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

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORDSTROM 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1953

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)
NORDSTROM, INC.

EMPLOYEE BENEFITS

1600 7TH AVE
SUITE 2500
SEATTLE, WA 98101

2b Employer Identification Number (EIN)
91-0515058

2c Plan Sponsor's telephone number
855-667-3947

2d Business code (see instructions)
452200

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.	09/30/2026	TERRY LODES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

NORDSTROM 401K PLAN RETIREMENT COMMITTEE

1600 7TH AVE. SUITE 2500
SEATTLE, WA 98101

3b Administrator's EIN: 91-0979776

3c Administrator's telephone number: 855-667-3947

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**	109402
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)**	58257
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	58146
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	52867
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	111013
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	398
f	Total. Add lines **6d** and **6e**.	**6f**	111411
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)**	102382
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	104161
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	16488
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2J 2K 2R 2S 2T 3H

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

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

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 0
- (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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
NORDSTROM 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORDSTROM, INC.

D Employer Identification Number (EIN)
91-0515058

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

CAPITAL BANK AND TRUST COMPANY

95-4797716

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

LOOMIS SAYLES TRUST COMPANY, LLC

20-8080381

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

NEUBERGER BERMAN INVSTMNT ADVISERS

02-0654486

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

PUTNAM FIDUCIARY TRUST CO., LLC

04-2777224

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

SEI TRUST COMPANY

06-1271230

(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

SCHRODER INVST. MGT. NORTH AMERICA

13-4064414

(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

(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)

ALIGHT FINANCIAL ADVISORS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 50	NONE	3083780	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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 50	RECORDKEEPER	2803398	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WILLIAM BLAIR INVESTMENT MGMT LLC

47-2614791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE	2719054	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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 NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 25 28 50 51 52 59 62	NONE	1059755	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CALLAN ASSOCIATES

94-2192581

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "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	CONSULTANT	326946	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DODGE & COX

94-1441976

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51 52 68	NONE	249929	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

THOMPSON HINE

34-0575300

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	ERISA COUNSEL	124785	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BDO USA,P.C.

13-5381590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	AUDITOR	60900	Yes [ ] No [X]	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 49 50 51	NONE	55423	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

PERSHING LLC

13-2741729

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 61 71 99	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	46347	Yes [ ] No [X]

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

ALIGHT FINANCIAL SOLUTIONS, LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 61 63	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	7559	Yes [ ] No [X]

(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
PERSHING LLC	71	38574
(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.	
ALIGHT FINANCIAL SOLUTIONS, LLC 82-1061233	SECURITIES BROKERAGE COMMISSIONS AND FEES PAID TO CLEARING AGENT	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PERSHING LLC	61	5291
(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.	
MULTIPLE MUTUAL FUND COMPANIES 13-2741729	FINDER'S FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALIGHT FINANCIAL SOLUTIONS, LLC	63	4199
(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.	
MULTIPLE MUTUAL FUND COMPANIES 82-1061233	AGGREGATED INVESTMENT MANAGER FUND FEES	

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
ALIGHT FINANCIAL SOLUTIONS, LLC	61	3360

(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.
PERSHING LLC 13-2741729	FINDER'S FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PERSHING LLC	99	2114

(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.
PERSHING LLC 13-2741729	OTHER FEES

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

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
NORDSTROM 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NORDSTROM, INC.

D Employer Identification Number (EIN)
91-0515058

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: PUTNAM STABLE VALUE FUND

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

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)
04-3159710-202	C	369733629

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

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

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)
25-6078093-023	C	16147528

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

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

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)
90-0337987-168	C	53806019

a Name of MTIA, CCT, PSA, or 103-12 IE: LOOMIS SAYLES CORE PLUS FIXED INCOM

b Name of sponsor of entity listed in (a): LOOMIS SAYLES TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
84-6391546-010	C	518417612

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHRODER INT'L MULTI-CAP EQTY TRUST

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

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)
46-4679164-072	C	312640283

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

b Name of sponsor of entity listed in (a): THE CAPITAL GROUP EUROPACIFIC GROWTH TRUST

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)
95-6597294-661	C	670249722

a Name of MTIA, CCT, PSA, or 103-12 IE: PGIM RETIREMENT REAL ESTATE FUND II

b Name of sponsor of entity listed in (a): PGIM INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-1921274-001	E	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD INST 500 IX

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

c EIN-PN 81-6327546-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1253169269

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
NORDSTROM 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORDSTROM, INC.

D Employer Identification Number (EIN)
91-0515058

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	1754999
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	113711694	146046804
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	22078232	40231051
(B) All other	1c(3)(B)	40148705	45084332
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	2035297	1859697
(B) Common	1c(4)(B)	519252705	558199541
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	77131875	79105976
(9) Value of interest in common/collective trusts	1c(9)	2705369690	3194164062
(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)	101768993	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	588213908	646139711
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	56894690	64472377

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	68481575	275538
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	4295087364	4777334088
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	1565176	1977891
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2998738	1420061
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4563914	3397952
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	4290523450	4773936136

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)	79062505	
(B) Participants	2a(1)(B)	201507526	
(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)		280570031
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	227637	
(B) U.S. Government securities	2b(1)(B)	4375696	
(C) Corporate debt instruments	2b(1)(C)	3949057	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	5821694	
(F) Other	2b(1)(F)	327558	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14701642
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	83078	
(B) Common stock	2b(2)(B)	4124287	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7186209	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		11393574
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	432091715	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	435653400	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-3561685
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	46486326	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		46486326

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		330516653
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		228727528
c Other income	2c		9174807
d Total income. Add all **income** amounts in column (b) and enter total	2d		918008876
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	424020052	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		424020052
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		91168
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	2803398	
(4) IQPA audit fees	2i(4)	61900	
(5) Investment advisory and investment management fees	2i(5)	6435132	
(6) Bank or trust company trustee/custodial fees	2i(6)	1059755	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	124785	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		10484970
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		434596190
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		483412686
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] 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: BDO USA, P.C. **(2)** EIN: 13-5381590

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
NORDSTROM 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NORDSTROM, INC.

D Employer Identification Number (EIN)
91-0515058

Part I Distributions

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

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

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

EIN(s): 25-1926855

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☒ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q703906A .

Nordstrom 401(k) Plan

Employer ID No: 91-0515058

Plan Number: 001

Report of Independent Auditors and
Financial Statements as of December 31, 2025 and 2024
and for the Year Ended December 31, 2025,
with Supplementary Information

NORDSTROM 401(k) PLAN
PLAN YEAR ENDED DECEMBER 31, 2025
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All other schedules required by Section 2520.103-10 of the Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Tel: 714-957-3200
Fax: 714-957-1080
www.bdo.com

600 Anton Boulevard
Suite 500
Costa Mesa, CA 92626

Independent Auditor's Report

To the Retirement Committee
Nordstrom 401(k) Plan
Seattle, WA

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2025 Financial Statements

We have performed an audit of the financial statements of Nordstrom 401(k) Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2025 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (ERISA Section 103(a)(3)(C) audit). As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or qualified institution, provided that statements or information regarding assets so held are prepared and certified to by the qualified institution in accordance with 29 CFR 2520.103-5 of the Department of Labor's DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Management has obtained a certification from a qualified institution as of December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

Opinion on the 2025 Financial Statements

In our opinion, based on our audit and the procedures performed as described in the *Auditor's Responsibilities for the Audit of the 2025 Financial Statements* section

- the amounts and disclosures in the accompanying 2025 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (GAAP)

- the information in the accompanying 2025 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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Basis for Opinion on 2025 Financial Statements

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2025 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 audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion on the 2025 financial statements.

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. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the Plan and determining that the Plan's transactions that are presented and disclosed in the financial statements are in conformity with the Plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the 2025 Financial Statements

Except as described in the *Scope and Nature of the ERISA Section 103(a)(3)(C)* Audit of the 2025 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with 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.

- 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.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the 2025 Financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the 2025 Financial Statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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.

Other Matter — Supplemental Schedule Required by ERISA

The Supplemental Schedule H, line 4i- Schedule of Assets (Held at End of Year) as of December 31, 2025 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of labor’s DOL'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 included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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. For information included in the supplemental schedule that agreed to or is derived from the certified

investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labo's DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- The form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

- The information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by a qualified institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Other Matter – Auditor's Report on the 2024 Financial Statements

The financial statements of the Plan as of December 31, 2024, were audited by us in accordance with auditing standards generally accepted in the United States of America (2024 audit). Our report dated July 29, 2025, expressed an unmodified opinion on those financial statements. The 2024 audit was not conducted pursuant to ERISA Section 103(a)(3)(c).

BDO USA, P.C.

September 22, 2026

NORDSTROM 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(Amounts in thousands)

	December 31,	
	2025	**2024**
Assets		
Participant-directed investments at fair value (see Note 3: Fair Value Measurements)	**$4,696,473**	$4,217,955
Notes receivable from participants	**79,106**	77,132
Accrued income and broker receivable	**1,755**	—
Total assets	**4,777,334**	4,295,087
Liabilities		
Administrative expenses and other payables	**1,978**	1,565
Due to broker for securities purchased	**1,420**	2,999
Total liabilities	**3,398**	4,564
Net assets available for benefits	**$4,773,936**	$4,290,523

The accompanying Notes to Financial Statements are an integral part of these financial statements.

NORDSTROM 401(k) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
(Amounts in thousands)

Plan year ended	December 31, 2025
Additions	
Contributions	
Company contributions	**$79,063**
Employee contributions	**201,508**
Total contributions	**280,571**
Investment income	
Net appreciation in fair value of investments	**590,696**
Interest and dividends	**46,742**
Total investment income	**637,438**
Total contributions and investment income	**918,009**
Deductions	
Benefit payments to participants	**424,111**
Administrative expenses and other	**10,485**
Total deductions	**434,596**
Net increase in net assets	**483,413**
Net assets available for benefits at beginning of year	**4,290,523**
Net assets available for benefits at end of year	**$4,773,936**

The accompanying Notes to Financial Statements are an integral part of these financial statements.

NORDSTROM 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

(Dollar and share amounts in thousands)

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Nordstrom 401(k) Plan as amended and restated (the “Plan”) is for informational purposes only and does not bind the Plan. Participants should refer to the Plan documents for a more complete description of the Plan’s provisions.

General

The Plan was originally established on December 31, 1952 and is a defined contribution plan. The Plan covers substantially all employees of Nordstrom, Inc. (the "Company") and its participating subsidiaries and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended. ("ERISA").

On May 20, 2025, certain members of the Nordstrom family including Erik Nordstrom, Peter Nordstrom, James Nordstrom and other members of the Nordstrom family, and related trusts and investment vehicles (collectively, the “Family Group”) and El Puerto de Liverpool, S.A.B. de C.V. (“Liverpool” and together with the Family Group, the “Parent Parties”), completed an all-cash acquisition of Nordstrom, Inc. for $24.25 per share (the “Merger”) pursuant to the Agreement and Plan of Merger the Company entered into with Nordstrom Holdings, Inc. and Navy Acquisition Co., Inc. on December 22, 2024 (the “Merger Agreement”). Nordstrom, Inc. common stock ceased trading prior to the opening of the New York Stock Exchange (“NYSE”) on May 21, 2025 and was delisted from the NYSE as of May 21, 2025. Nordstrom, Inc. is a direct, wholly owned subsidiary of Nordstrom Holdings, Inc. (“Parent”).

In 2025, the Plan was amended to reflect changes that occurred in connection with the Merger completed as of May 20, 2025. The impacts of those amendments are discussed throughout Note 1. The Plan continues to be sponsored by Nordstrom, Inc. and remains subject to the provisions of ERISA.

Employees are eligible to make elective salary deferrals and receive Company matching contributions upon hire.

Plan Year

The Plan operates on a calendar year ending on December 31. References to 2025 and 2024 relate to the Plan years ended December 31, 2025 and December 31, 2024.

Trustee and Administrator of the Plan

Bank of New York (“BNY”) is the asset trustee and custodian of the Plan and Alight Solutions provides recordkeeping services for the Plan.

The Plan is administered by the Company in conjunction with the Plan Administrator. In connection with the Merger, the Plan was amended to designate the Compensation Committee (the "CC") of the Board of Directors of Nordstrom Holdings, Inc., or its successor, as the Plan Administrator, replacing the Compensation, People and Culture Committee ("CPCC") of the Board of Directors of Nordstrom, Inc.

Plan Contributions

Contributions to the Plan are made through employee contributions, including catch-up contributions, Company contributions and participant rollover contributions. Contributions are subject to certain limitations of the Internal Revenue Code (“IRC”).

Employee contributions — Eligible employees may elect to defer up to 50% of eligible compensation on a pre-tax basis, after-tax basis (“Roth”) or a combination of both. Employees aged 50 and over are allowed a catch-up contribution on a pre-tax basis, Roth or a combination of both, beginning in the year they turn age 50. Eligible employees who neither make an affirmative salary deferral election nor affirmatively opt out of the Plan are automatically enrolled in the Plan with a deferral contribution equal to 3% of eligible compensation. This deferral percentage is automatically increased by 1% annually, up to 10%, unless the participant elects otherwise. Employees have the option to opt out of deferring or to change their deferral percentage at any time in accordance with the Plan.

Company contributions — The Company matches employee contributions dollar for dollar on the first 1% of eligible compensation and 50 cents per dollar on the next 6% of eligible compensation, up to a total of 4% of eligible compensation. Company contributions are funded each pay period that an eligible participant contributes to the Plan.

Participant rollover contributions — Participants eligible for a withdrawal from another eligible retirement plan or traditional individual retirement account (“IRA”) may roll over all or part of that amount into the Plan. Participants may not roll over amounts from a Roth IRA into the Plan.

Contributions are recognized in the period the Company makes payroll deductions from participant compensation.

NORDSTROM 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Dollar and share amounts in thousands)

Investments
Participants can direct the investment of their accounts (including employee and Company contributions) among various funds and, prior to completion of the Merger, Nordstrom, Inc. common stock. The funds as of December 31, 2025 and 2024 include a variety of mutual funds, common collective trust ("CCT") funds, separately managed funds and custom target retirement date funds. The available funds are regularly reviewed by the Plan Administrator and are subject to change at any time.

Participation in Investment Activity
Individual accounts are credited daily with a pro-rata share of investment income or loss experienced by the respective funds into which their account balances have been directed. This income or loss is included in net appreciation in fair value of investments on the Statement of Changes in Net Assets Available for Benefits.

Vesting in the Plan
Employees who terminate employment due to retirement, disability or death are 100% vested in their Plan accounts, regardless of years of service. The Plan defines "retirement" as age 60 or older for the purposes of vesting. On termination of employment for reasons other than retirement, disability or death, the amounts credited to the accounts of participants are vested as follows:

Employee contributions — Employee contributions (salary deferral, catch-up and rollover contributions) are always 100% vested.

Company contributions — Company matching contributions are 100% vested after completion of two years of service. A year of service is any year in which an employee works at least 1,000 hours.

Forfeitures
Forfeitures of unvested Company matching contributions from terminated participant accounts are used to offset Company matching contributions. As of December 31, 2025 and 2024, forfeited unvested amounts were $1,218 and $1,073. In 2025, the Plan used forfeitures of $4,794 to offset Company matching contributions.

Benefit Payments
On termination of service, a participant (or participant's beneficiary in the case of death) may elect to roll over the value of the vested interest in his or her account to another qualified plan, to receive the value as a lump-sum distribution or elect to remain in the Plan, if the vested account balance exceeds $1 (subject to required distributions under Section 401(a)(9) of the IRC). When an active participant reaches age 59½ and continues to work for the Company, the participant is eligible to receive a partial or full distribution of their account. The Plan also allows distributions to active participants for financial hardship if certain criteria are met.

Participant Loans (Notes Receivable from Participants)
Participants may borrow a minimum of $1 from their account up to a maximum that is equal to the lesser of:

- 50% of their vested account balance, less the balance of any other outstanding loans from the Plan as of the loan request date, or
- $50 less the highest outstanding principal balance of any loans, from this Plan or any other qualified Plan of the employer or a related employer, during the one-year period immediately preceding the loan request date

Loan terms are a maximum of 59 months or, if for the purchase of a principal residence, up to 239 months. The loans are secured by the balance in the participant's account. The interest rate for a loan is determined at the time it is approved. The rate will be the prime rate as reported by the Wall Street Journal on the 15th day of the prior month, plus 1%. Interest rates for participant loans outstanding on December 31, 2025 range from 4.25% to 9.50%. Principal and interest is paid through payroll deductions, following the participant's bi-weekly payroll cycle. A participant may have a maximum of two loans outstanding at any one time.

Participants may make monthly loan repayments during approved leaves of absence. Alternatively, payment obligations may be suspended during approved leaves of absence not longer than one year and during periods of qualified military service. Participants may continue to make loan repayments after termination of employment under procedures established by the Plan Administrator. Loan balances that become delinquent will be deemed distributed and become taxable income to the participant.

NORDSTROM 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Dollar and share amounts in thousands)

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting
The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates
The preparation of financial statements in conformity with GAAP requires Company plan management to make estimates, judgments and assumptions that affect the reported amounts of assets, liabilities, and changes therein and disclosure of contingent assets and liabilities during the reporting period. Uncertainties regarding such estimates and assumptions are inherent in the preparation of financial statements and actual results may differ from these estimates and assumptions.

Risks and Uncertainties
The Plan holds various investment instruments, including, but not limited to, common stock, debt securities, mutual funds and CCTs. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect participants' account balances and the amounts reported in the financial statements.

Investment Valuation and Income Recognition
The Plan's investments are held by the trustee and are recorded at fair value as follows:

- Common stock is valued at quoted market prices as of the last trading day of the Plan year.
- Shares of mutual funds are valued at quoted market prices as of the last trading day of the Plan year.
- CCTs and 103-12 investment entities are measured using the net asset value ("NAV") practical expedient of each fund, as reported by the fund managers. The NAV practical expedient is based on the fair value of the underlying assets owned by the CCT or investment entity, less its liabilities, and divided by the number of units outstanding.
- Investments in debt securities are valued using the market approach and observable inputs, such as observable trade prices, multiple broker/dealer quotes, related yield curves and other assumptions about the securities.
- Self-directed brokerage accounts allow participants to invest all or a portion of their account in investments of their choice. The fair value is based on the underlying investments, which may include common stock, mutual funds and debt securities.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded when earned.

Net realized gains or losses on investment sales represent the difference between the sale proceeds and cost of the investments, or the adjusted market price. Net unrealized appreciation or depreciation on investments held at the end of the Plan year represents the net change in the fair value of investments during the year. The Statement of Changes in Net Assets Available for Benefits presents the net appreciation or depreciation in fair value of investments, which consists of realized and unrealized gains and losses.

Notes Receivable from Participants
Participant loans are included in notes receivable from participants on the Statements of Net Assets Available for Benefits and are measured at their unpaid principal balance plus any accrued unpaid interest. Delinquent participant loans are recorded as distributions based on the terms of the Plan document.

Benefit Payments
Benefits are recorded when paid. Amounts allocated to former participants who have withdrawn from the Plan, but have not yet been paid as of December 31, 2025 and 2024, were $4,885 and $5,555.

Administrative Expenses
Substantially all the administrative expenses, including recordkeeping, trustee and other fees incurred in connection with the Plan, are paid by the Plan through an allocation to participant accounts.

Subsequent Events
Subsequent to year end, Nordstrom, Inc. entered into an agreement to transition recordkeeping and trustee services for the Plan to Fidelity Investments. Effective July 1, 2026, Fidelity Investments ("Fidelity") became the new recordkeeping service provider and trustee of the Plan's assets, which resulted in a transfer of assets from BNY to Fidelity. The value of the Plan assets transferred to Fidelity was $4,968,695, inclusive of notes receivable from participants of $81,051.

NORDSTROM 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Dollar and share amounts in thousands)

In addition, effective April 22, 2026, the Plan implemented changes to the investment options available to participants. The Nordstrom Target Retirement Date Funds (the Plan's custom target date retirement fund series) were replaced with the Capital Group Target Date Retirement Blend Series Funds, which became the Plan's qualified default investment alternative. Participant balances and future investment elections in the replaced funds were automatically mapped to corresponding investment options in the new fund series.

Management has evaluated subsequent events through September 22, 2026, which is the date the financial statements were available to be issued, and has determined that there are no subsequent events that require disclosure, except as described above.

NOTE 3: FAIR VALUE MEASUREMENTS

The Plan discloses its assets that are measured at fair value in the Statements of Net Assets Available for Benefits by level within the fair value hierarchy as defined by applicable accounting standards:

Level 1: Quoted market prices in active markets for identical assets or liabilities
Level 2: Other observable market-based inputs or unobservable inputs that are corroborated by market data
Level 3: Unobservable inputs that cannot be corroborated by market data that reflect the reporting entity's own assumptions

The following tables set forth, by level within the fair value hierarchy, a summary of the Plan's investments that were measured at fair value on a recurring basis as of December 31, 2025 and 2024. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

	December 31, 2025		
	Level 1	**Level 2**	**Total**
Fair value hierarchy:			
Common stock	**$558,200**	**$—**	**$558,200**
Debt securities	**38,140**	**200,425**	**238,565**
Mutual funds	**646,139**	**—**	**646,139**
Brokerage securities	**54,512**	**4,894**	**59,406**
Total assets in fair value hierarchy	**$1,296,991**	**$205,319**	**$1,502,310**
Investments measured at NAV practical expedient[1]			**3,194,163**
Total participant-directed investments at fair value			**$4,696,473**

[1] Includes CCTs

	December 31, 2024		
	Level 1	**Level 2**	**Total**
Fair value hierarchy:			
Common stock	$587,734	$—	$587,734
Debt securities	33,153	147,950	181,103
Mutual funds	588,213	—	588,213
Brokerage securities	48,523	5,244	53,767
Total assets in fair value hierarchy	$1,257,623	$153,194	$1,410,817
Investments measured at NAV practical expedient[1]			2,807,138
Total participant-directed investments at fair value			$4,217,955

[1] Includes CCTs and a 103-12 investment entity.

Certain investments measured at NAV as a practical expedient are measured daily and may be redeemed daily with no restrictions related to the redemption notice period.

The Plan did not have any Level 3 measurements as of December 31, 2025 and 2024. During 2025, there were no transfers in or out of Levels 1, 2 or 3.

NORDSTROM 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(Dollar and share amounts in thousands)

NOTE 4: PARTY-IN-INTEREST TRANSACTIONS
Parties-in-interest include fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee organization or relatives of such persons. As of December 31, 2025 and 2024, Plan investments included units held in a collective trust managed by BNY, BNY common stock and interest-bearing cash managed by BNY. In addition, the Plan holds notes receivable from participants and paid certain expenses related to plan operations and investment activities to various service providers. Transactions with these entities qualify as exempt party-in-interest transactions.

As of December 31, 2024, the Plan held 2,836 shares of Nordstrom, Inc. common stock, with a cost basis of $86,583. As a result of the Merger, all outstanding shares of Nordstrom, Inc. common stock were redeemed (see Note 1: Description of the Plan for additional information) and the Plan held no shares of Nordstrom, Inc. common stock as of December 31, 2025. The Plan recorded $1,563 of dividend income from Nordstrom, Inc. common stock during 2025.

NOTE 5: FEDERAL INCOME TAX STATUS
The Plan, as amended and restated, uses a pre-approved plan document sponsored by Plan Document Systems LLC. Plan Document Systems LLC received an opinion letter from the Internal Revenue Service ("IRS"), dated June 30, 2020, which states that the pre-approved plan document, as then designed, satisfies the applicable provisions of the IRC. The Company and Plan management believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has concluded that as of December 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

NOTE 6: PLAN TERMINATION
Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Under the Plan, the Company may also temporarily suspend contributions, which does not constitute or require termination of the Plan.

In the event the Plan is terminated, the respective accounts of the participants under the Plan shall become fully vested and nonforfeitable. After payment of expenses properly chargeable against the Plan, the trustee shall distribute all Plan assets to the participants in the proportions determined by their respective accounts.

NOTE 7: EXCESS CONTRIBUTIONS PAYABLE TO PARTICIPANTS
The Plan is subject to certain non-discrimination rules under ERISA and the IRC. For 2025 and 2024, the Plan passed all applicable non-discrimination tests. Additionally, the Plan is required to return contributions received from participants during the Plan year in excess of the IRC limits. There were no refunds for 2025 and 2024.

NOTE 8: CERTIFIED INVESTMENT INFORMATION
Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and ERISA-required supplemental schedule, including investments and notes receivable from participants held at December 31, 2025, and net appreciation in fair value of investments, interest and dividends and interest income on notes receivable from participants for the year ended December 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by BNY, a qualified institution.

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, BNY, a qualified institution, has certified that the following investment information included in the accompanying financial statements and ERISA-required supplemental schedule is complete and accurate:

i. Investments and notes receivable from participants as shown in the statements of net assets available for benefits as of December 31, 2025.
ii. Investment income (loss) and interest income on notes receivable from participants as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2025.
iii. Investment information included in the supplemental Schedule H, Line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2025, as shown on the ERISA-required supplemental schedule.

NORDSTROM 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS

(Dollar and share amounts in thousands)

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to this certified investment information, except for comparing such certified investment information to the related investment information in the financial statements, including reading the disclosures related to the investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP, and in the ERISA-required supplemental schedule, including assessing whether the supplemental schedule is in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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

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

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

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

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORDSTROM 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1953

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)

NORDSTROM, INC.

EMPLOYEE BENEFITS
1600 7TH AVE
SUITE 2500
SEATTLE WA 98101

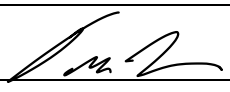
2b Employer Identification Number (EIN) 91-0515058

2c Plan Sponsor's telephone number 855-667-3947

2d Business code (see instructions) 452200

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		9-30-26	TERRY LODES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

NORDSTROM 401K PLAN RETIREMENT COMMITTEE

1600 7TH AVE. SUITE 2500

SEATTLE WA 98101

3b Administrator's EIN: 91-0979776

3c Administrator's telephone number: 855-667-3947

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**	109,402
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)**	58,257
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	58,146
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	52,867
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	111,013
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	398
f	Total. Add lines **6d** and **6e**.	**6f**	111,411
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)**	102,382
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	104,161
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	16,488
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2F 2G 2J 2K 2R 2S 2T 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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_____

NORDSTROM 401(k) PLAN
SCHEDULE H, LINE 4(i) — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2025
EIN: 91-0515058
Plan #: 001

(Dollars in thousands)

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value ($)
	Capital Group EuroPacific Fund	CCT	**	$670,250
*	EB Temporary Investment Fund	CCT - due 12/31/2049 - 1.147%	**	16,148
	Loomis Core Plus Fixed Income Fund	CCT	**	518,417
	Putnam Stable Value Fund	CCT	**	369,733
	Schroder Collective International Multi-Cap Equity Trust	CCT	**	312,640
	SSGA TIPS Index	CCT	**	53,806
	Vanguard Fiduciary Trust Company	CCT	**	1,253,169
				3,194,163
	Acv Auctions, Inc.	Common stock	**	1,346
	Advanced Drainage Systems, Inc.	Common stock	**	3,289
	Advanced Micro Devices, Inc.	Common stock	**	5,364
	Agilent Technologies, Inc.	Common stock	**	5,777
	Alphabet, Inc.	Common stock	**	19,232
	Amazon.com, Inc.	Common stock	**	19,989
	Amicus Therapeutics, Inc.	Common stock	**	4,274
	Appfolio, Inc.	Common stock	**	3,640
	Apple, Inc.	Common stock	**	30,297
	The Baldwin Insurance Group, Inc.	Common stock	**	3,430
	Bellring Brands, Inc.	Common stock	**	1,968
	Bentley Systems, Inc.	Common stock	**	2,683
	Bio-Techne Corp.	Common stock	**	3,318
	Blue Owl Capital, Inc.	Common stock	**	2,325
	Bright Horizons Family Solutions	Common stock	**	3,046
	The Brink's Co.	Common stock	**	3,348
	Broadcom, Inc.	Common stock	**	18,358
	BWX Technologies, Inc.	Common stock	**	4,605
	Cameco Corp.	Common stock	**	4,642
	The Carlyle Group, Inc.	Common stock	**	9,354
	Carpenter Technology Corp.	Common stock	**	3,235
	Casella Waste Systems, Inc.	Common stock	**	2,790
	Cava Group, Inc.	Common stock	**	3,764
	CH Robinson Worldwide, Inc.	Common stock	**	1,422
	Chemed Corp.	Common stock	**	3,644
	Chipotle Mexican Grill, Inc.	Common stock	**	2,370
	Churchill Downs, Inc.	Common stock	**	4,407
	Ciena Corp.	Common stock	**	6,660
	Clean Harbors, Inc.	Common stock	**	2,628
	Clearwater Analytics Holdings	Common stock	**	3,021
	Coherent Corp.	Common stock	**	4,130
	Copart, Inc.	Common stock	**	3,596
	Costco Wholesale Corp.	Common stock	**	5,933
	Curtiss-Wright Corp.	Common stock	**	3,791

Donaldson Co, Inc.	Common stock	**	3,816
Doximity, Inc.	Common stock	**	5,198
Dynatrace, Inc.	Common stock	**	3,316
Eagle Materials, Inc.	Common stock	**	2,988
Encompass Health Corp.	Common stock	**	2,453
Evercore, Inc.	Common stock	**	3,494
Everest Group Ltd.	Common stock	**	4,740
Everpure, Inc.	Common stock	**	6,563
Exlservice Holdings, Inc.	Common stock	**	2,968
F5, Inc.	Common stock	**	3,457
First Horizon Corp.	Common stock	**	4,212
Firstservice Corp.	Common stock	**	1,747
Freshpet, Inc.	Common stock	**	2,405
Genedx Holdings Corp.	Common stock	**	2,237
Glaukos Corp.	Common stock	**	3,042
Globus Medical, Inc.	Common stock	**	5,770
Guidewire Software, Inc.	Common stock	**	2,379
Halozyme Therapeutics, Inc.	Common stock	**	2,498
Healthequity, Inc.	Common stock	**	3,410
Idexx Laboratories, Inc.	Common stock	**	6,113
Insmed, Inc.	Common stock	**	7,020
Inspire Medical Systems, Inc.	Common stock	**	2,382
Insulet Corp.	Common stock	**	1,356
Intuit, Inc.	Common stock	**	5,440
Krystal Biotech, Inc.	Common stock	**	1,704
Landbridge Co. LLC	Common stock	**	1,116
Lattice Semiconductor Corp.	Common stock	**	4,448
Lincoln Electric Holdings, Inc.	Common stock	**	3,613
Linde PLC	Common stock	**	4,488
Louisiana-Pacific Corp.	Common stock	**	1,663
Madrigal Pharmaceuticals, Inc.	Common stock	**	5,305
Manhattan Associates, Inc.	Common stock	**	3,780
Maplebear, Inc.	Common stock	**	2,451
Martin Marietta Materials, Inc.	Common stock	**	3,534
The Marzetti Company	Common stock	**	2,380
Mastercard, Inc.	Common stock	**	12,073
Meta Platforms, Inc.	Common stock	**	15,759
Microsoft Corp.	Common stock	**	34,807
Monster Beverage Corp.	Common stock	**	6,046
Mueller Industries, Inc.	Common stock	**	5,534
National Vision Holdings, Inc.	Common stock	**	2,230
Nextpower, Inc.	Common stock	**	2,927
Novanta, Inc.	Common stock	**	2,092
Nvent Electric PLC	Common stock	**	3,816
Nvidia Corp.	Common stock	**	40,836
Onto Innovation, Inc.	Common stock	**	6,006
Oracle Corp.	Common stock	**	4,808
O'Reilly Automotive, Inc.	Common stock	**	5,688
Parsons Corp.	Common stock	**	3,186
Penumbra, Inc.	Common stock	**	3,538
Planet Fitness, Inc.	Common stock	**	4,235
Pool Corp.	Common stock	**	2,938
Primo Brands Corp.	Common stock	**	4,417
Q2 Holdings, Inc.	Common stock	**	4,223
Regal Rexnord Corp.	Common stock	**	2,430

Reliance, Inc.	Common stock	**	2,618
ServiceNow, Inc.	Common stock	**	6,265
SharkNinja, Inc.	Common stock	**	3,394
Snowflake, Inc.	Common stock	**	5,779
Talen Energy Corp.	Common stock	**	5,884
Teradyne, Inc.	Common stock	**	4,378
TPG, Inc.	Common stock	**	3,026
Transunion	Common stock	**	7,011
Twist Bioscience Corp.	Common stock	**	3,815
Tyler Technologies, Inc.	Common stock	**	4,462
UnitedHealth Group, Inc.	Common stock	**	5,275
Veeva Systems, Inc.	Common stock	**	4,084
Verisk Analytics, Inc.	Common stock	**	1,809
Waystar Holding Corp.	Common stock	**	3,623
Western Alliance Bancorp.	Common stock	**	2,379
Willscot Holdings Corp.	Common stock	**	1,647
			558,200

AT&T, Inc.	Corporate Debt - due 06/01/2031 - 2.750%	**	460
Bank of America Corp.	Corporate Debt - due 01/24/2029 - Variable	**	255
Bank of America Corp.	Corporate Debt - due 03/08/2037 - Variable	**	896
Bank of America Corp.	Corporate Debt - due 05/09/2029 - Variable	**	811
Bank of America Corp.	Corporate Debt - due 07/22/2033 - Variable	**	153
Bank of America Corp.	Corporate Debt - due 10/20/2032 - Variable	**	181
Bank of America Corp.	Corporate Debt - due 11/10/2028 - Variable	**	208
Bank of America Corp.	Corporate Debt - due 11/25/2027 - 4.183%	**	226
Bank of America Corp.	Corporate Debt - due 12/20/2028 - Variable	**	198
Barclays PLC	Corporate Debt - due 05/09/2027 - Variable	**	302
Barclays PLC	Corporate Debt - due 05/09/2028 - 4.836%	**	580
Barclays PLC	Corporate Debt - due 06/20/2030 - Variable	**	483
Barclays PLC	Corporate Debt - due 08/09/2028 - Variable	**	255
Bat Capital Corp.	Corporate Debt - due 03/16/2032 - 4.742%	**	404
Bat Capital Corp.	Corporate Debt - due 03/25/2031 - 2.726%	**	554
Bat Capital Corp.	Corporate Debt - due 08/02/2033 - 6.421%	**	193
Bayer US Finance II LLC 144A	Corporate Debt - due 12/15/2028 - 4.375%	**	876
Bayer US Finance LLC 144A	Corporate Debt - due 01/21/2029 - 6.250%	**	210
BNP Paribas S.A. 144A	Corporate Debt - due 03/13/2027 - 4.625%	**	929
BNP Paribas S.A. 144A	Corporate Debt - due 05/09/2031 - Variable	**	817
BNP Paribas S.A. 144A	Corporate Debt - due 05/20/2030 - Variable	**	440
BNP Paribas S.A. 144A	Corporate Debt - due 08/12/2035 - Variable	**	181
Boston Properties LP	Corporate Debt - due 01/15/2034 - 6.500%	**	431
Boston Properties LP	Corporate Debt - due 01/30/2031 - 3.250%	**	282
Boston Properties LP	Corporate Debt - due 02/01/2026 - 3.650%	**	225
Boston Properties LP	Corporate Debt - due 03/15/2030 - 2.900%	**	493
Boston Properties LP	Corporate Debt - due 12/01/2028 - 4.500%	**	352
Capital One Financial Corp.	Corporate Debt - due 05/10/2028 - Variable	**	607
Capital One Financial Corp.	Corporate Debt - due 09/11/2031 - Variable	**	250
Capital One Financial Corp.	Corporate Debt - due 10/30/2031 - Variable	**	311
CCO Holdings LLC / CCO Holdings Capital Corp. 144A	Corporate Debt - due 01/15/2034 - 4.250%	**	361
CCO Holdings LLC / CCO Holdings Capital Corp. 144A	Corporate Debt - due 06/01/2033 - 4.500%	**	657
CCO Holdings LLC / CCO Holdings Capital Corp.	Corporate Debt - due 05/01/2032 - 4.500%	**	202
CEMEX S.A.B. de C.V. 144A	Corporate Debt - due 09/17/2030 - 5.200%	**	963
CEMEX S.A.B. de C.V. 144A	Corporate Debt - due 11/19/2029 - 5.450%	**	202
The Charles Schwab Corp.	Corporate Debt - due 05/19/2029 - Variable	**	363

The Charles Schwab Corp.	Corporate Debt - due 05/19/2034 - Variable	**	80
The Charles Schwab Corp.	Corporate Debt - due 08/24/2034 - Variable	**	109
The Charles Schwab Corp.	Corporate Debt - due 11/14/2031 - Variable	**	250
The Charles Schwab Corp.	Corporate Debt - due 11/17/2029 - Variable	**	370
Charter Communications Operating LLC	Corporate Debt - due 04/01/2033 - 4.400%	**	94
Charter Communications Operating LLC	Corporate Debt - due 05/01/2047 - 5.375%	**	268
Charter Communications Operating LLC	Corporate Debt - due 10/23/2045 - 6.484%	**	1,083
The Cigna Group	Corporate Debt - due 05/15/2027 - 7.875%	**	199
The Cigna Group	Corporate Debt - due 05/15/2029 - 5.000%	**	180
The Cigna Group	Corporate Debt - due 10/15/2028 - 4.375%	**	151
Citigroup, Inc.	Corporate Debt - due 03/17/2033 - Variable	**	406
Citigroup, Inc.	Corporate Debt - due 05/25/2034 - Variable	**	160
Citigroup, Inc.	Corporate Debt - due 09/29/2027 - 4.450%	**	277
Comcast Corp.	Corporate Debt - due 05/15/2032 - 4.950%	**	179
Cox Communications, Inc. 144A	Corporate Debt - due 08/15/2027 - 3.500%	**	148
Cox Communications, Inc. 144A	Corporate Debt - due 09/15/2026 - 3.350%	**	497
Cox Communications, Inc. 144A	Corporate Debt - due 10/01/2030 - 1.800%	**	438
CVS Health Corp.	Corporate Debt - due 03/10/2055 - Variable	**	472
CVS Health Corp.	Corporate Debt - due 03/25/2028 - 4.300%	**	276
CVS Health Corp.	Corporate Debt - due 03/25/2038 - 4.780%	**	260
CVS Health Corp.	Corporate Debt - due 06/01/2031 - 5.550%	**	419
CVS Health Corp.	Corporate Debt - due 09/15/2031 - 2.125%	**	220
Dillard's, Inc.	Corporate Debt - due 05/15/2027 - 7.750%	**	440
Dominion Energy, Inc.	Corporate Debt - due 04/15/2026 - 1.450%	**	199
Dominion Energy, Inc.	Corporate Debt - due 05/15/2028 - 4.600%	**	202
Dominion Energy, Inc.	Corporate Debt - due 06/15/2030 - 5.000%	**	283
Elanco Animal Health, Inc.	Corporate Debt - due 08/28/2028 - Variable	**	392
Elevance Health, Inc.	Corporate Debt - due 05/15/2030 - 2.250%	**	253
Elevance Health, Inc.	Corporate Debt - due 06/15/2029 - 5.150%	**	232
Enel Finance International N.V. 144A	Corporate Debt - due 10/07/2039 - 6.000%	**	526
Fibercop Spa 144A	Corporate Debt - due 06/04/2038 - 7.721%	**	371
Ford Credit Auto Owner Trust B A3	Corporate Debt - due 04/15/2029 - 5.100%	**	450
Ford Motor Credit Co LLC	Corporate Debt - due 03/06/2026 - 6.950%	**	200
Ford Motor Credit Co LLC	Corporate Debt - due 03/20/2028 - 5.918%	**	716
Ford Motor Credit Co LLC	Corporate Debt - due 05/12/2028 - 6.800%	**	731
Ford Motor Credit Co LLC	Corporate Debt - due 08/10/2026 - 2.700%	**	718
GE Healthcare Technologies, Inc.	Corporate Debt - due 03/15/2030 - 5.857%	**	212
GE Healthcare Technologies, Inc.	Corporate Debt - due 11/22/2032 - 5.905%	**	351
GM Financial Consumer Auto 3 A3	Corporate Debt - due 08/16/2030 - 4.180%	**	1,790
The Goldman Sachs Group, Inc.	Corporate Debt - due 03/15/2028 - Variable	**	845
The Goldman Sachs Group, Inc.	Corporate Debt - due 04/23/2028 - Variable	**	253
The Goldman Sachs Group, Inc.	Corporate Debt - due 04/23/2031 - Variable	**	233
The Goldman Sachs Group, Inc.	Corporate Debt - due 10/21/2029 - Variable	**	250
The Goldman Sachs Group, Inc.	Corporate Debt - due 10/23/2030 - Variable	**	279
HCA, Inc.	Corporate Debt - due 03/01/2030 - 5.250%	**	284
HCA, Inc.	Corporate Debt - due 03/15/2032 - 3.625%	**	189
HCA, Inc.	Corporate Debt - due 06/15/2029 - 4.125%	**	224
Honda Auto Receivables 20 3 A3	Corporate Debt - due 03/21/2029 - 4.570%	**	465
Honda Auto Receivables 20 4 A3	Corporate Debt - due 05/15/2029 - 4.330%	**	1,846
HSBC Holdings PLC	Corporate Debt - due 05/02/2036 - 6.500%	**	975
HSBC Holdings PLC	Corporate Debt - due 05/13/2031 - Variable	**	284
HSBC Holdings PLC	Corporate Debt - due 06/04/2031 - Variable	**	211
HSBC Holdings PLC	Corporate Debt - due 06/09/2028 - Variable	**	202
HSBC Holdings PLC	Corporate Debt - due 08/18/2031 - Variable	**	797
HSBC Holdings PLC	Corporate Debt - due 09/15/2037 - 6.500%	**	165

	HSBC Holdings PLC	Corporate Debt - due 11/03/2033 - Variable	**	235
	Hyundai Auto Receivables C A3	Corporate Debt - due 05/15/2029 - 4.410%	**	485
	Imperial Brands Finance PLC 144A	Corporate Debt - due 02/01/2030 - 5.500%	**	207
	Imperial Brands Finance PLC 144A	Corporate Debt - due 07/26/2026 - 3.500%	**	299
	Imperial Brands Finance PLC 144A	Corporate Debt - due 07/26/2029 - 3.875%	**	760
	Imperial Brands Finance PLC 144A	Corporate Debt - due 07/27/2027 - 6.125%	**	438
	Japan Tobacco, Inc. 144A	Corporate Debt - due 06/15/2030 - 5.250%	**	338
	JPMorgan Chase & Co.	Corporate Debt - due 04/22/2031 - Variable	**	303
	JPMorgan Chase & Co.	Corporate Debt - due 05/13/2031 - Variable	**	2,337
	Kinder Morgan Energy Partners	Corporate Debt - due 08/15/2042 - 5.000%	**	184
	Kinder Morgan Energy Partners	Corporate Debt - due 09/01/2039 - 6.500%	**	270
	Kinder Morgan, Inc.	Corporate Debt - due 06/01/2030 - 5.150%	**	207
	Lloyds Banking Group PLC	Corporate Debt - due 03/24/2026 - 4.650%	**	526
	Lloyds Banking Group PLC	Corporate Debt - due 06/13/2029 - Variable	**	432
	Lloyds Banking Group PLC	Corporate Debt - due 11/04/2031 - Variable	**	274
	Lloyds Banking Group PLC	Corporate Debt - due 11/15/2033 - Variable	**	553
	Mars, Inc. 144A	Corporate Debt - due 03/01/2027 - 4.450%	**	76
	Mars, Inc. 144A	Corporate Debt - due 03/01/2028 - 4.600%	**	127
	Mars, Inc. 144A	Corporate Debt - due 03/01/2030 - 4.800%	**	460
	Meta Platforms, Inc.	Corporate Debt - due 11/15/2032 - 4.600%	**	151
	Meta Platforms, Inc.	Corporate Debt - due 11/15/2035 - 4.875%	**	175
	NatWest Group PLC	Corporate Debt - due 03/02/2034 - Variable	**	376
	NatWest Group PLC	Corporate Debt - due 05/18/2029 - Variable	**	203
	NatWest Group PLC	Corporate Debt - due 06/01/2034 - Variable	**	210
	NatWest Group PLC	Corporate Debt - due 06/14/2027 - Variable	**	223
	NatWest Group PLC	Corporate Debt - due 09/13/2029 - Variable	**	469
	NatWest Group PLC	Corporate Debt - due 11/28/2035 - Variable	**	299
	Navient Student Loans 2A A3 144A	Corporate Debt - due 06/25/2065 - Variable	**	4,374
	Nextera Energy Capital Holding	Corporate Debt - due 03/15/2029 - 4.900%	**	436
	Nextera Energy Capital Holding	Corporate Debt - due 03/15/2030 - 5.050%	**	826
	Nextera Energy Capital Holding	Corporate Debt - due 07/15/2027 - 4.625%	**	354
	Nextera Energy Capital Holding	Corporate Debt - due 09/01/2027 - 4.685%	**	177
	Nissan Auto Receivables 2 B A3	Corporate Debt - due 03/15/2029 - 4.340%	**	471
*	Nordstrom, Inc.	Corporate Debt - due 03/15/2028 - 6.950%	**	276
	Oracle Corp.	Corporate Debt - due 08/03/2028 - 4.800%	**	151
	Oracle Corp.	Corporate Debt - due 09/27/2029 - 4.200%	**	294
	Petroleos Mexicanos	Corporate Debt - due 01/23/2050 - 7.690%	**	2,532
	Petroleos Mexicanos	Corporate Debt - due 02/16/2032 - 6.700%	**	1,502
	Petroleos Mexicanos	Corporate Debt - due 06/15/2035 - 6.625%	**	474
	Philip Morris International Inc.	Corporate Debt - due 02/13/2029 - 4.875%	**	102
	Philip Morris International Inc.	Corporate Debt - due 02/13/2031 - 5.125%	**	78
	Philip Morris International Inc.	Corporate Debt - due 02/15/2033 - 5.375%	**	209
	Philip Morris International Inc.	Corporate Debt - due 11/17/2029 - 5.625%	**	79
	Philip Morris International Inc.	Corporate Debt - due 11/17/2032 - 5.750%	**	91
	Prosus N.V. 144A	Corporate Debt - due 01/19/2052 - 4.987%	**	497
	Prosus N.V. 144A	Corporate Debt - due 01/21/2030 - 3.680%	**	672
	Prosus N.V. 144A	Corporate Debt - due 07/06/2027 - 4.850%	**	654
	Prosus N.V. 144A	Corporate Debt - due 07/13/2031 - 3.061%	**	1,115
	Rio Oil Finance Trust Series 144A	Corporate Debt - due 01/06/2027 - 9.750%	**	166
	Rio Oil Finance Trust Series 144A	Corporate Debt - due 04/06/2028 - 8.200%	**	392
	RTX Corp.	Corporate Debt - due 03/15/2031 - 6.000%	**	162
	RTX Corp.	Corporate Debt - due 03/15/2034 - 6.100%	**	164
	SLM Student Loan Trust 20 3 A6	Corporate Debt - due 04/25/2040 - Variable	**	1,686
	SLM Student Loan Trust 20 8 A6	Corporate Debt - due 01/25/2041 - Variable	**	2,277
	SMB Private Education B A1A 144A	Corporate Debt - due 03/17/2053 - 5.020%	**	427

SMB Private Education C A1A 144A	Corporate Debt - due 06/17/2052 - 5.500%	**	1,581
The Southern Co.	Corporate Debt - due 01/15/2051 - Variable	**	750
The Southern Co.	Corporate Debt - due 03/15/2029 - 5.500%	**	623
The Southern Co.	Corporate Debt - due 08/01/2027 - Variable	**	432
The Southern Co.	Corporate Debt - due 09/15/2051 - Variable	**	567
Synopsys, Inc.	Corporate Debt - due 04/01/2028 - 4.650%	**	76
Synopsys, Inc.	Corporate Debt - due 04/01/2030 - 4.850%	**	511
Synopsys, Inc.	Corporate Debt - due 04/01/2032 - 5.000%	**	128
Time Warner Cable LLC	Corporate Debt - due 05/01/2037 - 6.550%	**	306
Time Warner Cable LLC	Corporate Debt - due 07/01/2038 - 7.300%	**	349
T-Mobile USA, Inc.	Corporate Debt - due 02/15/2026 - 2.250%	**	324
T-Mobile USA, Inc.	Corporate Debt - due 04/15/2030 - 3.875%	**	615
T-Mobile USA, Inc.	Corporate Debt - due 04/15/2031 - 3.500%	**	718
Transcanada Trust	Corporate Debt - due 03/15/2077 - Variable	**	1,075
Transcanada Trust	Corporate Debt - due 08/15/2076 - Variable	**	501
Transcanada Trust	Corporate Debt - due 09/15/2079 - Variable	**	596
UBS Group Ag 144A	Corporate Debt - due 01/12/2034 - Variable	**	800
UBS Group Ag 144A	Corporate Debt - due 05/09/2036 - Variable	**	208
UBS Group Ag 144A	Corporate Debt - due 09/22/2029 - Variable	**	237
UBS Group Ag 144A	Corporate Debt - due 09/22/2034 - Variable	**	492
Ultrapar International S.A. 144A	Corporate Debt - due 10/06/2026 - 5.250%	**	350
Unicredit S.P.A. 144A	Corporate Debt - due 04/02/2034 - Variable	**	1,288
Unicredit S.P.A. 144A	Corporate Debt - due 06/30/2035 - Variable	**	357
Union Pacific Railroad Co. 2006	Corporate Debt - due 07/02/2030 - 5.866%	**	41
Verizon Communications, Inc.	Corporate Debt - due 01/15/2033 - 4.750%	**	150
Verizon Communications, Inc.	Corporate Debt - due 03/21/2031 - 2.550%	**	252
VMware LLC	Corporate Debt - due 08/15/2026 - 1.400%	**	246
Volkswagen Auto Loan Enhance 1 A4	Corporate Debt - due 07/21/2031 - 4.610%	**	966
Wells Fargo & Co.	Corporate Debt - due 01/23/2030 - Variable	**	515
Wells Fargo & Co.	Corporate Debt - due 03/02/2033 - Variable	**	257
Wells Fargo & Co.	Corporate Debt - due 04/24/2034 - Variable	**	234
Wells Fargo & Co.	Corporate Debt - due 06/03/2026 - 4.100%	**	250
Wells Fargo & Co.	Corporate Debt - due 07/22/2027 - 4.300%	**	427
Wells Fargo & Co.	Corporate Debt - due 07/25/2033 - Variable	**	153
Wells Fargo & Co.	Corporate Debt - due 10/30/2030 - Variable	**	547
California State	Municipal Debt - due 10/01/2039 - 7.300%	**	1,280
Colombia Government International	Municipal Debt - due 04/15/2031 - 3.125%	**	217
Colombia Government International	Municipal Debt - due 04/25/2030 - 7.375%	**	422
Colombia Government International	Municipal Debt - due 11/07/2036 - 7.750%	**	547
Illinois State	Municipal Debt - due 06/01/2033 - 5.100%	**	1,900
New Jersey State Turnpike Authority	Municipal Debt - due 01/01/2041 - 7.102%	**	701
Citigroup Capital XIII	Preferred Stock - due 10/30/2040 - 10.298%	**	900
JPMorgan Chase & Co.	Preferred Stock - due 09/01/2030 - 8.750%	**	324
Vodafone Group PLC	Preferred Stock - due 04/04/2079 - Variable	**	636
FHLMC Pool #1H-2592	U.S. Government Securities - due 01/01/2036 - Variable	**	23
FHLMC Pool #78-1274	U.S. Government Securities - due 02/01/2034 - Variable	**	20
FHLMC Pool #84-0286	U.S. Government Securities - due 05/01/2046 - Variable	**	29
FHLMC Pool #84-1463	U.S. Government Securities - due 07/01/2052 - Variable	**	845
FHLMC Pool #84-9254	U.S. Government Securities - due 01/01/2042 - Variable	**	24
FHLMC Pool #84-9327	U.S. Government Securities - due 05/01/2044 - Variable	**	84
FHLMC Pool #84-9505	U.S. Government Securities - due 10/01/2044 - Variable	**	20
FHLMC Pool #84-9544	U.S. Government Securities - due 12/01/2044 - Variable	**	57
FHLMC Pool #84-9625	U.S. Government Securities - due 01/01/2045 - Variable	**	26
FHLMC Pool #84-9626	U.S. Government Securities - due 08/01/2044 - Variable	**	33
FHLMC Pool #84-9849	U.S. Government Securities - due 10/01/2045 - Variable	**	13

FHLMC Pool #C9-0981	U.S. Government Securities - due 07/01/2026 - 6.500%	**	3
FHLMC Pool #C9-1013	U.S. Government Securities - due 01/01/2027 - 6.500%	**	2
FHLMC Pool #G0-7600	U.S. Government Securities - due 03/01/2042 - 4.500%	**	86
FHLMC Pool #G0-8723	U.S. Government Securities - due 08/01/2046 - 4.000%	**	556
FHLMC Pool #G6-0153	U.S. Government Securities - due 10/01/2044 - 4.500%	**	53
FHLMC Pool #G6-0764	U.S. Government Securities - due 10/01/2042 - 4.500%	**	87
FHLMC Pool #G6-1080	U.S. Government Securities - due 03/01/2047 - 4.500%	**	552
FHLMC Pool #H0-1774	U.S. Government Securities - due 09/01/2037 - 6.500%	**	2
FHLMC Pool #H0-9197	U.S. Government Securities - due 10/01/2038 - 6.500%	**	5
FHLMC Pool #H0-9212	U.S. Government Securities - due 05/01/2038 - 5.500%	**	5
FHLMC Pool #Q0-3517	U.S. Government Securities - due 09/01/2041 - 4.500%	**	75
FHLMC Pool #Qe-0768	U.S. Government Securities - due 04/01/2052 - 3.500%	**	504
FHLMC Pool #Qe-7330	U.S. Government Securities - due 07/01/2052 - 3.500%	**	3,100
FHLMC Pool #Ra-2958	U.S. Government Securities - due 07/01/2050 - 2.000%	**	1,028
FHLMC Pool #Ra-3167	U.S. Government Securities - due 07/01/2050 - 2.000%	**	1,566
FHLMC Pool #Ra-7063	U.S. Government Securities - due 04/01/2052 - 3.500%	**	1,652
FHLMC Pool #Ra-7656	U.S. Government Securities - due 07/01/2052 - 3.500%	**	3,325
FHLMC Pool #Rb-5141	U.S. Government Securities - due 01/01/2042 - 2.000%	**	727
FHLMC Pool #Sd-0752	U.S. Government Securities - due 11/01/2051 - 2.500%	**	968
FHLMC Pool #Sd-2253	U.S. Government Securities - due 12/01/2052 - 3.500%	**	458
FHLMC Pool #Sd-6706	U.S. Government Securities - due 01/01/2054 - 4.500%	**	1,399
FHLMC Pool #Sd-7530	U.S. Government Securities - due 11/01/2050 - 2.500%	**	1,055
FHLMC Pool #Sd-7536	U.S. Government Securities - due 02/01/2051 - 2.500%	**	568
FHLMC Pool #Sd-8194	U.S. Government Securities - due 01/01/2052 - 2.500%	**	2,567
FHLMC Pool #Sd-8214	U.S. Government Securities - due 05/01/2052 - 3.500%	**	10,753
FHLMC Pool #Sd-8222	U.S. Government Securities - due 06/01/2052 - 4.000%	**	363
FHLMC Pool #Sd-8244	U.S. Government Securities - due 08/01/2052 - 4.000%	**	8,237
FHLMC Pool #Sd-8255	U.S. Government Securities - due 10/01/2052 - 3.500%	**	817
FHLMC Pool #Sd-8256	U.S. Government Securities - due 10/01/2052 - 4.000%	**	795
FHLMC Pool #Sd-8275	U.S. Government Securities - due 12/01/2052 - 4.500%	**	622
FHLMC Pool #Sd-8489	U.S. Government Securities - due 11/01/2054 - 4.500%	**	5,836
FHLMC Pool #Sd-8504	U.S. Government Securities - due 01/01/2055 - 4.500%	**	7,481
FHLMC Multiclass Mtg 2957 Vz	U.S. Government Securities - due 02/15/2035 - 5.000%	**	142
FHLMC Multiclass Mtg 4283 Ew	U.S. Government Securities - due 12/15/2043 - Variable	**	344
FHLMC Multiclass Mtg 4315 Jz	U.S. Government Securities - due 03/15/2044 - 3.500%	**	1,067
FHLMC Multiclass Mtg 4319 Ma	U.S. Government Securities - due 03/15/2044 - Variable	**	100
FHLMC Multiclass Mtg 4440 Zd	U.S. Government Securities - due 02/15/2045 - 2.500%	**	1,968
FNMA Pool #0256851	U.S. Government Securities - due 08/01/2037 - 7.000%	**	9
FNMA Pool #0735503	U.S. Government Securities - due 04/01/2035 - 6.000%	**	26
FNMA Pool #0735608	U.S. Government Securities - due 03/01/2035 - Variable	**	19
FNMA Pool #0745329	U.S. Government Securities - due 07/01/2035 - 6.000%	**	38
FNMA Pool #0884704	U.S. Government Securities - due 06/01/2036 - Variable	**	10
FNMA Pool #0888154	U.S. Government Securities - due 11/01/2036 - Variable	**	39
FNMA Pool #0888367	U.S. Government Securities - due 03/01/2037 - 7.000%	**	70
FNMA Pool #0889984	U.S. Government Securities - due 10/01/2038 - 6.500%	**	31
FNMA Pool #0976853	U.S. Government Securities - due 11/01/2029 - 5.500%	**	12
FNMA Pool #0995487	U.S. Government Securities - due 08/01/2037 - 6.000%	**	44
FNMA Pool #0Ab1763	U.S. Government Securities - due 11/01/2030 - 4.000%	**	15
FNMA Pool #0Ab8086	U.S. Government Securities - due 10/01/2037 - 6.000%	**	10
FNMA Pool #0Ad0121	U.S. Government Securities - due 09/01/2029 - 4.500%	**	39
FNMA Pool #0Ad0130	U.S. Government Securities - due 08/01/2039 - 6.500%	**	9
FNMA Pool #0Ad0198	U.S. Government Securities - due 09/01/2038 - 5.500%	**	21
FNMA Pool #0Ad0217	U.S. Government Securities - due 08/01/2037 - 6.000%	**	44
FNMA Pool #0Ad0218	U.S. Government Securities - due 09/01/2036 - 6.000%	**	38
FNMA Pool #0Ad0964	U.S. Government Securities - due 11/01/2039 - 5.500%	**	105

FNMA Pool #0Al1845	U.S. Government Securities - due 06/01/2039 - Variable	**	9
FNMA Pool #0Al1900	U.S. Government Securities - due 08/01/2026 - 4.500%	**	1
FNMA Pool #0Al4577	U.S. Government Securities - due 01/01/2034 - 4.500%	**	53
FNMA Pool #0Al5145	U.S. Government Securities - due 10/01/2033 - 4.000%	**	104
FNMA Pool #0Al5749	U.S. Government Securities - due 07/01/2042 - 4.500%	**	85
FNMA Pool #0Al6120	U.S. Government Securities - due 11/01/2044 - Variable	**	134
FNMA Pool #0Al6132	U.S. Government Securities - due 03/01/2029 - 4.500%	**	1
FNMA Pool #0Al6245	U.S. Government Securities - due 01/01/2045 - Variable	**	58
FNMA Pool #0Al7205	U.S. Government Securities - due 12/01/2029 - 3.500%	**	46
FNMA Pool #0Al7384	U.S. Government Securities - due 09/01/2045 - 4.500%	**	71
FNMA Pool #0Al8556	U.S. Government Securities - due 08/01/2044 - 4.500%	**	380
FNMA Pool #0Al8816	U.S. Government Securities - due 09/01/2045 - 4.500%	**	96
FNMA Pool #0Al8919	U.S. Government Securities - due 07/01/2046 - Variable	**	19
FNMA Pool #0Al9407	U.S. Government Securities - due 09/01/2042 - 4.500%	**	40
FNMA Pool #0Al9781	U.S. Government Securities - due 02/01/2046 - 4.500%	**	141
FNMA Pool #0Ao4105	U.S. Government Securities - due 06/01/2042 - Variable	**	12
FNMA Pool #0Ap7562	U.S. Government Securities - due 09/01/2042 - Variable	**	28
FNMA Pool #0Aw4697	U.S. Government Securities - due 05/01/2044 - Variable	**	11
FNMA Pool #0Bf0118	U.S. Government Securities - due 06/01/2056 - 4.500%	**	216
FNMA Pool #0Bh7071	U.S. Government Securities - due 12/01/2047 - 4.500%	**	131
FNMA Pool #0Bm1357	U.S. Government Securities - due 01/01/2043 - 4.500%	**	194
FNMA Pool #0Bm6149	U.S. Government Securities - due 10/01/2049 - Variable	**	124
FNMA Pool #0Bm6908	U.S. Government Securities - due 04/01/2052 - Variable	**	714
FNMA Pool #0Bm6921	U.S. Government Securities - due 05/01/2052 - Variable	**	1,235
FNMA Pool #0Ca6271	U.S. Government Securities - due 07/01/2050 - 2.500%	**	2,173
FNMA Pool #0Ca6398	U.S. Government Securities - due 07/01/2050 - 2.500%	**	824
FNMA Pool #0Ca6662	U.S. Government Securities - due 08/01/2050 - 2.000%	**	1,740
FNMA Pool #0Ca6925	U.S. Government Securities - due 09/01/2050 - 2.000%	**	855
FNMA Pool #0Ca8099	U.S. Government Securities - due 12/01/2050 - 2.000%	**	1,391
FNMA Pool #0Ca8847	U.S. Government Securities - due 02/01/2051 - 2.000%	**	1,383
FNMA Pool #0Cb3576	U.S. Government Securities - due 05/01/2052 - 3.000%	**	2,639
FNMA Pool #0Cb3841	U.S. Government Securities - due 06/01/2052 - 3.500%	**	1,477
FNMA Pool #0Fm7599	U.S. Government Securities - due 01/01/2051 - 3.500%	**	1,526
FNMA Pool #0Fm8206	U.S. Government Securities - due 08/01/2051 - 2.500%	**	285
FNMA Pool #0Fm8768	U.S. Government Securities - due 02/01/2051 - 2.500%	**	229
FNMA Pool #0Fs1453	U.S. Government Securities - due 04/01/2052 - 3.500%	**	2,359
FNMA Pool #0Fs7754	U.S. Government Securities - due 07/01/2053 - 4.000%	**	345
FNMA Pool #0Fs9506	U.S. Government Securities - due 12/01/2053 - 4.500%	**	1,638
FNMA Pool #0Ma0232	U.S. Government Securities - due 11/01/2029 - 4.500%	**	45
FNMA Pool #0Ma2366	U.S. Government Securities - due 08/01/2035 - 4.000%	**	75
FNMA Pool #0Ma2455	U.S. Government Securities - due 11/01/2035 - 4.000%	**	147
FNMA Pool #0Ma2480	U.S. Government Securities - due 12/01/2035 - 4.000%	**	84
FNMA Pool #0Ma2880	U.S. Government Securities - due 01/01/2037 - 4.000%	**	451
FNMA Pool #0Ma2923	U.S. Government Securities - due 03/01/2037 - 3.500%	**	199
FNMA Pool #0Ma4600	U.S. Government Securities - due 03/01/2052 - 3.500%	**	875
FNMA Pool #0Ma4626	U.S. Government Securities - due 05/01/2052 - 4.000%	**	405
FNMA Pool #0Ma4654	U.S. Government Securities - due 06/01/2052 - 3.500%	**	1,340
FNMA Pool #0Ma4700	U.S. Government Securities - due 07/01/2052 - 4.000%	**	10,324
FNMA Pool #0Ma4933	U.S. Government Securities - due 01/01/2053 - 3.500%	**	523
FNMA Pool #0Ma4977	U.S. Government Securities - due 03/01/2053 - 4.500%	**	869
FNMA GTD Remic P/T 01-79 Ba	U.S. Government Securities - due 03/25/2045 - 7.000%	**	6
FNMA GTD Remic P/T 01-T10 A1	U.S. Government Securities - due 12/25/2041 - 7.000%	**	58
FNMA GTD Remic P/T 04-W2 5A	U.S. Government Securities - due 03/25/2044 - 7.500%	**	33
FNMA GTD Remic P/T 07-50 Dz	U.S. Government Securities - due 06/25/2037 - 5.500%	**	117
FNMA GTD Remic P/T 07-W10 2A	U.S. Government Securities - due 08/25/2047 - Variable	**	32

FNMA GTD Remic P/T 12-46 Ba	U.S. Government Securities - due 05/25/2042 - 6.000%	**	105
FNMA GTD Remic P/T 13-128 Cf	U.S. Government Securities - due 12/25/2043 - Variable	**	245
FNMA GTD Remic P/T 14-61 Zv	U.S. Government Securities - due 10/25/2044 - 3.000%	**	1,264
GNMA GTD Remic P/T 15-H23 Fa	U.S. Government Securities - due 09/20/2065 - Variable	**	190
GNMA GTD Remic P/T 17-H24 Fq	U.S. Government Securities - due 11/20/2067 - Variable	**	740
GNMA GTD Remic P/T 19-H02 Fg	U.S. Government Securities - due 12/20/2068 - Variable	**	158
GNMA GTD Remic P/T 19-H17 Fa	U.S. Government Securities - due 11/20/2069 - Variable	**	375
GNMA GTD Remic P/T 20-H01 Fv	U.S. Government Securities - due 01/20/2070 - Variable	**	2,346
GNMA GTD Remic P/T 21-H19 Fm	U.S. Government Securities - due 12/20/2071 - Variable	**	704
GNMA GTD Remic P/T 22-H08 Fe	U.S. Government Securities - due 03/20/2072 - Variable	**	754
GNMA GTD Remic P/T 22-H09 Fa	U.S. Government Securities - due 04/20/2072 - Variable	**	1,105
GNMA GTD Remic P/T 23-H04 Fc	U.S. Government Securities - due 01/20/2073 - Variable	**	936
SBA GTD Partn Ctfs 2006-20E 1	U.S. Government Securities - due 02/01/2027 - 5.490%	**	5
SBA GTD Partn Ctfs 2006-20E 1	U.S. Government Securities - due 04/01/2027 - 5.320%	**	4
SBA GTD Partn Ctfs 2006-20E 1	U.S. Government Securities - due 05/01/2026 - 5.870%	**	2
U.S. Treasury Bond Prin Strip	U.S. Government Securities - due 02/15/2055 - 0.000%	**	1,633
U.S. Treasury Bond Prin Strip	U.S. Government Securities - due 08/15/2053 - 0.000%	**	5,703
U.S. Treasury Bond	U.S. Government Securities - due 02/15/2053 - 3.625%	**	362
U.S. Treasury Bond	U.S. Government Securities - due 02/15/2054 - 4.250%	**	4,543
U.S. Treasury Bond	U.S. Government Securities - due 05/15/2045 - 5.000%	**	647
U.S. Treasury Bond	U.S. Government Securities - due 05/15/2052 - 2.875%	**	877
U.S. Treasury Bond	U.S. Government Securities - due 05/15/2053 - 3.625%	**	754
U.S. Treasury Bond	U.S. Government Securities - due 08/15/2052 - 3.000%	**	1,443
U.S. Treasury Bond	U.S. Government Securities - due 11/15/2055 - 4.625%	**	1,774
U.S. Treasury Note	U.S. Government Securities - due 05/15/2035 - 4.250%	**	14,172
U.S. Treasury Note	U.S. Government Securities - due 11/15/2035 - 4.000%	**	4,685
U.S. Treasury Note - CPI Inflation	U.S. Government Securities - due 02/15/2053 - 1.500%	**	858
U.S. Treasury Note - CPI Inflation	U.S. Government Securities - due 02/15/2055 - 2.375%	**	691
			238,565
Dodge & Cox Stock Fund Class X	Mutual fund	**	435,788
Neuberger Berman Genesis Fund Class R-6	Mutual fund	**	210,351
			646,139
Brokerage accounts	Self-directed brokerage accounts	**	59,406
			59,406
			4,696,473
* Loans To Participants	Loan interest rates range from 4.25% to 9.50%		79,106
			$4,775,579

* Party-in-interest

** Cost information is not required for participant-directed investments and therefore is not included.