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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
STEVENS & LEE SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1973

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)
STEVENS & LEE

P.O. BOX 679
READING, PA 19603-0679

111 NORTH SIXTH STREET
READING, PA 19603-0679

2b Employer Identification Number (EIN) 23-1886296

2c Plan Sponsor's telephone number 610-478-2000

2d Business code (see instructions) 541110

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.	10/12/2026	CHARLES HARENZA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2026	JOHN DUROFCHALK
	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

STEVENS & LEE

P.O. BOX 679
READING, PA 19603-0679

3b Administrator's EIN
23-1886296

3c Administrator's telephone number
610-478-2000

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**	548
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)**	387
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	428
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	169
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	599
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	4
f	Total. Add lines **6d** and **6e**.	**6f**	603
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)**	546
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)**	603
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	30
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:

2A 2E 2F 2H 2J 2S 2T

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

9a Plan funding arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

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

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

A Name of plan
STEVENS & LEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STEVENS & LEE

D Employer Identification Number (EIN)
23-1886296

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

BANK OF AMERICA

94-1687665

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

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

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

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

MERRILL LYNCH PIERCE FENNER & SMITH

13-5674085

(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 28 33 51 52 56 59 60 62 63 71 99	NONE	1256844	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	101543	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONRAD SIEGEL

PO BOX 5900
HARRISBURG, PA 17110-0900

23-1669823

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 38 49 50	NONE	48909	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)

DELAWARE MANAGEMENT COMPANY

2005 MARKET ST.
PHILADELPHIA, PA 19103

(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]	0	Yes [X] No [ ]

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

CHIRON INVESTMENT MANAGEMENT

350 AVENUE OF THE AMERICAS
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 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

BNY MELLON INVESTMENT ADVISER, INC

240 GREENWICH STREET
NEW YORK, NY 10286

(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]	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)

FIRST EAGLE INVESTMENT MANAGEMENT,

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

(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]	0	Yes [X] No [ ]

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

ALLIANCEBERNSTEIN L.P.

11345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

(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]	0	Yes [X] No [ ]

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

CAPITAL RESEARCH AND MANAGEMENT COM

95-1411037

(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]	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)

BLACKROCK ADVISORS, LLC

51-0318674

(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]	0	Yes [X] No [ ]

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

COLUMBIA MGMT INVESTMENT ADVISERS,

93-0577450

(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]	0	Yes [X] No [ ]

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

CONGRESS ASSET MANAGEMENT COMPANY,

2 SEAPORT LANE
BOSTON, MA 02210

(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]	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)

FULLER & THALER ASSET MANAGEMENT IN

411 BOREL AVENUE, SUITE 300
SAN MATEO, CA 94402

(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]	0	Yes [X] No [ ]

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

J.P. MORGAN INVESTMENT MANAGEMENT,

13-2624428

(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]	0	Yes [X] No [ ]

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

LOOMIS, SAYLES & COMPANY LP

P.O. BOX 219594
KANSAS CITY, MO 64121-9594

(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]	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)

MASSACHUSETTS FINANCIAL SERVICES CO

111 HUNTINGTON AVENUE
BOSTON, MA 02199-7632

(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]	0	Yes [X] No [ ]

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

TRANSAMERICA ASSET MANAGEMENT, INC

94-0932740

(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]	0	Yes [X] No [ ]

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

LORD, ABBETT & CO LLC

90 HUDSON STREET
JERSEY CITY, NJ 07302

(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]	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)

PACIFIC INVESTMENT MANAGEMENT COMPA

95-2632339

(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]	0	Yes [X] No [ ]

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

SEAFARER CAPITAL PARTNERS, LLC

1100 LARKSPUR LANDING CIRCLE
LARKSPUR, CA 94939

(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]	0	Yes [X] No [ ]

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

JANUS HENDERSON INVESTORS US LLC

43-1804048

(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]	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)

FIDELITY MANAGEMENT & RESEARCH COMP

06-1194217

(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]	0	Yes [X] No [ ]

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

PARTNERS GROUP (USA) INC

1114 AVENUE OF THE AMERICAS 37TH FL
NEW YORK, NY 10036

(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]	0	Yes [X] No [ ]

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

RENAISSANCE TECHNOLOGIES LLC

250 VESEY STREET, 11TH FLOOR
NEW YORK, NY 10281

(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]	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)

IRONWOOD CAPITAL MANAGEMENT

ONE MARKET PLAZA STUART TOWER
SUITE 2500
SAN FRANCISCO, CA 94105

(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]	0	Yes [X] No [ ]

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

ALKEON CAPITAL MANAGEMENT LLC

350 MADISON AVE, 9TH/20TH FL
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?
28 52	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

PACIFIC INVESTMENT MANAGEMENT COMPA

1633 BROADWAY
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 52	NONE	0	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)

BLUE OWL CREDIT ADVISORS LLC

399 PARK AVE
NEW YORK, NY 10022

(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]	0	Yes [X] No [ ]

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

HAMILTON LANE

110 WASHINGTON ST, SUITE 1300
CONSHOHOCKEN, PA 19428

(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]	0	Yes [X] No [ ]

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
DELAWARE MANAGEMENT COMPANY	28 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.
NOMURA CORPORATE BOND INST	2005 MARKET ST. PHILADELPHIA, PA 19103	0.54% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CHIRON INVESTMENT MANAGEMENT	28 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.
FS CHIRON CAPITAL ALLOCATION FUND	350 AVENUE OF THE AMERICAS NEW YORK, NY 10019	1.16% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BNY MELLON INVESTMENT ADVISER, INC	28 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.
BNY MELLON GLOBAL FIXED INCOME - I	240 GREENWICH STREET NEW YORK, NY 10286	0.54% OF ASSETS

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
FIRST EAGLE INVESTMENT MANAGEMENT,	28 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.
FIRST EAGLE GLOBAL I 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.86% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ALLIANCEBERNSTEIN L.P.	28 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.
AB DISCOVERY VALUE Z 11345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	0.81% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CAPITAL RESEARCH AND MANAGEMENT COM	28 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.
AMERICAN FUNDS EUPAC R6 95-1411037	0.47% OF ASSETS

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
CAPITAL RESEARCH AND MANAGEMENT COM	28 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.
AMERICAN FUNDS NEW PERSPECTIVE R6 95-1411037	0.4% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BLACKROCK ADVISORS, LLC	28 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.
BLACKROCK EQUITY DIVIDEND K 51-0318674	0.59% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
COLUMBIA MGMT INVESTMENT ADVISERS,	28 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.
COLUMBIA CONTRARIAN CORE INST3 93-0577450	0.61% OF ASSETS

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
CONGRESS ASSET MANAGEMENT COMPANY,	28 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.
CONGRESS MID CAP GROWTH INSTITUTION 2 SEAPORT LANE BOSTON, MA 02210	0.82% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FULLER & THALER ASSET MANAGEMENT IN	28 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.
FULLERTHALER BEHAVIORAL SM-CP EQ R6 411 BOREL AVENUE, SUITE 300 SAN MATEO, CA 94402	0.64% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BLACKROCK ADVISORS, LLC	28 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.
ISHARES MSCI EAFE INTL IDX K 51-0318674	0.05% OF ASSETS

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
BLACKROCK ADVISORS, LLC	28 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.
ISHARES RUSSELL 2000 SMALL-CAP IDX 51-0318674	0.07% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BLACKROCK ADVISORS, LLC	28 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.
ISHARES RUSSELL MID-CAP INDEX K 51-0318674	0.04% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 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.
ISHARES S&P 500 INDEX K 51-0318674	0.03% OF ASSETS

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
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.
JPMORGAN HIGH YIELD R6 13-2624428	0.45% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
LOOMIS, SAYLES & COMPANY LP	28 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.
LOOMIS SAYLES GROWTH N	P.O. BOX 219594 KANSAS CITY, MO 64121-9594	0.56% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
MASSACHUSETTS FINANCIAL SERVICES CO	28 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.
MFS INTERNATIONAL INTRINSIC VALUE R	111 HUNTINGTON AVENUE BOSTON, MA 02199-7632	0.66% OF ASSETS

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
MASSACHUSETTS FINANCIAL SERVICES CO	28 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.
MFS MID CAP VALUE R6 111 HUNTINGTON AVENUE BOSTON, MA 02199-7632	0.61% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
TRANSAMERICA ASSET MANAGEMENT, INC	28 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.
TRANSAMERICA INTERNATIONAL EQUITY R 94-0932740	0.76% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BLACKROCK FUND ADVISORS	28 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.
ISHARES US AGGREGATE BOND INDEX K 51-0318674	0.05% OF ASSETS

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
LORD, ABBETT & CO LLC	28 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.
LORD ABBETT SHORT DURATION INCOME R 90 HUDSON STREET JERSEY CITY, NJ 07302	0.32% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 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.
PIMCO REAL RETURN INSTL 95-2632339	0.55% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 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.
PIMCO TOTAL RETURN INSTL 95-2632339	0.53% OF ASSETS

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
BLACKROCK ADVISORS, LLC	28 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.
BLACKROCK GLOBAL ALLOCATION K 51-0318674	0.77% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JPMORGAN MULTI-ASSET SOLUTIONS TEAM	28 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.
JPMORGAN SMARTRETIREMENT(R) 2020 R6 13-2624428	0.37% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.
JPMORGAN SMARTRETIREMENT(R) 2025 R6 13-2624428	0.45% OF ASSETS

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
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.
JPMORGAN SMARTRETIREMENT(R) 2030 R6 13-2624428	0.35% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.
JPMORGAN SMARTRETIREMENT(R) 2035 R6 13-2624428	0.64% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.
JPMORGAN SMARTRETIREMENT(R) 2040 R6 13-2624428	0.39% OF ASSETS

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
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.	
JPMORGAN SMARTRETIREMENT(R) 2045 R6 13-2624428	0.83% OF ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.	
JPMORGAN SMARTRETIREMENT(R) 2050 R6 13-2624428	0.39% OF ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.	
JPMORGAN SMARTRETIREMENT(R) 2055 R6 13-2624428	0.83% OF ASSETS	

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
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.	
JPMORGAN SMARTRETIREMENT(R) 2060 R6 13-2624428	0.39% OF ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.	
JPMORGAN SMARTRETIREMENT(R) 2065 R6 13-2624428	0.84% OF ASSETS	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P. MORGAN INVESTMENT MANAGEMENT,	28 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.	
JPMORGAN SMARTRETIREMENT(R) INCOME 13-2624428	0.34% OF ASSETS	

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
SEAFARER CAPITAL PARTNERS, LLC	28 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.
SEAFARER OVERSEAS GR AND INCOME INV 1100 LARKSPUR LANDING CIRCLE LARKSPUR, CA 94939	0.97% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
JANUS HENDERSON INVESTORS US LLC	28 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.
JANUS HENDERSON ENTERPRISE N 43-1804048	0.66% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY MANAGEMENT & RESEARCH COMP	28 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.
FIDELITY SMALL CAP GROWTH K6 06-1194217	0.61% OF ASSETS

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
PARTNERS GROUP (USA) INC	28 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.
PARTNERS GROUP PRIVATE EQUITY (TEI) 1114 AVENUE OF THE AMERICAS 37TH FLOOR NEW YORK, NY 10036	3.01% ON FUND NET ASSET VALUE + 10% OF PERFORMANCE ABOVE HIGH WATER MARK

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
RENAISSANCE TECHNOLOGIES LLC	28 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.
RENAISSANCE ACCESS LLC 250 VESEY STREET, 11TH FLOOR NEW YORK, NY 10281	3.00% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
IRONWOOD CAPITAL MANAGEMENT	28 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.
IRONWOOD MULTI-STRATEGY FUND LLC ONE MARKET PLAZA STUART TOWER SUITE 2500 SAN FRANCISCO, CA 94105	1.95% OF ASSETS

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
ALKEON CAPITAL MANAGEMENT LLC	28 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.
ALKEON GROWTH OFFSHORE FUND CL. 6A 350 MADISON AVE, 9TH/20TH FL NEW YORK, NY 10017	1.5 % TO 2.0% OF ASSETS + 20% PERFORMANCE/INCENTIVE FEE ON PROFITS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PACIFIC INVESTMENT MANAGEMENT COMPA	28 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.
PIMCO FLEXIBLE CREDIT INCOME FUNDA3 1633 BROADWAY NEW YORK, NY 10019	ADJUSTED EXPENSE RATIO OF 2.51% OF ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BLUE OWL CREDIT ADVISORS LLC	28 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.
BLUE OWL CREDIT INCOME CORP CLASS S 399 PARK AVE NEW YORK, NY 10022	0.85% OF ASSETS

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
HAMILTON LANE	28 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.
HAMILTON LANE PRIVATE ASSETS FUND R 110 WASHINGTON ST, SUITE 1300 CONSHOHOCKEN, PA 19428	TOTAL ANNUAL FUND OPERATING EXPENSES OF 3.99% + 10% OF PERFORMANCE ABOVE HIGH WATER MARK

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE 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
STEVENS & LEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STEVENS & LEE

D Employer Identification Number (EIN)
23-1886296

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	9207065	9598427
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	499987	502893
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	14283069	15763805
(2) U.S. Government securities	1c(2)	24356157	23873039
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	18801786	18992426
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	113477469	123563451
(5) Partnership/joint venture interests	1c(5)	2509866	2598218
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	79743317	92030757
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	18344892	20043510

		(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	281223608	306966526
Liabilities			
1g Benefit claims payable	1g	2937485	2495395
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	2937485	2495395
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	278286123	304471131

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)	9599106	
(B) Participants	2a(1)(B)	4538931	
(C) Others (including rollovers)	2a(1)(C)	1133556	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		15271593
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	42	
(B) U.S. Government securities	2b(1)(B)	839595	
(C) Corporate debt instruments	2b(1)(C)	830474	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	136419	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1806530
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1669271	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5423151	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		7092422
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	49859190	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	33847288	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		16011902
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		7179022
c Other income	2c		694209
d Total income. Add all **income** amounts in column (b) and enter total	2d		48055678
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	20463616	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		20463616
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)	48909	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	1303500	
(6) Bank or trust company trustee/custodial fees	2i(6)	54645	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1407054
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		21870670
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		26185008
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: TOMASI & COMPANY PC **(2)** EIN: 83-0664781

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
STEVENS & LEE SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STEVENS & LEE

D Employer Identification Number (EIN)
23-1886296

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): 94-1687665

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☒ "Prior year" ADP test

☐ "Current year" ADP test

☐ N/A

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

STEVENS & LEE SAVINGS PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2025 AND 2024
WITH INDEPENDENT AUDITORS' REPORT

STEVENS & LEE SAVINGS PLAN

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Tomasi
Company PC
Certified Public Accountants & Consultants

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator
Stevens & Lee Savings Plan

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

We have performed audits of the accompanying financial statements of Stevens & Lee Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the 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 related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Stevens & Lee Savings 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 audits 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 7 to the financial statements, is complete and accurate.

Opinion

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

- the amounts and disclosures in the financial statements referred to above, 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 financial statements referred to above 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).

1350 Broadcasting Road ■ Suite 203 ■ Wyomissing, PA 19610
Telephone: (610) 898-7900 ■ Fax (610) 898-7992

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Stevens & Lee Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 Stevens & Lee Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Stevens & Lee Savings 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 Stevens & Lee Savings Plan's ability to continue as a going concern for a reasonable period of time.

Our audits 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

The supplemental schedules of Schedule of Assets Held at End of the Year and Schedule of Reportable Transactions 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 auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. 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).

Somasi & Company PC

Wyomissing, Pennsylvania
October 6, 2026

STEVENS & LEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2025	2024
ASSETS		
Investments, at fair value:		
Money market funds	$ 15,634,012	$ 10,740,666
Corporate and government bonds	46,845,724	46,937,249
Common stocks	123,563,451	113,477,470
Registered investment companies	92,030,757	79,743,316
Other investments	18,661,469	17,075,452
Total investments	296,735,413	267,974,153
Receivables:		
Employer contribution	9,598,427	9,207,065
Accrued interest and dividends	502,893	499,987
Total receivables	10,101,320	9,707,052
Cash	129,793	3,542,403
Total assets	306,966,526	281,223,608
LIABILITIES	-	-
NET ASSETS AVAILABLE FOR BENEFITS	306,966,526	281,223,608

See Accompanying Notes

STEVENS & LEE SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2025	2024
ADDITIONS/(REDUCTIONS) TO NET ASSETS ATTRIBUTED TO:		
Interest and dividend income	$ 8,964,627	$ 8,323,645
Other income	11,584	10,944
Net appreciation (depreciation) in fair value of investments	23,807,874	24,378,850
Contributions:		
Participants	4,538,931	4,015,447
Rollovers	1,133,556	1,075,709
Employer	9,599,106	9,252,896
	15,271,593	14,344,052
Total additions/(reductions)	48,055,678	47,057,491
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid directly to participants	20,905,706	18,752,275
Investment & administrative fees net of rebates	1,407,054	1,363,468
Total deductions	22,312,760	20,115,743
Net increase in plan assets available for benefits	25,742,918	26,941,748
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	281,223,608	254,281,860
NET ASSETS AVAILABLE FOR BENEFITS AT END OF YEAR	$ 306,966,526	$ 281,223,608

See Accompanying Notes

NOTE 1 DESCRIPTION OF THE PLAN

The following description of the Stevens & Lee Savings Plan (the Plan) provides only general information. Participants should refer to the Plan document and related summary plan description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering substantially all employees of Stevens & Lee (the Company) and its affiliated businesses. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA) and the Internal Revenue Code of 1986, as amended (Code).

Contributions

Participants can elect to contribute up to a maximum of 25% of annual compensation including bonuses on a pre-tax basis, as defined in the Plan. Eligible employees hired on or after January 1, 2015 are automatically enrolled in the 401(k) portion of the Plan as of their first eligible payroll date and deemed to make an affirmative election to contribute 2% of compensation unless the employee makes an affirmative election to not contribute. The Company may make annual discretionary profit-sharing contributions in an amount from current and accumulated earnings, as determined by the Board of Directors.

All 401(k) accounts are participant directed. Accounts in the profit-sharing portion of the Plan can be participant directed if a qualified individual (one who attained age 60 or will attain age 60 by the end of the Plan year) elects to direct investments into a diversification account.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocations of (a) the Company's contributions, (b) forfeitures, and (c) plan earnings. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' non-vested accounts are used to reduce future Company contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their pre-tax contributions plus actual earnings thereon. Vesting in the Company contribution portion of their accounts plus actual earnings thereon is based upon years of service. A participant is 100% vested after three years of service. A year of service is defined as 1,000 hours or more of service during a Plan calendar year.

Payment of Benefits

On termination of service, due to death, disability, retirement or termination, a participant, or beneficiary in the case of death, may receive a distribution equal to the vested value of his or her account.

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of the Code and ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

Forfeited Accounts

At December 31, 2025 and 2024, forfeited non-vested accounts totaled $300,666 and $216,462, respectively. These accounts are used to reduce employer contributions and restore qualified previously forfeited accounts for rehired employees. In 2025 and 2024, the full $300,666 and $216,462 were used to reduce employer contributions.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value as determined and certified to by the Plan's 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 4 for discussion of fair value measurements. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the Plan year; investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices.

Shares of registered investment companies and real estate investment trusts are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year-end. Money market accounts are valued at cost, which approximates fair value.

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) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States requires management to make estimates that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses

The Company pays various costs associated with the administration of the Plan. Additionally, the Company has entered into trustee and investment advisory agreements, as well as a recordkeeping service agreement with Bank of America, N.A., a subsidiary of Bank of America Corporation for service with respect to the Plan. Additional Plan recordkeeping services are provided by Conrad Siegel Actuaries for the profit- sharing portion of the Plan. These services are paid by the Plan or the Company.

Payment of Benefits

Benefits are recorded when paid.

Subsequent Events

The plan administrator has evaluated subsequent events through October 6, 2026, which is the date the financial statements were available to be issued.

NOTE 3 NONPARTICIPANT-DIRECTED INVESTMENTS

The following is information about net assets and significant components of changes in net assets related to the nonparticipant-directed investments as of and for the years ended December 31, 2025 and 2024, respectively:

	2025	2024
Net Assets		
Investments, at fair value:		
Money market funds	$ 5,902,838	$ 4,371,597
Corporate and government bonds	37,094,496	35,728,641
Common stocks	123,563,451	113,477,470
Registered investment companies	17,130,862	15,154,774
Other investments	18,661,469	17,075,452
Cash	122,609	3,521,058
Total investments	202,475,725	189,328,992
Interest and dividend receivable	407,623	406,882
Employer contribution receivable	9,598,427	9,207,065
Net assets available for benefits	$ 212,481,775	$ 198,942,939

NOTE 3 NONPARTICIPANT-DIRECTED INVESTMENTS (CONTINUED)

Changes in net assets	2025	2024
Investment income:		
Net appreciation (depreciation) in fair value of investments	$ 17,000,651	$ 19,030,626
Interest and dividend income	4,622,122	4,165,024
Other income	11.584	10,944
Inter-fund transfers – net	1,170,650	(1,180,238)
Employer contributions	9,599,106	9,252,896
Benefits paid directly to participants	(17,503,991)	(15,465,142)
Investment & administrative fees net of rebates	(1,361,286)	(1,312,766)
Net increase/(decrease)	$ 13,538,836	$ 14,501,344

NOTE 4 FAIR VALUE MEASUREMENTS

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.

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.

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

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.

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

Money market funds and registered investment companies: Registered investment companies are valued at the daily closing price as reported by the fund. The funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded and are classified as level 1 investments. Money market funds are valued at net asset value (NAV) of shares held by the Plan based on prices that may not be fully active or observable at year end and are categorized as level 1 or 2 assets depending on the circumstances.

Common stocks: Valued at the closing price reported in active or inactive markets or observable inputs in which the individual securities are traded. All of these positions are classified as level 1 in the hierarchy.

Corporate and government bonds: Corporate bonds are based on observable market inputs while the government and municipal bonds typically use spreads obtained from trade and issue markets. These are included in level 2 fair value hierarchy. United States Treasury securities are traded in active markets and therefore are considered Level 1 securities in the hierarchy.

Alternative investments: Valued at the closing price reported in inactive markets as of the close of business at the end of the year where significant inputs are not observable. The unobservable inputs reflect assumptions that market participants would use. These are classified as level 1 or 3 assets depending on the circumstances.

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 different fair value measurement at the reporting date.

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024, respectively:

Assets at Fair Value as of December 31, 2025

	Level 1	Level 2	Level 3	Total
Money market fund	$ 15,634,012	$ -	$ -	$ 15,634,012
Registered investment companies	92,030,757	-	-	$ 92,030,757
Common stocks	123,563,451	-	-	$ 123,563,451
Government bonds	9,111,111	18,742,192	-	$27,853,303
Corporate bonds	-	18,992,421	-	$ 18,992,421
Alternative Investments	2,946,303	-	15,715,166	$ 18,661,469
Total Assets at Fair Value	$ 243,285,634	$ 37,734,613	$ 15,715,166	$ 296,735,413

Assets at Fair Value as of December 31, 2024

	Level 1	Level 2	Level 3	Total
Money market fund	$ 10,740,666	$ -	$ -	$ 10,740,666
Registered investment companies	79,743,316	-	-	79,743,316
Common stocks	113,477,470	-	-	113,477,470
Government bonds	9,308,433	18,827,028	-	28,135,461
Corporate bonds	-	18,801,788	-	18,801,788
Alternative Investments	2,775,911	-	14,299,541	17,075,452
Total Assets at Fair Value	$216,045,796	$ 37,628,816	$ 14,299,541	$267,974,153

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

LEVEL 3 GAINS AND LOSSES

The following tables set forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2025 and 2024, respectively:

Changes in Fair Value as of December 31, 2025

	Alternative Investments
Balance, beginning of year	$ 14,299,541
Realized gains (losses)	-
Carrying Value Adjustments - Net	172,183
Unrealized gains (losses) relating to instruments still held at the reporting date	647,991
Purchases, sales, issuances, and settlements	
Purchases	595,451
Issuances	-
Sales	-
Settlements	-
Balance, end of year	$ 15,715,166

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Changes in Fair Value as of December 31, 2024

	Alternative Investments
Balance, beginning of year	$ 11,481,703
Realized gains (losses)	-
Carrying Value Adjustments – Net	-
Unrealized gains (losses) relating to instruments still held at the reporting date	554,058
Purchases, sales, issuances, and settlements	
Purchases	3,163,780
Issuances	-
Sales	(900,000)
Settlements	-
Balance, end of year	$ 14,299,541

NOTE 5 INCOME TAX STATUS

The Plan has received a favorable determination letter from the Internal Revenue Service dated November 17, 2017 stating that the Plan is designed and qualified in accordance with applicable sections of the Code and, therefore, the related trust is exempt from taxation. The Plan was most recently amended effective January 1, 2020 to reflect certain provisions of the CARES Act and the SECURE Act.

NOTE 6 RECONCILIATION TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the years ended December 31, 2025 and 2024 to Form 5500:

	2025	2024
Net assets available for benefits per the financial statements	$ 306,966,526	$ 281,223,608
Less: Amounts allocated to withdrawing participants	(2,495,395)	(2,937,485)
Net assets available for benefits per Form 5500	$ 304,471,131	$ 278,286,123

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2025 and 2024 to Form 5500:

	2025	2024
Benefits paid to participants per the financial statements	$ 20,905,706	$ 18,752,275
Add: Unpaid amounts allocated to withdrawing participants	2,488,070	2,930,722
Less: Paid amounts allocated to withdrawing participants previously included	(2,930,160)	-
Benefits paid to participants per Form 5500	$ 20,463,616	$ 21,682,997

NOTE 7 INFORMATION CERTIFIED BY CUSTODIAN

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Bank of America N.A., a subsidiary of Bank of America Corporation, the trustee and custodian of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statement of Net Assets Available for Benefits as of December 31, 2025 and 2024 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024.

NOTE 8 RISKS AND UNCERTAINTIES

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

NOTE 9 RELATED PARTY TRANSACTIONS

Certain investments held by the Plan are managed by Merrill Lynch or an indirect wholly-owned subsidiary of Merrill Lynch. Merrill Lynch is a subsidiary of Bank of America Corporation, and also record-keeper of the 401(k) portion of the Plan; Bank of America, N.A., the custodian and trustee of the Plan, is also a subsidiary of Bank of America Corporation. Therefore, these transactions qualify as party-in-interest transactions. Fees charged by the custodian in 2025 and 2024 for investment management/advisory/401(k) record-keeper and trustee expenses were $1,323,026 and $1,269,727 and $54,645 and $70,721 respectively. Conrad Siegel Actuaries is also record-keeper and provides various services including preparation of Internal Revenue Service Form 5500. The party-in-interest fees charged by the record keeper were $48,909 and $46,348 in 2025 and 2024. Fees were offset by rebates and adjustments of $19,526 and $23,328 in 2025 and 2024. The overall net fees charged were $1,407,054 and $1,363,468 in 2025 and 2024. Although these transactions are party-in-interest transactions, they are not prohibited under ERISA or the Code.

SUPPLEMENTAL SCHEDULES

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Money Market Funds			
	Blackrock Liquidity FedFund	5,323,774 shares	$ 5,323,774	$ 5,323,774
	Blackrock Liquidity FedFunds Cash Reserve	6,116,308 shares	6,116,308	6,116,308
	Federated Hermes Govt Oblg Adv	4,193,930 shares	4,193,930	4,193,930
	Total Money Market Funds		15,634,012	15,634,012
	Corporate/Government Bonds			
	Abbvie Inc3.200% 05/14/26	73,000 par	70,488	72,836
	Abbvie Inc 4.250% 11/14/28	126,000 par	140,982	127,396
	Alexandria Real Estate 2.950% 03/15/34	210,000 par	174,337	179,819
	Amazon Com Inc 4.700% 12/01/32	38,000 par	37,753	39,063
	Amazon Com Inc 3.600% 04/13/32	265,000 par	252,936	256,941
	Amazon Com Inc 4.650% 11/20/35	127,000 par	127,017	126,487
	Ameren Corp 5.375% 03/15/35	42,000 par	43,183	43,160
	American Electric Power Var% 03/15/56	6,000 par	5,964	5,957
	American Express Co 5.850% 11/05/27	299,000 par	303,984	309,271
	American Homes 4 Rent 3.625% 04/15/32	75,000 par	67,054	70,840
	American Tower Corp 4.050% 03/15/32	42,000 par	36,868	40,881
	American Tower Corp 2.700% 04/15/31	140,000 par	139,144	128,549
	Anheuser-Busch Inbev Wor Company 3.500% 06/01/30	42,000 par	38,258	41,011
	Anheuser-Busch Inbev Fin Inc 4.900% 02/01/46	69,000 par	68,184	63,690
	Aon Corp 5.350% 02/28/33	108,000 par	107,260	112,468
	Apache Jct 4.481% 07/01/32	70,000 par	70,000	71,048
	Apple Inc 2.200% 09/11/29	43,000 par	37,268	40,559
	Aptiv Plc 3.250% 03/01/32	115,000 par	103,594	107,459
	Ares Capital Corp 3.200% 11/15/31	64,000 par	50,009	56,785
	Arizona Public Service 5.700% 08/15/34	160,000 par	162,917	168,197
	Arthur J Gallagher & Co 5.150% 02/15/35	195,000 par	197,062	197,042
	Assured Guaranty Us Hldg Company 3.150% 06/15/31	128,000 par	110,290	120,680
	Astrazeneca Finance LLC 4.875% 03/03/33	64,000 par	64,044	66,024
	Atmos Energy Corp 5.900% 11/15/33	55,000 par	58,035	59,455
	AT&T Inc GLB 1.700% 03/25/26	33,000 par	31,881	32,833
	AT&T Inc GLB 2.250% 02/01/32	50,000 par	44,047	43,851
	AT&T Inc GLB 5.400% 02/15/34	166,000 par	164,065	172,119
	Avalonbay Communities Glb 2.050% 01/15/32	48,000 par	38,082	42,086
	Bank of Nova Scotia 1.350% 06/24/26	135,000 par	122,652	133,396
	Bank of NY Mellon Corp Var% 10/25/33	100,000 par	101,759	107,824
	Barclays Plc Var% 11/24/32	285,000 par	251,233	259,692
	Barclays Plc Var% 09/10/28	42,000 par	42,094	42,493
	Bat Capital Corp 5.625% 08/15/35	55,000 par	55,398	57,290
	Bat Capital Corp 7.750% 10/19/32	35,000 par	37,437	40,881
	Bat Intl Finance Plc 4.448% 03/16/28	16,000 par	16,124	16,124
	Boardwalk Pipelines Lp 3.600% 09/01/32	45,000 par	37,190	41,976
	Boeing Co 6.125% 02/15/33	30,000 par	30,461	32,301
	BP Capital Markets Amer Inc 4.234% 11/06/28	255,000 par	269,369	256,637
	BP Capital Markets America 4.893% 09/11/33	211,000 par	213,037	214,655
	BP Capital Markets Plc 3.279% 09/19/27	65,000 par	64,959	64,436

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Corporate/Government Bonds (continued)			
	Broadcom Inc 4.600% 07/15/30	31,000 par	31,054	31,497
	Brixmor Operating Part 2.500% 08/16/31	49,000 par	38,111	44,043
	California St Taxable 6.000% 03/01/33	80,000 par	86,266	88,479
	Capital One Financial Var% 05/10/33	358,000 par	354,881	367,179
	Capital One Financial Var% 06/08/29	33,000 par	32,578	34,632
	Capital One Financial Var% 01/30/36	42,000 par	42,353	43,843
	Carmax Auto 4.600% 10/15/29	34,000 par	34,380	34,361
	Carmax Auto 4.750% 10/15/27	11,299 par	11,224	11,323
	Casa Grande Ariz Excise 1.337% 04/01/27	55,000 par	47,380	53,364
	Caterpillar Finl Service 4.850% 02/27/29	124,000 par	124,523	127,411
	Centerpoint Energy Res 5.400% 03/01/33	18,000 par	18,719	18,637
	Centerville Ohio City Sch Dist 1.549% 12/01/30	95,000 par	95,000	84,859
	Charles Schwab Corp 1.650% 03/11/31	135,000 par	103,837	118,404
	Charles Schwab Corp Var% 08/24/34	48,000 par	49,011	52,318
	Charles Schwab Corp Var% 11/17/29	35,000 par	36,382	37,017
	Chubb Ina Holdings Inc 3.350% 05/03/26	155,000 par	154,155	154,709
	Cigna Group 5.400% 03/15/33	203,000 par	211,343	211,402
	Citigroup Inc Var% 03/20/30	135,000 par	123,194	133,777
	Citigroup Inc Var% 05/24/28	34,000 par	33,327	34,286
	Citigroup Inc 3.200% 10/21/26	260,000 par	250,128	258,482
	Citigroup Inc Var% 11/17/23	58,000 par	61,890	63,149
	Columbus Ohio City 2.577% 12/01/29	250,000 par	250,000	238,465
	Comcast Corp 5.300% 05/15/35	42,000 par	42,106	42,943
	Comcast Corp 5.500% 11/15/32	52,000 par	53,009	54,925
	Con Edison Co of NY Inc 5.500% 03/15/34	65,000 par	66,927	68,197
	Crown Castle Intl Corp 2.500% 07/15/31	65,000 par	54,366	58,107
	Corebridge Financial Inc 3.900% 04/05/32	223,000 par	201,909	211,660
	CVS Health Corp 4.300% 03/25/28	383,000 par	406,076	384,268
	CVS Health Corp 5.250% 02/21/33	100,000 par	101,326	102,958
	CVS Health Corp 5.400% 06/01/29	34,000 par	34,321	35,214
	Deutshce Bank NY Var% 09/18/31	310,000 par	288,660	295,842
	Diamondback Energy Inc 5.550% 04/01/35	42,000 par	41,983	43,169
	Discover Financial Svs 6.700% 11/29/32	47,000 par	49,392	52,014
	D.R. Horton Inc 5.000% 10/15/34	145,000 par	141,561	146,670
	Dte Energy Co 5.200% 04/01/30	31,000 par	31,955	31,985
	Dte Electric Co 5.200% 04/01/33	53,000 par	52,941	55,077
	Duke Energy Corp 2.550% 06/15/31	140,000 par	138,812	127,484
	Elevance Health Inc 4.750% 02/15/33	136,000 par	133,192	136,419
	Entergy Louisiana LLC 4.000% 03/15/33	219,000 par	206,624	211,092
	Enterprise Products Oper 5.350% 01/31/33	199,000 par	207,956	207,820
	Equinor Asa Company 3.125% 04/06/30	42,000 par	37,704	40,464
	Equitable Holdings Inc 5.594% 01/11/33	103,000 par	101,322	107,517
	Erp Operating Lp 2.500% 02/15/30	45,000 par	37,761	42,214
	Federal Home LN BKS 3.250% 11/16/28	175,000 par	189,337	173,994
	Federal Home LN MTG Corp 4.500% 2026	858 par	62,781	860
	Federal Home LN MTG Corp 4.000% 2028	9,652 par	68,217	9,636
	Federal Home LN MTG Corp 5.000% 2026	3 par	174,932	3

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Corporate/Government Bonds (continued)			
	Federal Home LNMTG Corp 4.000% 2040	222,829 par	219,979	220,168
	Federal Home LN MTG Corp 4.000% 2044	119 par	127	116
	Federal Home LN MTG Corp 4.000% 2044	786 par	842	763
	Federal Home LN MTG Corp 4.000% 2044	133 par	142	130
	Federal Home LN MTG Corp 3.500% 2044	315 par	329	300
	Federal Home LN MTG Corp 4.000% 2044	13 par	14	13
	Federal Home LN MTG Corp 3.000% 2044	9,316 par	9,709	8,585
	Federal Home LN MTG Corp 3.500% 2044	774 par	816	738
	Federal Home LN MTG Corp 4.000% 2045	3,241 par	3,464	3,148
	Federal Home LN MTG Corp 3.500% 2045	281 par	292	268
	Federal Home LN MTG Corp 3.000% 2045	433 par	447	398
	Federal Home LN MTG Corp 3.500% 2045	114 par	118	109
	Federal Home LN MTG Corp 3.500% 2045	1,601 par	1,660	1,525
	Federal Home LN MTG Corp 4.000% 2045	3,341 par	3,577	3,243
	Federal Home LN MTG Corp 4.000% 2045	1,613 par	1,720	1,565
	Federal Home LN MTG Corp 4.000% 2045	2,259 par	2,415	2,192
	Federal Home LN MTG Corp 3.500% 2046	3,699 par	3,880	3,516
	Federal Home LN MTG Corp 3.500% 2046	2,084 par	2,191	1,980
	Federal Home LN MTG Corp 4.000% 2046	197 par	211	190
	Federal Home LN MTG Corp 3.500% 2046	3,427 par	3,618	3,255
	Federal Home LN MTG Corp 4.000% 2046	653 par	696	633
	Federal Home LN MTG Corp 4.000% 2046	3,766 par	3,956	3,650
	Federal Home LN MTG Corp 3.000% 2046	1,167 par	1,282	1,061
	Federal Home LN MTG Corp 3.000% 2047	1,226 par	1,446	1,111
	Federal Home LN MTG Corp 3.000% 2047	6,548 par	6,495	5,956
	Federal Home LN MTG Corp 3.500% 2047	1,011 par	1,038	955
	Federal Home LN MTG Corp 4.000% 2047	2,534 par	2,677	2,475
	Federal Home LN MTG Corp 3.000% 2047	3,743 par	3,751	3,403
	Federal Home LN MTG Corp 3.500% 2047	4,502 par	4,617	4,262
	Federal Home LN MTG Corp 4.000% 2047	1,378 par	2,175	1,332
	Federal Home LNMTG Corp 4.000% 2048	907 par	1,304	878
	Federal Home LN MTG Corp 4.000% 2049	527 par	813	510
	Federal Home LN MTG Corp 2.500% 2052	411,385 par	343,095	348,773
	Federal Home LN MTG Corp 2.500% 2052	35,533 par	27,593	30,312
	Federal Home LN MTG Corp 2.500% 2052	20,095 par	16,554	17,037
	Federal Home LN MTG Corp 2.500% 2052	20,754 par	17,130	17,596
	Federal Home LNMTG Corp 2.500% 2052	32,515 par	27,885	27,715
	Federal Home LN MTG Corp 3.000% 2053	38,173 par	32,686	33,889
	Federal Home LN MTG Corp 3.000% 2053	111,784 par	97,669	99,155
	Federal Home LN MTG Corp 3.000% 2052	25,998 par	22,462	23,061
	Federal Home LN MTG Corp 3.000% 2052	32,466 par	28,012	28,815
	Federal Home LN MTG Corp 2.000% 2054	636,177 par	531,243	515,514
	Federal Home LN MTG Corp 3.500% 2053	226,828 par	202,194	210,615
	Federal Home LN MTG Corp 3.500% 2050	2,791 par	3,778	2,611
	Federal Home LN MTG Corp 3.500% 2050	23,736 par	36,709	22,170
	Federal Home LN MTG Corp 2.500% 2050	98,405 par	102,433	84,296
	Federal Home LNMTG Corp 2.000% 2051	10,674 par	8,337	8,647

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Corporate/Government Bonds (continued)			
	Federal Home LN MTG Corp 2.500% 2051	11,492 par	12,150	9,840
	Federal Home LN MTG Corp 2.500% 2051	32,065 par	27,073	27,186
	Federal Home LN MTG Corp 2.500% 2051	367,536 par	320,554	312,494
	Federal Home LN MTG Corp 3.000% 2051	1,731 par	1,832	1,541
	Federal Home LN MTG Corp 3.000% 2051	33,116 par	28,647	29,391
	Federal Home LN MTG Corp 3.000% 2051	6,257 par	6,602	5,570
	Federal Home LNMTG Corp 3.000% 2051	198,266 par	178,852	176,749
	Federal Home LN MTG Corp 3.000% 2052	111,101 par	98,231	98,549
	Federal Home LN MTG Corp 2.000% 2052	36,103 par	28,448	29,324
	Federal Home LN MTG Corp 2.000% 2052	8,962 par	7,131	7,278
	Federal Home LN MTG Corp 2.500% 2052	40,950 par	33,386	34,780
	Federal Home LN MTG Corp 3.000% 2052	6,273 par	6,539	5,579
	Federal Home LN MTG Corp 3.500% 2052	15,849 par	14,353	14,716
	Federal Home LNMTG Corp 2.500% 2052	598,840 par	498,663	510,288
	Federal Home LN MTG Corp3.500% 2052	143,239 par	128,515	133,000
	Federal Home LN MTG Corp 5.500% 2053	244,211 par	240,695	248,495
	Federal Home LN MTG Corp 4.000% 2053	120,305 par	110,887	114,418
	Federal Home LNMTG Corp 4.000% 2054	36,132 par	34,205	34,331
	Federal Home LN MTG Corp 5.500% 2054	274,044 par	277,656	278,245
	Federal Home LN MTG Corp 5.000% 2054	271,839 par	272,837	271,470
	Federal Home LN MTG Corp 5.000% 2054	198,617 par	192,581	198,414
	Federal Home LN MTG Corp 3.000% 2052	792,882 par	685,867	704,098
	Federal Home LN MTG Corp 2.000% 2052	18,199 par	13,945	14,750
	Federal Home LN MTG Corp 3.000% 2052	77,791 par	68,564	69,080
	Federal Home LNMTG Corp 3.000% 2052	192,334 par	180,894	170,822
	Federal Home LN MTG Corp 3.000% 2052	38,861 par	33,362	34,510
	Federal Home LN MTG Corp 2.500% 2052	31,863 par	26,263	27,152
	Federal Home LN MTG Corp 4.000% 2052	33,963 par	33,001	32,457
	Federal Home LN MTG Corp 3.500% 2052	33,332 par	31,832	30,949
	Federal Home LN MTG Corp 4.000% 2052	137,451 par	133,941	131,354
	Federal Home LN MTG Corp 3.500% 2052	240,780 par	221,712	223,570
	Federal Home LN MTG Corp 4.000% 2052	360,230 par	352,124	344,086
	Federal Home LN MTG Corp 3.000% 2053	281,549 par	244,418	249,801
	Federal Home LN MTG Corp 3.500% 2053	95,951 par	88,308	89,093
	Federal Home LNMTG Corp 3.50% 2055	34,487 par	30,910	32,022
	Federal Home LNMTG Corp 3.50% 2055	36,125 par	32,247	33,543
	Federal Home LNMTG Corp 3.000% 2053	62,471 par	56,155	55,484
	Federal Home LN MTG Corp 5.500% 2053	89,836 par	90,517	91,336
	Federal Home LN MTG Corp 3.500% 2053	277,704 par	262,652	257,854
	Federal Home LN MTG Corp 2.500% 2052	8,382 par	6,994	7,137
	Federal Home LN MTG Corp 4.000% 2054	34,912 par	32,253	33,171
	Federal Home LN MTG Corp 5.500% 2054	15,305 par	15,394	15,535
	Federal Home LNMTG Corp 5.000% 2055	80,372 par	79,525	80,265
	Federal Home LNMTG Corp 5.500% 2055	9,611 par	9,640	9,753
	Federal Home LNMTG Corp 5.500% 2055	14,612 par	14,800	14,829
	Federal Home LNMTG Corp 4.500% 2056	34,000 par	33,135	33,241
	Federal Home LN MTG Corp 6.250% 07/15/32	370,000 par	412,948	419,073

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Corporate/Government Bonds (continued)			
	Federal NATL MTG Assn 00.875% 08/05/30	365,000 par	300,881	322,036
	Federal NATL MTG Assn 4.000% 2044	27 par	29	27
	Federal NATL MTG Assn 4.000% 2044	1,700 par	1,820	1,649
	Federal NATL MTG Assn 3.500% 2045	1,673 par	1,740	1,591
	Federal NATL MTG Assn 3.500% 2045	2,587 par	2,719	2,470
	Federal NATL MTG Assn 4.000% 2046	433 par	464	420
	Federal NATL MTG Assn 3.000% 2045	1 par	1	1
	Federal NATL MTG Assn 4.000% 2044	175 par	188	170
	Federal NATL MTG Assn 4.000% 2048	14,174 par	18,297	13,715
	Federal NATL MTG Assn 3.500% 2029	125,750 par	134,638	125,009
	Federal NATL MTG Assn 3.500% 2031	37,670 par	107,538	37,451
	Federal NATL MTG Assn 3.000% 2028	35,231 par	150,758	34,928
	Federal NATL MTG Assn 2.000% 2052	195,329 par	158,485	158,238
	Federal NATL MTG Assn 2.000% 2052	178,935 par	142,174	145,339
	Federal NATL MTG Assn 2.000% 2052	40,472 par	31,473	32,867
	Federal NATL MTG Assn 2.000% 2052	40,286 par	33,037	32,715
	Federal NATL MTG Assn 2.000% 2052	44,314 par	34,996	35,994
	Federal NATL MTG Assn 2.000% 2052	20,005 par	16,068	16,206
	Federal NATL MTG Assn 2.500% 2052	67,358 par	56,737	57,325
	Federal NATL MTG Assn 2.500% 2052	182,470 par	163,625	155,602
	Federal NATL MTG Assn 2.500% 2052	546,060 par	463,636	465,312
	Federal NATL MTG Assn 3.000% 2052	348,199 par	310,945	309,303
	Federal NATL MTG Assn 3.000% 2052	864,222 par	790,500	768,390
	Federal NATL MTG Assn 3.500% 2050	13,598 par	15,696	12,725
	Federal NATL MTG Assn 3.500% 2051	14,990 par	20,064	14,002
	Federal NATL MTG Assn 4.000% 2049	27,719 par	33,254	26,819
	Federal NATL MTG Assn 3.500% 2052	3,329 par	3,089	3,092
	Federal NATL MTG Assn 3.500% 2052	17,940 par	16,207	16,735
	Federal NATL MTG Assn 3.500% 2050	345,941 par	317,941	322,285
	Federal NATL MTG Assn 2.500% 2051	51,442 par	42,506	43,920
	Federal NATL MTG Assn 3.000% 2051	18,068 par	15,744	16,027
	Federal NATL MTG Assn 2.000% 2052	4,977 par	4,071	4,032
	Federal NATL MTG Assn 2.500% 2052	5,909 par	5,055	5,010
	Federal NATL MTG Assn 3.500% 2052	5,111 par	4,613	4,748
	Federal NATL MTG Assn 3.500% 2052	25,796 par	25,249	23,952
	Federal NATL MTG Assn 3.000% 2052	15,213 par	13,236	13,494
	Federal NATL MTG Assn 3.000% 2052	55,631 par	47,598	49,433
	Federal NATL MTG Assn 2.500% 2052	60,153 par	50,492	51,295
	Federal NATL MTG Assn 2.000% 2053	39,425 par	31,403	31,939
	Federal NATL MTG Assn 2.500% 2051	72,367 par	60,100	61,506
	Federal NATL MTG Assn 4.000% 2048	3,270 par	6,179	3,164
	Federal NATL MTG Assn 3.500% 2050	8,639 par	14,137	8,081
	Federal NATL MTG Assn 3.500% 2050	19,200 par	23,066	17,960
	Federal NATL MTG Assn 4.000% 2044	252 par	268	244
	Federal NATL MTG Assn 4.000% 2045	13,944 par	14,920	13,513
	Federal NATL MTG Assn 3.000% 2046	1,962 par	3,185	1,781
	Federal NATL MTG Assn 3.000% 2046	5,310 par	8,197	4,829

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Corporate/Government Bonds (continued)			
	Federal NATL MTG Assn 4.000% 2047	7,460 par	7,833	7,223
	FederalNATL MTG Assn 4.000% 2047	966 par	1,018	935
	Federal NATL MTG Assn 3.500% 2047	3,590 par	3,702	3,394
	Federal NATL MTG Assn 4.000% 2047	27,776 par	75,360	26,650
	Federal NATL MTG Assn 3.500% 2047	23,739 par	10,705	9,715
	Federal NATL MTG Assn 3.500% 2048	2,636 par	2,742	2,482
	Federal NATL MTG Assn 4.000% 2048	2,734 par	2,941	2,645
	Federal NATL MTG Assn 3.000% 2048	853 par	920	771
	Federal NATL MTG Assn 4.000% 2048	2,503 par	5,802	2,421
	Federal NATL MTG Assn 4.000% 2048	4,033 par	4,107	3,902
	Federal NATL MTG Assn 4.000% 2049	415 par	850	401
	Federal NATL MTG Assn 3.500% 2049	403 par	800	377
	Federal NATL MTG Assn 3.500% 2049	672 par	2,856	630
	Federal NATL MTG Assn 2.500% 2049	75,652 par	83,028	64,896
	Federal NATL MTG Assn 3.000% 2049	9,351 par	10,235	8,396
	Federal NATL MTG Assn 4.000% 2050	10,884 par	12,619	10,450
	Federal NATL MTG Assn 3.500% 2050	4,853 par	8,031	4,542
	Federal NATL MTG Assn 3.000% 2050	2,933 par	3,998	2,629
	Federal NATL MTG Assn 3.500% 2050	9,030 par	10,743	8,446
	Federal NATL MTG Assn 3.000% 2050	19,843 par	23,500	17,765
	Federal NATL MTG Assn 2.500% 2050	23,739 par	24,932	20,326
	Federal NATL MTG Assn 2.000% 2051	418,097 par	347,399	339,990
	Federal NATL MTG Assn 3.500% 2051	13,920 par	15,053	12,989
	Federal NATL MTG Assn 2.000% 2052	329,522 par	260,192	267,012
	Federal NATL MTG Assn 2.500% 2052	4,403 par	3,668	3,732
	Federal NATL MTG Assn 3.000% 2052	21,877 par	18,256	19,405
	Federal NATL MTG Assn 2.500% 2052	147,492 par	120,781	125,267
	Federal NATL MTG Assn 3.500% 2052	20,045 par	17,896	18,612
	Federal NATL MTG Assn 3.000% 2052	35,411 par	30,397	31,410
	Federal NATL MTG Assn 2.000% 2052	7,488 par	5,925	6,066
	Federal NATL MTG Assn 3.000% 2052	10,425 par	10,261	9,260
	Federal NATL MTG Assn 3.500% 2052	24,208 par	21,900	22,477
	Federal NATL MTG Assn 4.000% 2052	23,280 par	23,916	22,209
	Federal NATL MTG Assn 4.000% 2052	56,376 par	52,940	53,792
	Federal NATL MTG Assn 3.500% 2052	142,584 par	139,633	132,393
	Federal NATL MTG Assn 3.000% 2052	2,403 par	2,141	2,134
	Federal NATL MTG Assn 4.000% 2052	40,000 par	39,453	38,036
	Federal NATL MTG Assn 4.000% 2053	4,318 par	4,072	4,121
	Federal NATL MTG Assn 5.500% 2053	17,053 par	17,164	17,352
	Federal NATL MTG Assn 5.000% 2053	192,815 par	183,206	193,070
	Federal NATL MTG Assn 6.000% 2053	160,463 par	156,623	165,127
	Federal NATL MTG Assn 4.500% 2053	204,255 par	188,308	199,963
	Federal NATL MTG Assn 5.000% 2053	159,646 par	146,820	159,817
	Federal NATL MTG Assn 6.000% 2053	8,318 par	8,471	8,559
	Federal NATL MTG Assn 4.000% 2053	117,134 par	110,657	111,391
	Federal NATL MTG Assn 4.500% 2054	108,392 par	104,998	105,973
	Federal NATL MTG Assn 5.000% 2054	102,674 par	101,607	102,535

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Corporate/Government Bonds (continued)			
	Federal NATL MTG Assn 5.000% 2054	1,851 par	1,819	1,849
	Federal NATL MTG Assn 4.500% 2054	532,991 par	516,677	521,099
	Federal NATL MTG Assn 4.000% 2054	246,776 par	227,181	234,471
	Federal NATL MTG Assn 3.500% 2055	14,376 par	13,295	13,348
	Federal NATL MTG Assn 6.250% 05/15/29	410,000 par	458,562	444,145
	Fifth Third Bankcorp Var% 07/28/30	112,000 par	105,358	113,342
	Florida St Brd Admin Fin 5.526% 07/01/34	375,000 par	393,803	394,290
	Georgia Power Co 4.550% 03/15/30	83,000 par	84,002	84,329
	General Mtrs Co 6.400% 01/09/33	51,000 par	55,017	55,061
	General Mtrs Co 3.100% 01/12/32	118,000 par	99,268	107,556
	General Mtrs Co 5.400% 05/08/27	31,000 par	31,394	31,508
	Global Payments Inc 3.200% 08/15/29	31,000 par	26,848	29,560
	Global Payments Inc 4.500% 11/15/28	32,000 par	32,009	32,061
	Global Payments Inc 5.550% 11/15/35	74,000 par	74,130	73,551
	Gnm Pma 3.500% 2032	28,587 par	63,925	28,238
	Golden St Tob Scrtzn Crp 2.346% 06/01/30	140,000 par	117,610	129,807
	Goldman Sachs Group Inc Var% 10/24/34	57,000 par	58,990	63,492
	Goldman Sachs Group Inc Var% 06/05/28	162,000 par	153,170	161,138
	Goldman Sachs Group Inc 3.500% 11/16/26	380,000 par	378,678	378,674
	Goldman Sachs Group Inc 3.850% 01/26/27	87,000 par	84,147	86,923
	Goldman Sachs Group Inc Var% 10/21/27	37,000 par	34,003	36,374
	HCA Inc 3.500% 09/01/30	48,000 par	44,017	46,160
	HCA Inc 3.625% 03/15/32	92,000 par	79,850	86,897
	Home Depot Inc 3.250% 04/15/32	54,000 par	48,081	50,834
	HP Enterprise Co 4.450% 09/25/26	36,000 par	36,123	36,103
	Huntington Bancshares Var% 08/04/28	35,000 par	35,213	35,191
	Illinois St Taxable Pension Fdg 4.540% 10/01/33	70,000 par	68,846	70,135
	Illinois St Taxable Pension Fdg 5.100% 06/01/33	200,000 par	191,354	204,974
	Illinois St Taxable 4.890% 09/01/35	160,000 par	162,267	162,379
	Indiana St Hsg Cda Sfm 5.026% 07/01/31	115,000 par	115,000	118,788
	Indiana St Hsg Cda Sfm 4.717% 07/01/29	135,000 par	135,000	138,189
	Intercontinental Exchange 4.600% 03/15/33	113,000 par	107,854	114,030
	Invitation Homes Op Company 4.150% 04/15/32	28,000 par	24,476	27,178
	John Deere Capital Corp 4.350% 09/15/32	111,000 par	108,600	111,344
	Johnson & Johnson 4.700% 03/01/30	250,000 par	250,455	257,612
	JPMorgan Chase & Co Var% 04/22/31	275,000 par	256,280	256,171
	JPMorgan Chase & Co Var% 10/15/30	595,000 par	551,967	564,447
	JPMorgan Chase & Co Var% 04/22/28	47,000 par	47,851	47,935
	JPMorgan Chase & Co Var% 01/24/29	141,000 par	142,148	143,621
	Kannapolis N C Ltd Oblig 04.180% 10/01/28	230,000 par	230,000	232,383
	Keycorp Var% 04/04/31	33,000 par	32,760	33,891
	Lockheed Martin Corp 5.250% 01/15/33	37,000 par	37,976	38,889
	Lowes Cos Inc 4.000% 10/15/28	128,000 par	127,762	128,230
	Maine St Hsg at Energy 2.010% 06/15/31	210,000 par	210,000	186,965
	Merk & Co Inc 2.150% 12/10/31	47,000 par	38,433	41,843
	Meta Platforms Inc 3.850% 08/15/32	41,000 par	37,701	39,772
	Meta Platforms Inc 4.200% 11/15/30	160,000 par	159,979	160,338

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Corporate/Government Bonds (continued)			
	Meta Platforms Inc 4.600% 11/15/32	255,000 par	256,706	257,050
	Meta Platforms Inc 4.875% 11/15/35	73,000 par	73,385	72,902
	Michigan St Strategic 2.128% 09/01/31	65,000 par	54,048	58,677
	Micron Technology Inc 5.875% 02/09/33	99,000 par	102,064	105,300
	Microsoft Corp 3.750% 02/12/45	115,000 par	110,470	95,459
	Mississippi St 01.482% 11/01/30	200,000 par	200,000	180,122
	Morgan Stanley Var% 10/18/33	102,000 par	107,648	111,789
	Morgan Stanley Var% 07/19/35	84,000 par	83,819	86,470
	Morgan Stanley Var% 11/01/29	245,000 par	253,838	259,678
	MorganStanley Var% 01/22/31	68,000 par	68,747	63,784
	Morgan Stanely 3.625% 01/20/27	39,000 par	38,300	38,899
	Mplx Lp 4.950% 09/01/32	103,000 par	101,394	103,696
	National Rural Util Coop 4.800% 03/15/28	46,000 par	46,017	46,839
	New York NY Taxable 4.686% 10/01/35	190,000 par	190,000	188,860
	New York NY City Transitional 03.040% 08/01/27	100,000 par	92,155	98,977
	New York NY City Transitional 04.970% 05/01/33	205,000 par	211,273	210,658
	New York NY Taxable 2.023% 08/01/32	200,000 par	165,024	173,364
	Nextera Energy Capital Company 2.750% 11/01/29	44,000 par	37,737	41,907
	Nextera Energy Capital Company 4.900% 03/15/29	125,000 par	124,882	128,106
	Nxp Bv/Nxp Fdg/Nxp USA 5.000% 01/15/33	50,000 par	47,162	50,791
	Oneok Inc 6.100% 11/15/32	98,000 par	102,796	104,869
	Oregon St 02.960% 11/01/27	140,000 par	140,357	138,491
	Pfizer Investment Enter Company 4.750% 05/19/33	126,000 par	125,389	127,336
	Philip Morris Intl Inc 5.625% 11/17/29	30,000 par	31,215	31,538
	Philip Morris Intl Inc 5.750% 11/17/32	194,000 par	206,041	207,334
	PNC Financial Servcies Var% 10/28/33	161,000 par	164,973	173,893
	PNC Financial Servcies Var% 05/14/30	43,000 par	43,052	44,772
	PNC Financial Servcies Var% 06/12/29	76,000 par	78,772	78,821
	Prologis Inc 4.750% 06/15/33	205,000 par	205,489	206,730
	Public Service Electric 3.100% 03/15/32	140,000 par	126,790	129,710
	Qualcomm Inc 2.150% 05/20/30	280,000 par	274,684	257,852
	Realty Income Corp 2.850% 12/15/32	242,000 par	208,336	217,069
	Relx Capital Inc 3.000% 05/22/30	44,000 par	38,191	41,863
	Rio Tinto Fin USA 5.250% 03/14/35	42,000 par	42,460	43,278
	Royal Bank of Canada 5.000% 02/01/33	93,000 par	90,395	95,738
	Royal Bank of Canada Var% 05/02/31	14,000 par	14,101	14,314
	Royalty Pharma 4.450% 03/25/31	16,000 par	15,932	15,954
	Royalty Pharma 5.200% 09/25/35	45,000 par	44,767	45,228
	Sales Tax Securitization Corp 4.558% 01/01/26	115,000 par	115,000	115,000
	San Diego G & E Ser 1.700% 10/01/30	63,000 par	50,723	56,222
	Santa Monica CA Cmty 3.911% 08/01/31	15,000 par	15,000	14,832
	Servienow Inc 1.400% 09/01/30	49,000 par	38,162	43,170
	Shell Finance US Inc 4.125% 05/11/35	77,000 par	74,461	73,914
	Shell Finance US Inc 4.125% 11/06/30	32,000 par	32,177	31,996
	Shell International 4.000% 05/10/46	78,000 par	85,415	63,271
	Simon Property Group Lp 6.250% 01/15/34	50,000 par	53,457	54,868
	Southern Cal Edison 5.950% 11/01/32	193,000 par	207,962	204,171

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Corporate/Government Bonds (continued)			
	Southern Co 3.250% 7/01/26	64,000 par	64,106	63,779
	S&P Global Inc 4.250% 05/01/29	68,000 par	65,405	68,365
	State Street Corp Var % 08/04/33	115,000 par	104,185	112,786
	Targa Resources Partners Company 6.150% 03/01/29	33,000 par	34,296	34,739
	Target Corp 5.000% 04/15/35	255,000 par	249,288	258,346
	Texas Tech University Revs 4.850% 02/15/32	100,000 par	100,000	103,211
	T-Mobile USA 5.150% 04/15/34	125,000 par	128,309	127,779
	Toyota Motor Credit Corp 2.150% 02/13/30	61,000 par	51,443	56,580
	Truist Financial Corp Var% 10/28/33	389,000 par	413,415	420,318
	Truist Financial Corp Var% 06/08/27	126,000 par	126,484	127,014
	Tucson Ariz Ctfs 1.457% 07/01/28	165,000 par	136,534	155,696
	Uber Technologies Inc 4.300% 01/15/30	126,000 par	126,263	126,787
	Udr Inc 1.900% 03/15/33	155,000 par	123,110	127,925
	Union Pacific Corp 2.375% 05/20/31	51,000 par	42,960	46,770
	United Health Group Inc 5.350% 02/15/33	52,000 par	53,381	54,177
	United States Treas Bd 1.125% 05/15/40	88,000 par	60,706	55,835
	United States Treas Bd 2.875% 05/15/49	445,000 par	382,585	319,234
	United State Treas Bd 2.875% 11/15/46	582,000 par	480,523	429,772
	United States Treas Bd 3.000% 05/15/42	366,000 par	397,965	294,531
	United States Treas Bd 3.125% 08/15/44	543,000 par	476,224	429,774
	United States TreasBd 3.625% 02/15/44	38,000 par	32,791	32,622
	United States TreasBd 4.500% 11/15/54	63,000 par	59,459	59,422
	United States Treas Bd 4.50% 02/15/36	9,000 par	11,752	9,289
	United States TreasBd 4.750% 08/15/55	34,000 par	32,814	33,426
	United States Treas Nt 0.625% 05/15/30	145,000 par	127,085	127,243
	United States Treas Nt 0.750% 08/31/26	134,000 par	122,175	131,549
	United States Treas Nt 1.250% 05/31/28	238,000 par	219,003	225,655
	United States Treas Nt 1.625% 05/15/31	349,000 par	311,146	312,669
	United States Teas Nt 1.875% 02/15/32	122,000 par	106,525	108,804
	United States Treas Nt 2.375% 05/15/29	133,000 par	127,706	127,877
	United States Treas Nt 2.250% 08/15/27	886,000 par	860,340	868,767
	United States Treas Nt 2.750% 05/31/29	241,000 par	233,241	234,541
	United States Treas Nt 2.750% 08/15/32	92,000 par	85,769	85,758
	Ujnited States Treas Nt 2.750% 07/31/27	440,000 par	424,763	435,032
	United States Treas Nt 3.125% 08/31/27	517,000 par	507,364	514,032
	United States Treas Nt 3.250% 06/30/27	192,000 par	193,618	191,340
	United States TreasNt 3.375% 5/15/33	113,000 par	108,473	108,635
	United States Treas Nt 3.625% 03/31/30	322,000 par	315,335	321,398
	United States Treas Nt 3.625% 05/31/28	170,000 par	166,172	170,445
	United States Treas Nt 3.625% 08/31/29	143,000 par	141,614	142,977
	United States TreasNt 3.625% 09/30/30	61,000 par	61,087	60,764
	United States TreasNt 3.750% 08/31/31	79,000 par	77,321	78,738
	United States Treas Nt 3.750% 12/31/28	95,000 par	95,861	95,538
	United States TreasNt 3.875% 04/30/30	270,000 par	270,686	272,109
	United States Treas Nt 3.875% 11/30/27	260,000 par	260,287	261,849
	United States Treas Nt 3.875% 08/15/33	147,000 par	140,638	145,777
	United States TreasNt 4.000% 02/29/28	157,000 par	158,809	158,638

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Corporate/Government Bonds (continued)			
	United States TreasNt 4.000% 02/28/30	127,000	127,631	128,617
	United States TreasNt 4.125% 07/31/28	74,000 par	73,814	75,104
	United States TreasNt 4.125% 10/31/29	156,000 par	155,052	158,669
	United States Treas Nt 4.125% 11/15/32	71,000 par	73,674	71,813
	United States Treas Nt 4.125% 11/15/27	849,000 par	846,063	858,687
	United States Treas Nt 4.250% 02/28/29	128,000 par	128,886	130,589
	United States TreasNt 4.250% 05/15/35	118,000 par	117,986	118,977
	United States TreasNt 4.250% 11/30/26	143,000 par	143,816	143,877
	Unted States Treas Nt 4.375% 05/15/34	42,000 par	44,264	42,920
	Unted States Treas Nt 4.500% 05/31/29	149,000 par	151,468	153,284
	United States Treas Nt 4.625% 04/30/29	207,000 par	211,095	213,688
	United States TreasNt 4.875% 10/31/28	165,000 par	171,514	170,846
	University Calif Rev3.806% 05/15/26	90,000 par	93,983	90,008
	University Minn Taxable 02.765% 04/01/27	120,000 par	120,000	118,930
	Verizon Communications Inc 2.550% 03/21/31	141,000 par	138,379	128,760
	Verizon Communications Inc 4.329% 09/21/28	255,000 par	266,711	257,096
	Verizon Communications Inc 4.500% 08/10/33	41,000 par	37,367	40,351
	Virginia Elec & Power Co 3.150% 01/15/26	55,000 par	52,990	54,976
	Walmart Inc 4.150% 09/09/32	127,000 par	126,864	127,799
	Walt Disney Company 2.000% 09/01/29	45,000 par	37,843	42,075
	Wells Fargo & Co Var% 01/24/31	100,000 par	101,963	103,552
	Wells Fargo & Co Var % 04/04/51	478,000 par	453,174	436,825
	Wells Fargo & Co Var% 10/23/34	58,000 par	59,386	64,202
	Wells Fargo & Co Var% 07/25/33	375,000 par	363,599	380,835
	Wells Fargo & Co 4.300% 07/22/27	72,000 par	70,262	72,281
	Western Midstream Operat 4.800% 03/01/31	32,000 par	32,083	31,987
	Western Midstream Operat 5.450% 11/15/34	44,000 par	44,363	44,315
	Wisconsin St Gen Fd 02.383% 05/01/26	160,000 par	158,739	159,309
	Xcel Energy Inc 4.600% 06/01/32	56,000 par	52,209	55,693
	Total Corporate/Government Bonds		47,326,461	46,845,724
	Common Stocks			
	Aar Corp	982 shares	64,420	81,300
	Abbott Labs	11,987 shares	1,326,050	1,501,851
	Abbvie Inc	6,024 shares	676,811	1,376,424
	Accenture PLC	5,352 shares	1,032,216	1,435,942
	Advanced Energy Inds Inc	264 shares	50,436	55,274
	Air Liquide	2,747 shares	100,394	103,177
	Alibaba Group Hldg Ltd	3,539 shares	466,074	518,747
	Allianz Se	4,376 shares	187,174	201,296
	Alphabet Inc	9,703 shares	573,764	3,044,801
	Amazon Com Inc	9,314 shares	810,635	2,149,858
	Ambarella Inc	571 shares	41,369	40,450
	Amer Eagle Outfitters	1,982 shares	27,144	52,265
	American Express Co	4,580 shares	639,064	1,694,371
	American Woodmark Corp	668 shares	41,184	36,005

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
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	(d) Cost	(e) Current Value
	Common Stocks (continued)			
	Amphenol Corp	8,003 shares	496,240	1,081,525
	Analog Devices Inc	2,868 shares	480,607	777,802
	AON PLC	1,844 shares	420,008	650,711
	Apple Inc	7,715 shares	396,084	2,097,400
	Ares Management	3,613 shares	650,219	583,969
	Arista Networks Inc	4,937 shares	700,166	646,895
	ASE Technology Holding Co	42,628 shares	252,561	686,311
	Ashland Inc	958 shares	66,342	56,206
	Asm International Ny	346 shares	196,772	208,787
	Asml Holdings NV	919 shares	299,701	983,201
	Asr Nederland	3,824 shares	133,712	136,096
	Assa Abloy	12,762 shares	203,051	246,434
	Astera Labs Inc	530 shares	48,803	88,171
	Astrazeneca Plc	2,485 shares	191,160	228,446
	Atlantic Un Bankshares Corp	1,756 shares	60,227	61,987
	Atlas Copco	13,666 shares	220,232	244,758
	Avient Corp	1,785 shares	69,621	55,763
	Banco Bilbao Vizcaya Argentaria	3,390 shares	51,074	79,021
	BDO Unibank Inc	3,821 shares	103,229	87,883
	Bio Rad Labs	174 shares	50,139	52,720
	Blackbaud Inc	822 shares	59,138	52,049
	Blackrock Inc	661 shares	727,631	707,495
	Bloom Energy Corp	1,806 shares	46,434	156,923
	Bnp Paribas	3,267 shares	137,628	154,856
	Boeing Company	5,425 shares	1,068,734	1,177,876
	Boot Barn Holdings Inc	269 shares	35,785	47,470
	Boston Scientific Corp	9,640 shares	497,543	919,174
	Bright Horizons Family Solutins Inc	591 shares	61,366	59,927
	Brightspring Health Svcs	2,005 shares	44,266	75,087
	British Amn Tobaco	3,355 shares	162,682	189,960
	Broadcom Inc	11,124 shares	1,730,880	3,850,016
	Bruker Corp	1,810 shares	68,604	85,269
	Byd Company Ltd	4,750 shares	72,263	57,523
	Cactus Inc	1,331 shares	56,538	60,800
	Cadence Design Sys Inc	2,595 shares	723,061	811,145
	California Resources Corp	1,085 shares	48,707	48,510
	Calix Networks Inc	765 shares	49,959	40,491
	Capitec Bank Holdings	1,013 shares	47,500	127,031
	Caterpillar Inc Del	1,214 shares	512,256	695,464
	Centuri Holdings Inc	1,752 shares	36,249	44,238
	Century Communities Inc	489 shares	32,038	29,022
	Champion Homes Inc	730 shares	58,706	61,685
	Chevron Corp	3,543 shares	387,291	539,989
	Chubb Ltd	2,374 shares	457,518	740,973
	CIGNA Group	5,268 shares	1,411,407	1,449,912
	Citigroup Inc Com	6,930 shares	315,742	808,662
	Cnx Res Corp	1,253 shares	30,563	46,073

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stocks (continued)			
	Columbia Bkg Sys Inc	2,428 shares	58,736	67,863
	Comcast Corp	12,615 shares	493,048	377,062
	Conmed Corp	1161 shares	62,208	47,137
	Conocophillips	9,841 shares	979,113	921,216
	Contemporary Amperex Tecnol	9,885 shares	173,364	159,346
	Costco Whsl Corp	1,188 shares	338,608	1,024,460
	Credicorp Ltd	618 shares	98,487	177,366
	Credo Tech Group Hldg	628 shares	53,588	90,363
	Crh Plc	5,418 shares	536,425	676,166
	Crowdstrike Hldgs Inc	2,106 shares	432,845	987,209
	Cts Corporation	708 shares	27,399	30,352
	Cushman and Wakefield	4,542 shares	46,486	73,535
	CVB Fincl Corp	2,621 shares	49,803	48,751
	Danaher Corp Del	2,745 shares	535,053	628,385
	Deutsche Tele Ag	8,447 shares	247,174	276,217
	Digitalocean Holdings	1,662 shares	72,712	79,975
	Diodes Inc	1,268 shares	75,304	62,563
	Dominion Energy Inc	16,038 shares	882,801	939,666
	Duke Energy Corp	7,576 shares	694,943	887,983
	Dutch Bros Inc	777 shares	26,656	47,568
	Eaton Corp PLC	5,616 shares	1,325,603	1,788,752
	Elanco Animal Health Inc	6,738 shares	87,103	152,481
	Elastic N V	494 shares	55,543	37,267
	Elevance Health Inc	2,879 shares	883,211	1,009,233
	Enovis Corp	1,200 shares	64,321	31,968
	Envista Holdings Corp	2,404 shares	48,684	52,191
	Epam Systems Inc	591 shares	139,520	121,084
	Equifax Inc	2,671 shares	571,937	579,554
	Essilorluxottica	841 shares	127,259	133,231
	Exxon Mobil Corp	14,875 shares	1,685,590	1,790,058
	Fistcash Hldgs Inc	313 shares	41,676	49,886
	First Financial Bancorp	1,813 shares	39,063	45,361
	Five Below	539 shares	62,543	101,526
	FNB Corp	4,325 shares	53,185	73,958
	Formfactor Inc	707 shares	41,550	39,436
	Freshworks Inc	3,458 shares	56,798	42,361
	Garrett Motion Inc	2,439 shares	41,429	42,512
	Gates Indl Corp	2,373 shares	39,627	50,948
	GE Aerospace	3,855 shares	704,451	1,187,456
	Genl Dynamics Corp	2,793 shares	664,670	940,291
	Gentherm Inc	1,059 shares	36,786	38,516
	Globus Med Inc	721 shares	59,186	62,951
	Grupo Aero Delspon Adr	393 shares	85,647	103,607
	Grupo Financiero Banorte	5,643 shares	221,513	261,955
	Guardant Health Inc	1,600 shares	30,053	163,424
	Halozyme Therapeutics Inc	948 shares	51,776	63,800
	H B Fuller Co	614 shares	37,294	36,508

STEVENS & LEE SAVINGS PLAN

SCHEDULE H, LINE 4i-SCHEDULE OF ASSETS (HELD AT END OF YEAR)
SPONSOR EIN: 23-1886296
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(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common Stocks (continued)			
	HDFC Bk Ltd	8,422 shares	272,020	307,740
	Helios Technologies Inc	1,282 shares	55,668	68,574
	Honda Motor Adr New	4,952 shares	148,847	145,985
	Honeywell Intl Inc	3,388 shares	475,243	660,965
	Hub Group Inc	1,683 shares	65,756	71,713
	Ichor Holdings Ltd	2,615 shares	72,511	48,194
	ICICI Bk Ltd	10,554 shares	251,140	314,509
	Icu Medical Inc	245 shares	36,896	34,954
	Illinois Tool Works Inc	2,060 shares	455,137	507,378
	Indivior Plc	2,072 shares	63,246	74,343
	Industria De Diseno Textil	10,570 shares	132,935	174,405
	Inpost Sa	17,588 shares	122,385	107,111
	Inspire Med Sys Inc	450 shares	57,474	41,504
	Intapp Inc	791 shares	38,170	36,244
	Integer Hldgs Corp	839 shares	72,254	65,803
	Intesa Sanpaolo Spon Adr	7,253 shares	173,757	301,797
	Intuitive Surgical Inc	1,820 shares	517,621	1,030,775
	Ipg Photonics Corp	765 shares	60,881	54,774
	Irhythm Holdings Inc	424 shares	51,419	75,235
	J & J Snack Foods Crp	374 shares	48,379	33,798
	Jbt Marel Corporation Corp	400 shares	38,993	60,268
	Jeronimo Martins Sgps	3,886 shares	189,740	184,690
	Johnson & Johnson	3,248 shares	492,101	672,174
	J P Morgan Chase and Co	8,867 shares	973,305	2,857,125
	Kennametal Inc	1,444 shares	36,526	41,024
	Kimberly Clark	4,921 shares	512,733	496,480
	KKR & Co Inc	6,328 shares	510,141	806,693
	KLA Corp	656 shares	283,938	797,092
	Klaviyo Inc	2,070 shares	60,106	67,213
	Kohls Corp Wisc Pv	1,728 shares	41,585	35,269
	Kone Oyj	4,382 shares	145,820	155,123
	Korn Ferry	762 shares	44,625	50,307
	Lendingclub Corp	2,276 shares	41,815	43,107
	Lenovo Group Ltd	6,766 shares	172,186	160,287
	Life Time Group Hldgs	1,842 shares	47,600	48,960
	Linde Plc New	1,316 shares	179,864	561,129
	Lowe's Companies Inc	4,907 shares	651,000	1,183,372
	Lumentum Holdings Inc	654 shares	45,208	241,058
	Lyft Inc	2,700 shares	44,863	52,299
	Makemytrip Limited	1,235 shares	114,905	101,418
	Malibu Boats Inc	1,312 shares	49,965	37,012
	Marriott Intl Inc	3,270 shares	663,493	1,014,485
	Marsh	6,900 shares	861,788	1,280,088
	Mastercard Inc	4,039 shares	1,244,989	2,305,784
	Matador Res Co	736 shares	43,323	31,236
	Materion Corp	277 shares	26,409	34,437
	McDonalds Corp	2,315 shares	519,575	707,533

STEVENS & LEE SAVINGS PLAN

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stocks (continued)			
	Mckesson Corp	1,464 shares	519,250	1,200,905
	Mercadolibre Inc	63 shares	103,223	126,898
	Merit Medical Sys Inc	496 shares	47,194	43,717
	Meta Platforms Inc	3,329 shares	1,826,074	2,197,440
	Methanex Corp	1,268 shares	63,277	50,365
	Microsoft Corp	13,652 shares	3,524,067	6,602,380
	Mid Penn Bancorp Inc	1,740 shares	50,000	53,975
	Millerknoll Inc	3,088 shares	63,151	56,449
	Minth Group Ltd	2,041 shares	114,822	165,607
	Mitsubishi Ufj Finl Group	9,507 shares	145,415	150,781
	Modelez Intl Inc	14,427 shares	861,966	776,605
	Modine Mfg Co	707 shares	88,016	94,392
	Moog Inc	189 shares	21,300	46,031
	Morgan Stanley	4,680 shares	376,939	830,840
	Motorola Solutions Inc	1,849 shares	265,066	708,759
	Nasdaq OMX Group Inc	14,042 shares	980,308	1,363,900
	Nextera Energy Inc	9,892 shares	444,930	794,130
	Nextpower Inc	856 shares	30,165	74,566
	Nomad Foods Ltd	5,436 shares	78,222	68,004
	Northrop Grumman Corp	893 shares	476,240	509,198
	Northwestern Ene Group	941 shares	50,861	60,732
	Nvent Elec Plc	368 shares	24,437	37,525
	Nvidia Corp	34,856 shares	903,602	6,500,644
	NXP Semiconductors NV	3,379 shares	656,122	733,446
	Old Natl Bancorp Ind	3,343 shares	53,150	74,582
	One Gas Inc	668 shares	53,943	51,603
	Onestream Inc	1,745 shares	40,285	32,073
	Oracle Corp	1,924 shares	557,512	375,007
	O'Reilly Automotive Inc	8,820 shares	548,567	804,472
	Paccar Inc	8,252 shares	782,120	903,677
	Pagseguro Digital Ltd	21,403 shares	274,700	206,325
	Palo Alto Networks Inc	4,266 shares	523,315	785,797
	Patterson Cos Inc	5,684 shares	47,648	34,729
	Paymentus Holdings Inc	1,289 shares	40,276	40,720
	Peloton Interactive Inc	4,288 shares	34,511	26,414
	PG&E Corp	11,372 shares	194,711	182,748
	Polaris Inc	889 shares	60,125	56,229
	Pepsico Inc	5,506 shares	743,001	790,221
	Philip Morris Intl Inc	4,496 shares	409,173	721,158
	Ping An Ins Group Co China Ltd	9,922 shares	162,662	166,491
	Plexus Corp	246 shares	22,439	36,162
	Pricesmart Inc	300 shares	35,463	36,801
	Primo Brands Corp	1,669 shares	27,740	27,288
	Primoris Services Corp	459 shares	51,798	56,980
	Progressive Crp Ohio	5,713 shares	844,885	1,300,964
	Provident Finl Svcs Inc	2,485 shares	47,933	49,079
	PT Bank Rakyat	8,790 shares	129,765	97,217

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(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Common Stocks (continued)			
	PT Bk Cent Asia Tbk	8,937 shares	109,512	106,976
	Quaker Houghton	341 shares	47,583	46,823
	Qualys Inc Com	423 shares	60,685	56,217
	Quanex Building Prodt Co	1,881 shares	28,338	28,930
	Radnet Inc	519 shares	35,297	37,031
	Red Rock Resorts Inc	818 shares	49,185	50,675
	Reliance Inds	2,155 shares	118,600	150,611
	Renasant Corp	1,979 shares	60,189	69,700
	Revolove Group Inc	1,294 shares	39,073	39,066
	Rogers Corp	665 shares	55,538	60,894
	Royal Kpn N V	22,042 shares	104,713	104,259
	Rtx Corp	4,735 shares	394,807	868,399
	Rush Street Interactive Inc	1,717 shares	34,009	33,361
	S&P Global Inc	3,019 shares	894,228	1,577,699
	Sap Se	999 shares	289,081	242,667
	Sanofi Adr	2,979 shares	163,226	144,362
	Sea Ltd	619 shares	101,528	78,966
	Selective Ins Group Inc	444 shares	41,361	37,150
	Servicenow Inc	10,500 shares	588,940	1,608,495
	Servicetitan Inc	579 shares	62,684	61,664
	Schneider Elec Se	3,222 shares	190,131	176,999
	Sharkninja Incorp	566 shares	62,823	63,335
	Shell Plc	4,155 shares	275,346	305,309
	Shin-Etsu Chem-Uns Pon	10,966 shares	170,526	169,973
	Shopify Inc	5,580 shares	416,170	898,213
	Sitime Corp	117 shares	40,317	41,323
	Smurfit Westrock Ltd	11,108 shares	595,499	429,546
	Sony Group Corp	8,720 shares	123,024	223,232
	Southern Co	9,570 shares	624,551	834,504
	Spotify Tech	1,115 shares	763,086	647,492
	Starbucks Corp	4,230 shares	395,599	356,208
	STD Bank Group Ltd	5,968 shares	81,964	105,395
	Taiwan S Manufacturing	9,037 shares	1,099,620	2,746,254
	Taylor Wimpey Plc	7,353 shares	118,229	105,883
	Teck Resources Ltd	5,344 shares	228,175	255,924
	Tenaris SA	3,477 shares	111,969	133,691
	Tencent Hldgs Ltd	8,900 shares	456,764	681,295
	Teradata Corp Del	1,459 shares	39,550	44,412
	TJX Cos Inc	4,913 shares	335,095	754,686
	Toronto Dominion Bank	2,849 shares	169,125	268,376
	Totvs	8,222 shares	96,819	124,974
	Townebank Portsmouth VA	1,855 shares	51,925	61,901
	Trane Tech Plc	1,484 shares	80,075	577,573
	Trip Com Group LTD	2,144 shares	109,615	154,175
	Tri Pointe Homes Inc	1,394 shares	41,584	43,869
	Tyler Techs Inc	1,563 shares	903,124	709,524
	Ubs Group Ag	5,848 shares	206,587	270,821

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	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
	Common Stocks (continued)			
	Union Pac Corp	4,663 shares	754,344	1,078,645
	United Bkshrs Inc	1,600 shares	55,392	61,440
	United Community Banks	1,618 shares	46,772	50,514
	Unity Sofware Inc	1,765 shares	48,166	77,960
	Untd Overseas Bk	2,205 shares	123,046	120,040
	Valvoline Inc	1,470 shares	51,398	42,718
	Veracyte Inc	922 shares	41,331	38,816
	Vertiv Hldg Co	719 shares	80,521	116,485
	Viasat Inc	1,784 shares	47,537	61,477
	Victoria's Secret and Co	1,094 shares	54,777	59,262
	VISA Inc	4,155 shares	534,789	1,457,200
	Vistance Networks Inc	3,238 shares	48,891	58,705
	Visteon Corp	377 shares	41,732	35,853
	Vita Coco Co Inc	957 shares	41,737	50,731
	Vse Corp	347 shares	44,900	59,951
	Walmart Inc	8,053 shares	387,724	897,185
	Warby Parker Inc	1,471 shares	41,535	32,053
	Waste Connections Inc	4,431 shares	501,552	777,020
	Weatherford Intl Plc	843 shares	55,708	65,973
	WEC Energy Group Inc	5,502 shares	371,995	580,241
	Wells Fargo & Co	11,874 shares	946,900	1,106,657
	Werner Enterprises Inc	1,916 shares	53,733	57,499
	Workiva Inc	599 shares	48,185	51,664
	Xiaomi Corp	7,993 shares	154,919	201,344
	Xometry Inc	890 shares	57,292	52,928
	Zeta Global Hldgs Corp	2,792 shares	53,424	56,817
	Zoetis Inc	3,182 shares	581,859	400,359
	Zurn Elkay WaterSolutions Corp	1,132 shares	49,643	52,627
	Total Common Stocks		78,142,318	123,563,451
	Registered Investment Companies			
	Ab Discovery Value Fund Cl Z	15,305 shares	311,895	302,127
	American Europacific Fund	10,041 shares	553,902	608,282
	American New Perspective	6,009 shares	407,121	424,676
	Blackrock EQ Dividend Cl K	205,261 shares	3,933,696	4,273,532
	Blackrock Global Allocation K	82,646 shares	1,555,432	1,684,318
	BNY Mellon Global Fixed	170,243 shares	3,653,066	3,459,335
	Columbia Contrarian Core	144,092 shares	5,314,579	5,757,914
	Congress Mid Cap Grth Fd Instl	- shares	-	-
	Fidelty Samll Cap Grth Fd K6	22,406 shares	403,120	432,876
	First Eagle Global Fund	121,343 shares	8,898,906	9,829,976
	Fuller & Thaler Behavrl Sml Cap R6	19,389 shares	883,724	981,283
	Ishares MSCI EAFE Intrnl Idx K	49,883 shares	800,685	966,732
	Ishares Russell 2000 Sml Cap K	6,294 shares	155,679	168,621
	Ishares Russell Mid Cap Idx K	34,582 shares	527,011	535,671
	Ishares S&P 500 Index Fd CL K	10,918 shares	7,577,944	8,692,748

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	Registered Investment Companies (continued)			
	Ishares U.S. Aggregate Bnd K	100,050 shares	893,288	918,464
	Janus Henderson Enterprise	4,564 shares	679,840	658,595
	JP Morgan High Yield Fund CL R6	36,714 shares	239,467	241,945
	JPM Incm Smart Rtrmnt R6	225,975 shares	3,790,003	3,717,285
	JPM Smart Rtrmnt 2020 Fund R6	- shares	(280,646)	-
	JPM Smart Rtmnt 2025 Fund R6	2,865 shares	50,619	50,023
	JPM Smart Rtrmnt 2030 Fund R6	514,396 shares	9,574,130	10,215,909
	JPM Smart Rtmnt 2035 Fund R6	2,588 shares	56,060	55,748
	JPM Smart Rtrmnt 2040 Fund R6	283,654 shares	6,333,736	6,750,958
	JPM Smart Rtrmnt 2050 Fund R6	230,082 shares	5,285,515	5,844,079
	JPM Smart Rtrmnt 2060 Fund R6	52,208 shares	1,234,880	1,354,798
	JPM Smart Rtrmnt 2055 Fund R6	1,407 shares	42,969	43,257
	JPM Smart Rtrmnt 2045 Fund R6	698 shares	16,841	16,967
	JPM Smart Rtrmnt 2065 Fund R6	2,231 shares	48,334	51,413
	Loomis Sayles Growth Fund CL N	367,374 shares	10,948,229	12,259,277
	Lord Abbett Short Duration R6	171,332 shares	661,884	666,481
	MFS International Intrinsic VL FD R6	59,272 shares	2,202,510	2,602,649
	MFS Mid Cap Value Fd R6	53,053 shares	1,683,998	1,657,909
	Nomura Corporate Bond	249,613 shares	1,845,111	3,841,551
	Pimco Real Return Fd CL Inst	36,694 shares	367,931	380,520
	Pimco Total Return Port. Instl	251,980 shares	2,141,807	2,232,540
	Seafarer Overseas Growth	22,884 shares	272,340	340,061
	Transamerica Intl Eqty Fd R6	484 shares	11,863	12,237
	Total Registered Investment Companies		83,077,469	92,030,757
	Other Investments			
	Alkeon Growth Offshore Fund Ltd	1,772,208 shares	1,772,183	1,772,208
	American Tower	2,841 shares	507,761	498,794
	Blue Owl Credit Income Corp	103,751 shares	987,886	969,037
	First Indl Realty Tr Inc	589 shares	29,871	33,732
	Four Corners Property	1,416 shares	36,169	32,653
	Hamilton Lane	59,019 shares	932,616	1,075,454
	Highwoods Pptys Inc	1,128 shares	39,252	29,125
	Independence Rlty Tr Inc	1,933 shares	34,758	33,789
	Ironwood Multi-Strategy Fund LLC	2,986 shares	3,278,365	3,763,856
	JLL Income Property Class AI	230,134 shares	2,652,453	2,598,218
	Kite Realty Group	2,262 shares	46,478	54,220
	Partners Group Private Equity	1,613,241 shares	972,407	3,536,386
	Pebblebrook Hotel Trust	3,173 shares	49,097	35,918
	Pimco Flexible Credit	135,280 shares	1,183,247	961,841
	Prologis Inc	12,566 shares	1,349,111	1,604,176
	Renaissance Access LLC TR A	283,195 shares	575,000	1,038,166
	Ryman Hospitality Pprys Inc	446 shares	42,441	42,200
	Smartstop Self Storage	1,005 shares	35,918	31,095
.	Stag Industrials Inc	1,209 shares	42,058	44,443
	Welltower Inc	2,727 shares	523,768	506,158
	Total Other Investments		15,090,839	18,661,469
	Total Investments		$ 239,271,099	$ 296,735,413
	Party-in-interest to the Plan- None			

SCHEDULE H, LINE 4j-SCHEDULE OF REPORTABLE TRANSACTIONS
SPONSOR EIN: 23-1886296
PLAN NUMBER: 002
DECEMBER 31, 2025

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Sales Price	Cost of Assets	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Blackrock Liquidity Funds	Money Market Funds	$ 53,710,874	N/A	$ 53,710,874	$ 53,710,874	N/A
Blackrock Liquidity Funds	Money Market Funds	N/A	$ 52,204,243	$ 52,204,243	$ 52,204,243	N/A

"Lease Rental" and "Expense Incurred with Transaction" were not applicable in 2025

Schedule H, line 4j – Schedule of Reportable Transactions

Plan Name: Stevens & Lee Savings Plan
Employer I.D. #: 23-1886296
Plan Number: 002

(a) Identity of party involved	(b) Description of asset (including interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)

Schedule of Reportable Transactions is contained in the attached audit report.

Schedule C, line 2(h) – Formula Description

Plan Name: Stevens & Lee Savings Plan
Employer I.D. #:23-1886296
Plan Number: 002

(a) Name of Investment Fund (Source of Compensation)	(b) Name of Investment Adviser (Service Provider)	(c) Formula as Percentage of Assets	(d) Other Formula, if any

See line 3(e) of Schedule C for a description of the applicable formulas for each fund manager

Schedule H, line 4i – Schedule of Assets (Held At End of Year)

Plan Name: Stevens & Lee Savings Plan
Employer I.D. #: 23-1886296
Plan Number: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value

Schedule of Assets (Held At End of Year) is contained in the attached audit report.