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
U. S. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1968

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)
MARS, INCORPORATED

MARS BENEFITS

800 HIGH STREET
HACKETTSTOWN, NJ 07840

2b Employer Identification Number (EIN)
22-1594774

2c Plan Sponsor's telephone number
703-821-4900

2d Business code (see instructions)
311300

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.	10/08/2026	DIANA LANESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/08/2026	APRIL SETLIK
	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

U.S. BENEFIT PLANS COMMITTEE
MARS BENEFITS
800 HIGH STREET
HACKETTSTOWN, NJ 07840

3b Administrator's EIN: 22-1594774

3c Administrator's telephone number: 703-821-4900

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**	26885
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)**	8193
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	7482
b	Retired or separated participants receiving benefits	**6b**	8307
c	Other retired or separated participants entitled to future benefits	**6c**	9212
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	25001
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1283
f	Total. Add lines **6d** and **6e**.	**6f**	26284
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1C 1E 3F 3H 3J

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) [ ] **DCG** (Individual Plan Information) – Number Attached _____

(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [X] **A** (Insurance Information) – Number Attached 1

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [X] **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
U. S. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARS, INCORPORATED

D Employer Identification Number (EIN)
22-1594774

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

1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	030251		01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	31342292

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

1(E) NUMBER OF PERSONS NOT PROVIDED

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
U. S. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MARS, INCORPORATED

D Employer Identification Number (EIN)
22-1594774

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	4033916207
b Actuarial value	**2b**	4170630101

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	9317	2523184539	2523184539
b For terminated vested participants	9375	821479816	821479816
c For active participants	8193	990278662	1010363091
d Total	26885	4334943017	4355027446

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

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

5 Effective interest rate	**5**	5.38 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	73418108
b Expected plan-related expenses	**6b**	22800000
c Target normal cost	**6c**	96218108

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

08/31/2026
Date

JAMES J. HOLLOMAN
Type or print name of actuary

26-06456
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	504424731	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	87717427	0
9	Amount remaining (line 7 minus line 8)	416707304	0
10	Interest on line 9 using prior year's actual return of 1.58 %	6583975	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	423291279	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.04 %
15	Adjusted funding target attainment percentage	15	86.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.71 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	96218108
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	607688624	56661155
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	152879263

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	152879263	0	152879263

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARS, INCORPORATED

D Employer Identification Number (EIN)
22-1594774

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

ALEUTIAN FUND

98-0566066

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

ANCHORAGE CAPITAL GROUP LLC
6TH FLOOR, 610 BROADWAY
NEW YORK, NY 10012

20-0042271

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

ANGELO GORDON & CO.
245 PARK AVENUE, 25TH FLOOR
NEW YORK, NY 10167

13-3478879

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

ARCM FEEDER FUND IV, LTD.
12 QUEEN'S ROAD, CENTRAL HONG KONG
HONG KONG, HONG KONG SAR CN

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

ARES SYSTEMATIC CREDIT LIMITED

10 NEW BURLINTON STREET
LONDON, LONDONE W1S 3BE GB

98-1429783

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

ARISTEIA CAPITAL

13-3953132

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

BAYVIEW ASSET MANAGEMENT LLC

26-2961971

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

BLACKROCK INSTITUTIONAL TRUST CO

94-3112180

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

BRACEBRIDGE CAPITAL, LLC

GOVERNERS SQUARE PO BOX 10555, 23 LIME TREE AVENUE KY1-1005
WEST BAY GRAND CAYMAN, CAYMAN ISLANDS 1005 KY

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

BRIDGEWATER ASSOCIATES, LP

ONE NYALA FARMS ROAD
WESTPORT, CT 06880

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

CATTERTON MANAGEMENT COMPANY, LLC

41-2066924

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

CITADEL ADVISORS LLC

46-1648666

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

CROSS HARBOUR CAPITAL PARTNERS

04-3425442

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

DEERFIELD MANAGEMENT COMPANY

345 PARK AVENUE SOUTH
NEW YORK, NY 10010

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

DOUBLELINE CAPITAL LP

58-1428634

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

EIF UNITED STATES POWER FUND IV, LP

1800 AVENUE OF THE STARS
SUITE 1400
LOS ANGELES, CA 90067

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

ELLINGTON MANAGEMENT GROUP LLC

06-1441140

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

GOLDENTREE ASSET MANAGEMENT LP

13-4118850

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

GRAHAM PARTNERS, INC

23-2539420

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

HARRISON STREET ADVISORS LLC

45-3147571

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

HELIKON INVESTMENTS LIMITED

17 WATERLOO PLACE
LONDON, LONDON SW1Y4 AR GB

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

HILDENE CAPITAL MANAGEMENT, LLC

26-1550255

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

HOLOCENE ADVISORS, LP

36-4833999

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

KING STREET CAPITAL MANAGEMENT, L.P

13-3978904

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

KING STREET MASTER ADVISORS

26-3871197

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

KOHLBERG & COMPANY LLC

545 MADISON AVENUE
12TH FL.
NEW YORK, NY 10022

13-3850539

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

KOHLBERG KRAVIS ROBERTS & CO. L.P.

545 MADISON AVENUE
12TH FL.
NEW YORK, NY 10022

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

KOHLBERG MANAGEMENT IX, LLC

545 MADISON AVENUE
12TH FL.
NEW YORK, NY 10022

84-3692755

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

KOHLBERG MANAGEMENT VIII, L.L.C.

545 MADISON AVENUE
12TH FL.
NEW YORK, NY 10022

38-4008839

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

LAURION CAPITAL MANAGEMENT LP

56-2504425

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

MAGNETAR FINANCIAL LLC

04-3818748

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

MGG INVESTMENT GROUP LP

47-1415826

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

SCALE VENTURE PARTNERS VII, LP

85-3665389

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

SCOPIA CAPITAL MANAGEMENT LP

30-0711986

(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

TSG6 MANAGEMENT LLC

45-5531106

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

TSG7A MANAGEMENT LLC

35-2543421

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

TSG7B MANAGEMENT LLC

32-0476501

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

TSG8 MANAGEMENT L.P.

98-1453466

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

TSG9 MANAGEMENT L.P.

98-1628833

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

TWO SIGMA ADVISERS, LP

35-2191456

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

UNICO CORE PLUS PARTNERS LP

1326 FIFTH AVENUE
SUITE 800
SEATTLE, WA 98101

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

UNION CAPITAL ASSOCIATES, LP

81-2205469

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

VIKING GLOBAL INVESTORS LP

13-4055118

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

WARBURG PINCUS GLOBAL GROWTH, L.P.

82-5482931

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

WARBURG PINCUS PRIVATE EQUITY XI

45-3414550

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

WARBURG PINCUS PRIVATE EQUITY XII

47-4299035

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

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

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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)

SIG

52-1540171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	6242449	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARROWSTREET, LP

04-3472863

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	2869722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 15 50	NONE	2133557	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

TREXQUANT OFFSHORE FUND

300 FIRST STAMFORD PLACE
SUITE 510
STAMFORD, CT 06902

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 72 15 49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	1570638	Yes [ ] No [X]

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

BOLDHAVEN MANAGEMENT LLP

110 WIGMORE STREET, 1 W1U 3RN
LONDON, LONDON W1U 3RN GB

(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?
52 28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	1515884	Yes [ ] No [X]

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

TRUST COMPANY OF WEST

95-3703295

(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 14 51	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	1200004	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)

RUBRIC CAPITAL OFFSHORE FUND LTD

155 EAST 44TH STREET
SUITE 1630
NEW YORK, NY 10017

(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 14 16 28 29	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	613495	Yes [ ] No [X]

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

LBA REALTY LLC

20-2138561

(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?
52 28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	474704	Yes [ ] No [X]

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	372254	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

LITTLEJOHN & CO.

06-1453035

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	312716	Yes [X] No [ ]

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

NT COLLECTIVE TRUST FUND

45-6138589

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	305269	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAUSEWAY CAPITAL MANAGEMENT LLC

95-4861480

(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 56 68	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	284541	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)

CARTER-HASTON INVESTMENT PARTNERS

45-2910279

(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?
51 28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	274904	Yes [ ] No [X]

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

LONG WHARF CAPITAL LLC

27-3699952

(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?
52 28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	261363	Yes [ ] No [X]

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

PERFORMANCE VENTURE CAPITAL II

26-1895337

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	212914	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

VOYA INVESTMENT TRUST COMPANY

06-1440627

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 51	NONE	194160	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

QUAD-C MANAGEMENT, INC.

54-1967499

(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?
52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	193350	Yes [ ] No [X]

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

THACKERAY PARTNERS, LP

20-1944763

(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 49	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	192088	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)

UNION CAPITAL EQUITY PARTNERS III-A

81-2205469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	189785	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PERFORMANCE BUYOUT FOF II

45-2703413

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	188022	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RIVERWOOD CAPITAL MANAGEMENT LP

26-4649660

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	187386	Yes [X] No [ ]

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

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

JP MORGAN CHASE BANK

13-4994650

(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 27 24 50 51	NONE	160540	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CORTEC MANAGEMENT VII, LLC

84-2768609

(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?
52 28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	132564	Yes [ ] No [X]

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

RAINE CAPITAL LLC

80-0600921

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	132556	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)

PRICEWATERHOUSECOOPERS

13-4008324

(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	NONE	130899	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PACIFIC ASSET MANAGEMENT

99-3769075

(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?
51	NONE	118265	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACADIAN ASSET MANAGEMENT LLC

04-2929221

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	111364	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

SEGALL BRYANT & HAMILL LLC

35-2679129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 55	NONE	109119	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SHAMROCK CAPITAL ADVISORS LLC

27-1748810

(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?
52 28	NONE	-91462	Yes [X] No [ ]	Yes [ ] No [X]	185247	Yes [ ] No [X]

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

SHASTA VENTURES V GP, LLC

81-4925227

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [X] No [ ]	90555	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)

PWC US TAX LLP

92-0460586

(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	NONE	79760	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TENAYA CAPITAL

3101 PARK BOULEVARD
PALO ALTO, CA 94306

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	74670	Yes [ ] No [X]

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

MCDERMOTT WILL & EMERY LLP

36-1453176

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 50	NONE	68964	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

FIDELITY INST ASSET MANAGEMENT LLC

20-1733361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	39064	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CORTEC MANAGEMENT VI, LLC

47-2972091

(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?
52 28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	38631	Yes [ ] No [X]

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

NISA INVESTMENT ADVISORS, LLC

88-6547562

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	31605	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

USPF III

1800 AVENUE OF THE STARS
SUITE 1400
LOS ANGELES, CA 90067

(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?
51	NONE	31495	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

CARILLON TOWER ADVISERS

47-2484963

(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?
52 28	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	28129	Yes [ ] No [X]

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

PERFORMANCE DIRECT INVESTMENTS III

32-0433137

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	24770	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

RHUMBLINE ADVISORS

04-3118582

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	16512	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UBS

36-3664388

(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?
51	NONE	14619	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUE COMMUNICATIONS

3100 CLARENDON BLVD
SUITE 200
ARLINGTON, VA 22201

(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?
50 38	NONE	13750	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

ONEX PARTNERS MANAGER LP

712 FIFTH AVENUE 40TH FLOOR
NEW YORK, NY 10019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51	NONE	6794	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

STATE STREET GLOBAL ADVISORS TRUST

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?
28 51	NONE	2129	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

ANGELO GORDON & CO.

13-3478879

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	966	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)

BROAD REACH FUND LIMITED

78 SIR JOHN ROGERSON'S QUAY DUBLIN 2
IRELAND, DUBLIN IRELAND IE

(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 40 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

CROW HOLDINGS CAPITAL

27-4077052

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	-136	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

TSG7A

35-2543421

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 51 52	NONE	-746	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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
BOLDHAVEN MANAGEMENT LLP	28 52	1515884

(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.
BOLDHAVEN MANAGEMENT LLP 100 WIGMORE STREET W1U 3RN LONDON, LONDON LONDON GB	MANAGEMENT/INCENTIVE FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TREXQUANT OFFSHORE FUND	28 52 72 99 49	1476271

(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.
TREXQUANT INVESTMENT LP 300 FIRST STAMFORD PLACE SUITE 510 STAMFORD, CT 06902	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRUST COMPANY OF WEST	51 10 14	795338

(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.
TCW DIRECT LENDING VIII LLC 95-3703295	MANAGEMENT FEES, FUND ACCOUNTING AND ADMIN 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
RUBRIC CAPITAL OFFSHORE FUND LTD	10 14 16 28 29	613495

(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.
RUBRIC CAPITAL MANAGEMENT LP 155 EAST 44TH STREET SUITE 1630 NEW YORK, NY 10017	MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRUST COMPANY OF WEST	51 10 14	397906

(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.
TCW DIRECT LENDING VII LLC 95-3703295	MANAGEMENT FEES AND FUND ACCOUNTING FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LITTLEJOHN & CO.	28 52	303716

(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.
LITTLEJOHN FUND VI, LP 06-1453035	INVESTMENT MANAGEMENT

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
CARTER-HASTON INV. PARTNERS II	52 28	274904
(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.	
CARTER-HASTON MULTIFAMILY VALUE V 45-2910279	INVESTMENT MANAGEMENT	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LBA REALTY	28 52	214112
(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.	
LBA LOGISTICS VALUE FUND IX 20-2138561	INVESTMENT MANAGEMENT	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LBA REALTY	28 52	185609
(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.	
LBA LOGISTICS VALUE FUND VII, LP 20-2138561	INVESTMENT MANAGEMENT	

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
THACKERAY PARTNERS, LP	28 49	177979

(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.
THACKERAY RLTY PARTNERS FUND V, LP 20-1944763	ASSET MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RIVERWOOD CAPITAL MANAGEMENT LP	27 28 52	152275

(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.
RIVERWOOD CAPITAL PARTNERS III, LP 26-4649660	0.5% OF LP'S INVESTED CAPITAL PER QUARTERLY PERIOD, MINUS LP'S MPI CONTRIBUTIONS AND OTHER FEES AS DEFINED IN THE ADVISORY AGREEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LONG WHARF CAPITAL LLC	28 52	141130

(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.
LONG WHARF REAL ESTATE PARTNERS VI 27-3699952	INVESTMENT MANAGEMENT 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
CORTEC MANAGEMENT VII LLC	28 52	132564

(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.
CORTEC GROUP FUND VII-A, LP 84-2768609	INVESTMENT MANAGEMENT SERVICES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RAINE CAPITAL LLC	28 52	132556

(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.
RAINE PARTNERS III, LP 80-0600921	FUND MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SHAMROCK CAPITAL ADVISORS LLC	28 52	130483

(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.
SHAMROCK CAPITAL GROWTH FUND V,LP 27-1748810	INVESTMENT MANAGEMENT

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
LONG WHARF CAPITAL LLC	52	120233
(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.	
LONG WHARF REAL ESTATE PARTNERS V 27-3699952	INVESTMENT MANAGEMENT FEES	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SHASTA VENTURES V GP, LLC	28 52	90555
(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.	
SHASTA VENTURES V, LP 81-4295227	INVESTMENT MANAGEMENT	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SHASTA VENTURES V GP, LLC	28 52	82436
(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.	
SHASTA VENTURES V, LP 81-4295227	INVESTMENT MANAGEMENT	

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
TENAYA CAPITAL	28 52	57563
(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.	
TENAYA CAPITAL VII, LP 47-1709286	MANAGEMENT FEES, CALLED CAPITAL	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
SHAMROCK CAPITAL ADVISORS LLC	28 52	54764
(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.	
SHAMROCK CAPITAL GROWTH FUND IV,LP 27-1748810	INVESTMENT MANAGEMENT	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LBA REALTY	28 52	46814
(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.	
LBA REALTY FUND VI, LP 20-2138561	INVESTMENT MANAGEMENT	

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
CORTEC MANAGEMENT VI LLC	28 52	38631

(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.
CORTEC GROUP FUND VI-A, LP 47-2972091	INVESTMENT MANAGEMENT SERVICES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RIVERWOOD CAPITAL MANAGEMENT LP	27 28 52	35111

(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.
RIVERWOOD CAPITAL PARTNERS II, LP 26-4649660	0.4% OF LP'S INVESTED CAPITAL PER QUARTERLY PERIOD, MINUS LP MPI CONTRIBUTIONS AND OTHER FEES AS DEFINED IN THE ADVISORY AGREEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TREXQUANT OFFSHORE FUND	15 99 49	29137

(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.
SS&C GLOBEOP 300 FIRST STAMFORD PLACE SUITE 510 STAMFORD, CT 06902	RECORDKEEPING AND INFORMATION MANAGEMENT

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
TREXQUANT OFFSHORE FUND	49 99	29105

(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.
REFINITIV US LLC 300 FIRST STAMFORD PLACE SUITE 510 STAMFORD, CT 06902	ASSET MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LBA REALTY	28 52	28169

(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.
LBA REALTY FUND V, LP 20-2138561	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CARILLON TOWERS ADVISORS	52 28	28129

(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.
CLARIVEST ALL CANADA-A SERIES 47-2484963	INVESTMENT MANAGER

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
TREXQUANT OFFSHORE FUND	49 99	20121

(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.
BLOOMBERG FINANCE LP 300 FIRST STAMFORD PLACE SUITE 510 STAMFORD, CT 06902	ASSET MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TENAYA CAPITAL	28 52	17107

(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.
TENAYA CAPITAL VI, LP 45-2636829	MANAGEMENT FEES FROM INVESTMENT PROCEEDS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
THACKERAY PARTNERS, LP	28 49	14109

(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.
THACKERAY RLTY PARTNERS FUND IV, LP 20-1944763	ASSET MANAGEMENT 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
TREXQUANT OFFSHORE FUND	49 99	9615

(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.
BARRA LLC 300 FIRST STAMFORD PLACE SUITE 510 STAMFORD, CT 06902	ASSET MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LITTLEJOHN & CO.	28 52	9000

(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.
LITTLEJOHN FUND V, LP 06-1453035	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRUST COMPANY OF WEST	10 14	6760

(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.
TCW DIRECT LENDING LLC 95-3703295	FUND ACCOUNTING & ADMIN 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
TREXQUANT OFFSHORE FUND	49 99	6388

(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.
FACTSET RESEARCH SYSTEMS 300 FIRST STAMFORD PLACE SUITE 510 STAMFORD, CT 06902	ASSET MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BROAD REACH FUND LIMITED	28 40 52	0

(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.
BROAD REACH FUND LIMITED (MR1) MR1 78 SIR JOHN ROGERSON'S QUAY DUBLIN 2 IRELAND, DUBLIN IRELAND IE	MANAGEMENT FEE OF 1.5% PER ANNUM ON NAV

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NISA INVESTMENT ADVISORS, LLC	28 51	0

(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.
NISA LONG CREDIT CIF 88-6547562	0.05% OF OPERATING EXPENSE CAP

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
CAUSEWAY CAPITAL MANAGEMENT LLC	28	284541

(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.
CAUSEWAY MULTI-FUND LLC 95-4861480	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
QUAD-C MANAGEMENT, INC.	52	65592

(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.
QUAD-C PARTNERS IX, L.P. 54-1987499	INVESTMENT MANAGEMENT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
QUAD-C MANAGEMENT, INC.	52	127758

(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.
QUAD-C PARTNERS X, L.P. 54-1967499	INVESTMENT MANAGEMENT

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
U. S. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MARS, INCORPORATED

D Employer Identification Number (EIN)
22-1594774

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: ACADIAN INTL SMALL CAP LONG/SHORT F

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

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)
04-2929221-001	E	5907020

a Name of MTIA, CCT, PSA, or 103-12 IE: UBS EMERGING MARKET EQUITY OPP FUND

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

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)
36-3762086-140	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: VOYA PRIVATE CREDIT TRUST FUND

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

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)
06-1440627-096	C	89056697

a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVESTMENT FD

b Name of sponsor of entity listed in (a): NORTHERN 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)
45-6138589-068	C	217553552

a Name of MTIA, CCT, PSA, or 103-12 IE: ACADIAN EMERGING MARKETS EQ II FUND

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

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)
04-2929221-012	E	26532088

a Name of MTIA, CCT, PSA, or 103-12 IE: COLL LONG DURATION TOTAL RET BD FD

b Name of sponsor of entity listed in (a): RELIANCE 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)
90-6169542-012	C	41394552

a Name of MTIA, CCT, PSA, or 103-12 IE: GREEN COURT CHINA OPPORTUNITY FUND

b Name of sponsor of entity listed in (a): GREEN COURT CAPITAL MANAGEMENT LTD

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-3546826-001	E	3651918

a Name of MTIA, CCT, PSA, or 103-12 IE: METLIFE INV MANAGER CIT

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

c EIN-PN 46-2596644-062	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PAC NORTH OF SOUTH EM ALL CAP EQ FD

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

c EIN-PN 84-2642916-001	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9854781

a Name of MTIA, CCT, PSA, or 103-12 IE: PACIFIC NOS GLOBAL EM EQUITY FUND

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

c EIN-PN 99-3769075-002	**d** Entity code E	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23435208

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

b Name of sponsor of entity listed in (a): PRUDENTIAL INSURANCE COMPANY OF AMERICA

c EIN-PN 22-1211670-038	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31342292

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA COLLECTIVE INVESTMENT TRUST

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

c EIN-PN 88-6547562-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 53882565

a Name of MTIA, CCT, PSA, or 103-12 IE: PRU LONG DURATION CREDIT FUND

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

c EIN-PN 23-6994310-222	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54049492

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

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

a Plan name

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

a Plan name

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

a Plan name

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

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 G (Form 5500)

Department of Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Financial Transaction Schedules

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
U. S. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARS, INCORPORATED

D Employer Identification Number (EIN)
22-1594774

Part I Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)
☐			

(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price
CONDUENT	BENEFITS ADMINISTRATION SERVICES	OVERPAYMENT OF FEES TO THE VENDOR FROM THE TRUST FROM 6/2020 - 2/2021 CORRECTED AND REPAID 10/1/2025	

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
			23125	30844	7719

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price

(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

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
U. S. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARS, INCORPORATED

D Employer Identification Number (EIN)
22-1594774

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	129592	581127
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	20689527	17651645
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	66697345
(2) U.S. Government securities	1c(2)	1024320626	998147087
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	286850	280767
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	48899671	59032816
(5) Partnership/joint venture interests	1c(5)	3255015106	3331216456
(6) Real estate (other than employer real property)	1c(6)	304877818	240789221
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	404923957	455936858
(10) Value of interest in pooled separate accounts	1c(10)	0	31342292
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	29687184	69381015
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	868788	958963

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(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	5089699119	5272015592
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	2175276	4697203
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2082466	1373205
1k Total liabilities (add all amounts in lines 1g through1j)	1k	4257742	6070408
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	5085441377	5265945184

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3552709	
(B) U.S. Government securities	2b(1)(B)	39665183	
(C) Corporate debt instruments	2b(1)(C)	18200	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	7853	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		43243945
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	803	
(B) Common stock	2b(2)(B)	1034437	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	17846	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1053086
(3) Rents	2b(3)		776545
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	755346168	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	821676242	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-66330074
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	-374277	
(B) Other	2b(5)(B)	446769176	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		446394899

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		55627380
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-8871470
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		14911946
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		88498
c Other income	2c		43875049
d Total income. Add all **income** amounts in column (b) and enter total	2d		530769804
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	292920983	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	25233462	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		318154445
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2450	
(3) Recordkeeping fees	2i(3)	1460046	
(4) IQPA audit fees	2i(4)	130899	
(5) Investment advisory and investment management fees	2i(5)	10483411	
(6) Bank or trust company trustee/custodial fees	2i(6)	661157	
(7) Actuarial fees	2i(7)	673511	
(8) Legal fees	2i(8)	68964	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	18631114	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		32111552
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		350265997
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		180503807
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: PRICEWATERHOUSECOOPERS **(2)** EIN: 13-4008324

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		30844
e Was this plan covered by a fidelity bond?	**4e**	X		35000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 586490.

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
U. S. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MARS, INCORPORATED

D Employer Identification Number (EIN)
22-1594774

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): _____ _____

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** 548

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: 17.0 % Private Equity: 16.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 28.0 %
High-Yield Debt: 14.0 % Real Assets: 5.0 % Cash or Cash Equivalents: 1.0 % Other: 19.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

U.S. Retirement Plan

Financial Statements and Supplemental Schedules Required by ERISA
December 31, 2025 and 2024

U.S. Retirement Plan
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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable.

pwc

Report of Independent Auditors

To the Administrator of U.S. Retirement Plan

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

We have performed an audit of the accompanying financial statements of U.S. Retirement 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) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2024 and the related statement of changes in accumulated plan benefits for the year then ended, including the related notes (collectively referred to as the "financial statements").

Management, having determined it is permissible in the circumstances, has elected to have the audit of the Plan's 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 Rules and Regulations for Reporting and Disclosure under ERISA. 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 federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the years then ended, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report

- the amounts and disclosures in the accompanying 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.
- the information in the accompanying 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).

PricewaterhouseCoopers LLP
1075 Peachtree Street NE, Suite 2600
Atlanta, Georgia 30309
(678) 419 1000

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (US GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our 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.

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 for one year after the date the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit 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 auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with US GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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 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 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 Schedules Required by ERISA

Schedule G, Part III - Schedule of Nonexempt Transactions as of and for the year ended December 31, 2025, Schedule H, line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, Schedule H, line 4i – Schedule of Assets (Acquired and Disposed of Within Year) for the year ended December 31, 2025, and Schedule H, line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 ("supplemental schedules"), are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to the 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 US GAAS. For information included in the supplemental schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. In our opinion

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



Atlanta, Georgia
September 23, 2026

U.S. Retirement Plan
Statements of Net Assets Available for Benefits

December 31,	2025	2024
Assets		
Investments, at fair value		
Interest bearing cash	**$ 52,288,768**	$ —
U.S. government securities	**782,518,120**	812,175,824
Corporate debt instruments	**220,113**	227,441
Common stock	**46,280,001**	38,772,167
Commingled funds	**1,239,469,964**	1,196,122,483
Hedge funds	**770,434,547**	784,947,081
Private equity funds	**651,433,507**	670,930,522
Real estate investment funds	**213,343,146**	241,735,241
Common collective trusts	**362,072,091**	273,475,749
Exchange traded funds	**751,799**	688,855
Total investments	**4,118,812,056**	4,019,075,363
Receivables		
Due from broker	**4,741,564**	6,561,732
Accrued interest and dividends	**9,104,307**	9,825,754
Total receivables	**13,845,871**	16,387,486
Net assets held in 401(h) account	**1,137,628,376**	1,053,275,451
Non interest bearing cash	**459,005**	104,529
Total assets	**5,270,745,308**	5,088,842,829
Liabilities		
Payables		
Due to broker	**235,186**	242,182
Daily variation margin payable on futures contracts	**841,367**	1,408,989
Administrative fees payable and other liabilities	**3,723,571**	1,750,281
Total payables	**4,800,124**	3,401,452
Obligation related to 401(h) account	**1,137,628,376**	1,053,275,451
Total liabilities	**1,142,428,500**	1,056,676,903
Net assets available for benefits	**$ 4,128,316,808**	$ 4,032,165,926

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

U.S. Retirement Plan
Statements of Changes in Net Assets Available for Benefits

Years Ended December 31,	**2025**	2024
Additions to Plan assets attributed to		
Investment income		
Net appreciation of investments	**$ 341,466,964**	$ 1,159,228
Interest and dividend income	**77,211,132**	69,902,759
Net investment income	**418,678,096**	71,061,987
Employer contributions	**—**	24
Net additions	**418,678,096**	71,062,011
Deductions from Plan assets attributed to		
Benefits paid to participants	**292,920,983**	278,376,237
Administrative and investment manager fees	**29,606,231**	15,311,440
Total deductions	**322,527,214**	293,687,677
Net increase/(decrease) in net assets	**96,150,882**	(222,625,666)
Net assets available for benefits		
Beginning of year	**4,032,165,926**	4,254,791,592
End of year	**$ 4,128,316,808**	$ 4,032,165,926

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

U.S. Retirement Plan
Statement of Accumulated Plan Benefits

December 31,		2024
Actuarial present value of accumulated plan benefits		
Vested benefits		
Participants currently receiving payments	$	2,411,894,802
Other vested benefits		1,591,504,495
		4,003,399,297
Non-vested benefits		20,310,471
Total actuarial present value of accumulated plan benefits	$	4,023,709,768

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

U.S. Retirement Plan
Statement of Changes in Accumulated Plan Benefits

Year Ended December 31,		2024
Actuarial present value of accumulated plan benefits at beginning of year	$	4,201,197,258
Increase/(decrease) during the year attributable to		
Decrease in the discount period		247,931,594
Actuarial losses		9,584,019
Assumption changes		(226,810,964)
Benefits paid		(278,376,236)
Benefits accumulated		70,184,097
Net decrease		(177,487,490)
Actuarial present value of accumulated plan benefits at end of year	$	4,023,709,768

The accompanying notes are an integral part of these financial statements

1. Description of Plan

The following brief description of the U.S. Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan documents for more complete information.

General

The Plan is a non-contributory defined benefit plan established by Mars, Incorporated (the "Company") to provide retirement benefits for eligible employees ("Associates") of Mars, Incorporated and its participating U.S. subsidiaries (the "Employers"). The Plan has multiple formulas for benefit payment calculations. For further details refer to the Plan document. The Mars Retirement Plan ("MRP") formula utilizes a final average earnings calculation and the Associate Retirement Plan ("ARP") formula utilizes a cash balance calculation. Eligible Company associates hired prior to September 1, 2002 were given a choice between MRP or ARP participation during an applicable election period called the "Choice Window". Associates are not eligible to accrue benefits as both a MRP participant and an ARP participant for the same period of time. The Wrigley Retirement Plan ("WRP") formula utilizes a final average earnings calculation and the Wrigley Associate Retirement Plan ("WARP") formula utilizes a cash balance calculation. The Nutro pension formula utilizes a highest 5-year average annual compensation calculation. The Plan was closed to new entrants and re-entrants on December 31, 2020. Existing participants continue to accrue benefits.

Associates are MRP participants in the Plan if they: (1) were full-time or part-time associates hired before September 1, 2002, and completed 1,000 hours of service during the 12 month period beginning on the hire date or in any later calendar year, (2) were not converted to ARP participation, (3) did not elect to become an ARP participant during the Choice Window or (4) made an election to commence retirement benefits under the Plan on or before July 1, 2004 and were not rehired on or after September 1, 2002.

Associates are ARP participants in the Plan if they: (1) were hired or rehired on or after September 1, 2002 and completed one hour of service in the year hired, (2) elected to become an ARP participant and did not commence retirement benefits under the Plan prior to July 1, 2004, or (3) on July 1, 2004, were (a) classified as a temporary or flex associate, (b) a part-time associate in a certain division of Ethel M Chocolates, Inc. who had not commenced payment under the MRP, or (c) were converted to ARP participation. Special rules apply to expatriate, domestic transfer, disabled, and rehired associates.

Associates are WRP participants in the Plan if they: (1) are regular full-time or regular part-time Associates hired before July 1, 2008, and are scheduled to work at least 1,000 hours per year and completed one month of service, or (2) temporary Associates who completed 1,000 hours of service within 12 months of employment or within any plan year beginning after the year of employment. This became an additional formula under the Plan as of December 31, 2017.

Associates are WARP participants if they are regular full-time or regular part-time Associates hired on or after July 1, 2008. The WARP formula mirrored the ARP formula and merged into the ARP formula as of December 31, 2017 and is hereafter included in ARP references.

The Nutro Company ("Nutro") eligible associates were given a choice between the Nutro pension formula and ARP participation during an election period in 2009 that was effective January 1, 2010. Beginning January 1, 2010, Mars Petcare US, Inc. and certain Nutro associates are eligible to participate in the ARP.

Prior plan mergers have resulted in certain participants having their benefits calculated in accordance with their previous plans as detailed in the Plan document.

Plan Administration

The Plan is administered by the U.S. Benefit Plans Committee ("USBPC") established by the Mars, Incorporated Board of Officers. The USBPC has delegated the daily administration to Mars Benefits. All assets of the Plan are held by The Northern Trust Company (the "Trustee" or "NTC").

Pension Benefit Formula

Participants with five or more years of MRP vesting service are entitled to retirement benefits beginning at the normal retirement age of 65 or early retirement benefits upon reaching the age of 50. The retirement benefit for MRP participants is determined by using credited service, MRP-eligible earnings, the estimated or actual social security benefit, age, and other factors and applicable offsets under the Plan when the Associate commences the benefit.

Participants with five or more years of WRP vesting service are entitled to retirement benefits beginning at the normal retirement age of 65 or early retirement benefits upon reaching the age of 55. The retirement benefit for WRP participants is generally equal to one-twelfth of the following: 1.5% of final average annual compensation for the highest 36 consecutive months out of the last ten years before retirement times years and months of credited service, less 1% of the primary social security benefits times years and months of credited service for credited service after December 31, 1975.

Early retirement benefits under WRP are calculated in the same manner as the normal retirement benefit, but are based on benefits earned up to the date of early retirement and are reduced by a predetermined early retirement factor. The Plan also provides for spousal benefits on the death of an active member who had vested but had not reached age 65.

The retirement benefit for ARP participants is determined based on a notional ARP account balance, which is comprised of the following, to the extent applicable: an opening balance credit for those who transitioned from MRP to ARP; weekly pay credits through December 31, 2013; bi-weekly pay credits January 1, 2014 and thereafter; weekly transition pay credits (equal to an additional percentage of eligible earnings and available from July 1, 2004 to June 30, 2010); and weekly interest credits based on the change in the Consumer Price Index ("CPI-W") plus 3% subject to minimum and maximum limits, and factors related to conversion of the notional account balance to annuity forms. Pay credits are equal to 6% of eligible earnings and are credited each pay date. Participants are vested in their ARP notional account balances following three years of service, active Associate's death or upon reaching the normal retirement age of 65.

Nutro associates who have participated in the Plan for three or more years are entitled to annual pension benefits beginning at normal retirement age (65). All Nutro associates fully vest after 7 years of service, however associates who switched to the ARP during the 2009 choice only need 3 years of service to fully vest in the Nutro formula. The normal benefit is calculated as 25% of the participant's highest 5-year average annual compensation not in excess of the 1981 social security integration level plus 33.33% of the highest 5-year average annual compensation in excess of the 1981 social security integration level. The total benefit is reduced by one-twentieth for each year of service less than twenty years.

Plan benefits are generally paid in the form of an annuity as elected by the participant. Eligible ARP participants may elect to receive their ARP benefit as a lump sum, with the benefit determined under a minimum formula equal to the frozen 6/30/2004 MRP benefit plus the annuity equivalent of ARP benefits earned after 6/30/2004, excluding the opening balance. For terminated participants with an accrued benefit valued at $1,000 or less, benefits are paid as a direct lump sum distribution from the Plan. Nutro associates may elect to receive the value of their accrued benefit in the Nutro formula earned through December 31, 2009 in the form of a lump sum or an annuity upon terminating from the business. Nutro formula benefits earned after December 31, 2009 are only available as an annuity.

Termination

The Company has not expressed any intent to terminate the Plan. However, in the event the Plan is terminated, the Plan assets would be allocated to the participants in accordance with the applicable requirements of Employee Retirement Income Security Act of 1974 ("ERISA"). In general, ERISA requires that Plan assets be used to pay benefits in the following order (to participants to the extent there are sufficient assets to fund applicable benefit payments): first to participants who have commenced their retirement benefits, then to certain participants eligible for early retirement, then to vested participants and finally to all other eligible participants. Whether a participant's accumulated pension benefits will be paid depends on the sufficiency of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of pension benefits guaranteed by the Pension Benefits Guaranty Corporation ("PBGC") at that time.

As of December 31, 2025 and 2024, the Plan's net assets are sufficient to pay its benefit obligations on an on-going basis.

Upon termination of the Plan and the satisfaction of all liabilities to provide pension and postretirement medical benefits, the remaining assets in the Plan (including any remaining assets in the 401(h) account) would be returned to the Company.

2. Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. The Plan's Post Retirement Investment Committee determines the Plan's valuation policies utilizing information provided by its investment managers and Trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Foreign Currency Translation

Securities and other assets and liabilities of the Plan whose values are expressed in foreign currencies are translated to U.S. dollars at the bid price of such currency against U.S. dollars last quoted by an approved pricing vendor or major bank on the valuation date. Dividend and interest income and certain expenses denominated in foreign currencies are translated to U.S. dollars based on the exchange rates in effect on the date the income is earned and the expense is incurred. Exchange gains and losses are realized upon ultimate receipt or disbursement.

Derivatives

The Plan enters into futures contracts for risk management purposes. The Plan may also hold swap agreements and forward currency contracts. Forward and futures contracts as well as swap agreements are recorded as contractual commitments on a trade-date basis and are carried at fair value based on closing exchange quotations. Changes in fair value are recorded in net appreciation (depreciation) of investments. The Plan does not designate any derivative instruments as hedging instruments.

Administrative Fees

Trustee, investment manager, investment related legal fees, audit fees, actuary and contract administrator expenses incurred are paid by the Plan. In addition, certain investment related expenses are included in net appreciation (depreciation) of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits. Other administrative expenses are paid by the Company.

Contributions

Contributions to the Plan are recognized based upon amounts required to be funded under the provisions of ERISA or, if greater, amounts actually contributed for the year.

Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and fair value of investments at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investments. Investments are exposed to various risks such as interest rate, market and credit risks. Fair values of the Plan’s investments may decline for a number of reasons, including changes in prevailing market and interest rates, increases in defaults, increases in voluntary prepayments for investments that are subject to prepayment risk under normal market conditions, and widening of credit spreads. Due to the level of risk associated with certain investments, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated Associates or their beneficiaries, (b) beneficiaries of Associates who have died, and (c) present Associates or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, to the extent they are deemed attributable to Associate service rendered as of the valuation date.

The actuarial present value of accumulated plan benefits is determined by the actuary and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the actuary's valuation report are as follows:

Interest Rate	January 1, 2025	6.50% per annum
	January 1, 2024	6.00% per annum
Mortality	January 1, 2025	Sex distinct mortality rates based on the Society of Actuaries Pri-2012 mortality tables with 100% white collar adjustment and multipliers by status and gender (0.84/0.96 for male/female Employees and Healthy Retirees tables; 1.01/1.13 for male/female Contingent Survivors table), and projected with generational improvements from the tables' base year of 2012 using scale MP-2021.
	January 1, 2024	Sex distinct mortality rates based on the Society of Actuaries Pri-2012 mortality tables with 100% white collar adjustment and 0.9 multiplier and separate contingent survivor mortality tables. The tables are projected with generational improvements from the tables' base year of 2012 using Scale MP-2021.
Retirement	January 1, 2025 & January 1, 2024	Age 50 to 70

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuations been performed as of December 31, 2024, there would be no material differences.

3. Funding Policy

The Mars Benefits has employed an actuarial firm, Willis Towers Watson, to determine the annual amounts of employer contributions necessary to meet the retirement obligations of the Plan. The Company's funding policy is to make periodic contributions to the Plan in amounts, such that all Associates' benefits will be provided for during their retirement. The Plan contributes at least the minimum required contributions, but no more than the maximum tax deductible contribution as determined in accordance with ERISA and the Internal Revenue Code ("IRC"). There were no required employer contribution for the years ended December 31, 2025 and 2024 as minimum funding requirements of ERISA were satisfied as assets on the reporting date exceeded the target normal cost, or if this was not the case, a Funding Standard Carryover Balance was utilized. Under the provisions of the Pension Protection Act, the minimum funding requirements have been increased, therefore, Plan sponsors may be required to make larger contributions in the future if plan obligations are less than 100% funded. No contributions to fund the postretirement benefit obligation were made to the 401(h) account during 2025 or 2024.

4. 401(h) account

The Plan includes a medical-benefit component in addition to normal retirement benefits to fund a portion of the postretirement obligations for eligible retirees and their beneficiaries in accordance with Section 401(h) of the IRC.

A separate 401(h) account has been established and maintained in the Plan for such contributions and net assets related to the medical-benefit component. Income and expenses common to both the Plan and 401(h) are allocated between them based on their percentage of the total portfolio while income and expenses specific to either are applied to the applicable account. In accordance with IRC Section 401(h), the Plan's investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in the Plan obligations in the Statement of

Accumulated Plan Benefits but are reported as obligations in the financial statements of the Mars, Incorporated Retiree Health Care and Life Plan ("HCLP"). Associates do not contribute to the 401(h) account. Employer contributions or qualified transfers to the 401(h) account are determined annually and are at the discretion of the Plan sponsor.

The 401(h) account holds various investments. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

A portion of the HCLP's liabilities are funded through contributions to the U.S. Retirement Trust, which holds the assets of the Plan and 401(h) in accordance with IRC Section 401(h). The following table presents the components of the net assets available for such postretirement health and welfare liabilities and the related changes in net assets available.

Net Assets Available for Postretirement Health and Welfare Benefits in 401(h) Account:

December 31,		**2025**		2024
Investments at fair value				
Interest bearing cash	**$**	**14,408,577**	$	—
U.S. government securities		**215,628,967**		212,144,802
Corporate debt instruments		**60,654**		59,409
Common stock		**12,752,815**		10,127,504
Commingled funds		**341,545,609**		312,433,785
Hedge funds		**212,299,244**		205,032,504
Private equity funds		**179,507,580**		175,250,750
Real estate investment funds		**58,788,367**		63,142,577
Common collective trusts		**99,771,787**		71,433,373
Exchange traded funds		**207,164**		179,933
Total investments		**1,134,970,764**		1,049,804,637
Receivables				
Due from broker		**1,306,575**		1,713,960
Accrued interest and dividends		**2,499,199**		2,557,237
Due from sponsor		**—**		30,844
Total receivables		**3,805,774**		4,302,041
Non interest-bearing cash		**122,122**		25,063
Total assets		**1,138,898,660**		1,054,131,741
Liabilities				
Due to broker		**64,807**		63,259
Daily variation margin payable on futures contracts		**231,845**		368,036
Administrative fees payable and other liabilities		**973,632**		424,995
Total liabilities		**1,270,284**		856,290
Net 401(h) assets available	**$**	**1,137,628,376**	$	1,053,275,451

Changes in Net Assets in 401(h) Account:

Year Ended December 31,		**2025**		2024
Additions to 401(h) assets attributed to				
Investment income				
Net appreciation of investments	**$**	**91,487,312**	$	12,171
Interest and dividend income		**20,604,396**		17,798,559
Net investment income		**112,091,708**		17,810,730
Employer contributions		**—**		7,719
Net additions		**112,091,708**		17,818,449
Deductions from Plan assets attributed to				
Benefits paid to participants		**25,233,462**		22,514,038
Administrative and investment manager fees		**2,505,321**		1,708,173
Total deductions		**27,738,783**		24,222,211
Net increase/(decrease) in net assets		**84,352,925**		(6,403,762)
Net assets available for benefits				
Beginning of year		**1,053,275,451**		1,059,679,213
End of year	**$**	**1,137,628,376**	$	1,053,275,451

5. Fair Value Measurements

In accordance with the authoritative guidance on fair value measurements and disclosures under GAAP, the Plan discloses the fair value of its investments in a hierarchy that prioritizes the inputs to valuation techniques used to measure the fair value. The guidance provides a consistent definition of fair value which focuses on an exit price, the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. As a basis for considering assumptions, authoritative guidance establishes a three-level hierarchy which prioritizes the inputs in measuring fair value as follows:

Level 1

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

Level 2

Inputs to the valuation methodology include:

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

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

Level 3

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Description of the Valuation Methodologies

Following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the valuation methodologies used at December 31, 2025 and 2024.

Interest-Bearing Cash: Initial margin deposits held in interest-bearing cash accounts to secure the Plan's obligations under open futures contracts. These balances are valued at cost plus interest, which approximates fair value due to the short term nature of the deposits.

U.S. government securities: Valued at the closing price reported in the active market in which individual securities are traded. When quoted prices are not available for identical or similar securities, the securities are valued using current yields of similar instruments.

Foreign government securities: Valued at the closing price reported in the active market in which individual securities are traded. Transactions denoted in foreign currency are translated to U.S. dollars at the exchange rate at the time the transaction is processed. Assets and liabilities denoted in foreign currency are translated to U.S. dollars at the appropriate closing exchange rate as of year-end.

Corporate debt instruments: Corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that

maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Preferred stock and Common stock: Valued at the last reported closing price in an active market. If no sales are reported for the day, the equity securities are valued at the more recent of the last published sales price or the mean between the last reported bid and asked prices if no sales price is available.

Exchange traded funds: Valued at the last reported closing price in an active market. If no sales are reported for the day, the exchange-traded funds are valued at the more recent of the last published sales price or the mean between the last reported bid and ask prices if no sales price is available.

Hedge funds, private equity, real estate investment trusts, commingled funds and Common Collective Trusts ("CCTs"): The fair value has been determined using the net asset value ("NAV") as a practical expedient. The NAV is based on the fair value of underlying assets owned by the funds, minus liabilities. The NAV is obtained from the audited GAAP financial statements and the quarterly financial information received from the investment advisor and/or general partner. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported NAV. Transactions (purchases and sales) may occur daily.

Futures contracts: Valued at the last settlement price at the end of each day on the exchange upon which they are traded. The value of the futures contracts included in the net assets is the amount of the unsettled variation margin.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a materially different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets, excluding assets designated to the 401(h) account at fair value as of December 31, 2025 and 2024:

December 31, 2025	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 52,288,768	$ —	$ —	$ 52,288,768
U.S. government securities	—	782,518,120	—	782,518,120
Corporate debt	—	220,113	—	220,113
Common stock	46,280,001	—	—	46,280,001
Exchange traded funds	751,799	—	—	751,799
Total assets in the fair value hierarchy	$ 99,320,568	$ 782,738,233	$ —	$ 882,058,801
Commingled funds (a)	—	—	—	1,239,469,964
Hedge funds (a)	—	—	—	770,434,547
Private equity funds (a)	—	—	—	651,433,507
Real estate investment funds (a)	—	—	—	213,343,146
CCTs (a)	—	—	—	362,072,091
Investments at fair value	$ 99,320,568	$ 782,738,233	$ —	$ 4,118,812,056
Futures contracts-unrealized loss/ variation margin	$ (841,368)	$ —	$ —	$ (841,368)

December 31, 2024	Level 1	Level 2	Level 3	Total
U.S. government securities	$ —	$ 812,175,824	$ —	$ 812,175,824
Corporate debt	—	227,441	—	227,441
Common stock	38,772,167	—	—	38,772,167
Exchange traded funds	688,855	—	—	688,855
Total assets in the fair value hierarchy	$ 39,461,022	$ 812,403,265	$ —	$ 851,864,287
Commingled funds (a)	—	—	—	1,196,122,483
Hedge funds (a)	—	—	—	784,947,081
Private equity funds (a)	—	—	—	670,930,522
Real estate investment funds (a)	—	—	—	241,735,241
CCTs (a)	—	—	—	273,475,749
Investments at fair value	$ 39,461,022	$ 812,403,265	$ —	$ 4,019,075,363
Futures contracts-unrealized loss/ variation margin	$ (1,408,989)	$ —	$ —	$ (1,408,989)

(a) In accordance with ASC 820, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

The following table lists investments that calculate NAV; the Plan uses NAV as a practical expedient to determine the fair value of these investments at December 31, 2025, excluding assets designated for the 401(h) account.

Category of Investment	Investment Strategy	Fair Value Determined Using NAV	Unfunded Commitments	Remaining Life	Redemption Notice Period	Redemption Restrictions and Terms	Redemption Restrictions and Terms in Place at Year End
Commingled Fund	Asset-Backed (a)	$194,342,210	N/A	N/A	15 - 365 days notice	Quarterly redemption with an average of one to three year lock up	Quarterly redemption with an average of one to three year lock up
Commingled Fund	Asset-Backed (b)	$141,674,859	$9,258,937	1 to 3 years	180 - 360 days	Quarterly redemption with an average of one to three year lock up	Quarterly redemption with an average of one to three year lock up
Commingled Fund	Corporate Debt (c)	$71,008,100	N/A	N/A	90 days notice	Quarterly redemption	Quarterly redemption
Commingled Fund	Corporate Debt (d)	$190,505,306	$64,590,622	1 to 3 years	N/A	Funds are locked up for approximately 4 years from final closing	N/A
Commingled Fund	Non US Equity (e)	$325,891,553	N/A	N/A	5 - 30 days notice	Daily to monthly redemption	Daily to monthly redemption
Commingled Fund	US Equity (f)	$316,047,936	N/A	N/A	5 - 60 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Hedge Fund	Equity and Fixed Income (i)	$325,822,074	N/A	N/A	5 - 90 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Hedge Fund	Equity and Fixed Income (i)	$331,874,213	N/A	0 to 2 years	30 - 90 days notice	Quarterly to annual redemption with an average of one-year lockup	Quarterly redemption
Hedge Fund	Multi-Strategy (j)	$112,738,260	N/A	N/A	30 - 90 days notice	Monthly to quarterly redemption with an average of one-year lockup	Monthly to quarterly redemption with an average of one-year lockup
Private Equity	Domestic (k)	$615,551,020	$115,118,778	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Private Equity	International (l)	$35,882,487	$1,135,117	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Real Estate Investment Funds	Domestic (m)	$13,313,717	N/A	N/A	5 - 90 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Real Estate Investment Funds	Domestic (n)	$183,344,224	$119,665,967	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Real Estate Investment Funds	International (o)	$16,685,205	$3,835,883	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
CCTs	Multi-Strategy (p)	$191,516,470	N/A	N/A	2 - 30 days notice	Daily to monthly redemption	Daily to monthly redemption
CCTs	Short-Term Investment Vehicles (q)	$170,555,621	N/A	N/A	1 day notice	Daily redemption	Daily redemption
Total		**$3,236,753,255**	**$313,605,304**				

The following table lists investments that calculate NAV; the Plan uses NAV as a practical expedient to determine the fair value of these investments at December 31, 2024, excluding assets designated for the 401(h).

Category of Investment	Investment Strategy	Fair Value Determined Using NAV	Unfunded Commitments	Remaining Life	Redemption Notice Period	Redemption Restrictions and Terms	Redemption Restrictions and Terms in Place at Year End
Commingled Fund	Asset-Backed (a)	$178,409,840	N/A	N/A	15 - 365 days notice	Quarterly redemption with an average of one to three year lock up	Quarterly redemption with an average of one to three year lock up
Commingled Fund	Asset-Backed (b)	$151,950,196	$8,053,273	1 to 3 years	180 - 360 days	Quarterly redemption with an average of one to three year lock up	Quarterly redemption with an average of one to three year lock up
Commingled Fund	Corporate Debt (c)	$130,062,211	N/A	N/A	90 days notice	Quarterly redemption	Quarterly redemption
Commingled Fund	Corporate Debt (d)	$171,374,006	$112,587,730	1 to 3 years	N/A	Funds are locked up for approximately 4 years from final closing	N/A
Commingled Fund	Non US Equity (e)	$244,750,190	N/A	N/A	5 - 30 days notice	Daily to monthly redemption	Daily to monthly redemption
Commingled Fund	US Equity (f)	$319,576,040	N/A	N/A	5 - 60 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Hedge Fund	Equity and Fixed Income (i)	$319,785,384	N/A	N/A	5 - 90 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Hedge Fund	Equity and Fixed Income (i)	$361,467,772	N/A	0 to 2 years	30 - 90 days notice	Quarterly to annual redemption with an average of one-year lockup	Quarterly redemption
Hedge Fund	Multi-Strategy (j)	$103,693,925	N/A	N/A	30 - 90 days notice	Monthly to quarterly redemption with an average of one-year lockup	Monthly to quarterly redemption with an average of one-year lockup
Private Equity	Domestic (k)	$631,971,050	$124,476,791	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Private Equity	International (l)	$38,959,472	$1,925,779	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Real Estate Investment Funds	Domestic (m)	$13,713,433	N/A	N/A	5 - 90 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Real Estate Investment Funds	Domestic (n)	$209,494,806	$104,975,267	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Real Estate Investment Funds	International (o)	$18,527,002	$4,274,089	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
CCTs	Multi-Strategy (p)	$152,557,269	N/A	N/A	2 - 30 days notice	Daily to monthly redemption	Daily to monthly redemption
CCTs	Short-Term Investment Vehicles (q)	$120,918,480	N/A	N/A	1 day notice	Daily redemption	Daily redemption
Total		**$3,167,211,076**	**$356,292,929**				

(a) Includes active credit fixed income commingled funds that invest in mortgage-backed securities and other mortgage-related securities through an unlevered, long-only approach.

(b) Includes commingled funds that invest in residential and commercial-related opportunities, and trust preferred securities (TruPS) collateralized debt obligations (CDOs).

(c) Includes active credit fixed income commingled funds that invest in both investment grade and high yield corporate debt, including bank loans that must been requirements for liquidity and safety.

(d) Includes opportunistic commingled funds that focus on distressed credits and equities, recapitalization opportunities, and dislocations arising from specific events and force-selling

situations. The investments in this category cannot be redeemed because the investments include restrictions that do not allow for redemptions in the first 3 years after subscription.

(e) Includes non-U.S. public equity commingled funds that focus on both developed and emerging markets.

(f) Includes U.S. public equity funds that focus on both core and style investing.

(i) Includes hedge funds that employ several strategies, including equity market-neutral, fixed income relative value, equity long/short, credit long/short, and global macro styles.

(j) Includes hedge funds that focus on multi-strategy investing.

(k) Includes close-ended private equity funds that specialize in U.S. low and mid-market buyouts of companies, as well as in venture capital and infrastructure investing. These investments can never be redeemed from the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund. If these investments were held, it is estimated that the underlying assets of the fund would be liquidated over 5 to 10 years. Fair values of the investments in this category are estimated using recent observable transaction information for similar investments.

(l) Includes close-ended private equity funds that specialize in global low and mid-market buyouts of companies. These investments can never be redeemed from the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund. If these investments were held, it is estimated that the underlying assets of the fund would be liquidated over 5 to 10 years. Fair values of the investments in this category are estimated using recent observable transaction information for similar investments.

(m) Contains open-ended real estate investment vehicles that actively invests in high-quality income-producing properties within major U.S. markets.

(n) Includes close-ended real estate funds that specialize in U.S. development and sale of commercial and multifamily properties. These investments can never be redeemed from the funds. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund. If these investments were held, it is estimated that the underlying assets of the fund would be liquidated over 5 to 10 years. Fair values of the investments in this category are estimated using recent observable transaction information for similar investments.

(o) Includes a close-ended real estate fund that specializes in global development and sale of commercial and multifamily properties. These investments can never be redeemed from the fund. Instead, the nature of the investments in this category is that distributions are received through the liquidation of the underlying assets of the fund. If these investments were held, it is estimated that the underlying assets of the fund would be liquidated over 5 to 10 years. Fair values of the investments in this category are estimated using recent observable transaction information for similar investments.

(p) Contains CCTs that invest in either equities or fixed income.

(q) Contains short-term investment vehicles and cash sweep vehicles investing in high-grade money market instruments with short maturities. Principal preservation is a prime objective.

The following table sets forth by level, within the fair value hierarchy, the 401(h) assets at fair value as of December 31, 2025 and 2024:

December 31, 2025	Level 1	Level 2	Level 3	Total
Interest bearing cash	$ 14,408,577	$ —	$ —	$ 14,408,577
U.S. government securities	—	215,628,967	—	215,628,967
Corporate debt	—	60,654	—	60,654
Common stock	12,752,815	—	—	12,752,815
Exchange traded funds	207,164	—	—	207,164
Total assets in the fair value hierarchy	$ 27,368,556	$ 215,689,621	$ —	$ 243,058,177
Commingled funds (a)	—	—	—	341,545,609
Hedge funds (a)	—	—	—	212,299,244
Private equity funds (a)	—	—	—	179,507,580
Real estate investment funds (a)	—	—	—	58,788,367
CCTs (a)	—	—	—	99,771,787
Investments at fair value	$ 27,368,556	$ 215,689,621	$ —	$ 1,134,970,764
Futures contracts-unrealized loss/ variation margin	$ (231,845)	$ —	$ —	$ (231,845)

December 31, 2024	Level 1	Level 2	Level 3	Total
U.S. government securities	$ —	$ 212,144,802	$ —	$ 212,144,802
Corporate debt	—	59,409	—	59,409
Common stock	10,127,504	—	—	10,127,504
Exchange traded funds	179,933	—	—	179,933
Total assets in the fair value hierarchy	$ 10,307,437	$ 212,204,211	$ —	$ 222,511,648
Commingled funds (a)	—	—	—	312,433,785
Hedge funds (a)	—	—	—	205,032,504
Private equity funds (a)	—	—	—	175,250,750
Real estate investment funds (a)	—	—	—	63,142,577
CCTs (a)	—	—	—	71,433,373
Investments at fair value	$ 10,307,437	$ 212,204,211	$ —	$ 1,049,804,637
Futures contracts-unrealized loss/ variation margin	$ (368,036)	$ —	$ —	$ (368,036)

(a) In accordance with ASC 820, certain investments that are measured at fair value using the NAV per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits.

The following table lists investments that calculate NAV; the 401(h) uses NAV as a practical expedient to determine the fair value of these investments at December 31, 2025.

Category of Investment	Investment Strategy	Fair Value Determined Using NAV	Unfunded Commitments	Remaining Life	Redemption Notice Period	Redemption Restrictions and Terms	Redemption Restrictions and Terms in Place at Year End
Commingled Fund	Asset-Backed (a)	$53,552,511	N/A	N/A	15 - 365 days notice	Quarterly redemption with an average of one to three year lock up	Quarterly redemption with an average of one to three year lock up
Commingled Fund	Asset-Backed (b)	$39,039,612	$2,552,141	1 to 3 years	180 - 360 days	Quarterly redemption with an average of one to three year lock up	Quarterly redemption with an average of one to three year lock up
Commingled Fund	Corporate Debt (c)	$19,566,835	N/A	N/A	90 days notice	Quarterly redemption	Quarterly redemption
Commingled Fund	Corporate Debt (d)	$52,495,222	$17,803,814	1 to 3 years	N/A	Funds are locked up for approximately 4 years from final closing	N/A
Commingled Fund	Non US Equity (e)	$89,801,957	N/A	N/A	5 - 30 days notice	Daily to monthly redemption	Daily to monthly redemption
Commingled Fund	US Equity (f)	$87,089,472	N/A	N/A	5 - 60 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Hedge Fund	Equity and Fixed Income (i)	$89,782,812	N/A	N/A	5 - 90 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Hedge Fund	Equity and Fixed Income (i)	$91,450,526	N/A	N/A	30 - 90 days notice	Quarterly to annual redemption with an average of one-year lockup	Quarterly redemption
Hedge Fund	Multi-Strategy (j)	$31,065,906	N/A	0 to 2 years	30 - 90 days notice	Monthly to quarterly redemption with an average of one-year lockup	Monthly to quarterly redemption with an average of one-year lockup
Private Equity	Domestic (k)	$169,619,881	$31,731,438	N/A	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Private Equity	International (l)	$9,887,699	$312,885	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Real Estate Investment Funds	Domestic (m)	$3,668,698	N/A	N/A	5 - 90 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Real Estate Investment Funds	Domestic (n)	$50,521,931	$32,984,830	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Real Estate Investment Funds	International (o)	$4,597,738	$1,057,326	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
CCTs	Multi-Strategy (p)	$52,773,856	N/A	N/A	2 - 30 days notice	Daily to monthly redemption	Daily to monthly redemption
CCTs	Short-Term Investment Vehicles (q)	$46,997,931	N/A	N/A	1 day notice	Daily redemption	Daily redemption
Total		**$891,912,587**	**$86,442,434**				

The following table lists investments that calculate NAV; the 401(h) uses NAV as a practical expedient to determine the fair value of these investments at December 31, 2024.

Category of Investment	Investment Strategy	Fair Value Determined Using NAV	Unfunded Commitments	Remaining Life	Redemption Notice Period	Redemption Restrictions and Terms	Redemption Restrictions and Terms in Place at Year End
Commingled Fund	Asset-Backed (a)	$46,601,633	N/A	N/A	15 - 365 days notice	Quarterly redemption with an average of one to three year lock up	Quarterly redemption with an average of one to three year lock up
Commingled Fund	Asset-Backed (b)	$39,690,229	$2,103,559	1 to 3 years	180 - 360 days	Quarterly redemption with an average of one to three year lock up	Quarterly redemption with an average of one to three year lock up
Commingled Fund	Corporate Debt (c)	$33,972,966	N/A	N/A	90 days notice	Quarterly redemption	Quarterly redemption
Commingled Fund	Corporate Debt (d)	$44,763,835	$29,408,536	1 to 3 years	N/A	Funds are locked up for approximately 4 years from final closing	N/A
Commingled Fund	Non US Equity (e)	$63,930,098	N/A	N/A	5 - 30 days notice	Daily to monthly redemption	Daily to monthly redemption
Commingled Fund	US Equity (f)	$83,475,023	N/A	N/A	5 - 60 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Hedge Fund	Equity and Fixed Income (i)	$83,529,705	N/A	N/A	5 - 90 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Hedge Fund	Equity and Fixed Income (i)	$94,417,375	N/A	N/A	30 - 90 days notice	Quarterly to annual redemption with an average of one-year lockup	Quarterly redemption
Hedge Fund	Multi-Strategy (j)	$27,085,425	N/A	0 to 2 years	30 - 90 days notice	Monthly to quarterly redemption with an average of one-year lockup	Monthly to quarterly redemption with an average of one-year lockup
Private Equity	Domestic (k)	$165,074,321	$32,514,024	N/A	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Private Equity	International (l)	$10,176,429	$503,024	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Real Estate Investment Funds	Domestic (m)	$3,582,024	N/A	N/A	5 - 90 days notice	Monthly to quarterly redemption	Monthly to quarterly redemption
Real Estate Investment Funds	Domestic (n)	$54,721,198	$27,420,118	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
Real Estate Investment Funds	International (o)	$4,839,355	$1,116,416	1 to 10 Years	N/A	Funds are locked up for approximately 10 years from final closing	N/A
CCTs	Multi-Strategy (p)	$39,848,799	N/A	N/A	2 - 30 days notice	Daily to monthly redemption	Daily to monthly redemption
CCTs	Short-Term Investment Vehicles (q)	$31,584,574	N/A	N/A	1 day notice	Daily redemption	Daily redemption
Total		**$827,292,989**	**$93,065,677**				

For definitions of (a) through (q) see pages 21-22 of the notes to financial statements.

6. Derivatives

Futures Contracts

A futures contract is a contractual agreement to make or take delivery of a standardized quantity of a specified grade or type of commodity or financial instrument at a specified future date in accordance with terms specified by a regulated futures exchange. The Plan uses equity index, fixed income, and foreign currency (primarily Canadian dollar) futures contracts to manage equity price, interest rate, and foreign exchange risks. Losses in value may arise from changes in the value of the underlying instrument or if there is an illiquid secondary market for the contracts. The Plan does not employ leverage in its use of futures; thus, cash balances are maintained at a level at least equal to the contract value of the futures.

Upon entering into a futures contract, the Plan is required to deposit either in cash or securities an amount equal to a certain percentage of the nominal value of the contract ("initial margin"). Pursuant to the futures contract, the Plan agrees to receive from, or pay to, the broker an amount of cash equal to the daily fluctuation in the value of the futures contract. Such receipts or payments are known as "variation margin" which are settled daily and are included in the unrealized gains (losses) on futures contracts. The Plan will record a variation margin receivable or payable in the net assets for variation margins, which have not yet been paid at the end of the year. The significant accounting policies for derivatives and any related gain/(loss) have been summarized in Note 2. The Plan has credit risk associated with counterparty nonperformance. The risks associated with exchange-traded contracts are typically perceived to be less than those associated with the over- the-counter transactions (non-exchange traded), because exchanges typically (but not universally) provide clearinghouse arrangements in which the collective credit (in some cases limited in amount, in some cases not) of the members of the exchange is pledged to support the financial integrity of the exchange. In over-the-counter transactions, on the other hand, the Plan must rely solely on the credit of their respective individual counterparties. Margins, which may be subject to loss in the event of a default, are generally required in exchange trading, and counterparties may require margin in the over-the-counter markets.

The Plan may be required to pledge securities and/or cash as collateral to support open futures contracts. On December 31, 2025, pledged collateral consisted of U.S. government securities and cash with a fair market value of $88,079,970. On December 31, 2024, pledged collateral consisted of U.S. government securities with a fair market value of $64,656,661.

The 401(h) account may be required to pledge securities as collateral to support open futures contracts. On December 31, 2025, pledged collateral consisted of U.S. government securities and cash with a fair market value of $24,271,122. On December 31, 2024, pledged collateral consisted of U.S. government securities with a fair market value of $16,888,676.

At December 31, 2025, the Plan had the following open futures categorized by primary underlying risk:

		Long Contracts	
	Number of Contracts	**Notional Amount**	**Unrealized Appreciation/ (Depreciation)**
Foreign Currency Futures:			
Canadian Dollar	**133**	**$ 9,745,070**	**$ 52,777**
Equity Index Futures:			
Mini MSCI EMG MKT	**(16)**	**(1,106,496)**	**(394)**
S&P Mini 500	**(925)**	**(318,807,585)**	**(661,830)**
Mini MSCI EAFE	**9**	**1,251,339**	**15,544**
ME S&P CAN 60	**29**	**7,880,063**	**50,163**
Russell 2000 Emini	**(283)**	**(35,348,379)**	**780,540**
Interest Rate Futures:			
U.S. Note 10 years	**1,900**	**213,581,904**	**(737,049)**
U.S. Note 5 years	**1,837**	**200,775,601**	**(300,971)**
U.S. Note 2 years	**3,609**	**753,439,835**	**174,709**
U.S. Ultra Bond	**6,659**	**785,767,611**	**(12,287,212)**
	12,952	**$ 1,617,178,963**	**$ (12,913,723)**

The value on the Plan's Statement of Net Assets Available for Benefits is the related unsettled variation margin. The derivative activities during the year are reflective of the year end notional amounts.

At December 31, 2024, the Plan had the following open futures categorized by primary underlying risk:

		Long Contracts	
	Number of Contracts	**Notional Amount**	**Unrealized Appreciation/ (Depreciation)**
Equity Index Futures:			
S&P Mini 500	(1,097)	$ (325,683,559)	$ 10,569,746
Russell 2000 Emini	(286)	(32,198,472)	1,827,906
Interest Rate Futures:			
U.S. Note 10 years	2,134	232,123,153	(1,967,017)
U.S. Note 5 years	867	92,126,955	(357,869)
U.S. Note 2 years	3,964	815,130,338	357,789
U.S. Ultra Bond	4,573	543,806,100	(15,479,763)
	10,155	$ 1,325,304,515	$ (5,049,208)

The value on the Plan's Statement of Net Assets Available for Benefits is the related unsettled variation margin. The derivative activities during the year are reflective of the year end notional amounts.

At December 31, 2025, the 401(h) account had the following open futures categorized by primary underlying risk:

		Long Contracts	
	Number of Contracts	Notional Amount	Unrealized Appreciation/ (Depreciation)
Foreign Currency Futures:			
Canadian Dollar	**37**	**$ 2,685,330**	**$ 14,543**
Equity Index Futures:			
Mini MSCI EMG MKT	**(4)**	**(304,904)**	**(109)**
S&P Mini 500	**(255)**	**(87,849,915)**	**(182,372)**
Mini MSCI EAFE	**2**	**344,816**	**4,283**
ME S&P CAN 60	**8**	**2,171,413**	**13,823**
Russell 2000 Emini	**(78)**	**(9,740,521)**	**215,084**
Interest Rate Futures:			
U.S. Note 10 years	**523**	**58,854,158**	**(203,100)**
U.S. Note 5 years	**506**	**55,325,282**	**(82,935)**
U.S. Note 2 years	**994**	**207,616,219**	**48,142**
U.S. Ultra Bond	**1,835**	**216,524,389**	**(3,385,838)**
	3,568	**$ 445,626,267**	**$ (3,558,479)**

The value on the 401(h) account's Net Assets Available for Postretirement Health and Welfare Benefits is the related unsettled variation margin. The derivative activities during the year are reflective of the year end notional amounts.

At December 31, 2024, the 401(h) account had the following open futures categorized by primary underlying risk:

		Long Contracts	
	Number of Contracts	Notional Amount	Unrealized Appreciation/ (Depreciation)
Equity Index Futures:			
S&P Mini 500	(287)	$ (85,070,341)	$ 2,760,876
Russell 2000 Emini	(75)	(8,410,418)	477,459
Interest Rate Futures:			
U.S. Note 10 years	558	60,631,847	(513,796)
U.S. Note 5 years	226	24,064,068	(93,477)
U.S. Note 2 years	1,036	212,916,537	93,456
U.S. Ultra Bond	1,195	142,045,150	(4,043,399)
	2,653	$ 346,176,843	$ (1,318,881)

The value on the 401(h) account's Net Assets Available for Postretirement Health and Welfare Benefits is the related unsettled variation margin. The derivative activities during the year are reflective of the year end notional amounts.

The following Plan and 401(h) account tables identify the fair value amounts of futures included in the Statements of Net Assets Available for Benefits and Net Assets Available for Postretirement Health and Welfare Benefits, categorized by primary underlying risk of the derivative, at December 31, 2025 and 2024.

Plan:	**2025**	2024
Primary Underlying Risk	**Gross Derivative Assets/(Liabilities)**	Gross Derivative Assets/(Liabilities)
Daily variations on future contracts		
Foreign Exchange	**$ (19,325)**	$ —
Equity Price	**2,529,523**	1,201,890
Interest Rate	**(3,351,565)**	(2,610,879)
Total	**$ (841,367)**	$ (1,408,989)

401(h) Account:	**2025**	2024
Primary Underlying Risk	**Gross Derivative Assets/(Liabilities)**	Gross Derivative Assets/(Liabilities)
Daily variations on future contracts		
Foreign Exchange	**$ (5,325)**	$ —
Equity Price	**697,030**	313,940
Interest Rate	**(923,550)**	(681,976)
Total	**$ (231,845)**	$ (368,036)

The following Plan and 401(h) account tables identify the gain and loss amounts included in the Statements of Changes in Net Assets Available for Benefits and Changes in Net Assets in 401(h) account, categorized by primary underlying risk of the derivative, for the years ended December 31, 2025 and 2024.

Plan:	**2025**	2024
Primary Underlying Risk	**Net Appreciation/ (Depreciation) of Investments**	Net Depreciation of Investments
Foreign Exchange	**$ (30,161)**	$ —
Equity Price	**(56,389,387)**	(53,774,742)
Interest Rate	**33,329,724**	(189,405,715)
Total	**$ (23,089,824)**	$ (243,180,457)

401(h) Account:	**2025**	2024
Primary Underlying Risk	**Net Appreciation/ (Depreciation) of Investments**	Net Depreciation of Investments
Foreign Exchange	**$ (7,598)**	$ —
Equity Price	**(15,009,881)**	(13,511,354)
Interest Rate	**9,028,349**	(47,743,143)
Total	**$ (5,989,130)**	$ (61,254,497)

7. Commitments

The Plan has committed to investments in commingled funds, private equity and real estate funds not to exceed $1,618 million of which approximately $314 million remains outstanding at December 31, 2025 and $1,574 million of which approximately $356 million remained outstanding at December 31, 2024.

The 401(h) account has committed to investments in commingled funds, private equity and real estate funds not to exceed $446 million of which approximately $86 million remained outstanding at December 31, 2025 and $411 million of which approximately $93 million remained outstanding at December 31, 2024.

8. Related Party and Party-in-Interest Transactions

The Trustee and Strategic Investment Group ("SIG"), which is the investment advisor, are considered parties-in-interest due to their roles as fiduciaries to the Plan. Certain Plan investments are managed by the Trustee. Administrative fees paid to the Trustee and SIG are considered party-in-interest transactions. Pursuant to the prohibited transaction exemption in ERISA Section 408(b)(2) or other applicable exemption, these party-in-interest transactions are not prohibited transactions.

The following table lists fees paid by the Plan and 401(h) account, in aggregate.

December 31,	**2025**	2024
NTC	**$ 677,574**	$ 796,375
SIG	**4,975,379**	5,011,976

9. Information Certified by the Trustee

As permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under the ERISA, the following information, including investments balances and related investment information in the notes to the financial statements and supplemental schedules, but excluding the fair value measurement leveling and related disclosures, was certified as to completeness and accuracy by The Northern Trust Company, the Trustee.

Plan:

December 31,	**2025**	2024
Investments, at fair value	**$ 4,118,812,056**	$4,019,075,363
Due from broker	**4,741,564**	6,561,732
Accrued interest and dividends	**9,104,307**	9,825,754
Net assets held in 401(h) account	**1,137,628,376**	1,053,275,451
Due to broker	**(235,186)**	(242,182)
Daily variations margin payable on futures contracts	**(841,367)**	(1,408,989)
Net appreciation of investments	**$ 341,466,964**	$ 1,159,228
Interest and dividend income	**77,211,132**	69,902,759
Net investment income	**$ 418,678,096**	$ 71,061,987

401(h) Account:

December 31,	2025	2024
Investments, at fair value	**$ 1,134,970,764**	$ 1,049,804,637
Due from broker	**1,306,575**	1,713,960
Accrued interest and dividends	**2,499,199**	2,557,237
Due to broker	**(64,807)**	(63,259)
Daily variations margin payable on futures contracts	**(231,845)**	(368,036)
Net appreciation of investments	**$ 91,487,312**	$ 12,171
Interest and dividend income	**20,604,396**	17,798,559
Net investment income	**$ 112,091,708**	$ 17,810,730

10. Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated August 23, 2021, that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator believes the Plan is designed to comply with applicable requirements of the IRC, and the plan administrator believes the Plan is being operated in compliance with applicable IRC requirements. Therefore, no provision for income taxes has been made.

Pursuant to certain provisions of the IRC and state tax statutes, a portion of the income generated by the Trust may be subject to an unrelated business income tax ("UBIT"). There was no material UBIT incurred during the years ended December 31, 2025 and 2024 and there were no balances outstanding as of December 31, 2025 and 2024.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2025 and 2024 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Tax years 2022 and onward are still open to examination by the IRS according to the statute of limitations.

11. Reconciliation of Financial Statements to Form 5500

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

December 31,	2025	2024
Net assets available for pension benefits per the financial statements	**$ 4,128,316,808**	$ 4,032,165,926
Net assets held in 401(h) included as assets in Form 5500	**1,137,628,376**	1,053,275,451
Net assets available for benefits per the Form 5500	**$ 5,265,945,184**	$ 5,085,441,377

The net assets of the 401(h) included in the Form 5500 are not available to pay pension benefits but are to be used only to pay retiree health benefits.

The following is reconciliation of investment income, benefits paid and administrative expenses per the financial statements to the Form 5500:

Year ended December 31,	2025		
	Amounts per Financial Statements	**401(h) Account**	**Amounts per Form 5500**
Net investment income	**$ 418,678,096**	**$ 112,091,708**	**$ 530,769,804**
Benefits paid	**292,920,983**	**25,233,462**	**318,154,445**
Administrative and investment manager fees	**29,606,231**	**2,505,321**	**32,111,552**

12. Subsequent Events

Management has evaluated subsequent events through September 23, 2026, which is the date the financial statements were available to be issued, and have no events to disclose.

Supplemental Schedules
Required by ERISA

U.S. Retirement Plan
Schedule G, Part III - Schedule of Nonexempt Transactions
As of and for the Year Ended December 31, 2025

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value	(d) Purchase price	(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction
Conduent, Inc.	Benefits Administration Services	Overpayment of administrative fees to the vendor from the Trust (401h) from June 2020 - February 2021, repaid on October 1, 2025.					$ 23,125	$ 30,844	$ 7,719

U.S. Retirement Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(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 and shares	(d) Cost	(e) Current value
	Acadian EM Equity Ext Fund, LLC	Commingled fund	$ 20,000,000	$ 26,532,088
	ALEUTIAN FUND LTD	Commingled fund	60,000,000	83,132,478
	ARCM FEEDER FUND IV LTD.	Commingled fund	1	3,922,806
	ARROWSTREET INTERNATIONAL EQUITY-ALPHA EXTENSION FUND	Commingled fund	45,744,847	121,159,638
	BAYVIEW MSR OPPORTUNITY OFFSHORE, L.P	Commingled fund	34,263,000	48,572,987
	BAYVIEW OPPORTUNITY FUND OFFSHORE VII LP	Commingled fund	42,336,932	59,561,239
	BAYVIEW OPPORTUNITY OFFSHORE VI 2, LP	Commingled fund	1	13,651,333
	ELLINGTON STRATEGIC MORTGAGE INSTITUTIONAL LP FUND	Commingled fund	230,501,717	247,894,721
	Enam India Growth Fund (Delaware) LP.	Commingled fund	7,000,000	6,772,427
	GOLDEN TREE HIGH YIELD VALUE FUND OFFSHORE (STRATEGIC) LTD	Commingled fund	45,833,713	90,574,935
	GOLDENTREE DISTRESSED FUND IV (CAYMAN) LP	Commingled fund	11,031,102	20,473,489
	GREEN COURT CHINA OPPORTUNITY FUND LLC	Commingled fund	3,050,000	3,651,918
	HELIKON LONG SHORT EQUITY FUND LP	Commingled fund	14,525,000	26,599,355
	HILDENE OPPORTUNITIES OFFSHORE FUND, LTD	Commingled fund	25,109,883	55,370,774
	INTERNATIONAL VALUE INSTITUTIONAL SERIES	Commingled fund	40,000,100	64,451,757
	KKR ENHAN US DIR LD FDR SCSP SR	Commingled fund	48,958,341	52,195,080
	KKR GLOBAL CREDIT OPPORTUNITIES FUND (OVERSEAS) LP (USD)	Commingled fund	49,800,000	65,516,795
	MGG SF Evergreen (Cayman) Fund	Commingled fund	43,339,003	44,504,935
	OASIS JAPAN STRAT FD OFFSHORE FEEDER	Commingled fund	18,600,000	25,681,691
	PACIFIC NORTH OF SOUTH EM ALL CAP EQ FUND	Commingled fund	7,000,000	9,854,781
	PACIFIC NOS GLOBAL EM EQUITY FUND	Commingled fund	16,174,681	23,435,208
	Sona CLO Equity Fund	Commingled fund	3,559,458	3,558,139
	STRATEGIC NON-CORE EMERGING MARKETS EQUITY TRUST	Commingled fund	2,000,100	24,422,169
	Strategic U.S. Equity Extended Fund, L.P. (Adage)	Commingled fund	100	357,843,176
	TCW DIRECT LENDING LLC	Commingled fund	7,441,803	3,737,509
	TCW DIRECT LENDING VII LLC	Commingled fund	20,366,799	12,323,463
	TCW DIRECT LENDING VIII LLC	Commingled fund	38,650,510	40,326,450
	TWO SIGMA ACTIVE EXT U.S ALL CAP EQTY CAYMAN FD LTD SR1 BENCHMK	Commingled fund	10,395,653	45,294,232
	ACADIAN INTERNATIONAL SMALL CAP FUND	Common collective trusts	3,218,897	5,907,020
	COL DOUBLELINE LNG DUR TL RT B F CL3	Common collective trusts	44,414,755	41,394,552
	NISA LONG CREDIT FUND	Common collective trusts	52,576,413	53,882,565
*	NT COLLECTIVE GOVT SHORT TERM INVT FD	Common collective trusts	217,553,552	217,553,553
	PGIM Long Credit Fund	Common collective trusts	52,000,000	54,049,491
	VOYA PRIVATE CREDIT TRUST FUND	Common collective trusts	77,610,871	89,056,697
	WEBSTER FNCL CORP WATERBURY CONN COM	Common stock, 1,002	55,934	63,066
	SCIENCE APPLICATIONS INTL CORP NEW COM USD0.0001	Common stock, 1,012	120,260	101,868

The information on this schedule has been certified as to its completeness and accuracy by The Northern Trust Company, Trustee.

U.S. Retirement Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(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 and shares	(d) Cost	(e) Current value
	BUILDERS FIRSTSOURCE INC COM STK	Common stock, 1,016	103,596	104,536
	ARCH CAPITAL GROUP COM STK	Common stock, 1,053	97,611	101,004
	COREBRIDGE FINL INC COM	Common stock, 1,055	32,154	31,829
	PRUDENTIAL FINL INC COM	Common stock, 1,113	114,327	125,635
	CHUBB LTD ORD CHF24.15	Common stock, 1,118	324,706	348,950
	FIRST SOLAR INC COM	Common stock, 1,136	177,069	296,757
	SYNCHRONY FINL COM	Common stock, 1,140	63,863	95,110
	ROYALTY PHARMA PLC COM USD0.0001 CLASS A	Common stock, 1,154	44,517	44,591
	BEST BUY INC COM STK	Common stock, 1,199	101,762	80,249
	MATADOR RES CO COM	Common stock, 1,227	56,318	52,074
	D R HORTON INC COM	Common stock, 1,254	163,057	180,614
	EAGLE MATLS INC COM	Common stock, 1,286	284,522	265,790
	ANGLOGOLD ASHANTI PLC ORD USD1	Common stock, 1,289	44,895	109,926
	AMDOCS ORD GBP0.01	Common stock, 1,290	112,177	103,858
	ALEXANDRIA REAL ESTATE EQUITIES INC COM	Common stock, 1,298	94,811	63,524
	DOLLAR GEN CORP NEW COM	Common stock, 1,310	95,534	173,929
	DOLLAR TREE INC COM STK	Common stock, 1,326	106,865	163,111
	VAL NATL BANCORP COM	Common stock, 1,339	11,629	15,640
	NEXTPOWER INC	Common stock, 1,392	68,900	121,257
	KILROY RLTY CORP COM	Common stock, 1,426	60,535	53,290
	METLIFE INC COM STK USD0.01	Common stock, 1,453	110,816	114,700
	F N B CORP PA COM	Common stock, 1,469	17,516	25,120
	EASTMAN CHEM CO COM	Common stock, 1,480	89,450	94,468
	ALLY FINL INC COM	Common stock, 1,509	56,986	68,343
	FEDEX CORP COM	Common stock, 1,534	382,334	443,111
	LEIDOS HLDGS INC COM	Common stock, 1,604	254,709	289,362
	CF INDS HLDGS INC COM	Common stock, 1,610	141,052	124,517
	FOX CORP CL A CL A	Common stock, 1,685	110,143	123,123
	CAPITAL ONE FINL CORP COM	Common stock, 1,740	304,856	421,706
	AKAMAI TECHNOLOGIES INC COM STK	Common stock, 1,798	155,241	156,876
	AMERICAN INTERNATIONAL GROUP INC COM	Common stock, 1,825	149,093	156,129
	APTIV PLC NEW ORD USD0.01	Common stock, 1,826	112,721	138,940
	NORTHROP GRUMMAN CORP COM	Common stock, 1,868	938,892	1,065,152
	FLUOR CORP NEW COM	Common stock, 1,947	71,466	77,160
	GLOBAL PMTS INC COM	Common stock, 1,982	204,604	153,407
	HOST HOTELS & RESORTS INC REIT	Common stock, 1,984	28,976	35,176
	5TH 3RD BANCORP COM	Common stock, 1,993	74,338	93,292

The information on this schedule has been certified as to its completeness and accuracy by The Northern Trust Company, Trustee.

U.S. Retirement Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(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 and shares	(d) Cost	(e) Current value
	NVR INC COM STK USD0.01	Common stock, 10	71,164	72,928
	GLACIER BANCORP INC NEW COM	Common stock, 10,038	461,443	442,174
	SILGAN HLDGS INC COM	Common stock, 10,292	486,581	415,488
	SLB LIMITED COM	Common stock, 10,468	405,022	401,762
	STAG INDL INC COM	Common stock, 10,790	348,407	396,640
	WESBANCO INC COM	Common stock, 10,896	345,967	362,183
	NATIONAL BK HLDGS CORP CL A COM STK	Common stock, 11,071	399,562	420,809
	HP INC COM	Common stock, 11,702	309,155	260,721
	UNITED THERAPEUTICS CORP DEL COM STK	Common stock, 119	36,741	57,983
	CADENCE MERGER HUNTINGTON 2407055 02-02-2026 REORG	Common stock, 12,281	269,970	526,118
	INGEVITY CORP COM	Common stock, 12,490	527,226	739,158
	ALLEGRO MICROSYSTEMS INC DEL COM	Common stock, 12,873	310,242	339,590
	RENAISSANCE RE HLDGS LTD COM	Common stock, 129	30,676	36,270
	ALTRIA GROUP INC COM	Common stock, 13,150	590,479	758,229
	SEACOAST BKG CORP FLA COM NEW COM NEW	Common stock, 13,460	405,325	422,913
	ELEMENT SOLUTION INC COM	Common stock, 13,804	299,593	344,962
	ASBURY AUTOMOTIVE GROUP INC COM	Common stock, 131	28,139	30,461
	THOR INDS INC COM STK	Common stock, 133	13,617	13,655
	EVEREST GROUP LTD	Common stock, 148	50,432	50,224
	POPULAR INC COM NEW COM USD6 (POST REV SPLIT)	Common stock, 155	17,705	19,301
	BANK OF AMERICA CORP	Common stock, 16,046	638,037	882,530
	CISCO SYSTEMS INC	Common stock, 16,396	733,195	1,262,984
	COLUMBIA BKG SYS INC COM	Common stock, 16,790	381,937	469,281
	AUTONATION INC COM	Common stock, 167	31,777	34,482
	HEWLETT PACKARD ENTERPRISE CO COM	Common stock, 17,938	325,703	430,871
	PROSPERITY BANCSHARES INC COM	Common stock, 171	11,302	11,818
	AXIS CAPITAL HOLDINGS LTD COM USD0.0125	Common stock, 173	15,831	18,527
	LITHIA MTRS INC COM CL A	Common stock, 175	57,111	58,158
	PFIZER INC COM	Common stock, 18,923	635,441	471,183
	GLOBE LIFE INC COM	Common stock, 182	25,511	25,455
	WINTRUST FINL CORP COM	Common stock, 184	19,626	25,727
	MERITAGE HOMES CORP COM	Common stock, 199	13,529	13,094
	BORG WARNER INC COM	Common stock, 2,099	71,669	94,581
	LYONDELLBASELL IND N V COM USD0.01 CL 'A'	Common stock, 2,116	144,739	91,623
	CITIZENS FINL GROUP INC COM	Common stock, 2,132	89,963	124,530
	LITTELFUSE INC COM	Common stock, 2,201	547,746	556,677
	VALMONT INDS INC COM	Common stock, 2,262	524,472	910,048

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	BOYD GAMING CORP COM	Common stock, 2,288	183,726	195,029
	LOCKHEED MARTIN CORP COM	Common stock, 2,292	1,036,041	1,108,572
	EOG RESOURCES INC COM	Common stock, 2,364	254,938	248,244
	NEWMONT CORPORATION	Common stock, 2,474	168,046	247,029
	DEVON ENERGY CORP NEW COM	Common stock, 2,525	97,723	92,491
	MOLSON COORS BEVERAGE COMPANY COM USD0.01 CLASS B	Common stock, 2,540	137,476	118,567
	ICU MED INC COM	Common stock, 2,590	426,206	369,515
	CADENCE MERGER HUNTINGTON 2407055 02-02-2026 REORG	Common stock, 2,639	78,540	113,055
	REGIONS FINL CORP NEW COM	Common stock, 2,781	58,681	75,365
	GENERAL DYNAMICS CORP COM	Common stock, 2,798	789,302	941,975
	DROPBOX INC CL A CL A	Common stock, 2,803	84,202	77,923
	ONTO INNOVATION INC	Common stock, 2,816	331,162	444,534
	GEN MTRS CO COM	Common stock, 2,819	128,889	229,241
	OMNICOM GROUP INC COM	Common stock, 2,859	210,403	230,864
	ENERSYS COM	Common stock, 2,975	272,540	436,581
	SS&C TECHNOLOGIES HLDGS INC COM	Common stock, 2,988	212,378	261,211
	JACKSON FINANCIAL INC CL A COM	Common stock, 205	17,170	21,863
	HANCOCK WHITNEY CORP	Common stock, 209	12,647	13,309
	QUANEX BLDG PRODS CORP COM STK	Common stock, 21,111	451,218	324,687
	UNVL HEALTH SERVICES INC CL B COM	Common stock, 234	43,663	51,017
	WESTERN ALLIANCE BANCORPORATION COM	Common stock, 244	19,074	20,513
	SNAP-ON INC COM	Common stock, 254	81,634	87,528
	AIR LEASE CORP CASH MERGER 04-09-2026 REORG	Common stock, 261	14,038	16,764
	VOYA FINL INC COM	Common stock, 269	17,896	20,038
	COMCAST CORP NEW-CL A	Common stock, 27,118	1,132,123	810,557
	JAZZ PHARMACEUTICALS PLC COM USD 0.0001	Common stock, 274	41,459	46,580
	TAYLOR MORRISON HOME CORP COM USD0.00001	Common stock, 279	13,173	16,425
	VERIZON COMMUNICATIONS COM	Common stock, 28,103	1,136,162	1,144,635
	ESSENT GROUP LTD COM STK	Common stock, 282	15,760	18,333
	MARKEL GROUP INC	Common stock, 29	58,046	62,340
	TOLL BROS INC COM	Common stock, 292	29,206	39,484
	NETAPP INC COM STK	Common stock, 3,000	290,432	321,270
	TARGET CORP COM STK	Common stock, 3,063	456,981	299,408
	BANK NEW YORK MELLON CORP COM STK	Common stock, 3,083	214,937	357,905
	TEXTRON INC COM	Common stock, 3,113	246,372	271,360
	META PLATFORMS INC COM USD0.000006 CL 'A'	Common stock, 3,153	1,968,389	2,081,264
	KYNDRYL HLDGS INC COM	Common stock, 3,166	83,171	84,089

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	ZOOM COMMUNICATIONS INC	Common stock, 3,237	240,868	279,321
	EBAY INC COM USD0.001	Common stock, 3,243	179,076	282,465
	IPG PHOTONICS CORP COM	Common stock, 3,278	289,423	234,705
	WESTN DIGITAL CORP COM	Common stock, 3,351	180,479	577,277
	GRAPHIC PACKAGING HLDG CO COM STK	Common stock, 3,352	85,140	50,481
	LOWES COS INC COM	Common stock, 3,463	823,813	835,137
	CONAGRA BRANDS INC COM USD5	Common stock, 3,594	68,052	62,212
	MATCH GROUP INC NEW COM	Common stock, 3,807	125,124	122,928
	BELDEN INC COM	Common stock, 3,890	302,293	453,380
	TRUIST FINL CORP COM	Common stock, 3,918	168,891	192,805
	DELL TECHNOLOGIES INC COM USD0.01 CL C WI COMMON STOCK	Common stock, 3,977	442,593	500,625
	ARCHER-DANIELS-MIDLAND CO COM	Common stock, 3,986	215,581	229,155
	BANK OZK COM	Common stock, 301	13,081	13,852
	CRESCENT ENERGY CO COM CL A COM CL A	Common stock, 31,835	351,381	267,096
	ONEMAIN HLDGS INC COM	Common stock, 317	17,314	21,413
	V F CORP COM	Common stock, 32,783	525,980	592,717
	ARROW ELECTR INC COM	Common stock, 320	36,637	35,258
	UNITED BANKSHARES INC W VA COM	Common stock, 332	12,868	12,749
	ADAPTHEALTH CORP COM	Common stock, 34,826	368,462	346,867
	HALOZYME THERAPEUTICS INC COM	Common stock, 347	21,627	23,353
	EAST WEST BANCORP INC COM	Common stock, 372	31,475	41,809
	HASBRO INC COM	Common stock, 381	29,171	31,242
	MOHAWK INDS INC COM	Common stock, 397	51,454	43,392
	KROGER CO COM	Common stock, 4,015	182,074	250,857
	AZZ INC COM	Common stock, 4,168	205,837	446,726
	PACCAR INC COM	Common stock, 4,224	391,215	462,570
	VIATRIS INC	Common stock, 4,304	53,469	53,585
	GENERAL MILLS INC COM	Common stock, 4,318	256,683	200,787
	SOUTHSTATE BK CORP COM	Common stock, 4,380	450,089	412,202
	US BANCORP	Common stock, 4,382	207,663	233,823
	ALBERTSONS COS INC CL A CL A	Common stock, 4,411	91,411	75,737
	FLEX LTD COM USD0.01	Common stock, 4,413	157,009	266,633
	ACCENTURE PLC CLS A	Common stock, 4,480	1,085,822	1,201,984
	HUNTINGTON BANCSHARES INC COM	Common stock, 4,489	63,079	77,884
	NOV INC COM	Common stock, 4,550	55,154	71,116
	LYFT INC CL A CL A	Common stock, 4,599	62,285	89,083
	CITIGROUP INC COM NEW COM NEW	Common stock, 4,614	296,921	538,408

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	MICRON TECHNOLOGY INC COM USD0.10	Common stock, 4,838	412,990	1,380,814
	MP MATERIALS CORP COM USD0.0001 CL A	Common stock, 4,960	115,190	250,579
	DILLARDS INC CL A COM	Common stock, 40	24,008	24,254
	ZIONS BANCORPORATION N A	Common stock, 405	21,915	23,709
	WEX INC COM	Common stock, 409	65,175	60,933
	TENET HEALTHCARE CORP COM NEW .	Common stock, 421	65,655	83,661
	GOODYEAR TIRE & RUBBER CO COM	Common stock, 43,808	540,301	383,758
	TD SYNNEX CORPORATION COM USD0.001	Common stock, 439	44,754	65,951
	O-I GLASS INC COM	Common stock, 44,216	556,668	652,628
	INGREDION INC COM	Common stock, 453	61,291	49,948
	RYDER SYS INC COM	Common stock, 459	64,836	87,848
	UNUM GROUP	Common stock, 471	24,168	36,502
	FRONTDOOR INC COM	Common stock, 473	23,983	27,287
	AUTOLIV INC COM STK	Common stock, 486	50,748	57,688
	M & T BK CORP COM	Common stock, 486	82,493	97,919
	SYNAPTICS INC COM	Common stock, 5,091	418,710	376,836
	TEXAS CAP BANCSHARES INC DEL COM	Common stock, 5,129	309,227	464,380
	TIMKEN CO COM	Common stock, 5,229	407,752	439,916
	MERCURY SYSTEMS INC	Common stock, 5,481	219,663	400,168
	CONOCOPHILLIPS COM	Common stock, 5,503	482,142	515,136
	HALLIBURTON CO COM	Common stock, 5,522	153,730	156,052
	ON SEMICONDUCTOR CORP COM	Common stock, 5,677	285,175	307,410
	HCA HEALTHCARE INC COM	Common stock, 508	171,115	237,165
	MGIC INVT CORP WIS COM	Common stock, 561	8,302	16,392
	OSHKOSH CORPORATION	Common stock, 584	69,945	73,368
	ALLEGION PLC COMMON STOCK	Common stock, 588	97,403	93,621
	COLUMBIA BKG SYS INC COM	Common stock, 591	15,076	16,518
	NUCOR CORP COM	Common stock, 591	85,752	96,398
	STEEL DYNAMICS INC COM	Common stock, 595	71,075	100,823
	MARA HOLDINGS INC COM USD0.0001	Common stock, 6,140	101,419	55,137
	COGNIZANT TECH SOLUTIONS CORP CL A	Common stock, 6,313	468,025	523,979
	AMKOR TECHNOLOGY INC COM	Common stock, 6,371	197,545	251,527
	QUALCOMM INC COM	Common stock, 6,383	871,861	1,091,812
	KRAFT HEINZ CO COM	Common stock, 6,538	189,419	158,546
	ALPHABET INC CAPITAL STOCK USD0.001 CL A	Common stock, 6,787	1,267,654	2,124,330
	JOHNSON & JOHNSON COM USD1	Common stock, 6,973	1,195,796	1,443,062
	BIOGEN INC COMMON STOCK	Common stock, 625	80,323	109,994

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	CIRRUS LOGIC INC COM	Common stock, 644	64,951	76,314
	PULTE GROUP INC	Common stock, 678	60,426	79,502
	PRINCIPAL FINL GROUP INC COM STK	Common stock, 687	53,280	60,600
	GEN DIGITAL INC COM USD0.01	Common stock, 7,152	175,244	194,463
	PAPA JOHNS INTL INC COM	Common stock, 7,186	325,027	276,589
	BRISTOL MYERS SQUIBB CO COM	Common stock, 7,249	408,689	391,011
	WELLS FARGO & CO NEW COM STK	Common stock, 7,611	478,041	709,345
	QUIDELORTHO CORPORATION COM USD0.001	Common stock, 7,643	297,866	218,284
	GIBRALTAR INDS INC COM	Common stock, 7,830	473,420	387,115
	MERCK & CO INC NEW COM	Common stock, 7,909	698,892	832,501
	REV GROUP INC C MERGER TEREX CORP 2857186 02-02-2026 REORG	Common stock, 7,944	130,607	483,075
	LENNAR CORP CL A CL A	Common stock, 710	82,538	72,988
	ALLSTATE CORP COM	Common stock, 721	142,947	150,076
	THE HARTFORD INSURANCE GROUP INC COM USD0.01	Common stock, 721	92,682	99,354
	LKQ CORP COM LKQ CORP	Common stock, 734	31,279	22,167
	BUNGE GLOBAL SA F COMMON STOCK	Common stock, 776	70,984	69,126
	BLOCK H & R INC COM	Common stock, 789	40,490	34,385
	CVS HEALTH CORP COM	Common stock, 8,086	563,391	641,705
	ADVANCE AUTO PTS INC COM	Common stock, 8,373	354,991	329,059
	ALASKA AIR GROUP INC COM	Common stock, 8,449	390,944	424,985
	CAPRI HOLDINGS LTD COM NPV	Common stock, 8,891	231,061	216,940
	OLD NATL BANCORP IND COM	Common stock, 808	13,361	18,026
	AFFILIATED MANAGERS GROUP INC COM STK	Common stock, 82	11,405	23,639
	MATTEL INC COM STOCK 1.00 PAR	Common stock, 832	14,541	16,507
	GROUP 1 AUTOMOTIVE INC COM	Common stock, 85	34,926	33,430
	STATE STR CORP COM	Common stock, 856	74,076	110,433
	INVESCO LTD COM STK USD0.20	Common stock, 864	12,385	22,697
	LEAR CORP COM NEW COM NEW	Common stock, 883	92,647	101,192
	APOGEE ENTERPRISES INC COM	Common stock, 9,377	390,780	341,417
	GENTHERM INC COM NPV	Common stock, 9,660	397,822	351,334
	PINTEREST INC CL A CL A	Common stock, 9,759	279,508	252,660
	ALLISON TRANSMISSION HOLDING	Common stock, 906	71,109	88,697
	FOX CORP CL B CL B	Common stock, 935	55,067	60,710
	OWENS CORNING NEW COM STK	Common stock, 939	101,215	105,083
	THE CIGNA GROUP	Common stock, 940	244,728	258,716
	EXPEDIA GROUP INC COM USD0.001	Common stock, 978	156,057	277,077
	W P CAREY INC COM	Common stock, 995	61,287	64,038

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	ALBERTA ULC PIK 00% 12-31-2040 INDEFAULT 1839688	Corporate debt instruments, 0%, 12/31/2040, 1,032,169	0	10
	GCB SANCHEZ ENERGY D02/23/15 06.125%JJ23 ESCROW	Corporate debt instruments, 6.125%, 02/23/2015, 280,000	224,700	28
	HERCULES INC 6.5% DUE 06-30-2029	Corporate debt instruments, 6.5%, 06/30/2029, 280,000	229,286	280,700
	CB SANCHEZ ENERGY D06/15/14 07.750% JD21 ESCROW	Corporate debt instruments, 7.75%, 06/15/2014, 230,000	207,575	23
	PVTPL OGX AUSTRIA GMBH GTD SR NT144A 8.375 DUE 040122/033012 BEO	Corporate debt instruments, 8.375%, 12/31/2040, 400,000	0	4
	PVTPL OGX PETROLEO E GAS PARTICIPACOES S144A 8.5 DUE 12/31/2040 IN DEFAULT	Corporate debt instruments, 8.5%, 12/31/2040, 200,000	0	2
	MFC ISHARES TR RUSSELL 2000 VALUE ETF	Exchange Traded Funds, 5,292	828,740	958,963
	ALEUTIAN FUND SERIES 89_41-362736	Hedge fund	15,866,353	43,126,651
	ANCHORAGE CAPITAL PARTNERS OFFSHORE, LTD. SERIES M	Hedge fund	7,084,482	9,901,144
	ASIG INTERNATIONAL LIMITED CLASS A	Hedge fund	8,143,499	36,650,929
	BIL LTD	Hedge fund	17,761,726	48,811,214
	BLUECOVE EQUINOX CREDIT FUND LTD	Hedge fund	19,500,000	26,318,723
	BOLDHAVEN FUND	Hedge fund	22,500,000	38,290,104
	BRIDGEWATER PURE ALPHA FUND II LTD CLS B SER-1000-467	Hedge fund	10,221,261	38,223,188
	CF BROAD REACH FUND LIMITED	Hedge fund	35,000,000	39,745,758
	CITADEL GBL EQTY FD II LTD.	Hedge fund	3,307,185	38,636,471
	DEERFIELD PARTNERS, LP	Hedge fund	22,926,750	29,136,605
	FARALLON CAPITAL OFFSHORE INVESTORS, INC	Hedge fund	1	558,154
	HOLOCENCE ADVISORS OFFSHORE FUND LTD. CL B(E) SER 09(2019)	Hedge fund	25,265,625	46,370,254
	KING STREET CAPITAL LTD	Hedge fund	7,200,000	28,582,332
	laurion Capital limited	Hedge fund	10,018,038	36,356,206
	MAGNETAR CONSTELLATION FUND, LTD	Hedge fund	3,307,901	53,246,062
	PSQUARED SICAV PLC EVENT OPPORTUNITY FUND INVESTOR ACCOUNT	Hedge fund	23,500,000	30,438,182
	RUBRIC CAPITAL OFFSHORE FUND LTD	Hedge fund	1	56,616,967
	SCOPIA INTL LTD - CLS A SUB-CLS A5 SER 1	Hedge fund	10,053,120	18,715,965
	SCULPTOR OVERSEAS FUND II LTD	Hedge fund	1,725	54,937
	SONA CREDIT FUND LIMITED	Hedge fund	35,000,000	39,756,441
	STRATEGIC PORTFOLIOS(RESTRICT)LTD SPC- STRATEGIC	Hedge fund	114,967,586	212,447,265
	THE 32 CAPITAL FUND	Hedge fund	17,500,000	34,957,092
	TREXQUANT OFFS FD LD A 2 SERIES 2024 11	Hedge fund	15,000,000	16,813,349
	TREXQUANT OFFS FD LD A-2-TRFAE-TRFABA2SIM -SER045AUG2024	Hedge fund	15,465,862	18,505,390
	VIKING GBL EQTY III LTD. CLS H-E SER 2018-11	Hedge fund	24,886,399	40,474,408
	Cash Account held at JPM	Interest Bearing Cash	66,697,345	66,697,345
	ACTIS EMERGING MARKETS 3	Private equity	1	162,000
	ACTIS GLOBAL 4 LP	Private equity	1,352,736	565,000
	BATTERY VENTURES XIII SIDE FUND, LP	Private equity	3,031,841	4,645,259
	BATTERY VENTURES XIII, LP	Private equity	3,979,173	5,124,399

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	BCP FUND II-A, LP	Private equity	10,491,799	15,342,677
	BESSEMER VENTURE PARTNERS CENTURY FUND II INSTITUTIONAL LP	Private equity	1,438,667	2,357,796
	BESSEMER VENTURE PARTNERS XI INSTITUTIONAL LP	Private equity	1,812,342	2,259,137
	CASTLE HARLAN PARTNERS V	Private equity	1	392,935
	CATTERTON PARTNERS VII	Private equity	300,946	2,007,363
	CENTRE LANE PARTNERS V LP	Private equity	9,986,622	12,662,502
	CLAYTON DUBILIER & RICE FD VI	Private equity	1	1
	CORTEC GROUP FUND VI	Private equity	3,394,241	3,578,338
	CORTEC GROUP FUND VII-A, LP	Private equity	11,502,035	15,334,093
	DEERFIELD HEALTHCARE INNOVATIONS FUND III LP	Private equity	166,519	717,985
	EIF UNITED STATES POWER FUND IV LP	Private equity	3,176,524	1,887,549
	GRAHAM PARTNERS IV PARALLEL, LP	Private equity	4,462,958	4,192
	GRAHAM PARTNERS V PARALLEL, LP	Private equity	5,105,552	8,398,599
	HIGHSTAR CAPITAL IV	Private equity	1,388,191	353,952
	KOHLBERG TE INVESTORS IX, L.P.	Private equity	7,668,981	15,869,500
	KOHLBERG TE INVESTORS VIII LP	Private equity	4,032,819	5,928,182
	L CATTERTON VIII LP	Private equity	4,683,629	4,293,667
	LC9 INTERNATIONAL AIV, L.P.	Private equity	8,565,442	9,428,323
	LITTLEJOHN FUND IV	Private equity	1	211,284
	LITTLEJOHN FUND VI, LP	Private equity	15,819,370	27,784,586
	LITTLEJOHN FUND, V LP	Private equity	678,635	623,073
	NAVIS ASIA FUND VI	Private equity	1	3,135,421
	NEW MOUNTAIN PARTNERS III	Private equity	4,454,862	2,543,132
	NEW MOUNTAIN PARTNERS IV	Private equity	3,196	1,685,030
	NEW MOUNTAIN PARTNERS V	Private equity	6,534,315	3,784,910
	NEW MOUNTAIN PARTNERS VI LP	Private equity	8,442,533	13,123,593
	ONEX PARTNERS III	Private equity	2	1,377,419
	ONEX PARTNERS IV LP	Private equity	745,703	730,277
	ONEX PARTNERS V LP	Private equity	7,534,183	11,897,747
	Performance Buyout FoF II, L.P.	Private equity	1	56,171,582
	Performance Buyout FoF L.P.	Private equity	1	4,778,558
	Performance Direct Investments III L.P.	Private equity	4,735,114	3,769,959
	Performance Effem PE Fund, L.P. Series 2017	Private equity	14,372,236	19,682,403
	Performance Effem PE Fund, L.P. Series 2018	Private equity	36,411,176	56,827,232
	Performance Effem PE Fund, L.P. Series 2019	Private equity	59,703,922	103,176,037
	PERFORMANCE EFFEM PE FUND, L.P. SERIES 2020	Private equity	36,768,725	52,135,577
	PERFORMANCE EFFEM PE FUND, L.P. SERIES 2022	Private equity	37,979,230	47,283,325

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	PERFORMANCE EFFEM PE FUND, L.P.: SERIES 2021	Private equity	30,234,936	42,894,108
	PERFORMANCE EFFEM PE SERIES 2024	Private equity	10,857,526	13,701,488
	PERFORMANCE VENTURE CAPITAL	Private equity	1	190,598
	Performance Venture Capital II, L.P.	Private equity	1	357,264
	Performance Venture Capital III, L.P.	Private equity	16,388,892	38,472,600
	Performance Venture Capital ReinvestmentFund, LP	Private equity	6,477,870	10,238,817
	QUAD-C PARTNERS IX LP	Private equity	6,919,656	8,403,274
	QUAD-C PARTNERS X LP	Private equity	4,277,475	5,289,395
	RAINE PARTNERS III	Private equity	9,454,540	8,331,354
	RIVERSIDE FUND VI-B, L.P.	Private equity	9,059,372	10,127,098
	RIVERWOOD CAPITAL PARTNERS II L.P.	Private equity	2,282,948	5,405,852
	RIVERWOOD CAPITAL PARTNERS III LP	Private equity	8,676,623	14,493,779
	SBS-2 A SERIES OF STRATEGIC BUYOUT SERIES FUND, L.P.	Private equity	1,693,465	2,744,895
	SBS-3, A Series of Strategic Buyout Series Fund	Private equity	1,039,458	1,308,336
	SBS-4, a series of Strategic Buyout Series Fund, L.P.	Private equity	2,550,432	2,743,011
	Scale Venture Partners VII, LP	Private equity	4,394,998	4,039,564
	SHAMROCK CAPITAL GROWTH FUND III, L.P.	Private equity	1,041,923	2,172,490
	SHAMROCK CAPITAL GROWTH FUND IV, L.P.	Private equity	3,526,215	4,456,813
	SHAMROCK CAPITAL GROWTH FUND V, LP	Private equity	8,095,071	9,287,801
	SHASTA VENTURES II	Private equity	1	300,744
	SHASTA VENTURES V, LP	Private equity	4,626,285	10,420,348
	STG V-A,LP	Private equity	5,253,619	5,237,328
	STG VI-A, L.P.	Private equity	7,482,607	9,146,951
	STRATEGIC BUYOUT SERIES FUND	Private equity	13,820,480	15,715,532
	STRATEGIC VENTURE SERIES FUND	Private equity	3,971,906	4,100,384
	SVS-2, A SERIES OF STRATEGIC VENTURE SERIES FUND LP .	Private equity	840,323	1,506,496
	SVS-3, A SERIES OF STRATEGIC VENTURE SERIES FUND LP	Private equity	769,316	1,019,232
	SVS-4 STRATEGIC VENTURE SERIES FUND	Private equity	222,348	237,566
	TENAYA CAPITAL VI LP	Private equity	3,593,233	2,352,833
	TENAYA CAPITAL VII LP	Private equity	2,715,327	8,277,381
	TOWER ARCH PARTNERS II Q LP	Private equity	5,664,749	12,429,271
	TSG 6 LP	Private equity	378,694	1
	TSG 7 B LP	Private equity	526,066	1,516,621
	TSG7 A L.P.	Private equity	19,869	360,437
	TSG8 PARALLEL L.P.	Private equity	18,603,101	17,044,650
	TSG9 PARALLEL LP	Private equity	5,387,466	5,001,408
	UNION CAPITAL EQUITY PARTNERS III-A, L.P.	Private equity	2,091,937	3,357,536

The information on this schedule has been certified as to its completeness and accuracy by The Northern Trust Company, Trustee.

U.S. Retirement Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(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 and shares	(d) Cost	(e) Current value
	UNITED STATES POWER FUND III	Private equity	1	24,944
	USPF II INSTITUTIONAL FUND	Private equity	784,323	13,059
	VERITAS CAPITAL FUND IV	Private equity	157,062	10,953
	WARBURG PINCUS GLOBAL GROWTH LP	Private equity	11,319,506	22,008,135
	WARBURG PINCUS PRIVATE EQUITY IX	Private equity	1	21,034
	WARBURG PINCUS PRIVATE EQUITY X	Private equity	1	97,645
	WARBURG PINCUS PRIVATE EQUITY XI, LP	Private equity	1	916,316
	WARBURG PINCUS PRIVATE EQUITY XII LP	Private equity	1,637,288	3,131,151
	AG REALTY FUND IX LP	Real estate	5,712,767	4,398,653
	AG REALTY VALUE FUND X LP	Real estate	7,999,396	7,794,799
	ASANA PARTNERS FUND I, LP	Real estate	9,066,467	14,109,103
	ASANA PARTNERS FUND II LP	Real estate	13,824,987	11,606,382
	ASANA PARTNERS FUND III, LP	Real estate	8,150,000	8,088,541
	CARTER-HASTON MULTIFAMILY VALUE FUND V REIT, L.P.	Real estate	18,827,924	14,353,255
	CROSSHARBOR INSTITUTIONAL PARTNERS 2021 LP	Real estate	13,462,635	15,000,015
	CROW HOLDINGS REALTY PARTNERS VI LP	Real estate	1	21,038
	CROW HOLDINGS REALTY PARTNERS VII LP	Real estate	1	10,585
	Greystar-Thackeray Realty Fund VI, LP	Real estate	12,443,670	9,665,704
	HARRISON STREET CORE PROPERTY FUND LP	Real estate	304,718	10,062,285
	JPMCB STRATEGIC PROPERTY FUND	Real estate	12,813,369	16,982,415
	LBA LOGISTICS VALUE FUND IX, L.P.	Real estate	12,507,692	12,013,373
	LBA LOGISTICS VALUE FUND VII, LP	Real estate	9,938,737	15,780,803
	LBA REALTY FUND V, LP	Real estate	1	4,112,708
	LBA REALTY FUND VI, LP	Real estate	1,450,993	2,298,683
	LONG WHARF REAL ESTATE PARTNERS V LP	Real estate	6,709,973	7,210,522
	LONG WHARF REAL ESTATE PARTNERS VI, LP	Real estate	9,112,214	7,950,089
	PRIME PROPERTY FUND LLC	Real estate	29,515,054	35,793,054
	PRISA	Real estate	1	31,342,292
	SILVERPEAK LEGACY PENSION PARTNERS II, L.P.	Real estate	1	1
	SILVERPEAK LEGACY PENSION PARTNERS III L.P.	Real estate	13,283,343	547,278
	SRS-1, A SERIES OF STRATEGIC REAL ESTATESERIES FUND, L.P.	Real estate	14,832,971	14,262,998
	SRS-2, a series of Strategic Real EstateSeries Fund, L.P.	Real estate	3,609,929	3,517,772
	THACKERAY PARTNERS REALTY FUND IV	Real estate	1	138,689
	THACKERAY PARTNERS REALTY FUND IV 2021	Real estate	1,862,746	100,060
	THACKERAY PARTNERS REALTY FUND V 2021	Real estate	4,478,650	2,529,399
	THACKERAY PARTNERS REALTY FUND V, L.P.	Real estate	2,444,627	5,727,805
	THOR URBAN PROPERTY FUND	Real estate	15,479,220	1,213,771

The information on this schedule has been certified as to its completeness and accuracy by The Northern Trust Company, Trustee.

U.S. Retirement Plan
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2025

(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 and shares	(d) Cost	(e) Current value
	THOR URBAN PROPERTY FUND II, INC.	Real estate	1	1
	UNICO CORE PLUS PARTNERS LP	Real estate	14,864,388	2,011,297
	WESTBROOK RE FUND X LP	Real estate	8,291,717	3,585,412
	WESTBROOK REALTY MANAGEMENT XI, L.P.	Real estate	11,163,903	9,902,731
	UNITED STATES TREAS BDS 1.875% 11-15-2051	US Government Securities, 1.875%, 11/15/2051, 220,000,000	210,246,094	122,211,718
	UNITED STATES TREAS BDS 2.0% 02-15-2052	US Government Securities, 2%, 02/15/2052, 123,000,000	103,339,219	74,991,563
	UNITED STATES OF AMER TREAS BONDS 2.0% 08-15-2051	US Government Securities, 2%, 08/15/2051, 52,000,000	52,422,500	29,936,562
	UNITED STATES TREAS BDS 2.875% 05-15-2049 REG	US Government Securities, 2.875%, 05/15/2049, 47,500,000	50,437,207	34,224,121
	UNITED STATES OF AMER TREAS BONDS 2.875% 05-15-2052	US Government Securities, 2875%, 05/15/2052, 170,000,000	152,614,843	119,338,672
	UNITED STATES OF AMER TREAS BONDS 3% DUE08-15-2052	US Government Securities, 3%, 08/15/2052, 429,000,000	339,758,974	308,678,906
	UNITED STATES TREAS BDS DTD 3.125% 05-15-2048	US Government Securities, 3.125%, 05/15/2048, 110,500,000	111,337,383	84,277,832
	UNITED STATES TREAS BDS 3.125% DUE 11-15-2041 REG	US Government Securities, 3.125%, 11/15/2041, 34,610,000	34,406,692	28,726,300
	UNITED STATES OF AMER TREAS BONDS 3.75% 11-15-2043	US Government Securities, 3.75%, 11/15/2043, 21,850,000	24,850,961	19,220,318
	UNITED STATES TREASURY N/B 3.875% 08-15-2034	US Government Securities, 3.875%, 08/15/2034, 20,000,000	19,129,297	19,730,469
	UNITED STATES OF AMER TREAS BONDS 4.25% 02-15-2054	US Government Securities, 4.25%, 02/15/2054, 94,500,000	95,267,676	85,810,430
	UNITED STATES OF AMER TREAS NOTES 4.25% 12-31-2026	US Government Securities, 4.25%, 12/31/2026, 45,000,000	45,010,547	45,314,649
	UNITED STATES TREAS BDS 4.375% DUE 12-31-2029	US Government Securities, 4.375%, 12/31/2029, 25,000,000	24,973,633	25,685,547
			$ 3,939,897,169	**$ 5,253,782,820**

* Party-in-interest

The information on this schedule has been certified as to its completeness and accuracy by The Northern Trust Company, Trustee.

U.S. Retirement Plan
Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)
Year Ended December 31, 2025

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(c) Cost of acquisitions	(d) Proceeds of dispositions
ADT INC DEL COM	Common Stock, 5,351	44,963	43,399
ADVANCED MICRO DEVICES INC COM	Common Stock, 8,541	954,724	857,108
AMBARELLA INC SHS	Common Stock, 2,866	180,840	202,213
AMERICAN EAGLE OUTFITTERS INC NEW COM	Common Stock, 15,631	186,785	268,056
CABOT CORP COM	Common Stock, 974	85,001	74,454
CAL MAINE FOODS INC COM NEW STK	Common Stock, 497	51,914	43,673
CATERPILLAR INC COM	Common Stock, 2,193	702,407	1,248,067
CORNING INC COM	Common Stock, 3,421	182,339	153,410
ELEVANCE HEALTH INC	Common Stock, 1,020	414,065	281,947
ENPHASE ENERGY INC COM	Common Stock, 867	56,593	37,909
ENSTAR MERGER 07-02-2025 REORG	Common Stock, 136	45,483	45,968
EURONET WORLDWIDE INC COM	Common Stock, 341	36,032	31,529
FIVE9 INC COM	Common Stock, 7,543	309,797	188,080
FORTIVE CORP COM MON STOCK	Common Stock, 1,603	127,439	109,041
FRKLN RES INC COM	Common Stock, 2,616	54,047	57,662
FTAI AVIATION LTD COM USD0.01	Common Stock, 768	89,825	84,481
PARAMOUNT GLOB MERGER 2B1YAN5 08-07-2025 REORG	Common Stock, 6,076	67,829	70,267
ROCKET LAB USA INC EXCHANGE 2A1RAU5 05-27-25 REORG	Common Stock, 1,730	49,495	38,552
		$ 3,639,578	**$ 3,835,816**

The information on this schedule has been certified as to its completeness and accuracy by The Northern Trust Company, Trustee.

U.S. Retirement Plan
Schedule H, line 4j - Schedule of Reportable Transactions
Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Series of transactions								
NT COLLECTIVE GOVT SHORT TERM INVT FD	GOVT SHORT TERM INVT	$ 2,638,848,943				$ 2,638,848,943	$ 2,638,848,943	
NT COLLECTIVE GOVT SHORT TERM INVT FD	GOVT SHORT TERM INVT		$ 2,573,798,445			$ 2,573,798,445	$ 2,573,798,445	

The information on this schedule has been certified as to its completeness and accuracy by The Northern Trust Company, Trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data as of January 1, 2025

Number and average plan compensation limited by IRC §401(a)(17) distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25					36	63,039														
25 - 29			5		384	87,723	15													
30 - 34			2		700	100,806	264	119,344	5											
35 - 39			4		684	124,832	451	135,867	117	144,326	7									
40 - 44			6		520	137,385	386	146,665	216	167,781	64	143,833	4							
45 - 49			1		369	130,912	284	147,423	185	163,335	163	154,133	79	124,882	8					
50 - 54			1		348	122,991	266	132,899	202	139,306	212	145,393	149	152,272	38	148,038	10			
55 - 59			2		235	105,850	184	120,400	156	123,648	157	125,630	145	144,018	126	153,383	57	113,028	3	
60 - 64			2		160	100,933	138	97,717	125	102,613	112	105,473	73	99,509	78	132,954	36	128,625	18	
65 - 69			1		51	98,446	28	82,761	27	113,576	23	100,523	28	103,176	7		8		5	
70 & Over			1		5		1		2		7		4				1		2	

Note: Counts above include active associates who are not accruing benefits. Further, vesting service was used for ARP participants because credited service is not defined in the ARP. Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: U.S. Retirement Plan
EIN / PN: 22-1594774/001
Plan Sponsor: Mars, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

Number and average account balance distributed by attained age and attained years of credited service

Attained Age	Attained Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal..	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25					36	16,081														
25 – 29			5		384	28,848	15													
30 – 34			2		700	37,293	264	67,401	5											
35 - 39			4		684	48,429	451	79,462	112	103,649	7									
40 - 44			6		520	53,556	386	88,038	193	133,720	41	146,078	4							
45 - 49			1		369	51,276	284	96,241	134	135,133	114	194,651	42	164,087	6					
50 - 54			1		348	50,411	266	89,604	144	139,508	135	205,847	93	254,138	21	275,939	4			
55 - 59			2		235	46,260	184	84,948	121	135,850	100	195,691	86	289,727	71	368,633	20	279,222	1	
60 - 64			2		160	44,151	138	70,600	94	104,874	61	158,272	41	145,641	29	363,362	15		8	
65 - 69			1		51	42,171	28	58,633	21	126,644	11		13		1		1		2	
70 & Over			1		5		1		2		7						1			

Note: Vesting service is used for ARP participants. Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: U.S. Retirement Plan
EIN / PN: 22-1594774/001
Plan Sponsor: Mars, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Plan Sponsor Mars, Incorporated

EIN/PN 22-1594774/001

Economic Assumptions

Interest rate basis:

- Applicable month: September
- Interest rate basis: 3-Segment Rates

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.07%	5.07%
• Second segment rate	5.31%	5.33%
• Third segment rate	5.50%	5.36%
• Effective interest rate	5.38%	5.33%

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

The amount included this year for plan-related expenses is $22,800,000.

SCHEDULE SB ATTACHMENTS

Mortality

Healthy	Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with generational projection as specified in the regulations under §1.430(h)(3)-1 using IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
Disabled	Mortality in accordance with Revenue Ruling 96-7.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Percentage retiring during the year			
Age	MRP	WRET	All other associates
50-54	11.0%	0.0%	9.0%
55-57	16.0	8.0	9.0
58	25.0	8.0	9.0
59-61	22.5	8.0	9.0
62-64	22.5	25.0	17.5
65-69	30.0	40.0	27.5
70	100.0	100.0	100.0

Representative Disability Rates

The rates at which participants become disabled by age are shown below:

Percentage becoming disabled during the year			
Age	WRET Males	WRET Females	All other associates
25	0.12%	0.18%	0.06%
30	0.12	0.18	0.10
35	0.13	0.19	0.15
40	0.14	0.22	0.24
45	0.19	0.29	0.39
50	0.34	0.50	0.67
55	0.64	0.96	1.27

SCHEDULE SB ATTACHMENTS

Representative Termination Rates not Due to Disability, Retirement or Mortality

Percentage leaving during the year		
Age	MRP & WRET	All other associates
<30	10.00%	13.0%
30	10.00	11.0
35	10.00	10.0
40	8.33	9.0
45	6.66	8.5
50+	5.00	8.5

Benefit Commencement Date

MRP associates: benefits for current and future terminated vested participants and disabled associates commence at age 63 if not eligible for subsidized ERFs. Associates eligible for subsidized ERF commence at age 58. Preretirement death benefits for future beneficiaries commence immediately upon the participant's death.

WRET associates: benefits for current and future terminated vested and disabled associates commence at age 62. Preretirement death benefits for future beneficiaries commence immediately upon the participant's death.

All other associates: benefits for current and future terminated vested participants and disabled associates commence at age 62. For future terminated vested participants, 50% will immediately elect a lump sum upon termination.

Compensation Increases

For purposes of determining the target normal cost and the additional funding target for maximum deductible contribution purposes compensation is assumed to increase by 3.75% during the plan year.

Future Increases in Social Security

For purposes of determining target normal cost and the additional funding target for maximum deductible contribution purposes the Social Security Wage Base is assumed to increase by 4% per annum.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit for purposes of determining funding target and target normal cost. For purposes of

determining the additional funding target for maximum deductible purposes, the maximum annual benefit and compensation limits are assumed to increase by 3% per year.

ARP Interest Crediting Rate

The ARP interest crediting rate is assumed to be 6% per annum.

ARP Annuity Conversion Rate at Retirement

The ARP annuity conversion rate to convert ARP account balances at retirement to an annuity is assumed to be the 3rd segment rate.

Form of Payment

For the MRP formula, 70% of males and 50% of females are assumed to be married and elect the unreduced 50% J&S option; remainder are assumed to elect the single life annuity option.

For the ARP formula, 50% of future terminated vested participants are assumed to elect a lump sum immediately upon termination. Otherwise, at the assumed future benefit commencement date, 50% of associates are assumed elect a lump sum and 50% are assumed to elect an annuity option. Of those ARP associates who elect an annuity option, 70% of males and 50% of females are assumed to elect the 50% J&S with a 5-year payment guarantee; remainder are assumed to elect the single life annuity with a 5-year payment guarantee.

For all other formulas, 70% of males and 50% of females are assumed to elect the 50% J&S option; remainder are assumed to elect the single life annuity option.

Percent married

70% of males; 50% of females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age

Wife two years younger than husband.

Employees

It was assumed that there will be no new or rehired employees.

SCHEDULE SB ATTACHMENTS

Plan Compensation

For MRP, ARP, and Nutro associates, plan compensation for the valuation year is actual base earnings during the prior year provided by the employer, adjusted by an Other Eligible Pay percentage and the compensation increase rate. The Other Eligible Pay percentage is composed of 95% of the target variable pay, 8% for overtime (if eligible), and 2% for other pay. Target variable pay amounts were provided by Mars, Incorporated for each individual. Plan compensation is annualized for participants who did not work for a full year in the prior year. For years where the actual base earnings are not based on 26 bi-weekly periods, the actual earnings are prorated to estimate 26 bi-weeks of base pay. For 2025 plan compensation, no ratio of 2024 base earnings was necessary (the first payroll date was on January 5, 2024 and the last was on December 20, 2024; the last time an adjustment was necessary was for the 2017 valuation).

For WRET associates, plan compensation for the valuation year is actual base salary as of the beginning of the year provided by the employer adjusted by "SHOT". The SHOT is assumed to be 8% for overtime (if eligible).

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost

Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Actuarial value of assets – Asset Method

Average of the fair market value of assets on the valuation date and the dates 12 and 24 months before the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (6.00% in 2024 and 5.75% in 2023, with such expected earnings limited as described in IRS Notice 2010-23). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year).

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

SCHEDULE SB ATTACHMENTS

Benefits not Included in Valuation

Actuarial increases for participants who defer commencement past their normal retirement date due to the small number of affected participants. Otherwise, WTW has reviewed the plan provisions with Mars, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

Data as of January 1, 2025 was provided by the plan sponsor and WTW's administration team. Information on assets, contributions, and plan provisions were supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date. Data assumptions used in the valuation are described in the data question deliverables dated April 11, 2025 and April 18, 2025.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Plan Name	**U. S. Retirement Plan**
Plan Sponsor EIN	**22-1594774**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
U. S. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MARS, INCORPORATED

D Employer Identification Number (EIN)
22-1594774

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	4,033,916,207
b Actuarial value	**2b**	4,170,630,101

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	9,317	2,523,184,539	2,523,184,539
b For terminated vested participants	9,375	821,479,816	821,479,816
c For active participants	8,193	990,278,662	1,010,363,091
d Total	26,885	4,334,943,017	4,355,027,446

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.38%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	73,418,108
b Expected plan-related expenses	**6b**	22,800,000
c Target normal cost	**6c**	96,218,108

Statement by Enrolled Actuary

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

SIGN HERE

James J. Holloman

Signature of actuary

8/31/2026
Date

James J. Holloman
Type or print name of actuary

2606456
Most recent enrollment number

Willis Towers Watson US LLC
Firm name

703-258-8000
Telephone number (including area code)

PO Box 674401
Houston TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	504,424,731	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	87,717,427	0
9	Amount remaining (line 7 minus line 8)	416,707,304	0
10	Interest on line 9 using prior year's actual return of 1.58 %	6,583,975	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.16 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	423,291,279	0

Part III Funding Percentages

14	Funding target attainment percentage	14	86.04 %
15	Adjusted funding target attainment percentage	15	86.05 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.71 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	96,218,108
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	607,688,624	56,661,155
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	152,879,263

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	152,879,263	0	152,879,263

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

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

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

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP
as of January 1, 2025

The AFTAP reported on line 15 is the certified AFTAP for the plan year and does not correspond to the valuation results reported on this SB.

The AFTAP reported on line 15 was certified on September 25, 2025. In addition, adjustments were made to the AFTAP for annuity purchases for non-highly compensated employees totaling $2,576,124.

Date AFTAP certification/ recertification	AFTAP	Description and the amount of each adjustment to the funding target, AVA, carryover balance, prefunding balance
September 25, 2025	86.05%	Annuity purchases for NHCEs during 2023 and 2024 totaling $2,576,124.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	U.S. Retirement Plan
EIN / PN:	22-1594774/001
Plan Sponsor:	Mars, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	38,806,632	45,551,900	235,856,377	320,214,910
2026	42,084,669	23,407,252	229,998,432	295,490,353
2027	45,635,039	33,079,099	223,870,182	302,584,319
2028	48,389,532	37,633,401	217,646,159	303,669,092
2029	50,939,302	36,803,681	211,404,376	299,147,360
2030	54,049,714	41,709,593	205,272,486	301,031,793
2031	55,868,249	43,551,534	198,850,940	298,270,723
2032	57,545,149	48,031,637	192,350,273	297,927,059
2033	59,761,752	51,394,372	185,804,428	296,960,553
2034	60,647,079	53,582,381	179,074,754	293,304,213
2035	61,664,499	51,964,094	172,219,155	285,847,748
2036	61,950,466	55,188,270	165,197,687	282,336,423
2037	62,829,831	56,007,228	157,996,479	276,833,538
2038	63,912,997	56,913,187	150,569,982	271,396,166
2039	65,008,337	58,810,526	142,973,880	266,792,742
2040	66,005,232	61,395,145	135,271,367	262,671,744
2041	67,711,950	59,935,378	127,471,217	255,118,544
2042	69,114,833	61,992,074	119,624,663	250,731,570
2043	68,995,627	60,727,814	111,711,715	241,435,156
2044	71,435,415	60,746,316	103,736,448	235,918,179
2045	71,056,556	60,221,066	95,859,565	227,137,187
2046	72,140,965	62,619,658	88,133,025	222,893,647
2047	74,050,312	59,121,330	80,535,400	213,707,042
2048	74,320,709	58,932,962	73,140,646	206,394,317
2049	73,987,952	59,461,288	65,945,265	199,394,505
2050	75,146,196	58,230,155	59,053,954	192,430,305
2051	73,843,509	57,734,302	52,491,382	184,069,193
2052	74,338,024	54,724,382	46,304,389	175,366,795
2053	71,239,506	52,966,850	40,528,701	164,735,056
2054	68,795,608	50,695,146	35,191,736	154,682,490
2055	66,404,480	47,131,166	30,312,322	143,847,968
2056	63,366,965	45,398,793	25,899,451	134,665,209
2057	60,428,365	42,076,747	21,951,364	124,456,476
2058	57,763,289	40,661,602	18,457,564	116,882,455
2059	54,832,110	37,527,446	15,399,550	107,759,106
2060	50,879,226	34,918,871	12,752,207	98,550,304
2061	47,616,915	32,479,695	10,485,176	90,581,786
2062	44,529,746	30,742,770	8,564,436	83,836,951
2063	41,916,895	28,276,651	6,954,068	77,147,614
2064	39,123,653	26,235,148	5,617,489	70,976,290
2065	36,733,288	24,397,095	4,518,759	65,649,142
2066	34,459,373	22,668,941	3,623,635	60,751,950
2067	32,254,895	21,010,460	2,900,307	56,165,662
2068	30,119,352	19,424,514	2,320,050	51,863,916
2069	28,068,438	17,913,319	1,857,463	47,839,221
2070	26,096,668	16,477,159	1,490,558	44,064,385
2071	24,204,666	15,115,944	1,200,617	40,521,227
2072	22,388,992	13,829,331	971,960	37,190,283
2073	20,651,402	12,616,486	791,676	34,059,564
2074	18,989,663	11,476,170	649,281	31,115,113

Plan Name: U.S. Retirement Plan
EIN / PN: 22-1594774/001
Plan Sponsor: Mars, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Mars, Incorporated

Plan

U.S. Retirement Plan

EIN/PN

22-1594774/001

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1968 (consolidating and continuing the former Mars Retirement Plan and Mars, Inc. Retirement Plan, both of which were established effective December 31, 1950). The plan was amended and restated July 1, 2004 as the U.S. Retirement Plan. Effective June 6, 2006, the pension benefits for Ethel M Retail participants were frozen. The Hubbard Milling Company Retirement Plan was merged into the U.S. Retirement Plan on December 31, 2007. The Nutro Products, Inc. Pension Plan was merged into the U.S. Retirement Plan on July 14, 2009. The Wrigley Retirement Plan was merged into the U.S. Retirement Plan on December 31, 2017. Effective December 31, 2020 the plan was closed to new entrants The plan was amended and restated on June 1, 2020 and the most recent amendment to the plan as of the valuation date was the Sixth Amendment dated December 29, 2023.

Plan Year

The twelve-month period ending December 31, 2024.

<u>PROVISIONS FOR MRP PARTICIPANTS</u>

Participating Employers
All domestic subsidiaries of Mars, Incorporated that have adopted the plan.

Eligibility
Associates hired prior to September 1, 2002 who chose to continue to accrue benefits as MRP participants.

SCHEDULE SB ATTACHMENTS

Credited Service

Full-time associates are entitled to a week of credited service for each calendar week worked during the plan year which they worked 1,000 or more hours of service.

Part-time associates are entitled to a full or fractional year of credited service based on the number of hours worked during a plan year.

Vesting Service

Associates are entitled to a full year of vesting service for each plan year during which they have completed 1,000 or more hours of service.

Final Average Earnings

Earnings consist of W-2 cash compensation, including deferrals made under IRC Sections 401(k), 125, and 132(f)(4), and the employer contribution to a profit sharing plan, and excluding certain other bonuses and incentives.

Final Average Earnings is the sum of (a) and (b):

(a) Average monthly base pay earnings during the highest-paid 52 consecutive weeks out of the 156 consecutive weeks prior to date of termination.

(b) Average monthly other eligible pay (punctuality and rotation bonuses, overtime, cashed out vacation days, etc.) during the 156 calendar week period immediately prior to date of termination.

Normal Retirement Benefit

Normal Retirement Date: Age 65 with 5 years of participation (age 65 for associates hired prior to January 1, 1995).

Benefit Formula: 2% of final average earnings times credited service, less 2% of Social Security benefit times credited service up to 25 years.

Normal Form of Benefit: Benefits are payable for the lifetime of the retired associate. If married, benefit is paid as an unreduced joint and 50% survivor benefit.

Late Retirement

Benefit calculated as in normal retirement, including pay and service after age 65, but no less than the actuarial equivalent of the benefit accrued at normal retirement age.

Accrued Benefits

The participant's accrued benefit at any given date is determined under the normal retirement formula shown above, but is based on current credited service, final average earnings, and Social Security benefit.

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 50 with 5 years of vesting service.

Benefit: 2% of final average earnings times credited service, reduced 3% per year that benefits begin prior to age 58, with a Social Security offset beginning at age 62. The offset is 2% of the age 62 Social Security benefit times the lesser of projected credited service at normal retirement and 25 years, times the ratio of credited service at early retirement to projected credited service at normal retirement.

Disability Benefit

Eligibility: Disabled after 5 years of vesting service.

Benefit: Accrued benefit commencing at normal retirement date, or at early retirement date if eligible on date of disability.

Vested Benefits Upon Termination of Service

Vesting: 100% vesting in accrued benefit after 5 complete years of vesting service.

Termination Benefit: Benefit payable at age 65 with a reduced benefit available at age 50. Benefit as described in early retirement benefit except that it is reduced for payment prior to age 65 (rather than age 58) according to special plan reduction factors (rather than 3% per year).

Death Benefits for Participants Before Retirement

Eligibility: Age 65 or 5 years of vesting service.

Benefit: If the associate had met the requirements of early or normal retirement benefit, spouse’s benefit is equal to 50% of the associate’s early or normal retirement benefit if he or she had retired on the date of his or her death; otherwise, spouse's benefit is 50% of associate's accrued benefit at date of death, reduced 3% for each year deceased associate was under age 58. The temporary Social Security supplement is also payable if associate was less than age 62 to the date the associate would have attained age 62.

Optional Forms of Retirement Income in Lieu of Normal Form

An associate may elect a benefit payable in an optional form as provided by the plan. The optional forms include a life annuity, joint and survivor, period certain and continuous, and Social Security leveling. Annuity optional form conversion factors are generally based on Moody’s AAA corporate bond yields and the RP-2000 mortality table.

Effective July 1, 2015, associates who terminate employment with less than seven years of service are eligible to receive their benefit as a lump sum. Lump sum is based on conversion factors using IRC section 417(e) mortality and interest rate assumptions for non-ARP participants.

Pension Increases

Effective January 1, 2024, certain retirees and beneficiaries who commenced prior to January 1, 2002 received an increase to their monthly benefits. For all others, none.

SCHEDULE SB ATTACHMENTS

Plan Participants' Contributions

None required or permitted.

PROVISIONS FOR ARP 6% AND ARP 3% to 6% PARTICIPANTS

Participating Employers

All domestic subsidiaries of Mars, Incorporated that have adopted the plan.

Eligibility

ARP 6%: Associates hired prior to September 1, 2002 who chose not to continue to accrue benefits as MRP participants. Any associate hired on or after September 1, 2002 who is not covered by a collective bargaining agreement (excluding certain Petcare associates), as well as former Wrigley associates hired on or after July 1, 2008 (initial plan eligibility at the later of hire date and January 1, 2016). No future participants after December 31, 2020.

ARP 3% to 6%: Effective January 1, 2010, associates hired prior to October 1, 2008 who chose not to continue to accrue benefits as Nutro participants and Petcare associates not previously covered by the U.S. Retirement Plan.

Vesting Service

Associates are entitled to a full year of vesting service for each plan year during which they have completed 1 hour of service.

Earnings

Earnings consist of W-2 cash compensation, including deferrals made under IRC Sections 401(k), 125, and 132(f)(4). Earnings exclude the employer contribution to a profit sharing plan and certain other bonuses and incentives.

Pay Credit

ARP 6%: 6% of compensation while an active associate (plus, for participants hired on or after September 1, 2002, an additional 6% for compensation earned from September 1, 2002 to September 30, 2003).

ARP 3% to 6%: 3% of compensation while an active associate. The pay credit increased from 3% to 4% on January 1, 2014, from 4% to 5% on January 1, 2015, and from 5% to 6% on January 1, 2016.

SCHEDULE SB ATTACHMENTS

Additional Transition Pay Credit

For participants who accrued MRP benefits prior to July 1, 2004, additional transitional pay credits are awarded while active associates as follows:

Pay Date	ARP Transitional Pay Credit
7/1/2004 – 6/30/2006	6%
7/1/2006 – 6/30/2008	4%
7/1/2008 – 6/30/2010	2%
7/1/2010 and later	0%

Interest Credit

Effective January 1, 2015, interest is credited each pay period at a rate equal to the percentage increase in the average 3-month CPI-W for August – October from the preceding plan year, compared to the average 3-month CPI-W for August – October from the second preceding plan year, plus 3%, subject to certain limits. Interest accrues on the balance until retirement. Interest credit rate is reset each January.

Opening Balance

For each associate who accrued MRP benefits prior to July 1, 2004, an opening balance is calculated as of July 1, 2004. This will be the present value of the accrued benefit assuming commencement at age 65, plus a 10% load for the free J&S form. The present value is based on a 12-month average of 30-year treasuries from June 2003 through May 2004. Mortality is according to the GAR 94 mortality table set out in Revenue Ruling 2001-62.

Vesting

Associates are 100% vested in their account balances following (a) three years of service, (b) active associate's death, or (c) active associate's attainment of age 65.

Retirement Benefit

Associates who are 100% vested in their account balances will have their balances converted to annuities upon retirement (at any age on or after age 50 and with 3 or more years of vesting service). The annuity will be the account balance divided by an immediate single life annuity factor. The factor will be based on Moody's AAA bond yield and a 50/50 blend of the RP-2000 male and female mortality tables. For commencements beyond normal retirement, the benefit is no less than the age 65 amount actuarially increased.

Effective January 1, 2023, a new minimum benefit formula was added for associates hired prior to July 1, 2004, who chose to accrue benefits as ARP participants. These participants we will receive a benefit that is no less than a) plus b) as defined below:

a) Frozen MRP accrued benefit as of June 30, 2004, with early/late retirement adjustments (as applicable)

b) ARP account balance earned after June 30, 2004, excluding the opening balance calculated as of July 1, 2004 and interest credits earned on the opening balance, converted to an annuity. This includes transition credits, pay credits, and interest credits on the transition credits and pay credits

Vested Benefits Upon Termination of Services

Terminated vested associates who are 100% vested continue to accrue interest credit after termination, but no further pay credits. The account balance at retirement will be converted to an annuity based on Moody's AAA bond yield and a 50/50 blend of the RP-2000 male and female mortality tables.

Disability Benefit

Associates who become disabled are treated in the same manner as terminated vested associates.

Death Benefits for Participants Before Retirement

Eligibility: Age 65 or 3 years of vesting service for terminated associates; immediate for active associates.

Benefit: 100% of associate's vested benefit or retirement benefit at date of death.

Normal Form of Retirement Income

Benefits are payable for the lifetime of the retired associate. If married, benefits are actuarially converted to joint and 50% survivor benefits. A minimum of five years of payments is guaranteed. If the participant dies within five years of commencing benefits, the surviving spouse or beneficiary will receive the payment amount the participant would have received for the remainder of the five-year period.

Optional Forms of Retirement Income in Lieu of Normal Form

An associate may elect a benefit payable in an optional form as provided by the plan. The optional forms include a life annuity, an inflation adjusted annuity, joint and survivor, and period certain and continuous, all with or without indexing. Annuity optional form conversion factors are generally based on Moody's AAA corporate bond yields and the RP-2000 mortality table.

Effective July 1, 2015, associates who terminate employment with less than seven years of service are eligible to receive their benefit as a lump sum. Lump sum is equal to ARP account balance. Effective January 1, 2023, all ARP associates are eligible to receive their benefit as a lump sum. Lump sum is equal to ARP account balance. For associates hired prior to July 1, 2004, who chose to accrue benefits as ARP participants, the lump sum will be no less than a) the present value of the frozen MRP accrued benefit as of June 30, 2004, with early/late retirement adjustments (as applicable), based on applicable IRS 417(e) assumptions plus b) the ARP account balance earned after June 30, 2004, excluding the opening balance calculated as of July 1, 2004 and interest credits earned on the opening balance.

Pension Increases

None.

Plan Participants' Contributions

None required or permitted.

Plan Name:	U.S. Retirement Plan
EIN / PN:	22-1594774/001
Plan Sponsor:	Mars, Inc.
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

PROVISIONS FOR FORMER HUBBARD MILLING COMPANY PARTICIPANTS

Participating Employer

Former Doane Pet Care Company.

Eligibility

May 1 or November 1 on or after one year of service (1,000 hours) and age 21. No future participants after May 21, 1998.

Vesting Service

Associates are entitled to a full year of vesting service for each plan year during which they have completed 1,000 or more hours of service after attaining age 18.

Normal Retirement Benefit

Normal Retirement Date: Last day of month in which attains age 65 with 4 years of participation.

Benefit: Accrued benefit as of May 21, 1998.

Normal Form of Benefit: Single life annuity.

Early Retirement Benefit

Eligibility: Age 55 with 10 years of service.

Benefit: Normal retirement benefit reduced by 1/12 of 4% for each month by which the date of first payment precedes the first day of the month following Normal Retirement Date.

Disability Benefit

Eligibility: For salaried participants, unless entitled to benefits under a long-term disability plan sponsored by the Employer; disabled after 10 years of vesting service, eligible for Social Security disability benefits, and termination of employment on account of disability. For hourly participants the first of the month subsequent to completion of 10 years of vesting service.

Benefit: Greater of the accrued benefit and $150.

Vested Benefits Upon Termination of Service

Vesting: 100% vesting in accrued benefit after 5 complete years of vesting service.

Termination Benefit: The accrued benefit at the date of termination payable upon normal retirement eligibility (or reduced amount at early retirement date if hourly participant).

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants Before Retirement

Eligibility: 5 years of vesting service.

Benefit: For associates who have been married for the entire 12-month period prior to death, a Qualified Pre-Retirement Survivor Annuity.

Optional Forms of Retirement Income in Lieu of Normal Form

The optional forms include a life annuity, joint and survivor, and period certain and continuous. Annuity optional form conversion factors are based on a 7% interest rate and the UP84 mortality table.

Pension Increases

Effective January 1, 2024, certain retirees and beneficiaries who commenced prior to January 1, 2002 received an increase to their monthly benefits. For all others, none.

Plan Participants' Contributions

None required or permitted.

PROVISIONS FOR LEGACY NUTRO PRODUCTS, INC. PARTICIPANTS

Participating Employers

Former Nutro Products, Inc.

Eligibility

Former Nutro Products, Inc. hired prior to October 1, 2008. Active associates were provided an election to continue to accrue benefits as Nutro participants or ARP 3% to 6% participants effective January 1, 2010.

Credited Service

A year of service means the employee is a participant in the plan and has completed 1,000 or more hours of service during the plan year. For participants who became ARP 3% participants on January 1, 2010 (or later), no credited service is earned after that date.

Vesting Service

A year of vesting service means a year of credited service plus the year during which the employee was hired if 1,000 or more hours of service were attained in that year.

SCHEDULE SB ATTACHMENTS

Final Average Compensation/Salary

Average Compensation means the compensation of a participant averaged over the five highest-paid consecutive years while a participant. For participants who became ARP 3% participants after January 1, 2010, Average Compensation is based on compensation earned while a Nutro participant.

Normal Retirement Benefit

Normal Retirement Date: Age 65 with 5 years of participation.

Benefit Formula: 25% of average monthly compensation plus 33.33% of average monthly compensation in excess of the social security integration level (1981 Covered Compensation) times a fraction (not to exceed 1.0) where:

1) the numerator is the number of years of service projected to be earned as of the Normal Retirement Date
2) the denominator is 20 years

Normal Form of Benefit: Benefits are payable for the lifetime of the retired associate. If married, benefits are actuarially converted to joint and 50% survivor benefits. A minimum of five years of payments is guaranteed. If the participant dies within five years of commencing benefits, the surviving spouse or beneficiary will receive the payment amount the participant would have received for the remainder of the five-year period.

Accrued Benefits

Normal Retirement Benefit times a fraction (not to exceed 1.0) where:

1) the numerator is the number of years of service earned as of the determination date
2) the denominator is the number of years of service projected to be earned as of the Normal Retirement Date

SCHEDULE SB ATTACHMENTS

Vested Benefits Upon Termination of Service

A percentage based on service, determined from the below table, times the accrued benefit, payable at normal retirement age. Actuarial equivalent benefit is payable as soon as administratively feasible following termination or deferred to a later age at the participant's election.

Years of Service	Vested Percent
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or More	100%

Nutro participants who elected the ARP 3% formula are 100% vested with 3 years of combined vesting service.

Death Benefits for Participants before Retirement

For married associates, a Pre-Retirement Survivor Annuity as of the date of death equal to the actuarial value of the survivor's portion of the 100% J&S benefit payable at Normal Retirement Date.

Optional Forms of Retirement Income in Lieu of Normal Form

Generally, the same forms of payment available to ARP participants. The Accrued Benefit as of January 1, 2010 is available as a lump sum, with any remaining benefit available in an annuity form of payment. Optional form conversion factors for annuities are generally based on Moody's AAA corporate bond yields and the RP-2000 mortality table. Lump sum conversion factors are based on IRC section 417(e), but with no pre-retirement mortality.

Pension Increases

None.

Plan Participants' Contributions

None required or permitted.

PROVISIONS FOR WRET PARTICIPANTS

Eligibility

All former Wrigley associates hired before July 1, 2008 who have completed one month of service.

SCHEDULE SB ATTACHMENTS

Vesting service

Years and months of service as a covered associate.

Credited service

Years and months of service as a covered associate.

Final average earnings

Pensionable pay consists of W-2 with certain adjustments. Final average earnings is the average of the highest 36 consecutive months of pensionable pay during the ten-year period ending on the earlier of the participant's termination date or retirement date.

Social Security Benefit

The projected amount of the participant's primary Social Security benefit according to the law in effect at the date of termination of employment. If retiring, it is assumed the member will receive no compensation after that date. If terminating prior to retirement, it is assumed the member will receive level future earnings.

Normal Retirement Benefit

Normal Retirement Date: First of month coinciding with or next following the attainment of age 65 with five years of participation.

Benefit Formula: (a) – (b) + (c) where:

(a) 1.5% times final average earnings times credited service.

(b) 1% of Social Security benefit available at retirement times credited service after January 1, 1976.

(c) The difference between the prior plan basic benefit and minimum benefit as of January 1, 1975.

Normal Form of Benefit: Benefits are payable for the lifetime of the retired associate. If married, benefit is paid as a reduced joint and 50% survivor benefit.

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 55 and completing five years of vesting service.

Benefit: Normal retirement benefit reduced by 1/12 of 2% each of the first 36 months by which the participant's benefit commencement date precedes age 65 plus 1/12 of 5% for each of the next 84 months by which the participant's benefit commencement date precedes age 62.

Disability Benefit

Eligibility: Disabled after 5 years of vesting service.

Benefit: Accrued benefit commencing at normal retirement date, or early retirement date if eligible on date of disability. For associates whose disability began prior to January 1, 2014, credited service shall continue to accrue while the associate qualifies for benefits under the employer's long-term disability plan.

Vested Benefits Upon Termination of Service

Vesting: 100% vesting in accrued benefit after 5 complete years of vesting service.

Termination Benefit: Benefits payable at age 65 with a reduced benefit available at age 55 (reduction done according to special plan reduction factors for participants terminated before 1/1/2005. For participants terminated 1/1/2005 or later, the reduction is the same as the early retirement reduction).

Death Benefits for Participants Before Retirement

Participants who are vested and who have been married one year, are eligible for a preretirement spouse's benefit equal to the greater of: (a) or (b)

(a) 50% of a participant's accrued annuity based on final average earnings at the date of death and years of credited service projected to normal retirement date;

(b) The benefit that could be provided by the accumulated employee contributions.

Optional Forms of Retirement Income in Lieu of Normal Form

An associate may elect a benefit payable in an optional form as provided by the plan. The optional forms include a life annuity, joint and survivor, contingent annuity, period certain and continuous, and Social Security leveling. Optional form conversion factors are generally based on a 6% interest rate and the GAM71 mortality table with an 80% male and 20% female blend.

Pension Increases

Effective January 1, 2024, certain retirees and beneficiaries who commenced prior to January 1, 2001 received an increase to their monthly benefits. For all others, none.

Plan Participants' Contributions

None currently required or permitted. Some participants may have accumulated employee contributions from previous plan provisions.

SCHEDULE SB ATTACHMENTS

FOR ALL PROVISIONS

Significant Events during Plan Year Not Reflected in Valuation

None.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name	**U. S. Retirement Plan**
Plan Sponsor EIN	**22-1594774**
ERISA Plan #	**001**
Plan Year Ending	**12/31/2025**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2026

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	607,688,624	15.00000	607,688,624	56,661,155
Total				607,688,624	56,661,155

Plan Name: U.S. Retirement Plan
EIN / PN: 22-1594774/001
Plan Sponsor: Mars, Inc.
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The assumed retirement rates, termination rates, and the commencement ages have been updated as a result of an experience study conducted during 2024.

The prior retirement assumptions were:

Age	MRP	WRET	All other associates
50-51	12.5%	0.0%	9.0%
52-54	10.0	0.0	9.0
55	15.0	8.0	12.0
56-57	15.0	8.0	9.0
58	25.0	8.0	12.0
59-61	20.0	8.0	9.0
62	25.0	23.75	20.0
63	25.0	31.25	20.0
64	25.0	23.25	20.0
65	30.0	50.25	30.0
66	30.0	85.75	30.0
67-69	30.0	100.0	30.0
70	100.0	100.0	100.0

The prior termination assumptions were:

Age	WRET	All other associates[1, 2,3]
25	18.51%	17.62%
30	12.19	12.26
35	8.78	8.64
40	7.00	4.99
45	6.21	2.96
50	5.63	0.70
55	2.92	0.00

[1] For participants with less than or equal to 3 years of service, the rates are assumed to be at least 15%.
[2] Assumed to be no less than 9% at any age less than 50 for ARP, Hubbard, and Nutro associates.
[3] Termination rates for MRP participants are assumed to be 80% of the rates shown above.

The prior commencement age assumptions were:

- WRET associates: Benefits for current and future terminated vested and disabled associates commence at age 65. Preretirement death benefits for future beneficiaries commence immediately upon the participant's death.
- All other associates: Benefits for current and future terminated vested participants commence at age 58. Current and future disabled participants commence at age 65. For future terminated vested participants, 50% will immediately elect a lump sum.

Plan Name:	U.S. Retirement Plan
EIN / PN:	22-1594774/001
Plan Sponsor:	Mars, Inc.
Valuation Date:	January 1, 2025