

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 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
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.) ☐ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan LINE CONSTRUCTION BENEFIT FUND
1b	Three-digit plan number (PN) ▶ 501
1c	Effective date of plan 01/01/1963
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND 821 PARKVIEW BOULEVARD LOMBARD, IL 60148
2b	Employer Identification Number (EIN) 36-6066988
2c	Plan Sponsor's telephone number 800-323-7268
2d	Business code (see instructions) 238210

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.	08/19/2026	KEVIN CHESNIAK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	08/21/2026	MIKE TROUTMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 69028
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 65981 6a(2) 68906 6b 3211 6c 6d 72117 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7 1315

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

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

4A 4B 4D 4E 4F 4L

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025	
A Name of plan LINE CONSTRUCTION BENEFIT FUND	B Three-digit plan number (PN) ▶ 501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND	D Employer Identification Number (EIN) 36-6066988

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

(a) Name of insurance carrier
TRUSTMARK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
36-3421358	62863	24276	70988	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	0
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	4004448
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2025
		This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan LINE CONSTRUCTION BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND	D Employer Identification Number (EIN) 36-6066988	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
GROSVENOR CAPITAL MANAGEMENT LP
36-3795985
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
JMB INSURANCE AGENCY, INC
36-2711359
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC
23-1945930
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ASB CAPITAL MANAGEMENT, LLC
80-0618452

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

BRIGADE CAPITAL MANAGEMENT, LP

20-4895879

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

AMERICAN REALTY ADVISORS, LLC

33-0123114

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

SCHRODER INVESTMENT MGMT NA, INC

13-4064414

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

HAMILTON LANE ADVISORS, LLC

23-2962336

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

JOHN HANCOCK FUNDS, LLC

04-3111116

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

LOOMIS SAYLES TRUST COMPANY

20-8080381

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

INTERCONTINENTAL REAL ESTATE CORP.

04-2895544

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

ULLICO INVESTMENT ADVISORS, INC.

52-6435649

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

BLACKSTONE INFRASTRUCTURE ADVISORS

26-0288589

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

SCOUT INVESTMENTS INC.

43-1925734

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

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

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

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)

BLUECROSS BLUESHIELD OF IL

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 73 99	NONE	23026189	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

EXPRESS SCRIPTS, INC

43-1420563

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	12458693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONIFER VALUE BASED CARE LLC

52-1964905

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	4060630	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CARELON BEHAVIORAL HEALTH, INC

54-1414194

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
23	NONE	1439403	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEX HEALTH, INC

06-1593514

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 99	NONE	1022294	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

INCLUDED HEALTH, INC.

45-3580052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	836328	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

VISION SERVICE PLAN

20-0891619

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	684209	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BNY MELLON

25-6078093

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 52	NONE	655825	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

ZELIS CLAIMS INTEGRITY, LLC

84-2694744

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	618265	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KEVIN CHESNIAK

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 30 56	EMPLOYEE	615396	Yes ☒ No ☐	Yes ☐ No ☒	2200	Yes ☐ No ☒

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

DENTAL NETWORK OF AMERICA LLC

36-3339483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	545044	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FOSTER & FOSTER, INC

59-1921114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16	NONE	462678	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ASHER GITTLER & D'ALBA, LTD

36-2786883

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	334960	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED SYSTEMS AND SOFTWARE, INC.

59-1918677

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 16	NONE	306408	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY INV. ASSET MGMT. LLC

20-1733361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	297489	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LEGACY PROFESSIONALS LLP

32-0043599

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	NONE	295735	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY GARITE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	269637	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEFFREY MARSHALL

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	241754	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TELADOC, INC

04-3705970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	229998	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATHLYN HAMES

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	218171	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID MINEAU

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	212831	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARY HAYES

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	190174	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INTELEPEER CLOUD COMMUNICATIONS LLC

46-0691698

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	183342	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SARAH GUST

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	181947	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DWAYNE JOYNER

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	171929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ABHISHEK GOYAL

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	171544	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHELLE BIESCHEL-NEWTON

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	171304	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

DEBORAH FEINGOLD

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	168412	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MMS ANALYTICS INC

47-1212355

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	163504	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TRUSTMARK LIFE INS. CO.

36-3421358

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	163276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SHAMILA CASSIM

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	162697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GERALYN HAMES

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	161036	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MITTERA GROUP, INC

42-1028248

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	158055	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL JAROS

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	151150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARAMETRIC PORTFOLIO ASSOCIATES LLC

20-0292745

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	150883	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGAL MARCO ADVISORS

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	150000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KARA THOMAS

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	143877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CATHY HUBBARD

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	143466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DIANNA BRADFORD

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	143418	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALISON HUNT

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	140129	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIA RAMIREZ

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	133754	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VENESSA PATCH

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132697	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

NORMA ALCANTAR

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132605	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NANCY STAMPLE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	128007	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENNY GARMAN

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	124779	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JENNIFER CALCAGNO

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	123956	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUZANNE THOMPSON

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	122746	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARYN KENNICOTT

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	122260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CAROL KURAS

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121845	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAWN ALTAMORE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	120948	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER MAY

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119944	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MELISSA MORENO

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119715	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEANNA LONG

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119422	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACQUELINE MCCUTCHEON

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118584	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DARCY RANDAZZO

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTINA MICARI

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	116849	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DINA COLIN

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	116378	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BARBARA SCHEMAN

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	116295	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARISON RAMIREZ-HERNANDEZ

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	112230	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXIS COVELLO

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	110565	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NELLY SMITH

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZINA COLEMAN

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAITLIN HINCHEY

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109215	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MULTIEMPLOYER.COM, INC

94-3378692

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	107050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIMBERLY MARS

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAROLYN FRUEH

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105205	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUCY DIFIORE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	104122	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GEORGIANNE HUDSON

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	103737	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KELLEE BURGESS

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	103507	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RENEE VISCUM

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	103470	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER KISIEL

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	100946	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LYNETTE STEWART

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	100356	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAURA BUSSMAN

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	99668	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARBARA PAYNE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	98798	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUBREY HERR

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	98512	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

SHERRY MOORE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	96917	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LILIANA RAMOS

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94939	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELISSA SCOTT

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94141	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KIMBERLY MORITZ

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93691	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOANNE LAKE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93024	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAZMINE RODRIGUEZ

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ZARIA MCGEE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89590	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRYSTAL HALL

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KATI GEE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88339	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ELSA ROMERO

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KUTINA JACKSON

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86156	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GENEVIEVE HEROLD

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85051	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KATERINA TALESKA

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83766	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELINDA BERBERENA

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82018	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THERESE RUSNAK

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80803	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BELEN PULIDO

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANET GUITIERREZ

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

81-4017137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51 68	NONE	79534	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

PEGGY OLSON

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER BENGSTON

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77685	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARIA BORGENSON

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76686	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GAIL BOEHME

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74278	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDRA SANTANA

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73573	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ROSARIO SANDOVAL

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72513	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MONSHEREE ALLEN

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72507	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JULIEANNA NUEHRING

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71847	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAWN WALSH

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MARIA MORENO

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69919	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LETICIA MORENO

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69877	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAMANTHA HARMER

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68931	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18	NONE	68166	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

MELISSA MORALES

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66553	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

COMERICA BANK

42-1741646

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 51	NONE	64374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ROCIO BARRERA

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62341	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VANESSA ROCHA

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60721	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JASMINE VIEYRA

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52682	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

U.S. BANK

31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
18 65	NONE	48690	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

VYNE DENTAL

6510 TELECOM DRIVE, SUITE 300
INDIANAPOLIS, IN 46278

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	43915	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PERLA REYES

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TEARIA COLEMAN

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	40127	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BOND BROTHERS & CO.

36-2433269

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36	NONE	39875	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROFESSIONAL BENEFIT ADMINISTRATORS

38-3668782

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12	NONE	39623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

THE NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 28 51 52 64 65	NONE	37537	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☐

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

SUSAN CLARK

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36150	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JANET TORRES

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35310	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

IDOLINA SANCHEZ DE AGUILAR

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34417	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PAYCHEX

230 W. MONROE - SUITE 1020
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	33901	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JESSICA RODRIGUEZ

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33901	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KATHLEEN GOODELL

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33665	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DARYL PITROWSKI

821 PARKVIEW BLVD.
LOMBARD, IL 60148

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	33063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUM SMITH BROWN PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	NONE	32704	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SANDY RAMEY

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	30821	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WESTERN ASSET MGMT CO.

95-2705767

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	29727	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPTUM FINANCIAL

20-5731067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
36 49	NONE	29560	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LOIS A. NEBRASKE

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28929	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZULLY BRONO

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	26078	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMANDA FISCHER

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25844	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CHNEIKO ELLIS

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25424	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES POULOS, MD

8319 N ELMORE ST
PARK RIDGE, IL 60068

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	23750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INFORMATION SYSTEMS ENGINEERING

39-1497970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	17786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JEFFREY MARKETT, DDS

81-3874623

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16	NONE	14996	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONTEXT 4 HEALTHCARE, INC

27-0386030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13740	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PROPEER RESOURCES, INC

35-2559074

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	13120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MEDICAL REVIEW INSTITUTE OF AMERICA

87-0515201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	11873	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZAYO GROUP, LLC

26-2012549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	10525	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL TROUTMAN

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	9498	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

GRANT RAINS

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	9454	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MINDIE MCIFI

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	7549	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLEN PETZNICK

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	7314	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BHM HEALTHCARE SOLUTIONS, INC.

36-4505362

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	NONE	6000	Yes ☐ No ☐	Yes ☐ No ☐	0	Yes ☐ No ☐

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

ROBERT REILLY

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	5594	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDY CARMEAN

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	5403	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TRAVIS ERI

36-6066988

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	5081	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
VYNE DENTAL 6510 TELECOM DRIVE, SUITE 300 INDIANAPOLIS, IN 46278	49	DID NOT RESPOND TO THE PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
BANK OF AMERICA 94-1687665	18	DID NOT RESPOND TO THE PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.
BHM HEALTHCARE SOLUTIONS, INC. 36-4505362	49	DID NOT RESPOND TO THE PLAN'S MULTIPLE REQUESTS FOR INFORMATION REGARDING INDIRECT COMPENSATION RECEIVED.

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration		DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110 2025 This Form is Open to Public Inspection.	
For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025					
A Name of plan LINE CONSTRUCTION BENEFIT FUND				B Three-digit plan number (PN) ► 501	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND				D Employer Identification Number (EIN) 36-6066988	
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: BNYM AFL-CIO STOCK INDEX FUND					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON					
c EIN-PN 84-7064589-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 193355392	
a Name of MTIA, CCT, PSA, or 103-12 IE: NHIT CORE PLUS FIXED INCOME TRUST					
b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC					
c EIN-PN 20-8080381-018		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 171794145	
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MSCI ACWI EX USA INDEX FD NL					
b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST COMPANY					
c EIN-PN 80-6103053-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126455625	
a Name of MTIA, CCT, PSA, or 103-12 IE: BNYM NEWTON GBL REAL RETURN CF FD					
b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON					
c EIN-PN 61-1599207-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111936906	
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COMMON RUSSELL 2000 INDEX FD NL					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.					
c EIN-PN 45-6626214-001		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78187420	
a Name of MTIA, CCT, PSA, or 103-12 IE: ULLICO INFRASTRUCTURE TAX EXEMPT FD					
b Name of sponsor of entity listed in (a): ULLICO INVESTMENT ADVISORS, INC.					
c EIN-PN 90-0622302-001		d Entity code E		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64277250	
a Name of MTIA, CCT, PSA, or 103-12 IE: WESTERN ASSET US INTERMEDIATE PLUS					
b Name of sponsor of entity listed in (a): WESTERN ASSET MANAGEMENT COMPANY, LLC					
c EIN-PN 20-4712392-001		d Entity code E		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.				Schedule D (Form 5500) 2025 v. 250312	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury 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
		2025
		This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025		
A Name of plan LINE CONSTRUCTION BENEFIT FUND	B Three-digit plan number (PN) ▶	501
C Plan sponsor's name as shown on line 2a of Form 5500 BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND	D Employer Identification Number (EIN) 36-6066988	

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	12983938	9735171
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	86805925	106972671
(2) Participant contributions.....	1b(2)	292274	229831
(3) Other	1b(3)	44655950	26131987
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	224627637	236550024
(2) U.S. Government securities	1c(2)	97003206	172162916
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred.....	1c(3)(A)		
(B) All other.....	1c(3)(B)	52566601	61847818
(4) Corporate stocks (other than employer securities):			
(A) Preferred.....	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	240959008	230520888
(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)	620412492	681729488
(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)	213805657	64277250
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	187556770	217500254
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	93758358	355406608

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	329003	539680
1f Total assets (add all amounts in lines 1a through 1e)	1f	1875756819	2163604586

Liabilities

1g Benefit claims payable	1g	142394000	166452000
1h Operating payables	1h	3010520	2684793
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	8123225	19081692
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	153527745	188218485

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	1722229074	1975386101
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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)	1188914309	
(B) Participants	2a(1)(B)	28588667	
(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)		1217502976
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8428083	
(B) U.S. Government securities	2b(1)(B)	6066537	
(C) Corporate debt instruments	2b(1)(C)	3139996	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	1052495	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18687111
(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)	3819213	
(D) Total dividends. Add lines 2b(2)(A) , (B), and (C)	2b(2)(D)		3819213
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	37439264	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	30404763	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		7034501
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	39552833	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		39552833

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		102002637
(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)		5685740
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		9566920
c Other income	2c		90234656
d Total income. Add all income amounts in column (b) and enter total	2d		1494086587

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1185413716	
(2) To insurance carriers for the provision of benefits	2e(2)	4004448	
(3) Other	2e(3)	32174112	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1221592276
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)	10709302	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	339439	
(4) IQPA audit fees	2i(4)	67000	
(5) Investment advisory and investment management fees	2i(5)	1563354	
(6) Bank or trust company trustee/custodial fees	2i(6)	181230	
(7) Actuarial fees	2i(7)	384678	
(8) Legal fees	2i(8)	336135	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	208847	
(11) Other expenses	2i(11)	5547299	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		19337284
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1240929560

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		253157027
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: **LEGACY PROFESSIONALS LLP**

(2) EIN: **32-0043599**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		☒	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	☒		375386263
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

Line Construction Benefit Fund

Financial Statements

December 31, 2025

Line Construction Benefit Fund

Financial Statements with Supplementary Information

December 31, 2025 and 2024

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Report of Independent Auditors

To the Participants and Trustees of
Line Construction Benefit Fund

Opinion

We have audited the financial statements of Line Construction Benefit Fund (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits and of benefit obligations as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits and of changes in benefit obligations for the years then ended, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits and benefit obligations of Line Construction Benefit Fund as of December 31, 2025 and 2024, and the changes in its net assets available for benefits and benefit obligations for the years then ended, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the *Auditors' 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 within one year after the date that the financial statements are available to be issued.

Responsibilities of Management for the Financial Statements (continued)

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.

Auditors' 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 auditors' 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 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 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; and
- 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.

Legacy Professionals LLP

Westchester, Illinois

May 29, 2026

Line Construction Benefit Fund

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Assets		
Investments - at fair value		
U.S. Government and Government Agency obligations	\$ 172,162,916	\$ 97,003,206
Corporate bonds	61,847,818	52,566,601
Common and collective funds	859,668,177	958,589,063
Mutual funds	217,500,254	187,556,770
Real estate investment funds	111,549,036	111,085,360
Other investment funds	360,717,021	99,261,092
Short-term investments	40,195,453	139,455,372
Total investments	<u>1,823,640,675</u>	<u>1,645,517,464</u>
Receivables		
Contributions	107,202,502	87,098,199
Prescription drug rebates	18,708,862	37,411,633
Prescription drug government subsidies	2,409,678	4,278,650
Accrued investment income	4,303,680	2,022,423
Due from broker for pending investment trades - net	-	518,098
Total receivables	<u>132,624,722</u>	<u>131,329,003</u>
Other assets		
Cash	206,089,742	98,156,203
Property and equipment - net	539,680	329,003
Deposits	423,764	387,988
Prepaid expenses	286,003	37,158
Total other assets	<u>207,339,189</u>	<u>98,910,352</u>
Total assets	<u>2,163,604,586</u>	<u>1,875,756,819</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and other accrued expenses	2,684,793	3,010,520
Reciprocal contributions payable	6,393,054	3,344,319
Due to broker for pending investment trades - net	7,866,225	-
Contributions paid in advance	4,822,413	4,778,906
Total liabilities	<u>21,766,485</u>	<u>11,133,745</u>
Net assets available for benefits	<u>\$ 2,141,838,101</u>	<u>\$ 1,864,623,074</u>

See accompanying notes to financial statements.

Line Construction Benefit Fund

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Additions		
Contributions		
Employer - regular	\$ 1,059,093,128	\$ 947,808,145
Employer - HRA	129,821,181	110,319,261
Participant	<u>28,588,667</u>	<u>28,069,090</u>
Total contributions	<u>1,217,502,976</u>	<u>1,086,196,496</u>
Investment income		
Net appreciation in fair value of investments	159,537,768	78,226,622
Interest and dividends	<u>26,811,187</u>	<u>16,940,418</u>
	186,348,955	95,167,040
Less direct investment expenses	<u>(1,627,728)</u>	<u>(1,667,186)</u>
Investment income - net	<u>184,721,227</u>	<u>93,499,854</u>
Other income		
Prescription drug rebates	68,466,113	74,267,857
Prescription drug government subsidies	18,800,447	17,091,805
Miscellaneous income	<u>2,968,096</u>	<u>237,540</u>
Total other income	<u>90,234,656</u>	<u>91,597,202</u>
Total additions	<u>1,492,458,859</u>	<u>1,271,293,552</u>
Deductions		
Cost of benefits		
Medical	752,865,630	696,877,002
Prescription drug	242,086,118	210,017,375
HRA reimbursements	93,748,285	76,502,238
Dental	54,543,435	50,212,921
Disability	11,968,496	12,905,344
Vision	6,143,752	6,266,438
Life insurance and AD&D	4,004,448	2,936,662
PPO fees and benefit administration	<u>32,174,112</u>	<u>29,615,607</u>
Total cost of benefits	1,197,534,276	1,085,333,587
Administrative expenses	<u>17,709,556</u>	<u>16,528,685</u>
Total deductions	<u>1,215,243,832</u>	<u>1,101,862,272</u>
Net increase	277,215,027	169,431,280
Net assets available for benefits		
Beginning of year	<u>1,864,623,074</u>	<u>1,695,191,794</u>
End of year	<u>\$ 2,141,838,101</u>	<u>\$ 1,864,623,074</u>

See accompanying notes to financial statements.

Line Construction Benefit Fund

Statements of Benefit Obligations

December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amounts currently payable		
Claims payable and claims incurred but not reported	<u>\$ 166,452,000</u>	<u>\$ 142,394,000</u>
Other obligations for current benefit coverage, at estimated amounts		
Accumulated eligibility credits for active participants	368,853,000	314,380,000
Reserve for waiver of life insurance premiums	3,555,000	3,514,000
COBRA and disability benefits	<u>38,896,000</u>	<u>34,882,000</u>
Total other obligations for current benefit coverage	<u>411,304,000</u>	<u>352,776,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Retired participants and beneficiaries	266,376,000	246,905,000
Other participants fully eligible for benefits	186,799,000	195,580,000
Participants not yet fully eligible for benefits	<u>389,450,000</u>	<u>357,594,000</u>
Total postretirement benefit obligations	<u>842,625,000</u>	<u>800,079,000</u>
Total benefit obligations	<u><u>\$ 1,420,381,000</u></u>	<u><u>\$ 1,295,249,000</u></u>

See accompanying notes to financial statements.

Line Construction Benefit Fund

Statements of Changes in Benefit Obligations

Years Ended December 31, 2025 and 2024

	<u>2025</u>	<u>2024</u>
Amount currently payable		
Balance at beginning of year	\$ 142,394,000	\$ 123,472,000
Increase during the year attributable to changes in		
Claims payable and claims incurred but not reported	<u>24,058,000</u>	<u>18,922,000</u>
Balance at end of year	<u>166,452,000</u>	<u>142,394,000</u>
Other obligations for current benefit coverage, at estimated amounts		
Balance at beginning of year	352,776,000	307,063,000
Increase (decrease) during the year attributable to changes in		
Accumulated eligibility credits for active participants	54,473,000	44,660,000
Reserve for waiver of life insurance premiums	41,000	(240,000)
COBRA and disability benefits	<u>4,014,000</u>	<u>1,293,000</u>
Balance at end of year	<u>411,304,000</u>	<u>352,776,000</u>
Postretirement benefit obligations, net of amounts currently payable		
Balance at beginning of year	800,079,000	880,841,000
Increase (decrease) during the year attributable to		
Changes in demographics and other actuarial losses	16,214,000	6,146,000
Changes in actuarial assumptions	6,392,000	(99,450,000)
Changes in expected claims	(35,384,000)	(45,337,000)
Benefits earned	38,775,000	43,610,000
Interest	44,552,000	42,342,000
Benefits paid	<u>(28,003,000)</u>	<u>(28,073,000)</u>
Balance at end of year	<u>842,625,000</u>	<u>800,079,000</u>
Total benefit obligations	<u>\$ 1,420,381,000</u>	<u>\$ 1,295,249,000</u>

See accompanying notes to financial statements.

Line Construction Benefit Fund

Notes to Financial Statements

December 31, 2025 and 2024

Note 1. Summary of Significant Accounting Policies

Method of Accounting - The accompanying financial statements of Line Construction Benefit Fund (the Plan) have been prepared using the accrual basis of accounting.

Investments - The investments of the Plan are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell that asset (or paid to transfer a liability) in an orderly transaction between market participants at the measurement date (the exit price). Net appreciation or depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Purchases and sales of the investments are reflected on a trade-date basis.

Dividend income is recorded on the ex dividend date. Interest income is recorded on the accrual basis.

Contributions Receivable - Employer contributions due and unpaid prior to year end are recorded as contributions receivable. Employer contributions owed as a result of payroll compliance audits are recorded upon settlement with the employer. An allowance for uncollectible accounts is not considered to be material to the accompanying financial statements. Management estimates the amount of future collections based on a review of historical losses and the aging of receivables, adjusted for management's assessment of current conditions, and reasonable and supportable forecasts regarding future events.

Prescription Drug Rebates and Subsidies - The Plan utilizes a pharmacy benefit manager (PBM) who periodically makes refunds to the Plan based on the Plan's actual utilization pattern of specific drugs. Refunds due from the Plan's PBM are recorded when earned. The Plan also receives subsidies related to its prescription drug program from the Centers for Medicare and Medicaid Services (CMS). Refunds due at year end have been reported as a receivable.

Note 1. Summary of Significant Accounting Policies (continued)

Property and Equipment - Property and equipment are recorded at cost. Major additions are capitalized while replacements, maintenance and repairs which do not improve or extend the lives of the respective assets are expensed currently. Depreciation is computed by the straight-line method over the following estimated useful lives of the related assets:

Furniture, fixtures and equipment	10 years
Computer system and related equipment	3 - 7 years
Leasehold improvements	7 years

Depreciation expense was \$150,565 for 2025 and \$160,552 in 2024.

Leasehold improvements reflect construction-in-progress assets not placed in service at December 31, 2025. No provision for depreciation or amortization was recorded on these capitalized costs as of December 31, 2025.

Deposits - Per the terms of the contracts with the Plan's life, accidental death and dismemberment and vision insurance providers, cash deposits are required to be maintained at the insurance companies.

Contributions Paid in Advance - Certain employers and participants make contributions in advance to receive benefits under the Plan. Contributions received in advance of the corresponding eligibility period are recognized as deferred income.

Benefit Obligations - Benefit obligations are estimated by the Plan's consulting actuary using accepted actuarial principles, based on paid and incurred claim cost studies, Plan benefits, eligibility counts and other data as considered necessary.

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits (net of self-contribution amounts) that are attributed to participant service rendered to December 31. Postretirement benefits include future benefits expected to be paid for currently retired or terminated participants and their beneficiaries and dependents, and active participants and their beneficiaries and dependents after retirement from service with the participating employers. Prior to an active employee's full eligibility date, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that participant's service in the industry rendered to the valuation date.

Employer Contribution Income - Employer contributions are recognized in the period in which covered work is performed, based on the number of hours worked in covered employment and the contribution rates set forth in the collective bargaining agreements. Employers are required to remit contributions monthly. The Plan carries out its purpose described in Note 2 within the outside electrical construction industry throughout the United States.

Note 1. Summary of Significant Accounting Policies (continued)

Reciprocal Contributions - The Plan is signatory to reciprocity agreements with various other multiemployer welfare plans for its participants who perform work outside the geographic jurisdiction of the Plan's participating local unions. Participants who are normally employed within the territory of one local union (home local) may be temporarily employed within the territory of another local union (reciprocating local). When a participant of the home local works in the territory of a reciprocating local, the latter is to make contributions to the former's fringe benefit plans on the participant's behalf. Monies received by the Plan on behalf of persons from outside participating local unions are forwarded to their home local fringe benefit plans. The Plan uses the same recognition and measurement criteria for contributions received on behalf of its participants under the terms of reciprocity agreements, as for all other employer contribution revenue. Amounts paid to other plans under the terms of reciprocity agreements are not reflected in the statements of changes in net assets available for benefits, as the amounts received are not revenue earned by the Plan, and the corresponding payments are not an expense of the Plan. The Plan recognizes a liability upon receiving reciprocal contributions on behalf of non-participants working within the jurisdiction of the local union, and recognizes a decrease in that liability upon remitting those contributions to the appropriate plan. Employer contributions included reciprocal contributions of \$44,630,306 and \$47,624,392 for the years ended December 31, 2025 and 2024, respectively, from various other welfare plans under the terms of reciprocity agreements. The Plan remitted a total of \$29,090,591 and \$25,339,381 in reciprocal contributions to various other welfare plans under the terms of reciprocity agreements for the years ended December 31, 2025 and 2024, respectively.

Leases - The Plan occupies an administrative office under a lease that expires in September 2033. Under generally accepted accounting principles (GAAP), a right-of-use asset and lease liability would be recognized; however, the Plan has determined that the recognition of these items would not be material to the Plan's financial statements. Monthly rent required under the lease was \$27,221 as of January 1, 2026. Rent expense, including other occupancy expenses, for the years ended December 31, 2025 and 2024, was \$508,932 and \$432,776 respectively.

Expenses - Certain investment related expenses are included in net appreciation in fair value of investments.

Estimates - The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures in the financial statements. Actual results could differ from those estimates.

Subsequent Events - Subsequent events have been evaluated through May 29, 2026, which is the date the financial statements were available to be issued.

Note 2. Description of the Plan

The Plan was established pursuant to a collective bargaining agreement between various employers and the union to provide health and welfare benefits for eligible participants. The Plan is a multiemployer welfare plan, subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan provides medical, prescription drug, dental, vision, disability, accident and life insurance benefits for eligible participants and their beneficiaries and covered dependents. The Plan is self-insured for all benefits except life insurance. Generally, eligibility is based on 125 credited hours of employment per month.

Once eligible, participants generally remain eligible for benefits for each month they work at least 125 credited hours. Hours worked in excess of 125 credited hours are available to determine future eligibility in that participants maintain coverage if they have averaged 125 credited hours per month after looking back at the previous 12 work months. Eligible retired participants as defined by the Plan may make self-contributions and are entitled to certain medical (in excess of Medicare coverage, if applicable), vision and dental benefits.

Continuation of health care benefits to persons who would otherwise lose those benefits due to certain events, as mandated by Consolidated Omnibus Budget Reconciliation Act (COBRA), was adopted by the Plan.

The Plan also offers a Health Reimbursement Account (HRA) program. An HRA is a recordkeeping account that the Plan sets up and maintains on behalf of participants to track contributions, reimbursements, and a participant's available balance. The HRA benefit to which a participant is entitled is the benefit that can be provided from the participant's HRA account. Participant accounts are funded through contributions made on a participant's behalf by a participating employer pursuant to a collective bargaining agreement. Participants become eligible under the HRA program when their account balance reaches \$100. Participants are not vested in the contributions made on their behalf and their available balance may be used only for certain health care expenses that are not otherwise covered under the Plan. Investment income or loss, net of administrative costs, is credited to participants' accounts on an annual basis. All contributions and interest credited to the participants' accounts are assets of the Plan. Net assets available for benefits as of December 31, 2025 and 2024 include approximately \$379,250,000 and \$325,714,000 respectively, of HRA account balances. During the years ended December 31, 2025 and 2024, a total of \$68,000 and \$123,200 in HRA accounts were forfeited under the provisions of the Plan. No HRA reimbursements were approved but not yet paid at either December 31, 2025 or 2024.

Participants should refer to the summary plan description for more complete information.

Note 3. Funding Policy

The participating employers contribute such amounts as are specified in the collective bargaining agreements. The hourly contribution rates in effect during the years ended December 31, 2025 and 2024 were \$7.50 and \$7.25 respectively, for most participating employers, and \$9.75 and \$9.43 respectively, for employers contributing under the utility group.

In addition to participants being able to self-pay to continue coverage, participant contributions are allowed to provide COBRA benefits and benefits to retired and disabled participants. Participant contribution rates are determined annually based on claims experience. Participant contributions to provide benefits under COBRA were paid at monthly rates ranging from \$1,027 to \$1,712 during the years ended December 31, 2025 and 2024, depending on the participant's coverage option. The monthly contribution rates for retirees and retiree spouses ranged from \$260 to \$1,712 during the years ended December 31, 2025 and 2024, depending on the participant's coverage option.

Note 4. Concentration of Cash

Cash consists of monies held in checking, savings and highly liquid interest bearing accounts without significant withdrawal restrictions. The Plan places its cash with financial institutions deemed to be creditworthy. Balances are insured by the FDIC up to \$250,000 per financial institution. Balances may at times exceed insured limits.

Note 5. Property and Equipment

Property and equipment at December 31, 2025 and 2024 consisted of the following:

	<u>2025</u>	<u>2024</u>
Furniture, fixtures and equipment	\$ 713,700	\$ 592,642
Computer system and related equipment	1,600,317	1,543,277
Leasehold improvements	<u>183,143</u>	<u>-</u>
	2,497,160	2,135,919
Less accumulated depreciation	<u>(1,957,480)</u>	<u>(1,806,916)</u>
Net property and equipment	<u>\$ 539,680</u>	<u>\$ 329,003</u>

Note 6. Priorities upon Termination

It is the intent of the Trustees to continue the Plan in full force and effect; however, to safeguard against any unforeseen contingencies, the right to discontinue the Plan is reserved to the Trustees. In the event of termination, the Trustees shall first satisfy or make provisions to satisfy the obligations of the Plan. Any remaining Plan assets will be distributed in such manner as will in the opinion of the Trustees bring about the purpose of the Plan. Discontinuance or termination shall not permit any part of the Plan to be used for or diverted to purposes other than the exclusive benefit of the participants.

Note 7. Party-in-Interest Transactions

The Plan pays fees and receives rebates or credits under several arrangements with service providers, and receives contributions from employers under the terms of collective bargaining agreements. In addition, certain Plan investments are owned and managed by Northern Trust, the Plan's investment custodian. These transactions are considered exempt party-in-interest transactions under ERISA.

Note 8. Tax Status

The Plan's notice of exemption is dated July 12, 1982, in which the Internal Revenue Service stated that the trust established under the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the notice of exemption. The Plan's administrator and the Plan's legal counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. They therefore believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date. The Plan is subject to tax, however, on the flow-through of certain partnership income through its investments structured as limited partnerships. For the years ended December 31, 2025 and 2024, the Plan paid \$162,357 and \$0, respectively, in unrelated business income taxes which are included in investment expenses.

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

Note 9. Fair Value Measurements

The *Fair Value Measurements and Disclosures* Topic of the FASB Accounting Standards Codification established 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 are described as follows:

Basis of Fair Value Measurement

Level 1	Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities
Level 2	Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly
Level 3	Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable

Note 9. Fair Value Measurements (continued)

The methods used to measure fair value may produce an amount 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.

The following tables set forth, by level within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2025 and 2024. As required, assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. In accordance with generally accepted accounting principles, certain investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the following tables are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the statements of net assets available for benefits.

		<u>Fair Value Measurements at 12/31/25 Using</u>		
		Quoted Prices		
		in Active	Significant	
		Markets for	Other	Significant
		Identical	Observable	Unobservable
		Assets	Inputs	Inputs
	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
U.S. Government and Government Agency obligations	\$ 172,162,916	\$ 136,308,350	\$ 35,854,566	\$ -
Corporate bonds	61,847,818	-	61,847,818	-
Mutual funds	217,500,254	217,500,254	-	-
Short-term investments	40,195,453	-	40,195,453	-
	491,706,441	<u>\$ 353,808,604</u>	<u>\$ 137,897,837</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common and collective funds	859,668,177			
Real estate investment funds	111,549,036			
Other investment funds	360,717,021			
Total	<u>\$ 1,823,640,675</u>			

Note 9. Fair Value Measurements (continued)

		<u>Fair Value Measurements at 12/31/24 Using</u>		
		Quoted Prices		
		in Active	Significant	Significant
		Markets for	Other	Unobservable
		Identical	Observable	Inputs
		Assets	Inputs	Inputs
	<u>Total</u>	<u>(Level 1)</u>	<u>(Level 2)</u>	<u>(Level 3)</u>
U.S. Government and Government Agency obligations	\$ 97,003,206	\$ 71,033,142	\$ 25,970,064	\$ -
Corporate bonds	52,566,601	-	52,566,601	-
Mutual funds	187,556,770	187,556,770	-	-
Short-term investments	<u>139,455,372</u>	<u>-</u>	<u>139,455,372</u>	<u>-</u>
	476,581,949	<u>\$ 258,589,912</u>	<u>\$ 217,992,037</u>	<u>\$ -</u>
Investments measured at net asset value:				
Common and collective funds	958,589,063			
Real estate investment funds	111,085,360			
Other investment funds	<u>99,261,092</u>			
Total	<u>\$ 1,645,517,464</u>			

Level 1 Measurements

U.S. Treasury securities are traded in active markets on national and international securities exchanges and are valued at closing prices on the last business day of each period presented.

The fair values of the mutual funds are determined by reference to the funds' underlying assets, which are principally marketable equity and fixed income securities. Shares held in mutual funds are traded on national securities exchanges and are valued at the net asset value as of the last business day of each period presented.

Level 2 Measurements

U.S. Government Agency obligations and corporate bonds are generally valued by benchmarking model-derived prices to quoted market prices and trade data for identical or comparable securities. To the extent that quoted prices are not available, fair value is determined based on a valuation model that include inputs such as interest rate yield curves and credit spreads. Securities traded in markets that are not considered active are valued based on quoted market prices, broker or dealer quotations, or alternative pricing sources with reasonable levels of price transparency. Securities that trade infrequently and therefore have little or no price transparency are valued using the investment manager's best estimates.

Short-term investments are valued at cost, which approximates their fair value.

Note 9. Fair Value Measurements (continued)

Measurements Using Net Asset Value as a Practical Expedient

Certain investments are valued at the net asset value per share, used as a practical expedient to estimate fair value. The net asset value is based on the fair values of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported net asset value.

The following table summarizes information regarding certain investments valued at the net asset value per share, used as a practical expedient to estimate fair value as of December 31, 2025 and 2024:

Description	Fair Value		Underlying Assets/Strategy	Redemptions	
	2025	2024		Frequency	Notice Period
Real estate investment fund	\$ 48,376,646	\$ 47,648,858	Domestic properties	Quarterly	30 days
Real estate investment fund	\$ 41,243,877	\$ 40,330,760	Domestic properties	Quarterly	90 days
Real estate investment fund	\$ 21,928,513	\$ 23,105,742	Domestic properties	Quarterly	None - subject to cash availability
Other investment fund	\$ 174,228,374	\$ -	Domestic fixed income securities	Monthly	3 days
Other investment fund	\$ 110,140,114	\$ 68,236,994	Strategic credit opportunities	Quarterly	60 days
Other investment fund	\$ 51,016,930	\$ -	Foreign and domestic infrastructure	Not eligible	N/A
Other investment funds	\$ 25,331,603	\$ 31,024,098	Private equity and opportunistic credit	None - subject to manager approval	N/A
Common and collective fund	\$ 113,661,438	\$ 124,370,914	Blended strategy	Monthly	10 days - partial withdrawals subject to minimum funding requirements

The remaining common and collective funds are direct filing entities (DFEs) and file a Form 5500 annual report with the U.S. Department of Labor. The Plan is not required to disclose the significant investment strategies of DFE investments. No significant redemption restrictions exist for these investments.

Note 10. Postretirement Benefit Obligations

The actuarial present value of the expected postretirement benefit obligation is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to historical claims cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for self-contribution payments, the time value of money (through discounts for interest), and the probability of payment (by means of decrements such as those for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The following significant assumptions were used in the valuations as of December 31, 2025 and 2024:

Weighted-average discount rate:

2025 - 5.35%

2024 - 5.40%

Average retirement age:

Approximately 62

Mortality rates:

Healthy - RP-2000 Mortality Table with Blue Collar Adjustment sex-distinct and set back one year

Disabled - RP-2000 Disabled Mortality Table for males set back four years

Medical cost trend rates:

2025 - 6.75% graded down to 4% by 2074

2024 - 7.00% graded down to 4% by 2074

The medical cost trend rate assumption has a significant effect on the amounts reported. If the assumed rate increased by one percentage point in each year, the accumulated postretirement obligation would increase by approximately \$140,705,000 as of December 31, 2025 and by approximately \$132,430,000 as of December 31, 2024.

The increase in the obligation of \$6,392,000 during the year ended December 31, 2025 related to changes in actuarial assumptions was due to the decrease in the discount rate from 5.40% to 5.35%. The decrease in the obligation of \$99,450,000 during the year ended December 31, 2024 related to changes in actuarial assumptions was due to an increase in the discount rate from 4.65% to 5.40%.

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

Note 10. Postretirement Benefit Obligations (continued)

The cost of the postretirement benefit obligations is shared by the Plan's participating employers and retirees. The cost of the postretirement benefits is estimated annually by the Plan's consulting actuary. The Plan's Trustees then periodically adjust the portion to be paid by the participants. Retiree contributions were projected to cover approximately 38% and 37% of the estimated cost of retirement benefits as of December 31, 2025 and 2024, respectively.

The funding of the Plan's postretirement benefit obligation is not covered by the contribution rate provided by the current collective bargaining agreements. However, the Plan empowers the Board of Trustees to increase or decrease the amount of self-payments by eligible retired participants, and to modify the terms and conditions under which retiree eligibility may be maintained; therefore, the cost to the Plan can be reduced or eliminated prospectively by action of the Board of Trustees.

Note 11. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and those changes could materially affect the amounts reported in the statements of net assets available for benefits.

The Plan holds several alternative investments in which the general partner or investment manager is generally required to value the Plan's underlying investments at estimated fair values using various subjective techniques. In addition, the Plan has ownership interest in real estate investment funds. The estimated fair values of these funds as determined by the investment manager, may vary significantly from the prices at which the real estate investments within the fund would sell, and the amounts could be material.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care 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.

Note 12. Participation in Multiemployer Plans

Defined Benefit Pension Plan

All of the Plan's employees are covered by a multiemployer defined benefit pension plan. The risk of participating in multiemployer defined benefit pension plans is different from single employer plans. Assets contributed to a multiemployer defined benefit pension plan by one employer may be used to provide benefits to employees of other participating employers. If a participating employer stops contributing to the plan, the unfunded obligations of the plan may be borne by the remaining participating employers.

Note 12. Participation in Multiemployer Plans (continued)

Defined Benefit Pension Plan (continued)

The Plan's participation in the multiemployer defined benefit pension plan for the years ended December 31, 2025 and 2024 is outlined in the following table. Plans that are considered to be significant are required to be identified. The "EIN/PN" column provides the employer identification number (EIN) and the three-digit plan number (PN). The most recent Pension Protection Act (PPA) zone status provides an indication of the financial health of the plan. Among other factors, plans in the red zone are below 65 percent funded, plans in the yellow zone are between 65 percent and 80 percent funded, and plans in the green zone are at least 80 percent funded. The last column specifies the year end date of the plan to which the annual report (Form 5500) relates.

<u>Pension Plan</u>	<u>EIN/PN</u>	Pension Protection Act				Most Recently
						Available
		<u>Zone Status</u>		<u>Contributions</u>		Annual Report
		<u>2025</u>	<u>2024</u>	<u>2025</u>	<u>2024</u>	(Form 5500)
		Green as of	Green as of			
National Electrical Benefit Fund	53-0181657-001	1/1/26	1/1/25	\$ 197,563	\$ 184,391	12/31/2024

Contributions are made monthly under the terms of a participation agreement, which does not have an expiration date. The Plan's contributions do not represent more than 5% of total contributions to the plan as indicated in the plan's most recently available annual report.

Defined Contribution Retirement Plan

All of the Plan's employees are covered by a noncontributory multiemployer defined contribution retirement plan. Contributions to the defined contribution plan are based upon a percentage of salary and totaled \$1,503,934 and \$1,380,744 for the years ended December 31, 2025 and 2024, respectively.

Welfare Plan that Provides Postretirement Benefits

The Plan's full-time employees are also covered by a multiemployer welfare plan that provides health benefits to retirees and to eligible employees working under collective bargaining agreements, and their dependents. Contributions to this plan for the years ended December 31, 2025 and 2024 totaled \$1,394,081 and \$1,301,129 respectively.

Note 13. Reconciliation to Form 5500

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

	<u>2025</u>	<u>2024</u>
Net assets available for benefits per the financial statements	\$ 2,141,838,101	\$ 1,864,623,074
Less - benefit obligations currently payable	<u>(166,452,000)</u>	<u>(142,394,000)</u>
Net assets available for benefits per the Form 5500	<u>\$ 1,975,386,101</u>	<u>\$ 1,722,229,074</u>

The following is a reconciliation of benefits paid to or for participants per the financial statements to the Form 5500 for the year ended December 31, 2025:

Total benefits paid per the financial statements	\$ 1,197,534,276
Add - amounts currently payable at end of year	166,452,000
Less - amounts currently payable at beginning of year	<u>(142,394,000)</u>
Total benefits paid per the Form 5500	<u>\$ 1,221,592,276</u>



Report of Independent Auditors on Supplemental Schedules

To the Participants and Trustees of
Line Construction Benefit Fund

We have audited the financial statements of Line Construction Benefit Fund (the Plan) as of and for the years ended December 31, 2025 and 2024, and our report thereon dated May 29, 2026, which expressed an unmodified opinion on those financial statements, appears on pages 1 and 2. Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. Supplemental Schedule 1 and 2 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 information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with 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 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.

Legacy Professionals LLP

Westchester, Illinois

May 29, 2026

Line Construction Benefit Fund
Schedule of Investments - Y/E 12/31/25

	COST		FMV
Interest Bearing Cash			
U.S. Bank Invested Cash	196,354,571		196,354,571
Northern Trust Invested Cash	1,004,384		1,004,384
Goldman Finl Square Gov't Money Market	39,191,069		39,191,069
Total Interest Bearing Cash	236,550,024		236,550,024
U.S. Government			
U.S. Government Securities	135,503,056		136,308,350
Mortgage Backed Securities	35,004,761		35,440,843
Collateralized Mortgage Obligations	250,000		249,746
Municipal Bonds	161,087		163,977
Total U.S. Government	170,918,904		172,162,916
Corporate Debt Instruments			
Asset Backed Securities	18,432,855		18,556,802
Corporate Bonds	32,590,588		34,092,122
Foreign Bonds and Notes	9,325,697		9,198,894
Total Corporate Debt	60,349,140		61,847,818
Limited Partnerships			
American Strategic Value Realty Fund	47,659,249	G	48,376,646
Schroder Diversified Growth Portfolio, LP	96,370,914		113,661,439
ASB Allegiance Real Estate Fund	21,211,341	G	21,928,513
Intercontinental U.S. Real Estate Fund	40,857,500	G	41,243,877
Hamilton Lane-Strat Opp Offshore Fund IV	5,240,167	G	5,310,413
	211,339,171		230,520,888
Common & Collective Trusts			
SSgA MSCI ACWI ex USA Index Non-Lending Fund	95,489,909		126,455,625
CIF - Loomis Sayles NH Trust Core Plus	159,215,359		171,794,145
NTGI-QM Common Russell 2000 Index Fund	69,797,091		78,187,420
BNYM Mellon AFL CIO Stock	161,828,506		193,355,392
BNYM Newton Global Real Return CF Fund	97,700,729		111,936,906
	584,031,594		681,729,488
103-12 Investment Entities			
ULLICO Infrastructure Tax-Exempt Fund, LP	59,856,582	G	64,277,250
	59,856,582		64,277,250
Registered Investment Companies			
John Hancock Income Fund - R6	114,750,949		120,131,360
Vanguard Inflation-Protected Securities Fund	76,624,569		80,811,079
Fidelity Floating Rate High Income Fund	8,212,056		8,212,056
Fidelity High Income Fund	8,345,759		8,345,759
Total Registered Investment Companies	191,375,518		217,500,254
Other Investments			
Grosvenor Opportunistic Credit Fund III	2,927,658	G	2,417,249
Grosvenor Opportunistic Credit Fund IV	536,149	G	536,149
Grosvenor Opportunistic Credit Fund V	17,067,792	G	17,067,792
Blackstone Infrastructure Partners - V Feeder LP	45,471,030		51,016,930
Brigade Credit Offshore Fund	103,236,994		110,140,114
Columbus Core Plus Bond Fund LLC	169,968,750	G	174,228,374
	339,208,373		355,406,608

G Σ 375,386,263

To Schedule H Part IV line 4g

Line Construction Benefit Fund
Schedule of Investments - Y/E 12/31/25

Asset Identifier	Description	Market Value
U.S. Government Securities		
SBTWS8M2	EUROPEAN UNION 3.375% NTS 12/12/35 EUR1'9'	75,088
SBDFCNW4	KREDITANST FUR WIE 1.125% GTD SNR 15/09/32 EUR	26,341
S6B1NREU	EUROPEAN UNION 3.75% NTS 12/10/45 EUR1'10'	28,973
SBLBM1X1	KREDITANST FUR WIE 1.125% GTD SNR 31/03/37 EUR	128,976
S8B1SH1U	LOGICOR FINANCING 3.75% GTD SNR 14/07/32EUR	116,183
SBTFGGP2	EURO INV BANK 2.875% SNR 18/06/35 EUR1000	63,580
SBS5WJ43	EUROPEAN UNION 3.375% NTS 04/10/39 EUR1'5'	207,219
SBHXH2G6	KREDITANST FUR WIE 0.75% GTD SNR 15/01/29 EUR	79,427
C71654QDD1	PETROLEOS MEXICANOS GTD NT 7.69% DUE 01-23-2050 REG	806,657
SBWW4GF0	PETROLEOS 5.95% DUE 01-28-2031	53,231
C71654QDE9	PETROLEOS 5.95% DUE 01-28-2031	387,137
C912810UC0	US TREASURY N/B 4.25% 08-15-2054	735,581
C91282CJJ1	UNITED STATES OF AMER TREAS NOTES 4.5% DUE 11-15-2033	4,964,813
C91282CHW4	UNITED STATES OF AMER TREAS NOTES 4.125% 08-31-2030	1,527,715
C91282CNZ0	UNITED STATES TREAS NTS DTD 09/30/2025 3.875% 09-30-2032	1,996,797
SBPJKN5	UK(GOVT OF) 4.625% BDS 31/01/34 GBP1000	191,668
SBM8NJV8	AUSTRALIA(CMNWLTH) 3% BDS 21/11/2033 AUD1000	44,795
CAZ5782398	ROMANIA ROMANI 2.124 07/16/31 2.124% 16/07/2031	67,150
C91282CNN7	UNITED STATES TREAS NTS DTD 07/31/2025 3.875% 07-31-2030	2,218,133
C912810TT5	UNITED STATES OF AMER TREAS BONDS DTD 4.125% 08-15-2053	519,235
C91282CNJ6	UNITED STATES OF AMER TREAS NOTES 4.125%06-30-2032	3,374,078
C91282CJW2	UNITED STATES OF AMER TREAS NOTES 4.0% 01-31-2029	1,114,438
C91282CKC4	UNITED STATES TREAS NTS DTD 4.25% 02-28-2031	2,048,125
C91282CLF6	US TREASURY N/B 3.875% 08-15-2034	6,619,572
C91282CLZ2	UNITED STATES OF AMER TREAS NOTES 4.125% 11-30-2031	889,287
C91282CMC2	UNITED STATES OF AMER TREAS NOTES 4.5% 12-31-2031	1,554,258
C91282CHT1	UNITED STATES OF AMER TREAS NOTES 3.875% 08-15-2033	471,864
C912810UK2	US TREASURY N/B 4.75% 05-15-2055	2,753,817
C912810UA4	UNITED STATES TREAS BDS DTD 00305 4.75% 05-15-2054	1,238,100
C91282CJM4	UNITED STATES TREAS NTS 4.375% 11-30-2030	2,986,320
C91282CNF4	UNITED STATES OF AMER TREAS NOTES 4.125% 05-31-2032	45,654
C91282CMM0	UNITED STATES OF AMER TREAS NOTES DTD 4.625% 02-15-2035	2,860,322
C91282CJX0	UNITED STATES OF AMER TREAS NOTES 4.0% 01-31-2031	7,492,789
SBMWXPY1	UNITED STATES TREAS NTS 4.875% 10-31-2030	22,847,058
SBQT2LK5	UNITED STATES TREAS NTS 4.25% 08-15-2035	1,604,906
SBPJK9V9	US TREASURY N/B 4.75% 05-15-2055	14,479,748
SBPJK9X1	UNITED STATES OF AMER TREAS NOTES 4.25% 05-15-2035	11,145,470
C91282CNR8	UNITED STATES OF AMER TREAS NOTES 4.0% 07-31-2032	936,212
SBP4XZ15	UNITED STATES OF AMER TREAS NOTES 3.875% 11-30-2027	1,067,660
SBYVVNY4	JAPAN(GOVT OF) 0.1% SNR 20/09/28 JPY50000	85,726
C91282CNR8	UNITED STATES OF AMER TREAS NOTES 4.0% 07-31-2032	704,676
C912810UG1	UNITED STATES OF AMER TREAS BONDS 4.625%02-15-2055	290,238

C91282CGJ4	UNITED STATES OF AMER TREAS NOTES 3.5% 01-31-2030	2,984,883
C91282CHC8	US TREASURY N/B 3.375% 05-15-2033	2,228,310
C91282CJZ5	UNITED STATES OF AMER TREAS NOTES 4.0% 02-15-2034	1,238,402
C91282CMK4	UNITED STATES OF AMER TREAS NOTES 4.375% 01-31-2032	1,234,969
C912810TR9	UNITED STATES OF AMER TREAS BONDS 3.625% 05-15-2053	487,547
C912810TL2	UNITED STATES OF AMER TREAS BONDS DTD 4.0% 11-15-2052	823,907
C91282CPJ4	UNITED STATES OF AMER TREAS NOTES 4.0% 11-15-2035	227,197
C91282CNC1	UNITED STATES OF AMER TREAS NOTES 4.25% 05-15-2035	1,596,541
C912810TM0	UNITED STATES OF AMER TREAS BONDS 4.0% 11-15-2042	1,839,766
C91282CHF1	UNITED STATES TREAS NTS DTD 05/31/2023 3.75% 05-31-2030	2,106,891
C912810TN8	UNITED STATES OF AMER TREAS BONDS 3.625% 02-15-2053	5,862,663
C912810TX6	UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054	6,315,466
C91282CGM7	UNITED STATES TREAS NTS DTD 02/15/2023 3.5% 02-15-2033	2,141,477
C91282CNT4	UNITED STATES TREAS NTS 4.25% 08-15-2035	1,715,938
C91282CNK3	UNITED STATES TREAS NTS 3.875% 06-30-2030	1,512,539
C91282CNX5	UNITED STATES TREAS 3.625% DUE 08-31-2030	2,293,801
C91282CNW7	UNITED STATES TREAS NTS 3.875% 08-31-2032	849,038
Total U.S. Government Securities		136,308,350

Mortgage Backed Securities

C05612GAE3	BX COML MTG TR FLTG RT 5.56626% DUE 03-15-2041	70,086
C05612HAC5	BX 2024-CNYN COML MTG PASS THRU CTF CL B5.31691% 04-15-2041	72,255
C87231EAA5	TCO COML MTG TR 2024-DPM COML MTG PASS THRU CTF CL A 4.8683% 12-15-203	139,301
C78472UAE8	PVTPL CMO SREIT COML MTG TR 2021-MFP COML CL C FLTG 11-15-2038	83,832
C78472UAA6	PVTPL CMO SREIT COML MTG TR 2021-MFP COML CTF CL A FLTG 11-15-2038	502,995
C59317DAA3	MHP COML MTG TR 2025-MHIL2 COML MTG PASSTHRU CTF CL A 5.12539% 09-15-2	125,999
C05605NAA5	PVTPL CMO BX COML MTG TR 2020-VIV2 SR 20-VIV2 CL C VAR RT 03-09-2044	321,285
C12434GAC9	BXCOMMERCIAL MTG FLTG RT 5.85046% DUE 12-09-2040	71,667
C12433FAA6	CMO PVTPL BX TRUST SR 25-SPOT CL A FLTG RT04-15-2040	235,874
C05593VAG8	BX TR 2025-ROIC FLTG RT 5.01887% DUE 03-15-2030	49,619
C87231EAE7	TCO COML MTG TR 2024-DPM COML MTG PASS THRU CTF CL C 5.61725% 12-15-20	100,125
C05593JAC4	PVTPL CMO BMP COML MTG TR SR 24-MF23 CL B FLTG RT 06-15-2041	100,062
C12517TAA5	CENT TR 2025-CITY 5.09093% 07-10-2040	101,299
C290154AA1	PVTPL CMO ELP COMMERCIAL MORTGAGE TRUST SR 25-ELP CL A FLTG 11-13-2042	99,998
C05612GAC7	BX COML MTG TR 2024-XL5 5.31662% 03-15-2041	70,065
C05609PAJ7	BX 2021-PAC MTG TR MTG PASS THRU CTF CL C 144A 4.83808% 10-15-2036	497,819
C30227TAA8	EXTENDED STAY AMER TR 2025-ESH 5.45% 10-15-2042	230,359
C05612GAA1	BX COML MTG TR 2024-XL5 5.01704% 03-15-2041	383,181
C05613UAA9	BX TR 2025-DIME 4.77539% 02-15-2035	112,718
C55293BAB1	PVTPL CMO MHP COML MTG TR 2021-STOR SR 21-STOR CL A VAR RT 07-15-2038	331,593
SBMX5GN0	BX 2024-CNYN COML MTG PASS THRU CTF CL C5.56655% 04-15-2041	433,797
C05593VAJ2	BX TR 2025-ROIC COML MTG PASS THRU CTF CL C 5.16866% 03-15-2030	36,954
SBTRK26	CMO PVTPL BX TRUST SR 25-SPOT CL A FLTG RT04-15-2040	90,721
C05609QAC0	BX TR 2021-ACNT FLTG RT 4.98948% DUE 11-15-2038	77,922
C87231EAA5	TCO COML MTG TR 2024-DPM COML MTG PASS THRU CTF CL A 4.8683% 12-15-203	100,217
SBKPR6T6	PVTPL CMO BX TR 2019-OC11 4.0755% DUE 12-09-2041 BEO	111,673
C05613UAC5	BX TR 2025-DIME 5.12539% 02-15-2035	160,598

SBTZHSG0	BPR COML MTG TR 2024-PK 5.39189%	11-05-2039	316,147
C12434GAE5	BXCOMMERCIAL MTG FLTG RT 6.29981% DUE	12-09-2040	71,734
C05609WAJ2	BX TR 2022-IND COML MTG PASSTHRU CTF CL C 5.91539%	04-15-2037	378,581
C05612HAA9	BX 2024-CNYN COML MTG PASS THRU CTF CL A5.06727%	04-15-2041	170,363
C05593UAA3	BPR COML MTG TR 2024-PK 5.39189%	11-05-2039	258,017
C05625AAA9	BLP COML MTG 2024-IND2 4.96754%	03-15-2041	85,718
C23346GAA7	PVTPD DTP COMMERCIAL MORTGAGE TRUST SR 23-STEZ CL A VAR RT	01-15-2041	102,849
C87231EAC1	TCO COML MTG TR 2024-DPM COML MTG PASS THRU CTF CL B 5.21781%	12-15-20	100,062
C05593JAA8	PVTPD CMO FIGRE TRUST 2023-HE1 SR 24-MF23 CLA FRN	06-15-2041	100,156
C05609PAA6	PVTPD CMO BX TRUST SR 21-PAC CL A FLT RT DUE	10-15-2036 BEO	199,377
C78472UAG3	PVTPD CMO SREIT COML MTG TR 2021-MFP COML CL D FLTG	11-15-2038	565,868
C05611VAC5	PVTPD CMO BX TRUST SR 24-XL4 CL B FLTG RT	02-15-2039	93,004
C05593VAA1	PVTPD CMO TRUST SR 25-ROIC CL A 144A FLTG RT	03-15-2030	438,738
C123912AA5	PVTPD CMO BX TR SR 25-TAIL CL A FLTG RT	06-15-2035	100,000
C05593VAJ2	BX TR 2025-ROIC COML MTG PASS THRU CTF CL C 5.16866%	03-15-2030	69,467
C123910AA9	BX COML MTG TR 2024-GPA3 MTG PASS THRU CTF CL A 144A 4.91821%	12-15-2035	33,712
C12434GAA3	BXCOMMERCIAL MTG FLTG RT 5.42107% DUE	12-09-2040	71,667
C05612HAE1	BX 2024-CNYN COML MTG PASS THRU CTF CL C5.56655%	04-15-2041	72,299
C05611VAA9	PVTPD BX COML MTG TR 2024-XL4 FLTG	02-15-2039	104,004
C12433BAA5	BX COML MTG TR 2024-MDHS COML MTG PASSTHRU CTF CL A 5.26669%	05-15-	150,009
C78398LAC3	PVTPD CMO SCMS MTG TR SR 25-BNC1 CL A2 4.5016%	04-15-2028	250,268
C30227TAC4	EXTENDED STAY AMER TR 2025-ESH 5.75%	10-15-2042	40,062
C44989YAA6	INT COML MTG TR 2025-PLAZA COML MTG PASSTHRU CTF CL A 5.04146%	11-05-	100,378
C3133KLZ83	FEDERAL HOME LN MTG CORP POOL #RA-5267 3% DUE	05-01-2051 REG	54,928
C3140L0JD0	FNMA 1.5% DUE	06-01-2036	23,305
C3132DV6R1	FEDERAL HOME LN MTG CORP 2% 01/06/2050 POOL #SD8080 2% DUE	06-01-2050 I	322,237
C3133KPUZ9	FEDERAL HOME LN MTG CORP POOL #RA7800 5.5% DUE	08-01-2052	32,998
C3132D56U1	FEDERAL HOME LOAN MORTGAGE CORP 1.5%	01-01-2036	19,281
C3132D56P2	FEDERAL HOME LN MTG CORP #SB-8078 1.5%	12-01-2035	11,192
C3142GUBP7	FEDERAL HOME LOAN MORTGAGE CORP 6%	03-01-2055	74,422
C3132D9EH3	FEDERAL HOME LN MTG CORP POOL #BS4396 2.0%	03-01-2041	46,316
C3140QC2Z8	FNMA 3.5% MBS 01/02/2035 USD'CA5291F' POOL #CA5291 3.5% DUE	02-01-2035 B	68,064
C3132DQGL4	FHLMC POOL#SD2903 2.0%	03-01-2051	32,933
C3140XKJH4	FNMA POOL #FS3863 2% 03-01-2052 BEO		17,656
C3132DTTS9	FEDERAL HOME LOAN MORTGAGE CORP 5%	04-01-2054	21,741
C3140W0MZ5	FNMA POOL #FA0375 2.5% 01-01-2052 BEO		46,437
C3133KLH26	FED HOME LN MTG 2.5% DUE	03-01-2051	96,653
C31418DUC4	FNMA POOL #MA4178 1.5% DUE	11-01-2035 BEO	11,056
C3140QBRL4	FNMA POOL #CA4090 3.5% 08-01-2034		102,113
C3132A4CV8	FEDERAL HOME LN MTG CORP POOL #ZS3684 3.5% 02-01-2043 BEO		18,980
C3140QVG24	FNMA POOL #CB9216 6.0% 09-01-2054		91,205
C36179XBS4	GNMA POOL #MA8149 3.5% 07-20-2052 BEO		86,796
C3140QMBL7	FNMA POOL #CB1842 2.5% DUE	10-01-2041 REG	21,283
C3140XRMS1	FNMA POOL #FS9368 2% 03-01-2052 BEO		18,695
C31418DVD1	FNMA POOL #MA4211 3% 12-01-2050 BEO		71,857
C3132A37A2	FEDERAL HOME LN MTG CORP POOL #ZS3589 3.5% 09-01-2042 BEO		26,542
C36179WBX5	GNMAII POOL #MA7254 2.0% DUE	03-20-2051 REG	327,391

C3140XNL77	FNMA POOL #FS6649 3.5% 11-01-2048 BEO	207,329
C3140F5A45	FNMA FNMA # BC9026 3% 11-01-2046	50,870
C3132DNFX6	FED HOME LN MTG 3% DUE 06-01-2052	72,573
C3140X8GK7	FNMA POOL #FM4701 1.5% 12-01-2035 BEO	11,199
C3618N5MR7	GNMAII POOL #MB0367 6.0% 05-20-2055	595,266
C3133KMRW7	FHLMC POOL# RA5901 3.0% 09-01-2051	59,789
C36179VZQ6	GNMAII POOL #MA7051 2.0% DUE 12-20-2050 REG	71,198
C3133KR5R1	FHLMC POOL #RA9856 6.0% 09-01-2053	41,347
C3140Y66E5	FANNIE MAE POOL FN CC0868 6% 1/8/2055 6%08-01-2055	126,570
C3140QUVD5	FNMA POOL #CB8711 6.0% 06-01-2054	44,809
C31329NPK8	FEDERAL HOME LN MTG CORP FHLMC #ZA-4926 3.5% 07-01-2047	21,133
C36179WVT2	GNMAII POOL #MA7826 SER 2052 2.0% DUE 01-20-2052 REG	327,372
C3140XLE46	FNMA POOL #FS4654 2% 07-01-2051 BEO	39,231
C31418FJT5	FNMA POOL #MA5673 5.5% 04-01-2055 BEO	454,577
C36179VVX5	GNMAII POOL #MA6930 2.0% 10-20-2050	217,601
C36179VXX3	GNMAII POOL #MA6994 2.0% DUE 11-20-2050	101,084
C3131XYQN2	FEDERAL HOME LOAN MORTGAGE CORP FHLMC #ZM-4961 3.5% 11-01-2047	8,987
C3133KYVP1	FEDERAL HOME LOAN MORTGAGE CORP 2.5% 08-01-2041	230,500
C3140QNF49	FNMA POOL #CB2886 3% DUE 02-01-2052	69,496
C3140QLFS0	FEDERAL NATIONAL MORTGAGE ASSOC 2.5% 07-01-2041	21,284
C31418DUA8	FNMA POOL #MA4176 2% 11-01-2040 BEO	73,155
C3133KNGT4	FHLMC POOL #RA-6510 2.0% 12-01-2051	15,699
C3133KNBQ5	FHLMC FR RA6347 3.0%11-01-2051	66,828
C3140XBJ68	FNMA POOL #FM7484 2.5% 01-01-2051 BEO	228,874
C3133KNSE4	FHLMC POOL #RA6817 2.5% 02-01-2052	517,749
C36179WFH6	GNMAII POOL #MA7368 3.0% DUE 05-20-2051	100,939
C3133CCJW7	FEDERAL HOME LOAN MORTGAGE CORP 6.5% 09-01-2053	41,808
C3140QKDW5	FNMA 2% MBS 01/04/2041 USD'CB0116F' POOL#CB0116 2% DUE 04-01-2041 BEO	19,883
C36179WLP1	GNMAII POOL #MA7534 SER 2051 2.5% DUE 08-20-2051 BEO G2 MA7534	578,397
C3132DVMJ1	FED HOME LN BANKS 4% DUE 02-01-2053	288,600
C36179WXJ2	GNMAII POOL #MA7881 SER 2052 2.5% 02-20-2052	276,530
C3140Q7JB4	FEDERAL NATIONAL MORTGAGE ASSOC 3.5% 09-01-2047	24,839
C3140ASHF8	FANNIE MAE FN DC4729 5.5% 1/8/2055 5.5% 08-01-2055	75,638
C3140QUZ90	FEDERAL NATIONAL MORTGAGE ASSOC 6.5% 07-01-2054	172,615
C31418ELW8	FNMA POOL #MA4840 4.5% 12-01-2052 BEO	647,386
C31418DY22	FNMA POOL #MA4328 1.5% 05-01-2036 BEO	13,018
C3133GAS72	FEDERAL HOME LOAN MORTGAGE CORP 1.5% 11-01-2035	27,071
C3140QMCJ1	FNMA POOL #CB1872 3% DUE 10-01-2051 REG	56,225
C36179WY85	GNMAII POOL #MA7935 SER 2052 2.0% 03-20-2052	123,588
C3140XFAC5	FNMA POOL #FS0002 3% 12-01-2051 BEO	61,028
C36179XX43	GNMAII POOL# MA8799 4.5% 04-20-2053	249,054
C3140XNGG3	FNMA FNMA # FS6498 6% 11-01-2053	81,943
C3132D56Z0	FEDERAL HOME LN MTG CORP POOL #SB8088 1.5% DUE 01-01-2036 REG	20,121
C36179V7D6	GOVERNMENT NATIONAL MORTGAGE ASSOC GNMA # MA7192 2% 02-20-2051	260,820
C31427MPQ8	FEDERAL HOME LOAN MORTGAGE CORP 6% 02-01-2055	163,600
C3140XBXV7	FNMA POOL #FM7891 2% 06-01-2041 BEO	14,313
C3142GVF30	FREDDIE MAC POOL FR RJ4685 5% 1/8/2055 5% 08-01-2055	99,686

C3140XQC96	FNMA POOL #FS8195 2% 04-01-2052 BEO	20,405
C31329JLH8	FEDERAL HOME LN MTG CORP POOL #ZA1228 3.5% 07-01-2042 BEO	11,804
C3140XAR20	FNMA POOL #FM6804 1.5% 03-01-2036 BEO	12,503
C3140EU6Z7	FNMA FNMA # BC0887 3% 05-01-2046	16,432
C3132DUVZ7	FEDERAL HOME LOAN MORTGAGE CORP 2% 04-01-2052	38,128
C3132ADR75	FEDERAL HOME LN MTG CORP POOL #ZT1410 3.5% 11-01-2033 BEO	27,285
C3140X9X67	FNMA FNMA # FM6100 1.5% 04-01-2036	21,541
C3140XDNN2	FNMA POOL #FM9396 2% 10-01-2041 BEO	95,928
C31418DRR5	FNMA POOL #MA4095 2% 08-01-2035 BEO	41,939
C3131XKFP9	FEDERAL HOME LN MTG CORP POOL #ZL3774 3.5% 09-01-2042 BEO	14,670
C36179TEZ4	GNMAII POOL #MA4652 3.5% DUE 08-20-2047 REG	136,312
C31426GH81	FED HOME LN MTG 5.5% DUE 03-01-2055	303,851
C3140Y6UB4	FEDERAL NATIONAL MORTGAGE ASSOC 6% 06-01-2055	101,024
C3140QUAN6	FEDERAL NATIONAL MORTGAGE ASSOC 6% 03-01-2054	42,833
C3132DVMT9	FEDERAL HOME LOAN BANKS 6% 05-01-2054	114,670
C21H060630	GNMA II JUMBOS 6 30 YEARS SETTLES MAR	101,971
C3140QLFK7	FNMA POOL #CB1069 2.0% 07-01-2041	15,483
C3138ERMV9	FEDERAL NATL MTG ASSN GTD MTG POOL #AL9371 3% 10-01-2046 BEO	40,377
C3140QUVX1	FNMA POOL #CB8729 6.5% 06-01-2054	13,387
C3140XPBW8	FNMA POOL #FS7252 5% 11-01-2053 BEO	350,504
C3133KRMW1	FHLMC UMBS 30Y FIXED 5.5% 07-01-2053	161,739
C31418DU75	FNMA POOL #MA4205 1.5% 12-01-2035 BEO	18,769
C3132DWDC4	FEDERAL HOME LN MTG CORP POOL #SD-8199 2.0% 02-01-2052	444,779
C31418DQ70	FNMA POOL #MA4077 2% 07-01-2050 BEO	135,527
C21H062636	GNMA II JUMBOS 6.5% 30 YEARS SETTLES MARCH	180,489
C36179VTV2	GNMAII POOL #MA6864 SER 2050 2.0% DUE 09-20-2050	78,129
C31418DX80	FNMA POOL #MA4302 1.5% 04-01-2036 BEO	21,356
C01F020620	FNMA SINGLE FAMILY MORTGAGE 2.0% 30 YEARS SETTLES FEBRUARY	1,760,556
C3140XHKM8	FNMA POOL #FS2099 1.5% 04-01-2052 BEO	520,193
C01F030629	FNMA SINGLE FAMILY MORTGAGE 3% 30 YEARS SETTLES FEBRUARY	531,376
C3142GVEQ0	FEDERAL HOME LOAN MORTGAGE CORP 6% 08-01-2055	153,656
C3132D57D8	FEDERAL HOME LOAN MORTGAGE CORP 1.5% 03-01-2036	12,801
C3140XQSY4	FNMA POOL #FS8634 5% 03-01-2054 BEO	20,988
C3140QVRY2	FEDERAL NATIONAL MORTGAGE ASSOC 6% 11-01-2054	68,845
C3140X6J85	FNMA POOL #FM2986 4% 04-01-2045 BEO	328,471
C3140X4KG0	FNMA FNMA # FM1194 4.5% 05-01-2039	70,578
C36179WJS8	GOVERNMENT NATIONAL MORTGAGE ASSOC GNMA # MA7473 3% 07-20-2051	456,113
C3140XLPG7	FNMA POOL #FS4922 3% 06-01-2051 BEO	217,203
C3140Y67A2	FEDERAL NATIONAL MORTGAGE ASSOC 6.5% 08-01-2055	125,573
C31418DXG2	FNMA POOL #MA4278 1.5% 03-01-2036 BEO	21,337
C3140QLP42	FNMA POOL #CB1342 2.5% 08-01-2041	23,522
C36179XHX7	GNMAII POOL #MA8346 4.0% DUE 10-20-2052	476,177
C3133KNRU9	FEDERAL HOME LN MTG CORP #RA6799 3.5% DUE 02-01-2052	61,467
C3618N5GP8	GINNIE MAE II POOL G2 MB0205 5.5% 02-20-2055	525,615
C3140Q8C45	FEDERAL NATIONAL MORTGAGE ASSOC 3.5% 01-01-2048	41,039
C3140XQW29	FNMA POOL #FS8764 2% 02-01-2052 BEO	43,995
C31329NP36	FEDERAL NATIONAL MORTGAGE ASSOC FHLMC #ZA-4942 3.5% 08-01-2047	32,548

C3140XG7B9	FNMA POOL #FS1789 3.5% 07-01-2047 BEO	36,784
C3132D9FB5	FHLMC POOL #SC0162 2.0% 07-01-2041	51,331
C36179V4U1	GNMAII POOL #MA7135 SER 2051 2% DUE 01-20-2051 BEO 2.0% 20/01/2051	353,083
C3132D6AF7	FEDERAL HOME LOAN MORTGAGE CORP 1.5% 06-01-2036	22,913
C3140W0B95	FNMA POOL #FA0063 2.5% 04-01-2052 BEO	173,150
C21H060622	GNMA II 30 YR SINGLE FAMILY 30 YEARS SETTLES FEB	305,632
C3133D3YA7	FED HOME LN MTG 1.5% DUE 04-01-2041	100,065
C3132DVMG7	FEDERAL HOME LN MTG CORP POOL# SD7559 5.5% 03-01-2053	153,432
C36179XXY7	GNMAII POOL# MA8795 2.5% 04-20-2053	25,647
C01F020612	FNMA SINGLE FAMILY MORTGAGE 2.0% 30 YEARS SETTLES JANUARY	445,219
C01F022618	FNMA SINGLE FAMILY MORTGAGE 2.5% 30 YEARS SETTLES JANUARY	1,694,375
C3131XXPX3	FEDERAL HOME LOAN MORTGAGE CORP FHLMC #ZM-4038 3.5% 08-01-2047	7,870
C3132DV7B5	FEDERAL HOME LN MTG CORP POOL #SD8090 2.0% DUE 08-01-2050	186,712
C3140W0S97	FNMA POOL #FA0543 2.5% 06-01-2052 BEO	86,760
C3132D56J6	FHLMC POOL #SB-8073 1.5% 10-01-2035	115,387
C3132DUK97	FEDERAL HOME LOAN MORTGAGE CORP 6.5% 09-01-2054	136,807
C3140KYFK5	FNMA POOL #BR1069 1.5% 05-01-2036	22,703
C3132D6AG5	FEDERAL HOME LN MTG CORP POOL #SB8107 2.0% DUE 06-01-2036 REG	31,765
C3140Y6DW7	FEDERAL NATIONAL MORTGAGE ASSOC 6% 03-01-2055	97,625
C3140X72A6	FNMA POOL #FM4368 1.5% 11-01-2035 BEO	10,785
C3140QUZQ2	FANNIE MAE POOL FN CB8850 6.00% 6% 07-01-2054	91,902
C3133KNVT7	FED NATL MTG ASSOC 3% DUE 03-01-2052	21,771
C3138ERTD2	FEDERAL NATL MTG ASSN GTD MTG POOL #AL9547 3% 11-01-2046 BEO	49,982
C3140QSHQ7	FNMA POOL#CB6538 6.0% 06-01-2053	76,694
C31418DMN9	FNMA POOL #MA3964 2.5% 03-01-2050 BEO	80,027
C3132DVMB8	FEDERAL HOME LN MTG CORP POOL #SD7554 2.5% 04-01-2052 BEO	163,160
C36179VHS2	GNMA POOL #MA6541 3.0% 03-20-2050	41,093
C3132DUWW3	FEDERAL HOME LOAN MORTGAGE CORP 5% 11-01-2053	124,464
C3132CXXM9	FREDDIE MAC FR SB1584 1.5% 11-01-2037	471,839
C3140QSHD6	FNMA POOL #CB6527 5.5% 06-01-2053	80,144
C3140XKEA4	FNMA POOL #FS3728 3.5% 01-01-2050 BEO	77,752
C3132D6AP5	FEDERAL HOME LOAN MORTGAGE CORP 1.5% 08-01-2036	13,901
C3132DTD23	FEDERAL HOME LOAN MORTGAGE CORP 6.5% 06-01-2054	113,654
C3132D57J5	FEDERAL HOME LN MTG CORP #SB-8097 1.5% DUE 03-01-2036	21,959
C3133B1XC0	FEDERAL HOME LOAN MORTGAGE CORP POOL #QD4275 3.0% DUE 01-01-2052 RE	44,415
C3140L3GJ4	FNMA 1.5% MBS 01/03/2036 USD'BR4700F' POOL #BR4700 1.5% DUE 03-01-2036 B	20,852
C36179XFF8	GOVERNMENT NATIONAL MORTGAGE ASSOC GNMA # MA8266 3.5% 09-20-2052	262,193
C3140XQHC4	FNMA POOL #FS8326 3.5% 04-01-2048 BEO	176,843
C3132D56B3	FEDERAL HOME LN MTG CORP POOL #SB8066 1.5% DUE 08-01-2035 REG	88,507
C3133AMKL9	FED HOME LN MTG 1.5% DUE 06-01-2051	66,166
C01F032625	FNMA SINGLE FAMILY MORTGAGE 3.5% 30 YEARS SETTLES FEBRUARY	230,777
C3140J9UW9	FNMA POOL #BM5096 3.5% 12-01-2046 BEO	43,927
C3132DV5J0	FEDERAL HOME LN MTG CORP 2.5% DUE 03-01-2050	46,981
C3132DWC68	FEDERAL HOME LN MTG CORP POOL #SD8193 2%02-01-2052 BEO	687,104
C01F040610	FNMA SINGLE FAMILY MORTGAGE 4% 30 YEARS SETTLES JANUARY	94,972
C3140QUAP1	FEDERAL NATIONAL MORTGAGE ASSOC 6.5% 03-01-2054	40,002
C21H050623	GNMA II JUMBOS 5 30 YEARS SETTLES FEB	299,164

C3140XAY55	FNMA POOL #FM7031 4% 01-01-2051 BEO	19,337
C3140X6QM6	FNMA FNMA # FM3159 2% 07-01-2035	36,820
C3618N5C72	GOVERNMENT NATIONAL MORTGAGE ASSOC 6% 12-20-2054	72,648
C3140AD5T4	FANNIE MAE POOL FN DB4457 5.5% 1/8/2054 5.5% 08-01-2054	101,394
C3140X86D4	FNMA POOL #FM5367 1.5% 02-01-2036 BEO	15,456
C36179XDA1	GNMAII POOL #MA8197 2.5% 08-20-2052	60,885
C36179WNE4	GNMAII POOL #MA7589 2.5% 09-20-2051	68,321
C3140Q7SQ1	FEDERAL NATIONAL MORTGAGE ASSOC 3.5% 10-01-2047	38,236
C3140XQME4	FNMA POOL #FS8456 5.5% 07-01-2054 BEO	187,240
C3140QVB78	FEDERAL NATIONAL MORTGAGE ASSOC 6% 08-01-2054	357,327
C3618N5PJ2	GNMAII POOL #MB0424 5.5% 06-20-2055	149,496
C3140J7N84	FNMA POOL #BM3114 3% 03-01-2047 BEO	18,302
C3140QDYC2	FNMA POOL #CA6106 4.0% DUE 06-01-2050 BEO	57,200
C21H060671	GNMA II 30 YEARS SINGLE FAMILY MORTGAGE 6.0% MAT 30 YEARS SETTLES JULY	126,780
C3140XF5A5	FNMA POOL #FS0840 3% 03-01-2052 BEO	80,714
C3140QUNN2	FEDERAL NATIONAL MORTGAGE ASSOC 6% 05-01-2054	69,193
C3618N5RF8	GNMAII POOL #MB0485 5.5% 07-20-2055	300,247
C31418D VW9	FNMA POOL #MA4228 1.5% 01-01-2036 BEO	11,618
C31418D WW8	FNMA POOL #MA4260 1.5% 02-01-2036 BEO	17,220
C3140Y66Z8	FEDERAL NATIONAL MORTGAGE ASSOC 6.5% 08-01-2055	75,284
C36179XDC7	GNMAII POOL #MA8199M 3.5% DUE 08-20-2052REG	86,169
C3132DWAF0	FEDERAL HOME LOAN MORTGAGE CORP 2% 11-01-2050	165,032
C3140XFDL2	FNMA POOL #FS0106 2% 11-01-2041 BEO	22,647
C3140XQH G5	FNMA POOL #FS8330 3% 03-01-2048 BEO	159,531
C3140QU6W1	FEDERAL NATIONAL MORTGAGE ASSOC 5.5% 08-01-2054	92,297
C3140QPZU4	FEDERAL NATIONAL MORTGAGE ASSOC 5% 08-01-2052	149,440
C21H020675	GNMA II JUMBOS 2.0 MAT 30 YEARS SETTLES JULY	-40,370
Total Mortgage Backed Securities		35,440,843

Collateralized Mortgage Obligations

C51218YAA4	PVTPL LAKESIDE PARK CLO SR 25-1A CL A FLTG RT 04-15-2038	249,746
Total Collateralized Mortgage Obligations		249,746

Municipal Bonds

SBTPGY36	ENBW INTL FINANCE 3.75% GTD SNR 20/11/35EUR	41,096
C57585BQT8	MASSACHUSETTS ST DEV FIN AGY REV 6.625% 10-01-2030	122,881
Total Municipal Bonds		163,977

Asset Backed Securities

C69704AAA9	PALMER SQUARE LN FLTG RT 4.6131% DUE 07-15-2033	249,966
C25755TAH3	PVTPL DOMINOS PIZZA MASTER ISSUER SER 2017-1 CL A23 4.118% 07-25-2047	397,241
C864300AC2	PVTPL SUBWAY FDG LLC ISSUER SER 24-1A CL A2II 6.268% 07-30-2054	120,320
C476681AD3	PVTPL JERSEY MIKES FDG LLC SR 24-1A CL A2 5.636% 02-15-2055	101,281
C92873RAA9	PVTPL VOLOFIN FIN DESIGNATED ACTIVITY COMP SER 24-1A CL A 5.935% 06-15-203	154,266
C00255JAA8	PVTPL AASET 2024-1 US LTD / AASET 2024-1 INTL LTD CL A-1 6.261% 05-16-2049	235,544
C233046AF8	PVTPL DB MASTER FIN LLC 2017-1 SR SECD NT CL A-2-II 144A 4.03 DUE 11-20-2047	229,119
C67112KAG4	OCP CLO 2018-15 FLTG RT 4.92523% DUE 01-20-2038	250,493

C864300AG3	SUBWAY FDG LLC 5.246% DUE 07-30-2054	151,007
C233046AW1	PVTPL DB MASTER FIN LLC SER 25-1A CL A2I15.165% 11-20-2055	75,183
C37556TAA4	PVTPL GILEAD GHOST SR 25-1A CL A 5.789% 03-15-2050	244,422
C67570UAA0	OCP CLO 2025-44 FLTG RT 4.96709% DUE 10-24-2038	250,602
C00166NAA7	PVTPL ALTDE TRUST SR 25-1A CL A 5.9% 08-15-2050	241,781
C72703PAC7	PVTPL PLANET FITNESS MASTER ISSUER L 2019-1 SR SECD NT CL A-2 144A 3.858	180,109
C233046AU5	PVTPL DB MASTER FIN LLC SR 25-1A CL A2I 4.891% 11-20-2055	95,280
C63943GAA0	PVTPL NAVIGATOR AVIATION LTD SR 25-1 CL A 5.107% 10-15-2050	245,256
C63943GAA0	PVTPL NAVIGATOR AVIATION LTD SR 25-1 CL A 5.107% 10-15-2050	245,256
C476681AE1	PVTPL JERSEY MIKES FDG LLC SR 25-1A CL A2 5.61% 08-16-2055	71,169
C36173XAA0	PVTPL GGAM MASTER TR INTERNATIONAL LTD/GGAM M SR 25-1A CL A 5.923% 09-30	251,713
C864300AG3	SUBWAY FDG LLC 5.246% DUE 07-30-2054	493,487
C361886DQ4	PVTPL GENERAL MOTORS CO SER 24-4A CL A1 4.73% 11-15-2029	101,385
C44040HAA0	PVTPL HORIZON AIRCRAFT FIN I LTD SER 19-1 CL A 3.721% DUE 07-15-2039	65,799
C72703PAH6	PVTPL PLANET FITNESS MASTER ISSUER L SR 25-1A CL A2I 5.274% 12-06-2055	75,385
C00258PAA1	AASET 2025-1 LTD / AASET 2025-1 LLC 5.943% DUE 02-16-2050 BEO	238,930
C864300AJ7	SUBWAY FDG LLC 5.566% DUE 07-30-2054	70,735
C102875AA9	BOWLING GREEN PK FLTG RT 4.67523% DUE 04-18-2035	249,788
C233046AN1	PVTPL DB MASTER FIN LLC 21-1 CL A2I 2.045% DUE 11-20-2051 BEO	188,338
C69704CAA5	PALMER SQUARE LN FLTG RT 4.45107% DUE 02-15-2033	215,627
C864300AE8	PVTPL SUBWAY FDG LLC SER 24-1A CL A23 6.505% 07-30-2054	106,485
C67122UAA3	OCP AEGIS CLO FLTG RT 4.78214% DUE 01-21-2038	249,946
C864300AL2	SUBWAY FDG LLC 5.914% DUE 07-30-2054	143,549
C864300AA6	PVTPL SUBWAY FDG LLC ISSUER SR SECD NT CL A-2-I 6.028% 07-30-2054	200,737
C87342RAK0	PVTPL TACO BELL FDG LLC SR 25-1A CL A2I 4.821% 08-25-2055	164,216
C97063RAA8	PVTPL WILLIS ENGINE SECURITIZATION TRUST SR 25-A CL A 5.582% 06-15-2050	249,556
C36173XAA0	PVTPL GGAM MASTER TR INTERNATIONAL LTD/GGAM M SR 25-1A CL A 5.923% 09-30	261,782
C00255JAB6	PVTPL AASET 2024-1 TR 6.261% SER 24-1A CL A2 05-16-2049	235,544
C39310AAC4	GREEN LAKES PK CLO LLC 4.84659% 01-25-2038	249,949
C00140NAW0	PVTPL AIMCO SR 20-11A CL A1R2 FLTG RT 07-17-2037	251,032
C00900PAQ8	PVTPL AIMCO SER 18-BA CL ARR FLTG 04-16-2037	250,817
C74989NAA7	PVTPL RR LTD SR 24-28RA CL A1R FLTG RT 04-15-2037	802,844
C407907AA2	PVTPL HAMLIN PK CLO LTD SER 24-1A CL A FLTG 10-20-2037	251,036
C69703RAA3	PVTPL PALMER SQUARE LN FDG SR 24-2A CL A1N FLTG RT 01-15-2033	184,795
C55820BAS6	PVTPL MADISON PK FDG XLV LTD/MADISON PK SER 20-45A CL ARR FLTG 07-15-2038	249,868
C14316YAL9	PVTPL CARLYLE GLOBAL MARKET STRATEGIES SER 21-10A CL A1R FLTG 01-20-2038	250,942
C06763MAA3	PVTPL BABSON CLO LTD SER 23-4A CL A FLTG01-20-2037	250,417
C55955LAS1	PVTPL MAGNETITE CLO LTD SER 20-28A CL A1R FLTG 01-15-2038	250,507
C01750TAN6	ALLEGRO CLO XII FLTG RT 0% DUE 07-21-2037	250,853
C55819QBJ5	PVTPL MADISON PARK FUNDING LTD SR 15-19A CL AR3 FLTG RT 01-22-2037	351,281
C55956CAA9	PVTPL MAGNETITE CLO LTD SER 25-45A CL A1 FLTG 04-15-2038	99,899
C12554XAY8	PVTPL CIFIC FDG 2019-V LTD SR 19-5A CL A-1-R2 VAR RT 10-15-2038	250,661
C04018AAAY5	PVTPL ARES CLO LTD SER 20-58A CL A1R2 FLTG 04-15-2038	119,250
C15033TBA2	CEDAR FDG XII CLO LTD / CEDAR FDG SR SECD NT CL A-RR FLTG 4.86659% 01-25-2038	108,994
C15032QAA0	PVTPL CEDAR FDG XV CLO LTD CL A FLTG 04-20-2035	1,000,347
C06762BAS9	PVTPL BABSON CLO LTD SR 20-4A CL AR FLTG RT 10-20-2037	250,939
C67116CAL7	OHA CR FDG 13 LTD FLTG RT 1.35% DUE 07-20-2037	250,850

C70537AAA0	PEEBLES PARK CLO LTD PBSPK 2024-1A A FLTG 5.76947% 04-21-2037	802,562
C67102QBK3	PVTPL OHA CREDIT PARTNERS LTD SR 12-7A CL AR4 FRN 02-20-2038	249,637
C67120MAA3	PVTPL OHA CR PARTNERS XVII LTD SR 24-17A CL A FLTG 01-18-2038	250,963
C09609QAA6	PVTPL BLUEBERRY PARK CLO SR 24-1A CL A FRN 10-20-2037	250,859
C33882MAA3	PVTPL FLATIRON CLO LTD SR 25-30A CL A1 FLTG RT 04-15-2038	149,869
C55954YAW5	PVTPL MAGNETITE CLO LTD SR 20-26A CL AR2 FLTG 01-25-2038	249,839
C83012QAN4	PVTPL SIXTH STR CLO LTD SR 21-20A CL A1R VAR RT 07-17-2038	250,787
C171933AA2	PVTPL CIFC FDG 2025-VI LTD/CIFC FDG 2025-VI SR 25-6A CL A1 VAR RT 10-23-203	100,244
C04017WAW2	PVTPL ARES LIV CLO LTD SER 19-54A CL AR2 FLTG 07-15-2038	250,875
C67706QAC2	OHA CR FDG 14-R FLTG RT 1.23% DUE 04-20-2038	250,484
C67098DBC6	PVTPL OHA CR FDG 4 LTD SER 19-4A CL AR2 FLTG01-22-2038	250,778
C55954PAN4	PVTPL MAGNETITE XXI LTD/MAGNETITE XXI LLC SR SECD NT CL A-R FLTG 144A 3C7	325,392
C92918HAT7	PVTPL VOYA CLO LTD SR 20-2A CL A1RR FRN 01-20-2038	250,767
C46148HAB4	PVTPL INVESCO CLO LTD SER 24-3A CL A FLTG 07-20-203	250,791
C617921AA9	PVTPL MORGAN STANLEY EATON VANCE CLO SR 25-21A CL A1 FLTG RT 04-15-2038	140,895
C26246BAU8	PVTPL DRYDEN SENIOR LOAN FUND SR 20-85A CL A1R2FLTG RT 07-15-2037	250,968
C559922AL3	PVTPL MAGNETITE CLO LTD SR 23-36A CL AR FRN07-25-2038	250,916
C74988WAA8	PVTPL RR LTD SR 24-34RA CL A1R FLTG RT 10-15-2039	250,851
C05684GAS5	PVTPL BAIN CAP CR CLO 2023-2 LTD 23-2A CL A1R FLTG 07-18-2038	250,848
C33883PAQ0	PVTPL FLATIRON CLO LTD SR 21-1A CL A1R FLTG RT 10-19-2037	250,908
C33888AAC9	FLATIRON CLO 26 LTD / FLATIRON CLO SR SECD NT CL A FLTG 144A 5.0031 01-15-2	250,802
C00144GAN1	PVTPL AIMCO SR 21-14A CL A1R FLTG RT 10-20-2038	250,189
Total Asset Backed Securities		18,556,802

Corportate Bonds

SBLDB8R9	CHARTER COMMUNICATIONS OPER LLC/CAP 6.65% 02-01-2034	422,277
SBV8DH28	NATIONAL HEALTH INVESTORS 5.35% 02-01-2033	69,920
SBVD9055	KILROY REALTY LP 5.875% 10-15-2035	105,674
SBK6LFM3	DPL INC 4.35% 04-15-2029	690,454
C925650AF0	VICI PROPERTIES LP 5.75% 04-01-2034	20,685
C46647PEY8	JPMORGAN CHASE & CO 5.103% 04-22-2031	127,104
C14448CBC7	CARRIER GLOBAL CORP 5.9% 03-15-2034	10,751
C37045XEG7	GENERAL MOTORS FINANCIAL CO INC 5.85% DUE 04-06-2030	248,113
C04020EAK3	ARES STRATEGIC INCOME FD NT 144A 5.8% 09-09-2030	81,838
C61747YFZ3	MORGAN STANLEY SR NT FIXED / FLTG 5.192%04-17-2031	115,572
C22003BAM8	CORPORATE OFFICE PPTYS L P GTD SR NT 2.75% 04-15-2031	365,221
C19828TAE6	PVTPL COLUMBIA PIPELINES OPER CO LLC 6.497% DUE 08-15-2043	11,653
C829932AF9	SIXTH STR LENDING PARTNERS 6.125% 07-15-2030	108,910
C68389XDH5	ORACLE CORP 4.45% 09-26-2030	60,699
C95954A2A0	WESTERN-SOUTHERN GLOBAL FDG GLOBAL TRANCHE # TR 00769 4.9% 05-01-20	27,655
C126650DW7	CVS HEALTH CORP 5.0% 01-30-2029	42,916
C24703DBS9	DELL INTL L L C / 4.5% DUE 02-15-2031	162,920
C61776NZU0	MORGAN STANLEY PRIVATE BANK NATIONA 4.204% 11-17-2028	250,829
C704326AA5	PAYCHEX INC 5.1% 04-15-2030	15,456
C92343VGJ7	VERIZON FIXED 2.55% DUE 03-21-2031	365,822
C04685A4C2	ATHENE GLOBAL FDG 4.721% DUE 10-08-2029	100,090
C11120VAJ2	BRIXMOR OPER 4.05% DUE 07-01-2030	295,970

C097023DR3	BOEING CO 6.388% 05-01-2031	35,839
C925650AJ2	VICI PPTYS LP 4.75% 04-01-2028	28,303
C097023DQ5	BOEING CO 6.298% 05-01-2029	46,719
C91836LAA0	PVTPL VSP OPTICAL GROUP INC 5.45% 12-01-2035	54,471
C46647PDU7	JPMORGAN CHASE & CO 5.299% 07-24-2029	154,637
C404119CT4	HCA INC 5.45% 04-01-2031	313,366
C571676AY1	PVTPL MARS INC 4.8% 03-01-2030	119,643
C172967NS6	CITIGROUP INC 4.658% DUE 05-24-2028 BEO	605,116
C26441CCJ2	DUKE ENERGY CORP 4.95% 09-15-2035	149,031
C126650DY3	CVS HEALTH CORP 5.3% 06-01-2033	154,928
C83012AAC3	SIXTH STREET SPECIALTY LENDING INC 6.125% 03-01-2029	44,418
C00108WAT7	AEP TEX INC 5.7% 05-15-2034	82,489
C571676BA2	PVTPL MARS INC 5.2% 03-01-2035	390,343
C958667AC1	WESTERN MIDSTREAM OPER LP 4.05% 02-01-2030	196,105
C68389XDT9	ORACLE CORP 6.1% 09-26-2065	66,405
C04621X AQ1	ASSURANT INC SR NT 5.55% 02-15-2036	173,160
C19828TAB2	PVTPL COLUMBIA PIPELINES OPER CO LLC 6.036% 11-15-2033	40,749
C759351AR0	REINSURANCE GROUP AMER INC 6.0% 09-15-2033	221,911
C571676AZ8	PVTPL MARS INC 5.0% 03-01-2032	90,834
C55354GAS9	MSCI INC SR NT 5.15% 03-15-2036	32,831
C11135FBA8	BROADCOM INC 4.75% 04-15-2029	305,808
C097023CY9	BOEING CO FIXED 5.15% DUE 05-01-2030	102,852
C80282KBC9	SANTANDER HLDGS USA INC 2.49% 01-06-2028	196,597
C91529YAJ5	UNUM GROUP FORMERLY UNUMPROVIDENT 5.75 08-15-2042	189,035
C12713UAA4	COPT DEFENSE PROPERTIES LP 4.5% 10-15-2030	15,941
C91529YAN6	UNUM GROUP 4% DUE 06-15-2029	296,958
C337738BP2	FISERV INC SR NT 4.55% 02-15-2031	297,141
C24703DBR1	DELL INTL L L C/EMC CORP 4.15% 02-15-2029	82,972
C15089QAW4	CELANESE US HLDGS LLC 6.35% 11-15-2028	33,477
C33767BAJ8	FIRSTENERGY TRANSMISSION LLC SR NT 144A 4.75% 01-15-2033	300,376
C55354GAR1	MSCI INC 5.25% 09-01-2035	101,931
C126650EJ5	CVS HEALTH CORP 5.0% 09-15-2032	50,099
C68389XDK8	ORACLE CORP 4.8% 09-26-2032	99,933
C19828TAC0	PVTPL COLUMBIA PIPELINES OPER CO LLC 6.544% 11-15-2053	21,386
C87612GAP6	TARGA RES CORP 4.9% 09-15-2030	62,216
C097023DS1	BOEING CO SR NT 6.528% 05-01-2034	39,913
C010392FX1	ALABAMA PWR CO 2022A SR NT 3.05% 03-15-2032	185,854
C04020EAL1	ARES STRATEGIC INCOME FD NT 144A 5.45% 09-09-2028	100,874
C06051GKY4	BANK AMER CORP 5.015% DUE 07-22-2033/01-22-2023 BEO	1,123,879
C21871XAH2	COREBRIDGE FINANCIAL INC 3.9% 04-05-2032	523,249
C205887CK6	CONAGRA BRANDS INC 5.0% 08-01-2030	334,136
C02666TAK3	AMERICAN HOMES 4 RENT L P 4.95% 06-15-2030	142,927
C053332AZ5	AUTOZONE INC FIXED 4% DUE 04-15-2030	197,826
C174610BH7	CITIZENS FINL GROUP INC 5.967% 07-23-2032	209,994
C72650RBM3	PLAINS ALL AMERN FIXED 3.55% DUE 12-15-2029	194,443
C15089QAX2	CELANESE US HLDGS LLC 6.55% 11-15-2030	55,042
C19828TAD8	PVTPL COLUMBIA PIPELINES OPER CO LLC 6.714% 08-15-2063	13,034

C68389XDB8	ORACLE CORP 6% 08-03-2055	64,596
C06051GMB2	BANK OF AMERICA CORP 5.425% 08-15-2035	163,820
C61748UAM4	MORGAN STANLEY 4.356% 10-22-2031	399,071
C577081BG6	MATTEL INC 5.0% 11-17-2030	145,128
C14040HDE2	CAPITAL ONE FINL CORP 5.7% 02-01-2030	150,859
C24703DBU4	DELL INT LLC / EMC CORP 5.1% 02-15-2036	168,221
C875484AL1	TANGER PPTYS LTD 2.75% DUE 09-01-2031 BEO	362,450
C925650AC7	VICI PPTYS LP 4.95% DUE 02-15-2030 BEO	253,204
C02666TAE7	AMERICAN HOMES 4 RENT 3.625% 04-15-2032	283,813
C161175CR3	CHARTER COMMUNICATIONS OPER LLC 6.55% 06-01-2034	60,069
C61747YEF7	MORGAN STANLEY 6.342% 10-18-2033	877,810
C72650RBR2	PLAINS ALL AMER PIPELINE 4.7% 01-15-2031	106,694
C529043AE1	LEXINGTON RLTY TR FORMERLY LEXINGTON CO 2.7% DUE 09-15-2030	275,393
C38141GZM9	GOLDMAN SACHS GROUP INC 3.102% 02-24-2033	507,444
C00130HCC7	PVTPL AES CORP SR SECD 1ST LIEN NT 144A 3.95% DUE 07-15-2030/05-27-2020 BEC	390,468
C161175BT0	CHARTER COMMUNICATIONS OPER LLC/CHARTE 4.8% DUE 03-01-2050	401,045
C8426EPAK4	SOUTHERN CO GAS CAPITAL 5.1% 09-15-2035	300,852
C30161NAX9	EXELON CORP 4.05% DUE 04-15-2030	198,316
C79587J2E2	PVTPL SAMMONS FINL GLOBAL 4.8% 12-12-2030	401,202
C345397G23	FORD MTR CR CO LLC 5.303% 09-06-2029	330,491
C745310AK8	PUGET ENERGY INC NEW 4.1% 06-15-2030	196,032
C097023DP7	BOEING CO 6.259% 05-01-2027	31,810
C38141GWL4	GOLDMAN SACHS GROUP INC 3.691% 06-05-2028	696,336
C00138CAV0	AIG GLOBAL FDG SR 5.9% DUE 09-19-2028	67,909
C68389XDP7	ORACLE CORP 5.875% 09-26-2045	52,519
C097023CW3	BOEING CO FIXED 5.805% DUE 05-01-2050	197,584
C04685A3R0	PVTPL ATHENE GLOBAL FDG MEDIUM TERM SR SECD NT 5.339% 01-15-2027	163,974
C19828TAA4	PVTPL COLUMBIA PIPELINES OPER CO LLC 5.927% 08-15-2030	14,849
C95000U3B7	WELLS FARGO & COMPANY 4.897% 07-25-2033	813,685
C71845JAB4	PHILLIPS EDISON GROCERY 5.75% 07-15-2034	368,732
C46188BAD4	INVITATION HOMES 4.15% 04-15-2032	389,500
C866677AE7	SUN CMNTYS OPER LTD PARTNERSHIP 2.7% 07-15-2031	363,916
C87612GAQ4	TARGA RESOURCES CORPORATION 5.65% 02-15-2036	151,314
C61747YFG5	MORGAN STANLEY 5.424% 07-21-2034	208,392
C24703TAG1	DELL INTL L L C / EMC CORP FIRST LIEN NT5.3% 10-01-2029	206,572
C30225VAV9	EXTRA SPACE STORAGE L P 4.95% 01-15-2033	233,744
C161175CJ1	CHARTER COMMUNICATIONS OPER LLC / SR SECD NT 4.4% 04-01-2033	330,261
C174610BF1	CITIZENS FINANCIAL GROUP 5.841% 01-23-2030	313,087
C90353TAT7	UBER TECHNOLOGIES INC 4.15% 01-15-2031	80,700
C46647PDH6	JPMORGAN CHASE & CO 4.912% DUE 07-25-2033/07-25-2032 BEO	918,706
C161175BR4	CHARTER COMMUNICATIONS OPER LLC / 5.05% 03-30-2029	50,617
C14448CBD5	CARRIER GLOBAL CORP 6.2% 03-15-2054	7,602
C04685A3Q2	PVTPL ATHENE GLOBAL FDG 5.583% 01-09-2029	83,253
C11135FCR0	BROADCOM INC 2.6% 02-15-2033	529,119
C161175CQ5	CHARTER COMMUNICATIONS OPER LLC/CAP 06-01-2029	85,635
C61776NZW6	MORGAN STANLEY PVT BK 4.465% 11-19-2031	250,783
C65473PAH8	NISOURCE INC 2.95% DUE 09-01-2029	192,041

C674599DD4	OCCIDENTAL PETE 7.5% DUE 05-01-2031	450,078
C03027XCR9	AMERICAN TOWER CORP NEW 4.7% 12-15-2032	241,546
C24703DBT7	DELL INTL L L C / EMC CORP SR NT 4.75% 10-06-2032	108,011
C46817MAL1	JACKSON FINL INC SR NT 3.125% 11-23-2031	182,083
C776696AL0	ROPER TECHNOLOGIES INC 4.45% 09-15-2030	76,422
C92345YAN6	VERISK ANALYTICS INC SR NT 5.125% 02-15-2036	92,594
C63633DAG9	NATIONAL HEALTH INVESTORS 5.35% 02-01-2033	147,831
C125523CM0	CIGNA CORP 2.375% DUE 03-15-2031 BEO	543,522
C68389XDM4	ORACLE CORP 5.2% 09-26-2035	90,272
C46647PDR4	JPMORGAN CHASE & CO. 5.35% 06-01-2034	156,102
C02005NBR0	ALLY FINL INC 7.1% DUE 11-15-2027	420,291
C958667AH0	WESTERN MIDSTREAM OPERATING LP 4.8% 03-01-2031	75,028
C054561AN5	AXA EQUITABLE HLDGS INC SR NT 144A 4.572% 02-15-2029	142,741
C95000U3V3	WELLS FARGO & CO 5.605% 04-23-2036	154,365
C097023DU6	PVTPL BOEING CO THE 7.008% 05-01-2064	58,138
C23311VAK3	DCP MIDSTREAM OPER LP GTD SR NT 3.25% 02-15-2032	276,162
C15089QAY0	CELANESE US HLDGS LLC 6.7% 11-15-2033	30,666
C15135BAV3	CENTENE CORP DEL 3.375% DUE 02-15-2030/05-06-2020 REG	552,139
C161175BX1	CHARTER 2.3% DUE 02-01-2032	17,218
C87165BAM5	SYNCHRONY FINL 3.95% DUE 12-01-2027	482,754
C09261HBC0	BLACKSTONE PRIVATE CREDIT FUND 7.3% 11-27-2028	180,443
C40440VAH8	HPS CORPORATE LENDING FD 5.45% 01-14-2028	317,450
C85855FAA1	PVTPL STELLANTIS FINANCIAL SER 4.95% 09-15-2028	243,380
C90353TAU4	UBER TECHNOLOGIES INC SR NT 4.8% 09-15-2035	63,665
C46647PEX0	JPMORGAN CHASE & CO 5.572% 04-22-2036	153,579
C161175BL7	CHARTER 5.375% 05-01-2047	140,442
C87612GAR2	TARGA RES CORP 4.35% 01-15-2029	43,117
C75884RBA0	REGENCY CTRS L P FIXED 3.7% DUE 06-15-2030	294,520
C126650DX5	CVS HEALTH CORP 5.25% 01-30-2031	17,576
C46590XAP1	JBS USA/FOOD/FINANCE 3.0% 05-15-2032	269,843
C19828AAF4	PVTPL COLUMBIA PIPELINES HLDG CO LLC 4.999% 11-17-2032	258,390
C023551AJ3	AMERADA HESS CORP 7.3% DUE 08-15-2031	114,957
C969457BZ2	WILLIAMS COS INC 4.65% DUE 08-15-2032	401,420
C00206RMT6	AT&T INC 5.4% 02-15-2034	259,604
C704326AB3	PAYCHEX INC 5.35% 04-15-2032	21,773
C097023DT9	BOEING CO 6.858% 05-01-2054	60,913
C256677AG0	DOLLAR GEN CORP NEW 3.5% DUE 04-03-2030/04-03-2020 REG	193,607
C95000U3W1	WELLS FARGO & CO MEDIUM TERM SR NTS BOOK5.15% 04-23-2031	844,047
C04020EAG2	ARES STRATEGIC INCOME FD SR NT 5.7% 03-15-2028	499,594
C87264ABF1	T-MOBILE USA INC 3.875% 04-15-2030	295,328
C842587EA1	SOUTHERN CO 4.85% 03-15-2035	148,411
C92345YAM8	VERISK ANALYTICS INC 4.5% 08-15-2030	41,331
C61747YGA7	MORGAN STANLEY SR NT FIXED / FLTG 5.664% 04-17-2036	93,606
C704326AC1	PAYCHEX INC 5.6% 04-15-2035	17,827
Total Corporate Bonds		34,092,122

Foreign Bonds and Notes

SBPBSCB2	PVTPL RWE FINANCE US LLC 5.875% 04-16-2034	158,466
C71654QDD1	PETROLEOS MEXICANO 7.69% GTD SNR 23/01/50 USD	358,514
C749983AC6	PVTPL RWE FINANCE US LLC 5.125% 09-18-2035	149,551
C05401AAZ4	PVTPL AVOLON HLDGS FDG LTD 5.375% 05-30-2030	68,834
C00774MBP9	AERCAP IRELAND CAP/GLOBA 5.375% 12-15-2031	166,964
C05401AAX9	PVTPL AVOLON HLDGS FDG LTD 5.15% 01-15-2030	12,209
C83368RCC4	PVTPL SOCIETE GENERALE 5.5% 04-13-2029	204,880
C15135UAW9	CENOVUS ENERGY INC 2.65% 01-15-2032	267,009
C06738EBK0	BARCLAYS PLC 5.088% 06-20-2030	305,297
C404280FE4	HSBC HLDGS PLC 4.619% DUE 11-06-2031	401,584
C15135UBB4	CENOVUS ENERGY INC 5.4% 03-20-2036	26,017
C05401AAS0	PVTPL AVOLON HLDGS FDG LTD 6.375% DUE 05-04-2028	113,602
C62954HBG2	NXP BV/NXP FDG/NXP USA 4.85% 08-19-2032	51,344
C25160PAE7	DEUTSCHE BK AG N Y BRH 5.882% 07-08-2031	207,661
C15135UBA6	CENOVUS ENERGY INC 4.65% 03-20-2031	33,916
C251526CX5	DEUTSCHE BK AG N Y BRANCH 4.999% 09-11-2030	152,385
S5B1PBQU	FLUXYS SA 4.0% 28/11/2030	119,535
S8AYXJQU	AUSNET SERVICES 6.134% 31/05/2033	41,328
SBKS11J0	NGG FINANCE 2.125%-FRN GTD 05/09/82 EUR	115,705
SBMTCWW6	VOLKSWAGEN INTL 3.875%-FRN GTD SUB PERP EUR	115,837
SBS0C7L1	PROLOGIS INTL FDG2 4.375% GTD SNR 01/07/36 EUR	120,780
SBVN7NZ0	CMNWLTH BK OF AUST 3.788%-FRN LT2 26/08/37 EUR	116,823
SBRV36W0	ZF EUROPE FINANCE 7% GTD SNR 12/06/2030 EUR	124,136
S2B24CDU	ST EREIT LUX FIN S 4.125% GTD SNR 22/02/33 EUR	143,747
SBNKM965	NATIONWIDE B/S 4%-FRN LT2 30/07/2035 EUR	119,071
SBSJN9Y2	BARCLAYS PLC 3.543% SNR 08/2031 EUR1000	118,347
SBSJQN72	BK OF NOVA SCOTIA 3.375%-FRN SNR 05/03/33 EUR	117,266
SBRF4TM0	ENGIE 4.25% SNR EMTN 06/09/34 EUR	122,200
S1B23BJU	GLOBE TRADE CENTRE 6.5% 15/10/2030 6.5% 15/10/2030	109,361
SBKVFK47	BAT INTL FINANCE 4.125% GTD SNR 12/04/32EUR	120,766
SBQV0HQ5	CBRE OPEN-ENDED FUNDS S.C.A. SICAV-SIF 4.75% 27/03/2034	122,444
SBM9DFR5	GTC AURORA LUXEM 2.25% BDS 23/06/26 EUR10000	117,084
SBMGQP00	HSBC HOLDINGS PLC 4.787%-FRN SNR 10/03/32 EUR	125,155
SBTMJ654	YORKSHIRE WTR FIN 6% GTD SNR SEC 22/07/33 GBP	137,076
S2AZKF0U	HEATHROW FDG LTD MTN 6.0% 05/03/2032	138,895
SBVBHFF6	SOUTH WEST WATER F 5.25% GTD SNR 15/09/31 GBP	135,724
SBLCY1V4	ADMIRAL GROUP 8.5% LT2 06/01/2034 GBP1000	156,071
SBPCQCH1	WESSEX WATER SERVI 6.125% GTD SNR 19/09/34 GBP	138,268
SBS1JPK6	SW (FINANCE) I PLC 6.875% A/BKD 07/08/32GBP'A	139,833
SBK3F528	IMPERIAL TOBACCO FINANCE 4.875% 07/06/2032	133,046
SBVH9HC7	FORD MOTOR CREDIT CO LLC 6.184% 08-29-2031	136,924
SBMW3XX4	NORTHUMBRIAN WTR F 4.5% GTD SNR 14/02/2031 GBP	131,589
SBYWHFT0	AROUNDTOWN SA 3% SNR EMTN 16/10/2029 GBP	124,835
SBTQFHV1	SOUTH WEST WATER F 5.75% GTD SNR 11/12/32 GBP	139,487
SBPCPPC4	NATWEST GROUP PLC 7.416%-FRN LT2 06/06/33 GBP	141,966
SBNR5RW9	BERKELEY GROUP PLC 2.5% GTD SNR 11/08/2031 GBP	116,252
SBM9Y9NL8	CITYCON TREAS B.V. 5.375% 08/07/2031	111,713

S0B1JF6U	SCHAEFFLER AG 5.375% SNR 01/04/2031 EUR	124,200
SBNHSZ68	UBS GROUP AG 2.875%-FRN SNR 02/04/32 EUR	114,718
S7AX2NVU	CPI PROPERTY GROUP 1.75% SNR EMTN 27/01/31 EUR	96,185
SBQFH7J5	RCI BANQUE 5.5%-FRN LT2 09/10/2034 EUR	124,000
SBP4YH89	SCANDINAVIAN TOBAC 4.875% SNR 12/09/2029EUR	121,702
S0B1FNWU	BARRY CALLEBAUT 4.25% 19/08/2031	120,473
SBNRR208	AMPRION GMBH 3.625% SNR 21/05/2031 EUR	119,808
C375916AF0	PVTPL GILDAN ACTIVEWEAR INC 10-07-2030	13,944
C136385AX9	CDN NAT RES LTD 3.85% DUE 06-01-2027	299,215
C62954HBH0	NXP BV/NXP FDG/NXP USA 5.25% 08-19-2035	148,425
C62954WAQ8	PVTPL NTT FIN CORP 4.62% 07-16-2028	202,728
C136385AG6	CDN NAT RES LTD 5.85% DUE 02-01-2035	104,284
C09659W3A0	PVTPL BNP PARIBAS 5.786% 01-13-2033	171,298
C53944YBD4	LLOYDS BANKING GROUP PLC 4.425% 11-04-2031	349,195
C054989AB4	BAT CAPITAL CORPORATION 6.421% DUE 08-02-2023 BEO	221,019
C05401ABD2	PVTPL AVOLON HLDGS FDG LTD 4.7% 01-30-2031	338,203
	Total Foreign Bonds and Notes	9,198,894

FOOTNOTES

STATEMENT 1

SCHEDULE C - DIRECT COMPENSATION FOR EMPLOYEES:
 THE AMOUNT OF DIRECT COMPENSATION ATTRIBUTABLE TO
 PLAN TRUSTEES AND EMPLOYEES AND REPORTED ON
 SCHEDULE C HAS BEEN DETERMINED IN ACCORDANCE
 WITH DEPARTMENT OF LABOR RULES AND REGULATIONS
 FOR COMPLETING FORM 5500. THESE AMOUNTS MAY
 CONSIST OF ELEMENTS CONSIDERED TO BE TAXABLE (SALARY)
 AND NON-TAXABLE (BENEFITS AND EXPENSE REIMBURSEMENTS)

SCHEDULE C	OTHER SERVICE PROVIDER SERVICE CODES	STATEMENT 2
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NAME	SERVICE CODES
THE NORTHERN TRUST COMPANY	19
THE NORTHERN TRUST COMPANY	28
THE NORTHERN TRUST COMPANY	51
THE NORTHERN TRUST COMPANY	52
THE NORTHERN TRUST COMPANY	64
THE NORTHERN TRUST COMPANY	65

CODES TO SCHEDULE C, LINE 2(B)

SCHEDULE H	OTHER RECEIVABLES	STATEMENT 3
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DESCRIPTION	BEGINNING	ENDING
ACCRUED INVESTMENT INCOME	2,022,423.	4,303,680.
LIFE INSURANCE DEPOSIT	228,448.	264,224.
VISION BENEFIT DEPOSIT	159,540.	159,540.
PRESCRIPTION DRUG GOVERNMENT SUBSIDI	4,278,650.	2,409,678.
PRESCRIPTION DRUG REBATES	37,411,633.	18,708,862.
PREPAID EXPENSES	37,158.	286,003.
DUE FROM BROKER - PENDING TRADES - NET	518,098.	0.
TOTAL TO SCHEDULE H, LINE 1B(3)	44,655,950.	26,131,987.

SCHEDULE H	OTHER GENERAL INVESTMENTS	STATEMENT 4
DESCRIPTION	BEGINNING	ENDING
OPPORTUNISTIC CREDIT FUNDS	25,521,364.	20,021,190.
BRIGADE CREDIT OFFSHORE FUND II LTD.	68,236,994.	110,140,114.
COLUMBUS CORE PLUS BOND FUND LLC	0.	174,228,374.
BLACKSTONE INFRASTRUCTURE PARTNERS - V FEEDER	0.	51,016,930.
TOTAL TO SCHEDULE H, LINE 1C(15)	93,758,358.	355,406,608.

SCHEDULE H	OTHER PLAN LIABILITIES	STATEMENT 5
DESCRIPTION	BEGINNING	ENDING
RECIPROCITY CONTRIBUTIONS PAYABLE	3,344,319.	6,393,054.
DUE TO BROKER - PENDING TRADES - NET	0.	7,866,225.
DEFERRED CONTRIBUTIONS	4,778,906.	4,822,413.
TOTAL TO SCHEDULE H, LINE 1J	8,123,225.	19,081,692.

SCHEDULE H	OTHER INCOME	STATEMENT 6
DESCRIPTION		AMOUNT
PRESCRIPTION DRUG REBATES		68,466,113.
PRESCRIPTION DRUG GOVERNMENT SUBSIDIES		18,800,447.
PRINTING AND POSTAGE PROVIDER REBATES		2,968,096.
TOTAL TO SCHEDULE H, LINE 2C		90,234,656.

SCHEDULE H	OTHER PAYMENTS TO PROVIDE BENEFITS	STATEMENT 7
DESCRIPTION		AMOUNT
PPO FEES AND BENEFIT ADMINISTRATIVE EXPENSE		32,174,112.
TOTAL TO SCHEDULE H, LINE 2E(3)		32,174,112.

SCHEDULE H

OTHER ADMINISTRATIVE EXPENSES

STATEMENT 8

DESCRIPTION

AMOUNT

DATA PROCESSING	1,221,857.
DEPRECIATION	150,565.
OCCUPANCY	508,932.
OFFICE SUPPLIES AND OTHER MISCELLANEOUS EXPENSE	491,918.
PAYROLL TAXES	701,935.
POSTAGE	614,743.
PRINTING	532,909.
TELEPHONE	260,641.
INSURANCE	304,495.
FEES MANDATED BY ACA	466,481.
CLAIMS INVESTIGATION AND CONSULTING	292,823.
TOTAL TO SCHEDULE H, LINE 2I(11)	5,547,299.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**OMB Nos. 1510 - 0110
1510 - 0089**2025****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2025 or fiscal plan year beginning **01/01/2025** and ending **12/31/2025**

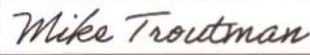
- A** This return/report is for: ☒ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- B** This return/report is: ☐ a single-employer plan ☐ a DFE (specify) _____
☐ the first return/report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

Part II Basic Plan Information - enter all requested information

1a Name of plan LINE CONSTRUCTION BENEFIT FUND	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 01/01/1963
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BOARD OF TRUSTEES OF LINE CONSTRUCTION BENEFIT FUND 821 PARKVIEW BOULEVARD LOMBARD IL 60148	2b Employer Identification Number (EIN) 36-6066988 2c Plan Sponsor's telephone number 800-323-7268 2d Business code (see instructions) 238210

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 	8/19/26	Kevin Chesniak
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	8/21/2026	Mike Troutman
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

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

**Form 5500 (2025)
v. 250312**

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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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
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5 Total number of participants at the beginning of the plan year	5	69,028
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)	65,981
a(2) Total number of active participants at the end of the plan year	6a(2)	68,906
b Retired or separated participants receiving benefits	6b	3,211
c Other retired or separated participants entitled to future benefits	6c	
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	72,117
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	
f Total. Add lines 6d and 6e	6f	
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)	
(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	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	1,315

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

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

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

a Pension Schedules

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

b General Schedules

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

Plan Name	Line Construction Benefit Fund	Plan No.	501
Plan Sponsor	Board of Trustees of Line Construction Benefit Fund	EIN:	36-6066988
		Y/E	12/31/25

Individual transactions - purchases and sales on separate lines

a. Identity of party involved*	b. Description of asset (Include interest rate & maturity in case of a loan)	c. Purchase price	d. Selling price	e. Lease rental	f. Expense incurred with transaction	g. Cost of asset**	h. Current value of asset on trans. date	i. Net gain or (loss)
Columbus Core Plus Bond Fund LLC	Partnership Investment	170,000,000	-	-	-	-		
Western Asset Intl. Plus Fund	103-12 Investment Entity	-	155,822,464	-	-	154,557,391	-	1,265,073

* Not applicable for purchases or sales of marketable securities.

** Book value is current value at end of prior year or at purchase date if purchased during the reporting period.

Series of securities transactions - include all purchases and sales of one security on same line and apply 5% test to total.

a. Description of security	b. Total number of purchases	c. Total number of sales	d. Total value of purchases	Sales	
				e. Total value	f. Incr (decr) by
Goldman Sachs Financial Square Government Money Market Fund	Numerous	Numerous	853,188,631	(636,697,146)	