/02/2052 02-15-2052 (UNDDATE) BEO SEDOL: BMX79G0	50,975,000.000	15,169,650.25	13,950,490.35
UNITED STATES TREAS BDS DTD 11/15/2012 2.75% DUE 11-15-2042 REG SEDOL: BZ56WH8	2,140,000.000	1,710,077.34	1,601,154.68
UNITED STATES TREAS BDS 2.0% 02-15-2052 SEDOL: BM96PW9	32,105,000.000	20,858,217.19	19,498,771.09
UNITED STATES TREAS BDS 3.625 DUE 08-15-2043 SEDOL: BCZQWC2	27,790,000.000	25,139,094.53	23,566,137.04
UNITED STATES TREAS SEC STRIPPED INT PMT00091 11-15-2038 (UNDDATE) REG SEDOL: B4RKCF9	26,115,000.000	13,387,071.30	13,180,692.81
US TREAS SEC STRIPPED INT PMT NT 200 0 11-15-2040 REG SEDOL: B7LNMS8	38,665,000.000	17,669,518.35	17,364,944.87

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

31 DEC 24

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Page 23 of 63

◆ Schedule of Assets Held for Investment Purposes
December 31, 2024

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
U.S. Government Securities			
United States - USD			
US TREAS SEC STRIPPED INT PMT 00116 11-15-2039 SEDOL: B5012P6	21,605,000.000	10,462,869.40	10,267,655.48
UTD STATES TREAS BD STRIPPED PRIN DTD 05/16/2022 0% 05-15-2052 SEDOL: BMGSVW0	51,240,000.000	15,173,701.20	13,943,406.77
Total United States - USD		167,104,045.85	157,900,920.25
Total U.S. Government Securities		167,104,045.85	157,900,920.25
Corporate Stock - Common			
Denmark - USD			
ADR NOVO-NORDISK A S ADR SEDOL: 2651202	51,505.000	2,867,528.56	4,430,460.10
Total Denmark - USD		2,867,528.56	4,430,460.10
Germany - EUR			
ADIDAS AG SEDOL: 4031976	10,942.000	2,682,438.58	2,683,048.55
Total Germany - EUR		2,682,438.58	2,683,048.55
United Kingdom - USD			
ADR ASTRAZENECA PLC SPONSORED ADR UNITEDKINGDOM SEDOL: 2989044	49,267.000	3,383,550.41	3,227,973.84
Total United Kingdom - USD		3,383,550.41	3,227,973.84
United States - USD			
ABBOTT LAB COM SEDOL: 2002305	15,996.000	1,880,017.23	1,809,307.56
ADOBE INC COM SEDOL: 2008154	8,116.000	2,027,431.12	3,609,022.88
ADVANCED MICRO DEVICES INC COM SEDOL: 2007849	37,437.000	3,542,156.31	4,522,015.23
AIRBNB INC CL A COM USD0.0001 CL A SEDOL: BMGYHH4	26,799.000	3,879,096.71	3,521,656.59

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

31 DEC 24

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Page 24 of 63

◆ Schedule of Assets Held for Investment Purposes
December 31, 2024

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
ALPHABET INC CAP STK USD0.001 CL C SEDOL: BYY88Y7	44,766.000	5,117,302.01	8,525,237.04
ALPHABET INC CAPITAL STOCK USD0.001 CL A SEDOL: BYVY8G0	45,129.000	4,537,677.86	8,542,919.70
AMAZON COM INC COM SEDOL: 2000019	134,793.000	12,566,460.89	29,572,236.27
ANALOG DEVICES INC COM SEDOL: 2032067	14,366.000	3,157,399.23	3,052,200.36
APPLE INC COM STK SEDOL: 2046251	89,247.000	9,339,483.80	22,349,233.74
APPLOVIN CORP COM CL A COM CL A SEDOL: BMV3LG4	3,330.000	1,066,178.59	1,078,353.90
BOEING CO COM SEDOL: 2108601	21,436.000	4,215,055.14	3,794,172.00
BROADCOM INC COM SEDOL: BDZ78H9	70,159.000	4,583,959.93	16,265,662.56
CADENCE DESIGN SYS INC COM SEDOL: 2302232	18,201.000	4,221,154.95	5,468,672.46
COSTCO WHOLESALE CORP NEW COM SEDOL: 2701271	8,559.000	2,180,601.47	7,842,354.93
CROWDSTRIKE HLDGS INC CL A CL A SEDOL: BJJP138	11,356.000	1,807,729.18	3,885,568.96
DATADOG INC COM USD0.00001 CL A SEDOL: BKT9Y49	20,602.000	2,555,574.60	2,943,819.78
DEXCOM INC COM SEDOL: B0796X4	26,980.000	1,938,997.47	2,098,234.60
EATON CORP PLC COM USD0.50 SEDOL: B8KQN82	7,631.000	2,421,437.22	2,532,499.97
EDWARDS LIFESCIENCES CORP COM SEDOL: 2567116	24,442.000	1,816,806.24	1,809,441.26
ELI LILLY & CO COM SEDOL: 2516152	11,633.000	2,690,594.86	8,980,676.00
GE AEROSPACE SEDOL: BL59CR9	14,773.000	2,448,280.32	2,463,988.67
GOLDMAN SACHS GROUP INC COM SEDOL: 2407966	2,933.000	1,043,537.01	1,679,494.46

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31 DEC 24

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Page 25 of 63

◆ Schedule of Assets Held for Investment Purposes
December 31, 2024

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
HILTON WORLDWIDE HLDGS INC COM NEW COM NEW SEDOL: BYVMW06	10,819.000	2,314,998.53	2,674,024.04
HOME DEPOT INC COM SEDOL: 2434209	9,970.000	3,298,390.97	3,878,230.30
INTUITIVE SURGICAL INC COM NEW STK SEDOL: 2871301	7,482.000	1,929,893.82	3,905,304.72
KEYSIGHT TECHNOLOGIES INC COM SEDOL: BQZJ0Q9	21,422.000	3,338,085.40	3,441,015.86
MARRIOTT INTL INC NEW COM STK CL A SEDOL: 2210614	7,477.000	1,289,972.88	2,085,634.38
MASTERCARD INC CL A SEDOL: B121557	17,649.000	4,698,743.35	9,293,433.93
MERCADOLIBRE INC COM STK SEDOL: B23X1H3	2,540.000	3,691,462.17	4,319,117.60
META PLATFORMS INC COM USD0.000006 CL 'A' SEDOL: B7TL820	35,359.000	10,539,377.08	20,703,048.09
MICROSOFT CORP COM SEDOL: 2588173	50,301.000	7,505,508.92	21,201,871.50
MOODYS CORP COM SEDOL: 2252058	8,461.000	2,820,707.81	4,005,183.57
NETFLIX INC COM STK SEDOL: 2857817	15,603.000	6,075,353.93	13,907,265.96
NVIDIA CORP COM SEDOL: 2379504	238,821.000	2,423,140.21	32,071,272.09
O REILLY AUTOMOTIVE INC NEW COM USD0.01 SEDOL: B65LWX6	2,724.000	1,892,716.66	3,230,119.20
PALO ALTO NETWORKS INC COM USD0.0001 SEDOL: B87ZMX0	12,538.000	1,976,028.78	2,281,414.48
PROGRESSIVE CORP OH COM SEDOL: 2705024	15,493.000	3,285,292.95	3,712,277.73
SALESFORCE INC COM USD0.001 SEDOL: 2310525	13,516.000	2,350,487.98	4,518,804.28
SERVICENOW INC COM USD0.001 SEDOL: B80NXX8	5,657.000	2,879,379.86	5,997,098.84
SNOWFLAKE INC CL A CL A SEDOL: BN134B7	18,121.000	3,782,451.01	2,798,063.61

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31 DEC 24

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Page 26 of 63

◆ Schedule of Assets Held for Investment Purposes
December 31, 2024

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
Corporate Stock - Common			
United States - USD			
TESLA INC COM USD0.001 SEDOL: B616C79	27,858.000	2,495,021.20	11,250,174.72
THE TRADE DESK INC COM CL A COM CL A SEDOL: BD8FDD1	39,495.000	2,310,116.78	4,641,847.35
TJX COS INC COM NEW SEDOL: 2989301	22,918.000	1,508,391.43	2,768,723.58
UBER TECHNOLOGIES INC COM USD0.00001 SEDOL: BK6N347	69,249.000	3,070,760.34	4,177,099.68
VERTEX PHARMACEUTICALS INC COM SEDOL: 2931034	12,324.000	4,226,761.65	4,962,874.80
VERTIV HOLDINGS LLC COM USD0.0001 SEDOL: BL3LWS8	22,628.000	2,444,309.89	2,570,767.08
VISA INC COM CL A STK SEDOL: B2PZN04	31,346.000	4,901,997.18	9,906,589.84
WALMART INC COM SEDOL: 2936921	72,141.000	5,897,352.04	6,517,939.35
WALT DISNEY CO SEDOL: 2270726	54,082.000	5,868,781.08	6,022,030.70
Total United States - USD		177,852,416.04	343,187,996.20
Total Corporate Stock - Common		186,785,933.59	353,529,478.69
Partnership/Joint Venture Interests			
United States - USD			
DAVIDSON KEMPNER LONG-TERM DISTRESSED OPPORTUNITIES INTERNATIONAL IV LP CUSIP: 992QWF997	1.000	1.00	5,944,234.00
DAVIDSON KEMPNER SPECIAL OPPORTUNITIES INTERNATIONAL III LP CUSIP: 9928BL997	1.000	1.00	1,020,838.00
SILVER POINT DISTRESSED OPPORTUNITY INSTITUTIONAL PARTNERS (OFFSHORE) LP CUSIP: 9939UC993	1,819,644.000	1,819,644.00	9,980,307.00
SILVER POINT SPECIALTY CREDIT FUND, L.P CUSIP: 992BAE997	4,526,751.100	4,526,751.10	9,573,094.00
Total United States - USD		6,346,397.10	26,518,473.00
Total Partnership/Joint Venture Interests		6,346,397.10	26,518,473.00

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31 DEC 24

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2024

Page 27 of 63

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Value of Interest in Common/Collective Trusts</i>			
Global Region - USD			
CF AXIOM EMERGING MARKETS TRUST - CLASS 2 CUSIP: 5R4999P24	15,591,397.850	145,000,000.00	174,935,483.88
Total Global Region - USD		145,000,000.00	174,935,483.88
International Region - USD			
CF PANAGORA DIVERSIFIED RISK MULTI- ASSET FUND LTD CL SER III SER SUB SER 13 CUSIP: 2I999OE96	2,833,608.950	240,000,000.00	311,424,212.80
MFB NT COLLECTIVE EAFE INDEX FUND - LENDING CUSIP: 658991450	830,090.490	587,907,441.50	647,507,106.18
Total International Region - USD		827,907,441.50	958,931,318.98
United States - USD			
CF BLACKROCK LONG DURATION CORPORATE CREDIT SCREENED NON-LENDABLE FUND CUSIP: 996099305	20,206,644.100	389,548,939.73	369,309,681.06
CF GQG PARTNRS INTL EQTY CIT CL D CUSIP: 4JY999F21	11,290,322.580	140,000,000.00	181,209,677.41
CF LEGAL & GENERAL LONG DURATION U.S CREDIT CIT FUND CUSIP: 996892758	3,042,806.050	387,186,003.87	370,765,917.19
CF OCM GLOBAL HY BOND FD CUSIP: 9FR99DTT9	1,000,228.970	91,912,863.85	85,579,590.67
CF WTC CIF DB AA SOL II FD CUSIP: 147997AZ3	26,427,230.810	284,412,526.89	347,782,357.46
MFB NT COLLECTIVE S&P 500 INDEX FUND - LENDING CUSIP: 658991294	66,013.940	1,017,119,418.72	1,499,169,777.96
NT COLLECTIVE SHORT TERM INVT FD CUSIP: 66586U452	42,748,047.500	42,748,047.50	42,748,047.50
Total United States - USD		2,352,927,800.56	2,896,565,049.25
Total Value of Interest in Common/Collective Trusts		3,325,835,242.06	4,030,431,852.11

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31 DEC 24

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Page 28 of 63

December 31, 2024

◆ Schedule of Assets Held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
103-12 Investment Entities			
United States - USD			
CF RHUMLINE MID CAP POOLED TR CUSIP: 749579900	2,158,501.630	186,780,671.71	402,249,313.17
Total United States - USD		186,780,671.71	402,249,313.17
Total 103-12 Investment Entities		186,780,671.71	402,249,313.17
Other			
Global Region - USD			
CF ARROWSTREET EMERGING MARKET TRUST FND CL C 2022-16 CUSIP: 995531241	1,835,974.400	144,878,756.53	181,143,663.89
Total Global Region - USD		144,878,756.53	181,143,663.89
International Region - USD			
CF DAVIDSON KEMPNER INTERNATIONAL (BVI) LTD -CLASS C TRANCHE 3 01 2017 FD CUSIP: 726995KL6	107,620.920	10,762,091.79	19,134,418.42
Total International Region - USD		10,762,091.79	19,134,418.42
United States - USD			
CF CANYON VALUE REALIZATION CL A SER-INITIAL (FOR ABBOTT ONLY) FUND CUSIP: 657991JS5	2,270.090	15,940,408.00	27,719,434.05
CF SILVER POINT CAP OFFSHORE LTD CL H SER 474 CUSIP: 777991RR3	1,737.320	17,429,262.98	39,944,460.40
FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	-5,144.000	-634,960,112.89	-611,653,750.00
FUT MAR 25 CBT UL T-BONDS CUSIP: 999599GH0	5,144.000	634,960,112.89	611,653,750.00
Total United States - USD		33,369,670.98	67,663,894.45

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31 DEC 24

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

Page 29 of 63

◆ Schedule of Assets Held for Investment Purposes
December 31, 2024

Security Description / Asset ID	Shares/Par Value	Historical Cost	Current Value
<i>Other</i>			
EUR - Euro	0.000	0.00	0.00
USD - United States dollar	0.000	0.00	0.00
Total - all currencies		0.00	0.00
Total Other		189,010,519.30	267,941,976.76
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-2,148,122.10	-2,148,122.10
Total - all currencies		-2,148,122.10	-2,148,122.10
Total Other Liabilities		-2,148,122.10	-2,148,122.10
Total		4,307,611,954.76	5,484,321,159.13

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