

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</p>
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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) 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

<p>1a Name of plan <u>AVAYA INC. MASTER PENSION TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>101</u></p>
<p>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) <u>AVAYA INC.</u></p> <p><u>350 MOUNT KEMBLE AVENUE</u> <u>MORRISTOWN, NJ 07960</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>36-7324179</u></p> <p>2c Plan Sponsor's telephone number <u>908-953-2385</u></p> <p>2d Business code (see instructions)</p>

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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2025</u>	<u>CHRISTINA PLEWNIAK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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 checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </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 _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<p>A Name of plan AVAYA INC. MASTER PENSION TRUST</p>	<p>B Three-digit plan number (PN) ▶</p>	<p>101</p>
<p>C Plan sponsor's name as shown on line 2a of Form 5500 AVAYA INC.</p>	<p>D Employer Identification Number (EIN) 36-7324179</p>	

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
THE PRUDENTIAL INSURANCE COMPANY OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030474	0	01/01/2024	12/31/2024

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	4174158

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions	7c(6)	0
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d Total of balance and additions (add lines 7b and 7c(6))	7d	0
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e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	

(5) Total deductions	7e(5)	0
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f Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f	0
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Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

a	Premiums: (1) Amount received	9a(1)		
	(2) Increase (decrease) in amount due but unpaid	9a(2)		
	(3) Increase (decrease) in unearned premium reserve	9a(3)		
	(4) Earned ((1) + (2) - (3))		9a(4)	0
b	Benefit charges (1) Claims paid	9b(1)		
	(2) Increase (decrease) in claim reserves	9b(2)		
	(3) Incurred claims (add (1) and (2))		9b(3)	0
	(4) Claims charged		9b(4)	
c	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions	9c(1)(A)		
	(B) Administrative service or other fees	9c(1)(B)		
	(C) Other specific acquisition costs	9c(1)(C)		
	(D) Other expenses	9c(1)(D)		
	(E) Taxes	9c(1)(E)		
	(F) Charges for risks or other contingencies	9c(1)(F)		
	(G) Other retention charges	9c(1)(G)		
	(H) Total retention		9c(1)(H)	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)		9c(2)	
d	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
	(2) Claim reserves		9d(2)	
	(3) Other reserves		9d(3)	
e	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a	
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 AVAYA INC. MASTER PENSION TRUST	B Three-digit plan number (PN) ▶	101
C Plan sponsor's name as shown on line 2a of Form 5500 AVAYA INC.	D Employer Identification Number (EIN) 36-7324179	

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

PRUDENTIAL INSURANCE CO.

22-1211670

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(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)

RUSSELL INVESTMENTS

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	1819543	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

AON

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 13 16	NONE	1070952	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)

BNY MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 21	NONE	181677	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)

THE TOWNSEND GROUP

34-1537656

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 28	NONE	136372	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)

CROWE LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	46615	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)

EISNER AMPER LLP

13-1639826

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	36660	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)

SAGEVIEW ADVISORY GROUP LLC

33-0818667

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	12500	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) 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AVAYA INC. MASTER PENSION TRUST</u>	B Three-digit plan number (PN) ▶	<u>101</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AVAYA INC.</u>	D Employer Identification Number (EIN) <u>36-7324179</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: EB TEMPORARY INVESTMENT FUND EBTIF

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

c EIN-PN <u>25-6078093-023</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>17925781</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN STRATEGIC PROPERTY FUND

b Name of sponsor of entity listed in (a): JP MORGAN SP FUND

c EIN-PN <u>13-6038770-001</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>7554902</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: PRISA SA

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE CO.

c EIN-PN <u>22-1211670-038</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4174158</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 1000 INDEX FUND

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

c EIN-PN <u>91-1117282-033</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>86877995</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 14-YEAR LDI FIXED INCOME

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

c EIN-PN <u>26-6609096-008</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>248362755</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EMERGING MARKETS CORE FUND

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

c EIN-PN <u>91-1117282-010</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>16595351</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL INTERNATIONAL FUND

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

c EIN-PN <u>91-1117282-005</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>36998395</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL SMALL CAP FUND

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

c EIN-PN 91-1117282-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8903758
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL LISTED INFRASTRUCTURE FUND

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

c EIN-PN 91-1117282-073	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21329841
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a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE SECURITIES FUND

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

c EIN-PN 91-1117282-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19656805
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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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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	AVAYA INC. PENSION PLAN	
b Name of plan sponsor	AVAYA INC.	c EIN-PN 22-3713430-002

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) <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 AVAYA INC. MASTER PENSION TRUST	B Three-digit plan number (PN) ▶ 101
C Plan sponsor's name as shown on line 2a of Form 5500 AVAYA INC.	D Employer Identification Number (EIN) 36-7324179

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	45752	392418
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	105974	92064
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	158516	1118780
(2) U.S. Government securities	1c(2)	82176839	78169303
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2	1
(5) Partnership/joint venture interests	1c(5)	67651014	69311490
(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)	510550741	464205583
(10) Value of interest in pooled separate accounts	1c(10)	5330954	4174158
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	12257864	6901550

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	678277656	624365347
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	281604	670303
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	281604	670303
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	677996052	623695044

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)	0	
(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)	55782	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	118916	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		174698
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	19166512	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	24552210	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-5385698
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-4291094	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-4291094

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	19595836
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	-445602
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	630229
d Total income. Add all income amounts in column (b) and enter total	2d	10278369

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	-116
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	916281
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	46615
(5) Investment advisory and investment management fees	2i(5)	1819543
(6) Bank or trust company trustee/custodial fees	2i(6)	181677
(7) Actuarial fees	2i(7)	91571
(8) Legal fees	2i(8)	374
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	4744259
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	7800320
j Total expenses. Add all expense amounts in column (b) and enter total	2j	7800204

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	2478165
l Transfers of assets:		
(1) To this plan	2l(1)	12047000
(2) From this plan	2l(2)	68826173

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.)		X	
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 _____.



TOTAL CONSOLIDATION - AV1G00010000

AVAYA TOTAL CONSOLIDATION

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
INTEREST-BEARING CASH					
AV1F31000002	EX9123459 GBP (GREAT BRITISH POUNDS)	4.580	6.38	5.74	(0.64)
TOTAL INTEREST-BEARING CASH			6.38	5.74	(0.64)
U. S. GOVERNMENT SECURITIES					
AV1F31550002	912803CX9 U S TREASURY BD PRIN STRIP 0.000% 02/15/2036 DD 02/15/06	3,850,000.000	2,430,362.53	2,361,205.00	(69,157.53)
AV1F31550002	912803CZ4 U S TREASURY BD PRIN STRIP 0.000% 02/15/2037 DD 02/15/07	245,000.000	141,097.07	142,232.30	1,135.23
AV1F31550002	912803DA8 U S TREASURY BD PRIN STRIP 0.000% 05/15/2037 DD 08/15/07	485,000.000	274,985.24	277,851.65	2,866.41
AV1F31550002	912803DC4 U S TREASURY BD PRIN STRIP 0.000% 02/15/2038 DD 02/15/08	550,000.000	297,947.43	302,461.50	4,514.07
AV1F31550002	912803DD2 U S TREASURY BD PRIN STRIP 0.000% 05/15/2038 DD 08/15/08	435,000.000	231,732.72	236,305.05	4,572.33
AV1F31550002	912803DG5 U S TREASURY BD PRIN STRIP 0.000% 05/15/2039 DD 05/15/09	2,360,000.000	1,264,296.54	1,207,612.00	(56,684.54)
AV1F31550002	912803DH3 U S TREASURY BD PRIN STRIP 0.000% 08/15/2039 DD 08/17/09	1,825,000.000	965,444.48	922,008.25	(43,436.23)
AV1F31550002	912803DJ9 U S TREASURY BD PRIN STRIP 0.000% 11/15/2039 DD 11/16/09	3,525,000.000	1,867,532.55	1,757,247.75	(110,284.80)
AV1F31550002	9128334Z0 U S TREASURY BD CPN STRIP 0.000% 02/15/2035 DD 02/15/06	6,622,000.000	4,730,632.52	4,089,349.88	(641,282.64)
AV1F31550002	9128335A4 U S TREASURY BD CPN STRIP 0.000% 08/15/2035 DD 02/15/06	5,505,000.000	3,285,850.20	3,317,863.50	32,013.30
AV1F31550002	9128335B2 U S TREASURY BD CPN STRIP 0.000% 02/15/2036 DD 02/15/06	7,131,000.000	4,923,933.43	4,188,250.23	(735,683.20)
AV1F31550002	9128337E4 U S TREASURY BD CPN STRIP 0.000% 08/15/2036 DD 02/15/07	7,143,000.000	4,829,623.56	4,076,295.81	(753,327.75)
AV1F31550002	9128337F1 U S TREASURY BD CPN STRIP 0.000% 02/15/2037 DD 02/15/07	6,260,000.000	4,066,814.80	3,485,693.20	(581,121.60)
AV1F31550002	912833X88 U S TREASURY BD CPN STRIP 0.000% 05/15/2035 DD 08/15/07	6,411,000.000	4,545,124.15	3,913,787.28	(631,336.87)
AV1F31550002	912833X96 U S TREASURY BD CPN STRIP 0.000% 11/15/2035 DD 08/15/07	6,880,000.000	4,764,598.30	4,093,944.00	(670,654.30)
AV1F31550002	912833Y20 U S TREASURY BD CPN STRIP 0.000% 05/15/2036 DD 08/15/07	6,859,000.000	4,637,918.17	3,973,761.65	(664,156.52)
AV1F31550002	912833Y38 U S TREASURY BD CPN STRIP 0.000% 11/15/2036 DD 08/15/07	6,124,000.000	4,081,841.06	3,454,854.60	(626,986.46)
AV1F31550002	912833Y46 U S TREASURY BD CPN STRIP 0.000% 05/15/2037 DD 08/15/07	7,055,000.000	4,115,415.25	3,867,339.35	(248,075.90)
AV1F31550002	912833Z52 U S TREASURY BD CPN STRIP 0.000% 08/15/2037 DD 02/15/08	5,540,000.000	3,060,706.40	2,995,145.60	(65,560.80)
AV1F31550002	912833Z60 U S TREASURY BD CPN STRIP 0.000% 02/15/2038 DD 02/15/08	7,075,000.000	3,664,713.50	3,722,935.75	58,222.25
AV1F31550002	912834AD0 U S TREASURY BD CPN STRIP 0.000% 11/15/2037 DD 08/15/08	5,690,000.000	3,030,382.40	3,033,339.00	2,956.60
AV1F31550002	912834AE8 U S TREASURY BD CPN STRIP 0.000% 05/15/2038 DD 08/15/08	7,320,000.000	3,883,977.80	3,805,302.00	(78,675.80)
AV1F31550002	912834AT5 U S TREASURY BD CPN STRIP 0.000% 08/15/2038 DD 02/17/09	5,780,000.000	2,889,823.80	2,958,839.80	69,016.00
AV1F31550002	912834AU2 U S TREASURY BD CPN STRIP 0.000% 02/15/2039 DD 02/17/09	7,440,000.000	3,790,754.40	3,695,448.00	(95,306.40)
AV1F31550002	912834DU9 U S TREASURY BD CPN STRIP 0.000% 11/15/2038 DD 05/15/09	6,580,000.000	3,291,908.20	3,321,057.60	29,149.40
AV1F31550002	912834DV7 U S TREASURY BD CPN STRIP 0.000% 05/15/2039 DD 05/15/09	5,330,000.000	2,646,664.80	2,605,730.40	(40,934.40)
AV1F31550002	912834EP9 U S TREASURY BD CPN STRIP 0.000% 08/15/2039 DD 08/17/09	7,500,000.000	3,974,625.00	3,607,050.00	(367,575.00)
AV1F31550002	912834EV6 U S TREASURY BD CPN STRIP 0.000% 11/15/2039 DD 11/16/09	5,800,000.000	2,923,374.00	2,756,392.00	(166,982.00)
TOTAL U. S. GOVERNMENT SECURITIES			84,612,080.30	78,169,303.15	(6,442,777.15)
CORPORATE DEBT INSTRUMENTS					
AV1F31000002	524ESC7N4 *LEHMAN BRTH HLD (RICI) ESCROW 0.000% 05/11/2038 DD 05/09/08	2,600,000.000	57,967.01	0.00	(57,967.01)
AV1F31000002	524ESCWH9 *LEHMAN BRTH HLD (RICI) ESCROW 0.000% 05/03/2032 DD 05/01/07	1,300,000.000	37,357.39	0.00	(37,357.39)
TOTAL CORPORATE DEBT INSTRUMENTS			95,324.40	0.00	(95,324.40)
CORPORATE STOCK - COMMON					



TOTAL CONSOLIDATION - AV1G00010000

AVAYA TOTAL CONSOLIDATION

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
AV1F31000002	239360100 DAWSON GEOPHYSICAL CO	1.000	8.37	1.34	(7.03)
TOTAL CORPORATE STOCK - COMMON			8.37	1.34	(7.03)
PARTNERSHIP/JOINT VENTURE INTEREST					
AV1F40400002	999081193 BLACKSTONE PARTNERS NT LP	41,425,300.400	22,756,054.61	41,425,300.40	18,669,245.79
AV1F70000002	999075914 WHITEHALL PARALLEL GLOBAL REAL ESTATE LP 2001	0.010	0.00	0.01	0.01
AV1F70150002	99VVA52M8 BRV PARTNERS FUND 1 LP	418,638.000	154,719.25	418,638.00	263,918.75
AV1F70150002	99VVACCE0 PRISA	54.433	1,394,026.17	4,174,157.67	2,780,131.50
AV1F70150002	99VVAEQE1 H/2 SPECIAL OPPORTUNITIES II LP	40,343.510	0.00	40,343.51	40,343.51
AV1F70150002	99VVAGNA7 FORTRESS JAPAN OPPORTUNITY DOMESTIC FUND Ü LP	20,265.000	576.31	20,265.00	19,688.69
AV1F70150002	99VVAJHX8 UBS TRUMBULL PROPERTY FUND	1,810,102.260	828,125.46	1,810,102.26	981,976.80
AV1F70150002	99VVAQFT3 BROOKFIELD STRATEGIC REAL ESTATE PARTNERS LP	275,000.000	442,840.27	275,000.00	(167,840.27)
AV1F70150002	99VVAUUA8 USAA EAGLE REAL ESTATE FEEDER I LP	1,761,687.930	856,248.87	1,761,687.93	905,439.06
AV1F70150002	99VVBHWS5 MANULIFE US REAL ESTATE FUND	4,938,875.860	3,020,832.97	4,938,875.86	1,918,042.89
AV1F70150002	99VVCATG9 CAPROCK PARTNERS VALUE-ADD	3,749,875.000	3,032,118.92	3,749,875.00	717,756.08
AV1F70150002	99VVCF2L6 LION INDUSTRIAL TRUST	1,191.924	3,066,005.94	4,390,899.00	1,324,893.06
AV1F70150002	99VVMG77 GID MAINSTAY FUND	6,970,559.660	6,707,339.93	6,970,559.66	263,219.73
AV1F70150002	99VVUCU0M3 CLARION LION PROPERTIES FUND	2,393.546	4,918,625.07	3,509,943.00	(1,408,682.07)
TOTAL PARTNERSHIP/JOINT VENTURE INTEREST			47,177,513.77	73,485,647.30	26,308,133.53
OTHER INVESTMENTS					
AV1F70150002	999G15071 PRIME PROPERTY FUND	407.762	4,626,219.54	7,906,203.84	3,279,984.30
AV1F75050002	99F295C5C S&P500 EMINI FUTURE (CME) EXP MAR 25	(28.000)	0.00	109,136.26	109,136.26
AV1F75050002	99F734C5D MSCI EAFE FUTURE (NYF) EXP MAR 25	(22.000)	0.00	30,679.64	30,679.64
AV1F75050002	99F740C5D MSCI EMGMKT FUTURE (NYF) EXP MAR 25	(23.000)	0.00	11,469.22	11,469.22
AV1F75050002	99F784C5C E-MINI RUSS 2000 FUTURE (CME) EXP MAR 25	(4.000)	0.00	6,372.79	6,372.79
AV1F75100002	99F133C5A US TREAS BD FUTURE (CBT) EXP MAR 25	21.000	0.00	(55,301.21)	(55,301.21)
AV1F75100002	99F139C5A US 10YR TREAS NTS FUTURE (CBT) EXP MAR 25	21.000	0.00	(39,925.39)	(39,925.39)
AV1F75100002	99F183C5A US 5YR TREAS NTS FUTURE (CBT) EXP MAR 25	16.000	0.00	(14,099.81)	(14,099.81)
AV1F75100002	99F217C5A US 2YR TREAS NTS FUT (CBT) EXP MAR 25	8.000	0.00	(717.50)	(717.50)
AV1F75100002	99F295C5C S&P500 EMINI FUTURE (CME) EXP MAR 25	(35.000)	0.00	383,850.27	383,850.27
AV1F88050002	99F106C5A US 10YR ULTRA FUTURE (CBT) EXP MAR 25	558.000	0.00	(1,524,558.11)	(1,524,558.11)
AV1F88050002	99F133C5A US TREAS BD FUTURE (CBT) EXP MAR 25	152.000	0.00	(400,275.43)	(400,275.43)
AV1F88050002	99F700C5A US ULTRA BOND (CBT) EXP MAR 25	(127.000)	0.00	488,715.18	488,715.18
TOTAL OTHER INVESTMENTS			4,626,219.54	6,901,549.75	2,275,330.21
COMMON/COLLECTIVE TRUST					
AV1F10600002	99VVASQZ3 RUSSELL SMALL CAP RUSSELL SMALL CAP	66,639.905	4,221,862.98	8,903,757.71	4,681,894.73
AV1F10650002	99VVAJ3Y1 RUSSELL 1000 INDEX FUND SR I	1,186,533.659	26,907,498.32	86,877,994.51	59,970,496.19
AV1F20400002	99VVA4QF0 RUSSELL INTERNATIONAL FUND	374,743.193	22,581,729.69	36,998,395.44	14,416,665.75
AV1F20450002	99VVAC8H8 RUSSELL EMERGING MARKETS CORE FUND	142,792.558	11,893,182.48	16,595,351.09	4,702,168.61
AV1F31000002	996115960 EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	0.510	0.51	0.51	0.00



TOTAL CONSOLIDATION - AV1G00010000

AVAYA TOTAL CONSOLIDATION

Security ID	Security Description	Shares	Cost	Market Value	Unrealized Gain/Loss
AV1F31400002	99VVAPZA4 RUSSELL 14-YEAR LDI FIXED INCOME FUND	18,548,376.061	242,592,089.36	248,362,755.46	5,770,666.10
AV1F31550002	996115960 EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	6,541.810	6,541.81	6,541.81	0.00
AV1F65050002	99VVC16U3 RITC GLOBAL REAL ESTATE SECS FD	591,715.976	19,000,000.00	19,656,804.72	656,804.72
AV1F65100002	99VVC16T6 RITC GLOBAL LISTED INFRASTRUCTURE F	737,291.424	19,000,000.00	21,329,840.90	2,329,840.90
AV1F70150002	996115960 EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	2,425,349.520	2,425,349.52	2,425,349.52	0.00
AV1F70150002	99VVABSR6 JP MORGAN STRATEGIC PROPERTY FUND	683,330.537	2,449,307.36	7,554,902.42	5,105,595.06
AV1F75050002	996115960 EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	2,236,008.340	2,236,008.34	2,236,008.34	0.00
AV1F75100002	996115960 EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	897,443.180	897,443.18	897,443.18	0.00
AV1F88050002	996115960 EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	2,823,943.790	2,823,943.79	2,823,943.79	0.00
AV1F99990002	996115960 EB TEMP INV FD 1.147% 12/31/2049 DD 11/01/01	9,536,494.010	9,536,494.01	9,536,494.01	0.00
TOTAL COMMON/COLLECTIVE TRUST			366,571,451.35	464,205,583.41	97,634,132.06
GRAND TOTAL			503,082,604.11	622,762,090.69	119,679,486.58

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