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 10/01/2024 and ending 09/30/2025

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] 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
RETIREMENT INCOME PLAN FOR EMPLOYEES OF THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/03/1944

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)
THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

1114 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

2b Employer Identification Number (EIN) 84-1650027

2c Plan Sponsor's telephone number 212-612-9239

2d Business code (see instructions) 522190

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/06/2026	JOHN PETRICHA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	191
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	37
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	35
b	Retired or separated participants receiving benefits	**6b**	104
c	Other retired or separated participants entitled to future benefits	**6c**	24
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	163
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	22
f	Total. Add lines **6d** and **6e**.	**6f**	185
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
RETIREMENT INCOME PLAN FOR EMPLOYEES OF THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

D Employer Identification Number (EIN)
84-1650027

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2024

2 Assets:

a Market value	**2a**	50249265
b Actuarial value	**2b**	45775232

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	126	32568939	32568939
b For terminated vested participants	30	3831615	3831615
c For active participants	37	11270914	11419561
d Total	193	47671468	47820115

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	35000
c Target normal cost	**6c**	35000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

06/22/2026
Date

ZORAST WADIA
Type or print name of actuary

26-06860
Most recent enrollment number

MILLIMAN
Firm name

646-473-3315
Telephone number (including area code)

463 7TH AVENUE
19TH FLOOR
NEW YORK, NY 10018
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	8316842	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1003548	
9	Amount remaining (line 7 minus line 8)	7313294	0
10	Interest on line 9 using prior year's actual return of 22.06 %	1613313	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18 %		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	1407467	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7519140	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00 %
15	Adjusted funding target attainment percentage	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.33 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)		18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:	1st segment: 5.05 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	35000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9564023	933742
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	968742

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	968742	0	968742

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
RETIREMENT INCOME PLAN FOR EMPLOYEES OF THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

D Employer Identification Number (EIN)
84-1650027

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50	INVESTMENT MANAGEMENT	144977	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

13-2614959

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	33988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: THOMAS W. KADLEC
b EIN: 13-2834414
c Position: ENROLLED ACTUARY
d Address: ONE UNIVERSITY SQUARE DRIVE
SUITE 100
PRINCETON, NJ 08540-6455
e Telephone: 609-520-2508

Explanation: THE PLAN SPONSOR FOR THE PENSION PLAN SELECTED A NEW ACTUARIAL FIRM TO PROVIDE ACTUARIAL SERVICES.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
RETIREMENT INCOME PLAN FOR EMPLOYEES OF THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

D Employer Identification Number (EIN)
84-1650027

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: TSY US 20 YR KEY RATE DUR NL FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
45-3856189-001	C	1030035

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 25+ YR KEY RATE DUR NL FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
45-3856224-001	C	721737

a Name of MTIA, CCT, PSA, or 103-12 IE: LNG DUR CORP CR SCREEN NONLEND FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
27-4520291-001	C	10403997

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 15 YR KEY RATE DUR NL FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
45-3856099-001	C	1501566

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 10 YR KEY RATE DUR NL FUND A

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
47-4226866-001	C	2245818

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL ALPHA TILTS FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
94-3242550-001	C	3052390

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MKTS ALPHA TILTS FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
84-1756623-001	C	1395066

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 3000 INDEX FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
94-3302956-001	C	8255807

a Name of MTIA, CCT, PSA, or 103-12 IE: WORLD REAL ESTATE SEC FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
47-4175415-001	C	493209

a Name of MTIA, CCT, PSA, or 103-12 IE: BLK JPM EMBL GLBL DIV LDX FD

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
83-2484172-001	C	1210822

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE GOVT BOND INDEX

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
94-3118548-001	C	6813206

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD BOND FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
47-4859555-001	C	2087157

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE DURATION CORPORATION

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
82-2229248-001	C	6926139

a Name of MTIA, CCT, PSA, or 103-12 IE: TSY US 5 YR KEY RATE DUR NL FUND A

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.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)
47-4104495-001	C	772427

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
RETIREMENT INCOME PLAN FOR EMPLOYEES OF THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

D Employer Identification Number (EIN)
84-1650027

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2418	541
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	618966	394944
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	49577881	46909376
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	255000	276000

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	50454265	47580861
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	205000	230000
k Total liabilities (add all amounts in lines 1g through1j)	1k	205000	230000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	50249265	47350861

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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	12089	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		12089
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1950848	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1950848

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1962937
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4682376	
(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)		4682376
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)	144977	
(6) Bank or trust company trustee/custodial fees	2i(6)	33988	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		178965
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4861341
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2898404
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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)** [X] 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: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
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?	4g		X	
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?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	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.)	4j	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?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 576755.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
RETIREMENT INCOME PLAN FOR EMPLOYEES OF THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CLEARING HOUSE PAYMENTS COMPANY L.L.C.

D Employer Identification Number (EIN)
84-1650027

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... | 1 | 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 23-3060382

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 4

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ Yes ☒ No ☐ N/A

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6	a	Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
	b	Enter the amount contributed by the employer to the plan for this plan year	6b	
	c	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c	

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ Yes ☐ No ☐ N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ Yes ☐ No ☒ N/A

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ Increase ☐ Decrease ☐ Both ☒ No

Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ Yes ☐ No

11 a Does the ESOP hold any preferred stock? ..... ☐ Yes ☐ No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ Yes ☐ No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ Yes ☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _______ Day _______ Year _______

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) ____________
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): ______________________________

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete lines (a) and (b):

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

b Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:
☐ 0-5 years ☐ 5-10 years ☐ 10-15 years ☐ 15 years or more

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

21a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? ☐ Yes ☒ No

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter ___/___/_____ (MM/DD/YYYY) and the Opinion Letter serial number_____.

Financial Statements and Report of Independent Certified Public Accountants

Retirement Income Plan for Employees of The Clearing House Payments Company L.L.C.

September 30, 2025 and 2024

Contents

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* All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Plan Administrator and Plan Participants
Retirement Income Plan for Employees of
The Clearing House Payments Company, L.L.C.

Opinion

We have audited the financial statements of Retirement Income Plan for Employees of The Clearing House Payments Company, L.L.C. (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of September 30, 2025 and 2024 and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of September 30, 2025 and 2024, and the changes in its net assets available for benefits for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for opinion

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

Responsibilities of management for the financial statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in

conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

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

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

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

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

Supplemental schedules required by ERISA
Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of assets (held at end of year) as of September 30, 2025 and of reportable transactions for the year ended September 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain

additional procedures. These additional procedures included comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with US GAAS.

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

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

Grant Thornton LLP

Atlanta, Georgia
June 26, 2026

Retirement Income Plan for Employees of
The Clearing House Payments Company L.L.C.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

September 30,

	2025	2024
ASSETS		
Investments, at fair value	$ 47,304,320	$ 50,196,847
Receivables		
Accrued income receivable	541	2,418
Pending trades receivable	276,000	255,000
Total assets	47,580,861	50,454,265
LIABILITIES		
Pending trades payable	230,000	205,000
NET ASSETS AVAILABLE FOR BENEFITS	$ 47,350,861	$ 50,249,265

The accompanying notes are an integral part of these financial statements.

Retirement Income Plan for Employees of
The Clearing House Payments Company L.L.C.

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years ended September 30,

	2025	2024
Investment income		
Net appreciation on fair value of investments	$ 1,950,848	$ 9,633,974
Interest and dividend income	12,089	30,984
Net investment income	1,962,937	9,664,958
Benefits paid to participants	4,682,376	3,760,852
Administrative expenses	178,965	235,570
NET (DECREASE) INCREASE	(2,898,404)	5,668,536
Net assets available for benefits - beginning of year	50,249,265	44,580,729
Net assets available for benefits - end of year	$ 47,350,861	$ 50,249,265

The accompanying notes are an integral part of these financial statements.

NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Retirement Income Plan for Employees of The Clearing House Payments Company L.L.C. (the Plan) is provided for general information purposes only. Participants should refer to the Plan Document for more complete information.

General

The Plan is a noncontributory defined benefit pension plan sponsored by The Clearing House Payments Company L.L.C. (the Company or Plan Sponsor), the successor to The Clearing House Service Company L.L.C. The Plan covers substantially all of the persons employed by the Company prior to January 1, 2006. Employees hired on or after that date are not eligible to become participants in the Plan. The Administrative Committee has the responsibility related to the administration of the Plan and an Investment Committee has the responsibility to appoint investment managers and performs other duties relating to the investment of the assets of the Plan.

BlackRock Institutional Trust Company, N.A. (BlackRock) has been appointed as investment manager for assets of the Plan held in a trust fund established under a trust agreement. The Bank of New York Mellon is the custodian and trustee of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

In November 2012, the Company decided to “freeze” the Plan, which means that active participants will not earn any additional pension benefits based on average monthly earnings, years of credit service, covered compensation or any other factor after December 31, 2012. As part of the retirement program redesign, the Company allows active participants upon termination, and deferred vested participants, to receive their vested Plan benefits either as an immediate lump sum or an immediate annuity.

Eligibility and Vesting

Employees hired prior to January 1, 2006, generally became eligible to participate in the Plan on the first day of the month coinciding with, or next following, the date on which they had completed one year of service and attained the age of 21. Employees became fully vested after five years of continuous service. In the event an employee terminated before five years of continuous service, they forfeited the right to receive pension benefits upon retirement.

Benefit Payments

Eligible employees with five or more years of service are entitled to annual monthly retirement benefits beginning at normal retirement age. The benefits are equal to 1.5% of the employee’s final average monthly earnings, as defined, up to covered compensation per year of service plus 1.94% of final average monthly earnings in excess of covered compensation per year of service limited to 30 years. In addition, the Plan provides a qualified social security supplement to any eligible employee who is at least age 55 with 30 years of service and retires prior to age 65. The Plan also permits early retirement between the ages of 55 and 65 for employees with five years of benefit service. For early retirement before the age of 65, benefits are reduced; however, there are no penalties for an individual attaining age 60 with 10 years of service or one that has attained age 55 and has 30 years of service. The normal form of pension benefits is a 50% joint and survivor annuity for a married employee and a “five-year period certain life income” annuity for a single employee. Certain other optional forms of pension benefits are also provided for under the Plan.

Death Benefits

If a participant is married at the time of death and has not elected an optional form of retirement income, a surviving spouse will be entitled to receive benefits for life equal to the survivor part of 50% joint and survivor annuity. The surviving spouse's annuity cannot commence prior to when the deceased participant would have been able to receive benefits. If a participant who is not married and has attained their 55th birthday and completed five or more years of service dies before the retirement date, their beneficiary or estate will receive a series of 60 monthly payments actuarially determined as if the participant had elected an optional retirement date. If a participant dies on or after the normal retirement date, the provisions of the annuity, if any, become effective at the date of death.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting and in accordance with U.S. generally accepted accounting principles (U.S. GAAP).

Use of Estimates

The preparation of the financial statements requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits, changes in net assets available for benefits and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. Significant estimates and judgments are used to determine the actuarial present value of accumulated plan benefits.

Risks and Uncertainties

Investment securities, in general, are exposed to various risks such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

The Plan may directly or indirectly invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage-backed securities, including securities backed by sub-prime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies of defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

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

Investment Valuation and Income Recognition

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

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

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

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

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

The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

The Plan's investments in money market funds represent highly liquid securities. As such, these amounts are classified under the fair value hierarchy as Level 1 investments.

The Plan's investments in BlackRock sponsored collective trust funds are reflected at net asset value (NAV). The NAV of the collective trust funds is based upon the fair value of the underlying investments held by the fund, less its liabilities. The collective trust funds are not available for sale or transfer on any securities exchange. The NAV is a relevant measurement attribute because NAV is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The collective trust funds are direct filing entities, and therefore, investment strategies are not required to be disclosed. There are no redemption restrictions and unfunded commitments.

The value of units upon contribution to or redemption from each collective trust fund is based on the collective trust fund's unit value determined on that day. A unitholder's ability to contribute to or redeem from each collective trust funds occurs on a daily basis.

Purchases and sales of securities are recorded on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Plan Expenses

As provided by the Plan document, expenses of the Plan are paid by either the Plan or the Company.

Payment of Benefits

Benefits are recorded when paid.

NOTE 3 - FAIR VALUE MEASUREMENTS

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's policy is to recognize significant transfers between levels on the date the transaction occurred.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. There were no changes in methodologies at September 30, 2025 or 2024.

The following tables summarize the fair value hierarchy for the Plan's investments at September 30, 2025 and 2024.

	Investment Assets at Fair Value as of September 30, 2025			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 394,944	$ -	$ -	$ 394,944
Collective trust funds measured at NAV as a practical expedient				46,909,376
Total investments at fair value				$ 47,304,320

	Investment Assets at Fair Value as of September 30, 2024			
	Level 1	Level 2	Level 3	Total
Money market fund	$ 618,966	$ -	$ -	$ 618,966
Collective trust funds measured at NAV as a practical expedient				49,577,881
Total investments at fair value				$ 50,196,847

For the years ended September 30, 2025 and 2024, there were no transfers in or out of Levels 1, 2 or 3.

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments calculated based upon the provisions of the Plan. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits was determined by Milliman, an independent actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits in order to reflect the time value of money between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuation as of September 30, 2024, were (a) the life expectancy of participants was determined through the use of the Pri-2012 white collar generational annuitant, contingent annuitant, and non-annuitant mortality tables projected using Scale MP-2021, (b) retirement based on age and service from age 55 to 65, (c) an annual rate of return of 4.83%. The significant actuarial assumptions used in the valuation as of September 30, 2023, were (a) the life expectancy of participants was determined through the use of the Pri-2012 white collar generational annuitant, contingent annuitant, and non-annuitant mortality tables projected using Scale MP-2021, (b) retirement based on age and service from age 55 to 65, (c) an annual rate of return of 5.90%.

The valuation was prepared as of October 1, 2024. There would be no material difference in the valuation had it been prepared as of September 30, 2024.

The effect of Plan amendments on accumulated Plan benefits is recognized during the year in which such amendments are adopted.

The actuarial present value of accumulated plan benefits as of September 30, 2024 and the changes therein for the year then ended are as follows:

Vested benefits:	
Active participants	$ 11,487,439
Retirees and beneficiaries currently receiving benefits	32,750,307
Other vested benefits	3,879,181
Total vested benefits	48,116,927
Nonvested benefits	108,595
Total actuarial present value of accumulated plan benefits	$ 48,225,522
Changes in the actuarial present value of accumulated plan benefits:	
Actuarial present value of accumulated plan benefits - September 30, 2023	$ 48,545,624
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	2,754,837
Benefits accumulated and actuarial (gains) losses	(127,161)
Benefits paid	(3,760,852)
Change in actuarial assumptions (primarily change in rates)	813,074
Net decrease	(320,102)
Actuarial present value of accumulated plan benefits - September 30, 2024	$ 48,225,522

The foregoing actuarial assumptions are based upon the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

NOTE 5 - PLAN FUNDING POLICY

The Company makes periodic contributions to the Plan based on actuarial valuations. The Company's required contribution, if any, is actuarially determined by Milliman, and is intended to meet the current and projected obligations of the Plan. The Plan met the minimum funding requirements of ERISA in 2025 and 2024.

NOTE 6 - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC-a U.S. government agency) up to the applicable limitations.

3. All other vested benefits (that is, vested benefits not insured by the PBGC).

4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

NOTE 7 - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain officers and employees of the Company, who may also be participants in the Plan, perform administrative services related to the operation, recordkeeping and financial reporting of the Plan. The Company pays these salaries and other administrative expenses on behalf of the Plan. Certain fees, including fees for investment management services, to the extent not paid by the Company, are paid by the Plan. Certain investment fees and transaction-based fees were paid within the funds held by the Plan. These fees were deducted from income earned on a daily basis and were not separately reflected. Consequentially, these fees were reflected as a reduction of investment return for such investments.

Certain Plan investments are managed by BlackRock. Fees incurred by the Plan for the BlackRock investment management services were $178,965 and $235,570 for the years ended September 30, 2025 and 2024, respectively. BlackRock is the investment manager as defined by the Plan and these transactions qualified as party-in-interest transactions.

NOTE 8 - FEDERAL INCOME TAX STATUS

The Internal Revenue Service (IRS) has determined and informed the Plan by letter dated September 26, 2013, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and as such is exempt from Federal income taxes.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of September 30, 2025, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 9 - SUBSEQUENT EVENTS

Subsequent events have been evaluated by the Plan Sponsor through June 26, 2026, which is the date the financial statements were available to be issued. There were no subsequent events that would require recognition or additional disclosure in the Plan’s financial statements.

SUPPLEMENTAL SCHEDULES

Retirement Income Plan for Employees of
The Clearing House Payments Company L.L.C.

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2025

PLAN #: 001, EMPLOYER ID NO: 84-1650027

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money market fund			
	Dreyfus	Gov't Cash Management	$ 394,944	$ 394,944
	Collective trust funds			
*	BlackRock	JPM Embl Glbl Div Idx Fd	1,077,514	1,210,822
*	BlackRock	Emerging Markets Alpha Tilts Fund	1,175,959	1,395,066
*	BlackRock	High Yield Bond Fund	1,725,342	2,087,157
*	BlackRock	Intermediate Government Bond Index	6,365,633	6,813,206
*	BlackRock	Intl Alpha Tilts Fd	2,095,997	3,052,390
*	BlackRock	Lng Dur Corp CR Screen Nonlend Fnd	10,751,402	10,403,997
*	BlackRock	Russell 3000 Index Fund	5,742,947	8,255,807
*	BlackRock	Intermediate Duration Corporation	6,515,935	6,926,139
*	BlackRock	Treasury U.S. 20 Year Key Rate Duration Nonlendable Fund	1,599,707	1,030,035
*	BlackRock	Treasury U.S. 25+ Year Key Rate Duration Nonlendable Fund	1,186,153	721,737
*	BlackRock	Tsy U.S. 5 Yr Key Rate Dur Nl Fd A	750,000	772,427
*	BlackRock	Tsy U.S. 10 Yr Key Rate Dur Nl Fd A	2,988,930	2,245,818
*	BlackRock	Tsy U.S. 15 Yr Key Rate Dur Nl Fd	2,749,004	1,501,566
*	BlackRock	World Real Estate Sec Fd	463,670	493,209
		Total collective trust funds	45,188,193	46,909,376
		Total investments	$ 45,583,137	$ 47,304,320

* Designates party-in-interest.

Retirement Income Plan for Employees of
The Clearing House Payments Company L.L.C.

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended September 30, 2025

PLAN #: 001, EMPLOYER ID NO: 84-1650027

(a) Identity of Party Involved	(b) Description of Asset	Trans Count	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
CATEGORY (i) - SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS									
BlackRock	Intermediate Duration Corpor CL1	1	$ 3,600,000	$ -	$ -	$ -	$ 3,600,000	$ 3,600,000	$ -
BlackRock	Russell 3000 Index Fund	1	-	3,670,000	-	-	2,920,967	3,670,000	749,033
CATEGORY (iii) - SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS									
Dreyfus	Gov't Cash Management	61	$ 7,856,899	-	-	-	7,856,899	7,856,899	-
Dreyfus	Gov't Cash Management	48	-	8,080,921	-	-	8,080,921	8,080,921	-
BlackRock	Intermediate Government Bond Index	15	3,520,000	-	-	-	3,520,000	3,520,000	-
BlackRock	Intermediate Government Bond Index	18	-	4,500,000	-	-	4,333,780	4,500,000	166,220
BlackRock	Intermediate Government Bond Index CL1	3	6,800,000	-	-	-	6,800,000	6,800,000	-
BlackRock	Intermediate Government Bond Index CL1	1	-	300,000	-	-	284,065	300,000	15,935
BlackRock	Lng Dur Corp CR Screen Nonlend Fnd	4	2,145,000	-	-	-	2,145,000	2,145,000	-
BlackRock	Lng Dur Corp CR Screen Nonlend Fnd	6	-	1,610,000	-	-	1,742,809	1,610,000	(132,809)
BlackRock	Russell 3000 Index Fund	3	619,000	-	-	-	619,000	619,000	-
BlackRock	Russell 3000 Index Fund	10	-	5,666,500	-	-	4,449,035	5,666,500	1,217,465
BlackRock	Intl Alpha Til TS FD	2	141,557	-	-	-	141,557	141,557	-
BlackRock	Intl Alpha Til TS FD	8	-	2,469,979	-	-	2,007,476	2,469,979	462,503

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Line 26a – Schedule of Active Participant Data

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Number of Participants by Age and Service Groups

	Years of Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Total**
0-24	-	-	-	-	-	-	-	-	-	-	-
25-29	-	-	-	-	-	-	-	-	-	-	-
30-34	-	-	-	-	-	-	-	-	-	-	-
35-39	-		-	-	-	-	-	-	-	-	-
40-44	-	-	-	-	-	1	-	-	-	-	1
45-49	-	-	-	-	2	1	3	-	-	-	6
50-54	-	-	-	1	1	1	-	1	-	-	4
55-59	-	-	-	-	2	2	2	-	4	-	10
60-64	-	-	-	-	-	2	1	2	5	-	10
65-69	-	-	-	-	1	1	1	2	-	-	5
70&Up	-	-	-	-	-	-	-	-	-	1	1
Total	-	-	-	1	6	8	7	5	9	1	37

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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Summary of Actuarial Methods

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. A plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that a plan will be adequately and systematically funded. Annual contributions are also affected by a plan's "asset valuation method" (as well as plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the Plan's ERISA funding requirements and the FASB ASC Topic 960 values is the Unit Credit method. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The Plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The Plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the Plan's ERISA funding requirements is based on the permitted three-year asset smoothing as defined under IRS Notice 2009-22. Under this method, the Actuarial Value of Assets equals the Adjusted Market Value of Assets minus one-third and two-thirds, respectively, of the investment gain or loss for each of the two immediately preceding plan years, but it must be withing 90% to 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 5.80% per year) or the applicable statutory interest rate for the year.

PBGC Variable-Rate Premium Method

The alternative method is used for PBGC variable-rate premium calculation (adopted October 1, 2019).

Amortization Method

For the Plan's ERISA funding requirements, incremental Funding Shortfall amounts are amortized over a fifteen-year period, and related shortfall amortization payment is determined on the first valuation date following the Plan Year in which it arises based on the segment rates used for ERISA minimum funding purposes on that date, as prescribed under IRC Section 430.

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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Summary of Actuarial Assumptions

Each of the assumptions used in this valuation with the exception of those set by law was set based on industry standard published tables and data, the particular characteristics of the plan, relevant information from the plan sponsor or other sources about future expectations, and our professional judgement regarding future plan experience. We believe the assumptions are reasonable for the contingencies they are measuring, and are not anticipated to produce significant cumulative actuarial gains or losses over the measurement period.

ECONOMIC ASSUMPTIONS

Interest Rates

The current funding interest rates are as follows. The funding interest rates are prescribed under IRS regulations based on the Plan Sponsor's interest rate election. The PBGC interest rates are based on the Plan Sponsor's elected method for determining the premium funding target.

	Minimum Funding	Maximum Deductible	PBGC Premium
Segment 1 (0–5 years)	5.05%	5.05%	5.05%
Segment 2 (5–20 years)	5.31%	5.31%	5.31%
Segment 3 (20+ years)	5.50%	5.37%	5.37%
Effective Interest Rate	5.33%	5.30%	5.30%

ERISA minimum funding purposes: 24-month average segment rates, adjusted to reflect the applicable segment rate stabilization corridor.

Maximum Deductible Contribution purposes: 24-month average segment rates, but not adjusted to reflect segment rate stabilization.

PBGC premium purposes: 24-month average segment rates, but not adjusted to reflect segment rate stabilization. The alternative method (adopted October 1, 2019) is used for the PBGC variable rate premium calculation.

For FASB ASC Topic 960 purposes: 5.80% per year. It is based on the Plan Sponsor's best estimate of the trust returns over the 10-20 year horizon based on current market conditions. Lump sum conversion rates are based on the September 2024 segment rates of 4.17%, 4.76% and 5.25% per year.

Administrative Expenses

Expected expenses payable from the trust are explicitly loaded to the normal cost. Expenses are expected to be $35,000 which is based on the Plan Sponsor's best estimate.

DEMOGRAPHIC ASSUMPTIONS

Except where noted, all demographic assumptions are based on the actuary's judgment and continual review of experience.

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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Mortality

ERISA minimum funding and Maximum Deductible Contribution: Statutory generational mortality tables for 2024 based on Pri-2012 Mortality Table, with separate rates for non-annuitants and annuitants, adjusted from base year 2012 with projections to anticipate future longevity using the Adjusted Scale MP-2021.

FASB ASC Topic 960: PRI-2012 White Collar Mortality Table with Projection Scale MP-2021, applied generationally, with employee rates before benefit commencement and retiree and contingent survivor rates after benefit commencement.

Retirement

Terminated vested participants are assumed to retire at age 60.

Probabilities of retirement from active status, when eligible based on age and service, as follows:

Attained Age	30 or more years of service	20-29 years of service	Others
55	5%	2%	0%
56	5%	2%	0%
57	10%	5%	0%
58	10%	5%	0%
59	10%	5%	0%
60	15%	15%	25%
61	15%	15%	10%
62	35%	35%	35%
63	20%	20%	20%
64	20%	20%	20%
65	100%	100%	100%

Rationale: Rates as determined by prior actuary

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

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Termination

Sample rates are illustrated below:

Attained Age	Male	Female
20-30	7.50%	9.00%
35	6.00%	9.00%
40	4.50%	9.00%
45	3.00%	6.00%
50	1.50%	3.00%
55	0.00%	0.00%

Rationale: Rates as determined by prior actuary

Disability

None.

Form of Payment

	5 Years Certain & Life	50% J&S	Lump Sum
Active Retirements	10%	10%	80%
Future Vested Deferred	10%	10%	80%
Current Vested Deferred	25%	25%	50%

Rationale: Rates as determined by prior actuary

Marital Characteristics

80% of participants are assumed to be married to a spouse of the opposite sex. Males are assumed to be 3 years older than females.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

For calendar plan year 2024 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Retirement Income Plan for Employees of The Clearing House Payments Company L.L.C.

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
The Clearing House Payments Company L.L.C.

D Employer Identification Number (EIN)
84-1650027

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2024

2 Assets:

a Market value	**2a**	50,249,265
b Actuarial value	**2b**	45,775,232

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	126	32,568,939	32,568,939
b For terminated vested participants	30	3,831,615	3,831,615
c For active participants	37	11,270,914	11,419,561
d Total	193	47,671,468	47,820,115

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	35,000
c Target normal cost	**6c**	35,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Zorast Wadia
Signature of actuary

06/22/2026
Date

Zorast Wadia
Type or print name of actuary

26-06860
Most recent enrollment number

Milliman
Firm name

(646)473-3315
Telephone number (including area code)

463 7th Avenue
19th Floor
New York NY 10018
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	8,316,842	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1,003,548	
9	Amount remaining (line 7 minus line 8)	7,313,294	0
10	Interest on line 9 using prior year's actual return of 22.06%	1,613,313	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.18%		
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	1,407,467	
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	7,519,140	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	80.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.33%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.05 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☐ Yes ☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	35,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	9,564,023	933,742
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	968,742

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	968,742	0	968,742

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☐ 2021

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500 Schedule SB, Line 32 – Schedule of Amortization Bases

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Date Established	Description	Amortization Amount	Remaining Years	Outstanding Balance
10/1/2023	Shortfall Amortization	$932,336	14	9,548,945
10/1/2024	Shortfall Amortization	1,406	15	15,078
Total		$993,742		$9,564,023

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Line 24 – Change in Actuarial Assumptions

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1. The administrative expense load component of the Target Normal Cost was updated from $71,212 to $35,000.
2. The expected return on assets assumption decreased from 5.90% to 5.80% as of October 1, 2024.

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Part V – Summary of Plan Provisions

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Basic Information

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.

Effective Date of Plan: October 1, 1972, as amended and restated as of October 1, 2023

EIN/PN: 84-1650027/001

Plan Year: July 1 – June 30.

Participation: Eligible on the first of the month after the attainment of age 21 and 1 year of service. No individual shall become a Participant after December 31, 2005.

Covered Employees: All employees hired prior to January 1, 2006 and members of the Second Prior Plan that were actively employed on December 31, 2007. Employees of the Chicago Clearing House Association became eligible to participate as of December 31, 2003.

Earnings: Annualized amounts determined based on an Employee's basic rate of monthly compensation in effect at the beginning of each Plan Year but excluding bonuses and other special compensation.

Average Monthly Earnings: Average of a participant's monthly Earnings during any five years within the ten-year period immediately preceding their retirement in which their monthly Earnings was the highest. Earnings after December 31, 2012 are not considered.

Covered Compensation: Average Social Security Wage Base in effect for the 35-year period ending with the participant's Social Security retirement date.

Credited Service: An employee shall be credited with a Year of Credited Service if he has at least one thousand (1,000) Hours of Service in the twelve (12)-month period which begins on the first day he has an Hour of Service upon hire (or the twelve (12)-month period which begins on the first day he has an Hour of Service upon rehire, if he does not have a Year of Service for eligibility purposes when rehired). Partial service is given for the first and last year of employment based on the number of months the Participant completes an hour of service. Additionally, a partial year is given for the period between October 1, 2012 and December 31, 2012. No Participant shall accrue any additional full or partial year of Credited Service after December 31, 2012

Vested Service: An employee shall be credited with a Year of Credited Service if he has at least one thousand (1,000) Hours of Service in the twelve (12)-month period which begins on the first day he has an Hour of Service upon hire (or the twelve (12)-month period which begins on the first day he has an Hour of Service upon rehire, if he does not have a Year of Service for eligibility purposes when rehired).

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Part V – Summary of Plan Provisions

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Accrued Benefit: The sum of 1.5% of Average Monthly Earnings not in excess of covered compensation, and 1.94% of Average Monthly Earnings in excess of covered compensation, multiplied by Years of Credited Service not in excess of 30 years.

Merger of Plan: The Plan was merged with the assets (and liabilities) of the Chicago Clearing House Association Pension Plan (the "CCHA Pension Plan") effective December 31, 2003.

Maximum Benefit: The maximum benefit is limited as required by IRC Section 415(b). The limit for 2024 is $275,000.

Benefit Formulas and Eligibilities

Normal Retirement

Normal Retirement Date: Age 65.

Normal Retirement Benefit: The Accrued Benefit.

Early Retirement

Early Retirement Date: Age 55 and 5 years of vesting service.

Early Retirement Benefit:

Fewer than 10 years of Vesting Service: The Accrued Benefit reduced by 0.5% for each of the first 60 months and 0.27% for each additional month by which the early retirement date precedes the normal retirement date.

10 years of Vesting Service but fewer than 30 years of Vesting Service: The Accrued Benefit reduced by 0.25% for each month by which the early retirement date precedes age 60.

30 years of Vesting Service: The Accrued Benefit commencing at age 65 plus a supplemental benefit payable until age 65 of 1.94% of Average Monthly Earnings multiplied by Years of Credited Service not in excess of 30 years.

Vested Termination

Termination Eligibility: 100% vested in their accrued benefit after 5 years of Vesting Service.

Termination Benefit: The Accrued Benefit payable at age 65. The participant may elect to receive an Early Retirement Benefit commencing at age 55.

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Part V – Summary of Plan Provisions

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Preretirement Surviving Spouse Coverage

Preretirement Surviving Spouse Benefit Eligibility: Five years of Vesting Service; not receiving a benefit and married at least one year.

Preretirement Surviving Spouse Benefit: Joint and 50% Survivor death benefit.

Benefit payable to the beneficiary is equal to the benefit payable had the employee separated from service at the date of his death, survived to the earliest retirement age, retired with an immediate Joint and 50% Survivor benefit at that age and then died.

If a single participant died after the attainment of age 55 and Five years of Vestin Service, the death benefit is equal to the Accrued Benefit payable for five years commencing upon the participant's death, reduced for early retirement if applicable.

Forms of Payment

Normal Forms: 5 year Certain and Life Annuity. A participant that is married must take the benefit in the form of a Joint and 50% Survivor benefit unless the spouse provides written consent to waive the Joint and 50% Survivor benefit.

Qualified Joint and Survivor Annuity: Unless elected otherwise in writing at retirement, a married participant will receive his/her benefits as an actuarially equivalent Joint and 50% Survivor Annuity with the spouse as contingent beneficiary.

Optional Forms: Single life annuity, five year certain joint and survivor annuity, Social Security level income annuity, lump sum (available at any time following termination)

Optional forms of benefit are computed based on actuarial equivalence using the GATT 2003 mortality table (as described in Revenue Ruling 2001-62) and a 7% interest rate.

For the lump sum and Social Security level income option, the applicable Code Section 417(e)(3) mortality table and the first, second, and third segment rates under Code Section 417(e) published during November of the preceding year are used.

Plan Name: The Retirement Income Plan for Employees of the Clearing House Payments Company, L.L.C.
EIN/PN: 84-1650027/001
Attachment to 2024 Form 5500, Schedule SB, Line 22 – Description of Weighted Average Retirement Age

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Retirement Age		Average Percentage Expected to Retire		Retirement Age Times Average Percentage Expected to Retire
55	*	1.14%	=	0.6270
56	*	1.36%	=	0.7616
57	*	2.89%	=	1.6473
58	*	3.18%	=	1.8444
59	*	3.68%	=	2.1712
60	*	7.89%	=	4.7340
61	*	7.93%	=	4.8373
62	*	16.66%	=	10.3292
63	*	6.73%	=	4.2399
64	*	6.47%	=	4.1408
65	*	28.55%	=	18.5575
66	*	5.41%	=	3.5706
67	*	0.00%	=	-
68	*	5.41%	=	3.6788
69	*	0.00%	=	-
70	*	0.00%	=	-
71	*	2.70%	=	1.9170
				63.057
			=	63

Retirement Income Plan for Employees of
The Clearing House Payments Company L.L.C.

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2025

PLAN #: 001, EMPLOYER ID NO: 84-1650027

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money market fund			
	Dreyfus	Gov't Cash Management	$ 394,944	$ 394,944
	Collective trust funds			
*	BlackRock	JPM Embl Glbl Div Idx Fd	1,077,514	1,210,822
*	BlackRock	Emerging Markets Alpha Tilts Fund	1,175,959	1,395,066
*	BlackRock	High Yield Bond Fund	1,725,342	2,087,157
*	BlackRock	Intermediate Government Bond Index	6,365,633	6,813,206
*	BlackRock	Intl Alpha Tilts Fd	2,095,997	3,052,390
*	BlackRock	Lng Dur Corp CR Screen Nonlend Fnd	10,751,402	10,403,997
*	BlackRock	Russell 3000 Index Fund	5,742,947	8,255,807
*	BlackRock	Intermediate Duration Corporation	6,515,935	6,926,139
*	BlackRock	Treasury U.S. 20 Year Key Rate Duration Nonlendable Fund	1,599,707	1,030,035
*	BlackRock	Treasury U.S. 25+ Year Key Rate Duration Nonlendable Fund	1,186,153	721,737
*	BlackRock	Tsy U.S. 5 Yr Key Rate Dur Nl Fd A	750,000	772,427
*	BlackRock	Tsy U.S. 10 Yr Key Rate Dur Nl Fd A	2,988,930	2,245,818
*	BlackRock	Tsy U.S. 15 Yr Key Rate Dur Nl Fd	2,749,004	1,501,566
*	BlackRock	World Real Estate Sec Fd	463,670	493,209
		Total collective trust funds	45,188,193	46,909,376
		Total investments	$ 45,583,137	$ 47,304,320

* Designates party-in-interest.

Retirement Income Plan for Employees of
The Clearing House Payments Company L.L.C.

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended September 30, 2025

PLAN #: 001, EMPLOYER ID NO: 84-1650027

(a) Identity of Party Involved	(b) Description of Asset	Trans Count	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
CATEGORY (i) - SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS									
BlackRock	Intermediate Duration Corpor CL1	1	$ 3,600,000	$ -	$ -	$ -	$ 3,600,000	$ 3,600,000	$ -
BlackRock	Russell 3000 Index Fund	1	-	3,670,000	-	-	2,920,967	3,670,000	749,033
CATEGORY (iii) - SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS									
Dreyfus	Gov't Cash Management	61	$ 7,856,899	-	-	-	7,856,899	7,856,899	-
Dreyfus	Gov't Cash Management	48	-	8,080,921	-	-	8,080,921	8,080,921	-
BlackRock	Intermediate Government Bond Index	15	3,520,000	-	-	-	3,520,000	3,520,000	-
BlackRock	Intermediate Government Bond Index	18	-	4,500,000	-	-	4,333,780	4,500,000	166,220
BlackRock	Intermediate Government Bond Index CL1	3	6,800,000	-	-	-	6,800,000	6,800,000	-
BlackRock	Intermediate Government Bond Index CL1	1	-	300,000	-	-	284,065	300,000	15,935
BlackRock	Lng Dur Corp CR Screen Nonlend Fnd	4	2,145,000	-	-	-	2,145,000	2,145,000	-
BlackRock	Lng Dur Corp CR Screen Nonlend Fnd	6	-	1,610,000	-	-	1,742,809	1,610,000	(132,809)
BlackRock	Russell 3000 Index Fund	3	619,000	-	-	-	619,000	619,000	-
BlackRock	Russell 3000 Index Fund	10	-	5,666,500	-	-	4,449,035	5,666,500	1,217,465
BlackRock	Intl Alpha Til TS FD	2	141,557	-	-	-	141,557	141,557	-
BlackRock	Intl Alpha Til TS FD	8	-	2,469,979	-	-	2,007,476	2,469,979	462,503

Retirement Income Plan for Employees of
The Clearing House Payments Company L.L.C.

FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

September 30, 2025

PLAN #: 001, EMPLOYER ID NO: 84-1650027

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Money market fund			
	Dreyfus	Gov't Cash Management	$ 394,944	$ 394,944
	Collective trust funds			
*	BlackRock	JPM Embl Glbl Div Idx Fd	1,077,514	1,210,822
*	BlackRock	Emerging Markets Alpha Tilts Fund	1,175,959	1,395,066
*	BlackRock	High Yield Bond Fund	1,725,342	2,087,157
*	BlackRock	Intermediate Government Bond Index	6,365,633	6,813,206
*	BlackRock	Intl Alpha Tilts Fd	2,095,997	3,052,390
*	BlackRock	Lng Dur Corp CR Screen Nonlend Fnd	10,751,402	10,403,997
*	BlackRock	Russell 3000 Index Fund	5,742,947	8,255,807
*	BlackRock	Intermediate Duration Corporation	6,515,935	6,926,139
*	BlackRock	Treasury U.S. 20 Year Key Rate Duration Nonlendable Fund	1,599,707	1,030,035
*	BlackRock	Treasury U.S. 25+ Year Key Rate Duration Nonlendable Fund	1,186,153	721,737
*	BlackRock	Tsy U.S. 5 Yr Key Rate Dur Nl Fd A	750,000	772,427
*	BlackRock	Tsy U.S. 10 Yr Key Rate Dur Nl Fd A	2,988,930	2,245,818
*	BlackRock	Tsy U.S. 15 Yr Key Rate Dur Nl Fd	2,749,004	1,501,566
*	BlackRock	World Real Estate Sec Fd	463,670	493,209
		Total collective trust funds	45,188,193	46,909,376
		Total investments	$ 45,583,137	$ 47,304,320

* Designates party-in-interest.

Retirement Income Plan for Employees of
The Clearing House Payments Company L.L.C.

FORM 5500, SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

Year ended September 30, 2025

PLAN #: 001, EMPLOYER ID NO: 84-1650027

(a) Identity of Party Involved	(b) Description of Asset	Trans Count	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
CATEGORY (i) - SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS									
BlackRock	Intermediate Duration Corpor CL1	1	$ 3,600,000	$ -	$ -	$ -	$ 3,600,000	$ 3,600,000	$ -
BlackRock	Russell 3000 Index Fund	1	-	3,670,000	-	-	2,920,967	3,670,000	749,033
CATEGORY (iii) - SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS									
Dreyfus	Gov't Cash Management	61	$ 7,856,899	-	-	-	7,856,899	7,856,899	-
Dreyfus	Gov't Cash Management	48	-	8,080,921	-	-	8,080,921	8,080,921	-
BlackRock	Intermediate Government Bond Index	15	3,520,000	-	-	-	3,520,000	3,520,000	-
BlackRock	Intermediate Government Bond Index	18	-	4,500,000	-	-	4,333,780	4,500,000	166,220
BlackRock	Intermediate Government Bond Index CL1	3	6,800,000	-	-	-	6,800,000	6,800,000	-
BlackRock	Intermediate Government Bond Index CL1	1	-	300,000	-	-	284,065	300,000	15,935
BlackRock	Lng Dur Corp CR Screen Nonlend Fnd	4	2,145,000	-	-	-	2,145,000	2,145,000	-
BlackRock	Lng Dur Corp CR Screen Nonlend Fnd	6	-	1,610,000	-	-	1,742,809	1,610,000	(132,809)
BlackRock	Russell 3000 Index Fund	3	619,000	-	-	-	619,000	619,000	-
BlackRock	Russell 3000 Index Fund	10	-	5,666,500	-	-	4,449,035	5,666,500	1,217,465
BlackRock	Intl Alpha Til TS FD	2	141,557	-	-	-	141,557	141,557	-
BlackRock	Intl Alpha Til TS FD	8	-	2,469,979	-	-	2,007,476	2,469,979	462,503