Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1997

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)
BURLINGTON NORTHERN SANTA FE, LLC

2301 LOU MENK DRIVE
FORT WORTH, TX 76131-2828

2b Employer Identification Number (EIN)
27-1754839

2c Plan Sponsor's telephone number
817-352-1667

2d Business code (see instructions)
482110

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	JUDY K. CARTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

SVP AND CHIEF HUMAN RESOURCES OFFICER

BNSF RAILWAY COMPANY
2301 LOU MENK DRIVE
FORT WORTH, TX 76131-2828

3b Administrator's EIN: 06-1795272

3c Administrator's telephone number: 817-352-1667

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**	8417
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)**	5000
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4810
b	Retired or separated participants receiving benefits	**6b**	3438
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8270
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	
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:

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

4A 4B 4D 4E 4F 4H 4L 4Q

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [X] 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) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] **A** (Insurance Information) – Number Attached 9
- (4) [X] **C** (Service Provider Information)
- (5) [ ] **D** (DFE/Participating Plan Information)
- (6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONAL UNION FIRE INS. CO. OF PITTSBURGH

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
25-0687550	19445	GTP 0009158533	4686	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
4320	0

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

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

MERCER HEALTH & BENEFITS LLC
2405 GRAND BLVD SUITE 900
KANSAS CITY, MO 64108

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4320			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	54000
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

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

1 Coverage Information:

(a) Name of insurance carrier
AETNA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-6033492	60054	0727796	480	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
5931	0

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

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

AON CORPORATION
29840 NETWORK PLACE
CHICAGO, IL 60673

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
5931			3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	194941
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

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

1 Coverage Information:

(a) Name of insurance carrier
EYEMED VISION CARE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
43-0949844	71870	SEE BELOW*	11698	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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	(c) Amount	**(d)** Purpose	

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	(c) Amount	**(d)** Purpose	

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	917358
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0105210	11	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
489	394

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

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

HEWITT INS BROKERAGE LLC
39030 TREASURY CTR
CHICAGO, IL 60694-9000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
489	333	SUPPLEMENTAL COMPENSATION	3

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

AON CONSULTING INC
29840 NETWORK PL
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	61	SUPPLEMENTAL COMPENSATION PRODUCER SERVICE FEES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	18229
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0095509	101	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
273	198

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

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

HEWITT INS BROKERAGE LLC
39030 TREASURY CTR
CHICAGO, IL 60694-9000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
273	160	SUPPLEMENTAL COMPENSATION	3

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

AON CONSULTING INC
29840 NETWORK PL
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	38	SUPPLEMENTAL COMPENSATION PRODUCER SERVICE FEES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	10944
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0253604	324	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	345479
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0253603	850	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
3624	2280

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

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

AON CONSULTING INC
29840 NETWORK PL
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
3624	2280	NON MONETARY COMPENSATION SUPPLEMENTAL COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	144681
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			10b	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5581829	65978	0028200	14083	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
129113	160896

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

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

HEWITT INS BROKERAGE LLC
39030 TREASURY CTR
CHICAGO, IL 60694-9000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
129113	130604	SUPPLEMENTAL COMPENSATION	3

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

AON CONSULTING INC
29840 NETWORK PL
CHICAGO, IL 60673-1298

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
	30292	SUPPLEMENTAL COMPENSATION PRODUCER SERVICE FEES MARKETING FEES	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned ((1) + (2) - (3))			9a(4)	0
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add (1) and (2))			9b(3)	0
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	11655549
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.			10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

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

1 Coverage Information:

(a) Name of insurance carrier
METROPOLITAN LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
13-5581829	65978	91910	63	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were [ ] paid in cash, or [ ] credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	348359
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? [ ] Yes [X] No

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

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
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

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

NORTHERN TRUST COMPANY

36-2723087

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

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

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

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

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

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

BLUECROSS BLUESHIELD OF ILLINOIS

36-1236610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	1921466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	704639	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ARCHIMEDES

3001 N ROCKY POINT DR E
TAMPA, FL 33607

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	401355	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CAREMARK

05-0340626

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	366441	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EMBOLD HEALTH INC.

82-1812939

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	221583	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AETNA

06-6033492

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	142067	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)

HEALTH ADVOCATE

23-3080019

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 50	NONE	111404	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EXTEND HEALTH

26-0775680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 13 50	NONE	87640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TELADOC

04-3705970

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	68693	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

ACCESS HOPE

1500 E DUARTE RD
DUARTE, CA 91010

(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?
13 50	NONE	53667	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ACE SOLUTIONS

7 OLD BLACKSTOCK RD
SPARTANBURG, SC 29301

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49 50	NONE	41438	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 62	NONE	20000	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

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
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

B Three-digit plan number (PN) ▶ 501

C Plan sponsor's name as shown on line 2a of Form 5500
BURLINGTON NORTHERN SANTA FE, LLC

D Employer Identification Number (EIN)
27-1754839

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10278829	9940775
(2) Participant contributions	1b(2)	260481	414035
(3) Other	1b(3)	32013	20753
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11306850	10192718
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	209593	209593

		(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	22087766	20777874
Liabilities			
1g Benefit claims payable	1g	22562389	21293676
1h Operating payables	1h	159267	148434
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	22721656	21442110
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	-633890	-664236

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)	87143403	
(B) Participants	2a(1)(B)	27814233	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		114957636
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	226798	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		226798
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		115184434
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	92553480	
(2) To insurance carriers for the provision of benefits	2e(2)	18521664	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		111075144
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)	4078196	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	20000	
(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)	41440	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		4139636
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		115214780
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-30346
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: WHITLEY PENN LLP **(2)** EIN: 75-2393478

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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

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

BURLINGTON NORTHERN SANTA FE
GROUP BENEFITS PLAN

Financial Statements and Supplemental Schedules
As of December 31, 2025 and 2024 and
For the Year Ended December 31, 2025

Burlington Northern Santa Fe Group Benefits Plan
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REPORT OF INDEPENDENT AUDITORS

To the Participants and Administrator of the
Burlington Northern Santa Fe Group Benefits Plan

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

We have performed audits of the financial statements of the Burlington Northern Santa Fe Group Benefits Plan (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statements of net assets available for benefits and statements of benefit obligations as of December 31, 2025 and 2024, and the related statement of changes in net assets available for benefits and statement of changes in benefit obligations for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("DOL") 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 DOL'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 year ended December 31, 2025, stating that the certified investment information, as described in Note 6 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our 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 GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year after the date that the financial statements are 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 GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 GAAP.

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 GAAP.

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 Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year), and Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions as of or for the year ended December 31, 2025, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental 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 DOL'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 DOL'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).

Whitley Penn LLP

Fort Worth, Texas
October 12, 2026

Burlington Northern Santa Fe Group Benefits Plan
Statements of Net Assets Available for Benefits
(In thousands)

	December 31, 2025	December 31, 2024
ASSETS		
Investment, at fair value:		
Cash and equivalents	$ 10,193	$ 11,307
Receivables:		
Dividends/interest receivable	21	32
Employer contributions receivable	9,941	10,279
Participant contributions receivable	413	260
Total receivables	10,375	10,571
Deposit with provider for participant benefits	209	210
Total assets	20,777	22,088
LIABILITIES		
Accounts payable	148	159
Net assets available for benefits	$ 20,629	$ 21,929

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

Burlington Northern Santa Fe Group Benefits Plan
Statement of Changes in Net Assets Available for Benefits
(In thousands)

	Year Ended December 31, 2025
ADDITIONS	
Investment income	$ 227
Contributions:	
Employer contributions	87,143
Participant contributions	27,814
Total contributions	114,957
Total additions	115,184
DEDUCTIONS	
Payments to participants or beneficiaries	93,822
Insurance premiums	18,522
Administrative expenses	4,140
Total deductions	116,484
Net decrease in net assets available for benefits	(1,300)
Net assets available for benefits:	
Beginning of year	21,929
End of year	$ 20,629

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

Burlington Northern Santa Fe Group Benefits Plan
Statements of Benefit Obligations
(In thousands)

	December 31, 2025	December 31, 2024
Amounts currently payable:		
Health claims payable	$ 9,792	$ 10,120
Claims incurred but not reported	11,501	12,443
	21,293	22,563
Postemployment benefit obligations:		
Long-term disability benefits	6,452	5,932
Postretirement benefit obligations:		
Retired participants	113,017	118,940
Other participants fully eligible for benefits	7,921	8,121
Participants not yet fully eligible for benefits	6,905	10,967
	127,843	138,028
Total benefit obligations	$ 155,588	$ 166,523

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

Burlington Northern Santa Fe Group Benefits Plan
Statement of Changes in Benefit Obligations
(In thousands)

		Year Ended December 31, 2025
Amounts currently payable:		
Balance at beginning of year	$	22,563
Claims reported and approved for payment		112,016
Claims and insurance premiums paid (including disability)		(112,344)
Decrease in claims incurred but not reported		(942)
Balance at end of year		21,293
Postemployment obligations:		
Balance at beginning of year		5,932
Increase in long-term disability benefit obligations		520
Balance at end of year		6,452
Postretirement benefit obligations:		
Balance at beginning of year		138,028
Increase (decrease) during the year attributable to:		
Benefits accumulated and other actuarial gains and losses		101
Interest		7,150
Changes in actuarial assumptions		(1,531)
Benefits reclassified to amounts currently payable		(15,905)
Balance at end of year		127,843
Total benefit obligations at end of year	$	155,588

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

Burlington Northern Santa Fe Group Benefits Plan

Notes to Financial Statements

NOTE 1: DESCRIPTION OF THE PLAN

The following description of the Burlington Northern Santa Fe Group Benefits Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan was established by Burlington Northern Santa Fe Corporation on January 1, 1997. Upon the formation of the Plan, several health and welfare benefit plans sponsored by Burlington Northern Santa Fe Corporation or its subsidiaries were merged into the Plan. A trust agreement, established as a funding medium for assets of the Plan, was amended and restated January 1, 1997 and April 1, 2003.

On February 12, 2010, Burlington Northern Santa Fe Corporation, which was the sponsor of the Plan, merged with and into a wholly-owned, indirect subsidiary of Berkshire Hathaway Inc., which subsidiary is now named Burlington Northern Santa Fe, LLC. As a result, Burlington Northern Santa Fe, LLC (BNSF) became the sponsor of the Plan as successor to Burlington Northern Santa Fe Corporation.

The Plan provides medical, dental and vision benefits, health care and dependent care flexible benefits, employee assistance benefits, life insurance coverage, short-term and long-term disability benefits, and death benefits to participants, their beneficiaries, and covered dependents. Certain retired and active employees of the former Santa Fe Pacific Corporation and its subsidiaries (SFP) are entitled to similar health and life insurance benefits during retirement. Certain retired and active employees of the former Burlington Northern Inc. and its subsidiaries (BNI) are entitled to similar health and life insurance benefits during retirement. The Plan allows active participants to contribute pre-tax earnings for future reimbursement of certain health care and dependent care costs. The Plan also allows participants to purchase benefits subsequent to the termination of their employment with BNSF for a specified period of time, as required by the Consolidated Omnibus Budget Reconciliation Act of 1986.

Pursuant to the terms of the Plan, regularly assigned salaried employees of the majority of BNSF's subsidiaries that have employees are eligible for coverage, including employees on approved leaves of absence, employees on long-term disability, and certain retired employees and their covered dependents.

Portions of the Plan are self-insured, with the Plan paying an administrative service fee to certain carriers. Other portions of the Plan are fully insured, with current health claims of active and retired participants and their dependents and beneficiaries provided under group contracts, which are experience rated after the anniversary dates of the policies.

Administration

The Burlington Northern Santa Fe Welfare Benefit Trust (the Trust), a tax-exempt voluntary employees' beneficiary association, is the vehicle through which BNSF funds certain benefits of the Plan. The Trust is governed by a trust agreement with Northern Trust Company (the Trustee). The Trustee manages the assets of the Plan held in the Trust.

The Senior Vice President and Chief Human Resources Officer (Plan Administrator) is responsible for administration of the Plan. The administration of benefits, health care claims, flexible spending account claims, life insurance claims, and short-term and long-term disability claims is primarily performed by Alight Solutions, Aetna Life Insurance Company, Blue Cross Blue Shield of Illinois, Health Equity, Via Benefits, Caremark Inc., Metropolitan Life Insurance Company and EyeMed.

Contributions

Employees and certain former employees and retirees are required to contribute to the Plan, based on certain elections, at rates determined by BNSF. Such contributions for active employees are made pursuant to salary reduction elections by the participants. BNSF makes monthly contributions to the Plan at a rate necessary to provide for anticipated current benefits.

Flexible Spending Account

A portion of the assets of the Plan are held in a flexible spending account. A flexible spending account is offered as part of a cafeteria plan and designed to provide participants with a method of reimbursing themselves for certain health care and dependent care expenses not covered by insurance with pre-tax dollars. The benefits a participant will receive are limited to the amount they have elected to contribute during the Plan year. Participants have up to three months after the end of a Plan year to submit claims for reimbursement. For 2025, participants can carry over unused health care flexible spending dollars up to $660 to the immediately following Plan year. The balance in the flexible spending account at December 31, 2025 and 2024, was $265 thousand and $281 thousand, respectively. Any forfeited contributions are applied to the administrative expenses of the Plan. The amount of contributions forfeited by participants at December 31, 2025 and 2024 was $83 thousand and $99 thousand, respectively.

Plan Amendment and Termination

It is anticipated that the Plan will continue. However, BNSF reserves the right to amend, terminate, or discontinue the Plan, and participating companies may withdraw from the Plan at any time. Upon termination, the assets then remaining in the Trust shall be subject to the applicable provisions of the Trust then in effect and shall be used until exhausted to pay benefits to employees in the order of their entitlement.

NOTE 2: SIGNIFICANT ACCOUNTING POLICIES

The following accounting policies, which conform with accounting principles generally accepted in the United States of America (GAAP) and with the requirements of the Employee Retirement Income Security Act of 1974 (ERISA), have been used consistently in the preparation of the Plan's financial statements.

Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with GAAP.

Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, actuarial present value of postretirement and postemployment benefit obligations, and changes therein, incurred but not reported claims, health claims payable, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from these estimates.

Income Recognition

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

Risks and Uncertainties

The Trust invests in a money market portfolio that invests in securities carrying full faith and credit of the U.S. government. The investment is exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with this investment, it is at least reasonably possible that changes in the values of the investment will occur in the near term and that such changes could affect the amount reported in the Plan's financial statements.

The actuarial present value of benefit obligations is reported based on certain assumptions pertaining to interest rates, health care inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

Benefit Payments to Participants

Benefits are recorded when paid.

Postemployment Benefits

Plan obligations at year-end for future disability payments to participants considered permanently disabled at December 31, 2025 and 2024, are estimated by the Plan's actuaries in accordance with accepted actuarial principles. Such estimated amounts are reported in the accompanying Statements of Benefit Obligations at present value, based on a 5.20 percent discount rate at December 31, 2025 and 5.46 percent discount rate at December 31, 2024.

Postretirement Benefits

The postretirement benefit obligation represents the total actuarial present value of those estimated future benefits that are attributed to eligible employee service rendered to December 31, 2025 and 2024. Postretirement benefit obligations are reduced by the actuarial present value of future contributions expected to be received from current plan participants. Postretirement benefits include future benefits expected to be paid to or for active, retired or terminated employees of the former SFP and BNI and their beneficiaries and dependents after retirement from service with BNSF. Employees beginning salaried employment with BNSF subsequent to September 22, 1995, are not eligible for medical benefits during retirement. Prior to an active employee's eligibility date for postretirement benefits, the postretirement benefit obligation is the portion of the expected postretirement benefit obligation that is attributed to that employee's service in the industry rendered to the valuation date. Postretirement benefits are not pre-funded during the working careers of employees.

There was a net decrease of approximately $1.5 million in the actuarial present value of the benefit obligation primarily due to the updated health care claims costs and aging assumptions in 2025.

The actuarial present value of the expected postretirement benefit obligation is determined by an actuary and is the amount that results from applying actuarial assumptions to historical claims-cost data to estimate future annual incurred claims costs per participant and to adjust such estimates for the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as those for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Administrative expenses expected to be paid by the Plan that are associated with providing the Plan's benefits are reflected as a percentage of claims.

For measurement purposes at December 31, 2025, an 8.1 percent annual rate of increase for both managed care and non-managed care medical costs was assumed for 2026. The rate was assumed to decrease gradually to 4.1 percent by 2049, and to remain at that level thereafter.

For measurement purposes at December 31, 2024, a 7.5 percent annual rate of increase for both managed care and non-managed care medical costs was assumed for 2025. The rate was assumed to decrease gradually to 4.1 percent by 2048, and to remain at that level thereafter.

The following were other significant assumptions used in the valuations at:

	December 31, 2025	December 31, 2024
Weighted-average discount rate	5.20%	5.46%
Average retirement age	62	62
Mortality Table	PRI-2012	PRI-2012
Mortality Projection	Projected with MP2021 scale modified by Mercer	Projected with MP2021 scale modified by Mercer

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

The amount of the Plan's estimated costs of providing postretirement benefits funded by retiree contributions at December 31, 2025 and 2024 was approximately $3 million.

Expenses of the Plan

Expenses incurred in the administration of the Plan are charged against Plan assets. Administrative expenses included in the Statement of Changes in Net Assets Available for Benefits primarily represent fees charged for administration, processing of claims and trustee and actuarial services.

NOTE 3: VALUATION

Various inputs are used to determine the fair value of the Plan's investments. These inputs are summarized in the three broad levels listed below:

Level 1 - Quoted prices for identical assets or liabilities in active markets that BNSF has the ability to access at the measurement date.

Level 2 - Other inputs that are observable for the asset or liability, either directly or indirectly, such as quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in markets that are not active, and model-derived valuations in which all significant inputs are observable.

Level 3 - Valuations derived from valuation techniques in which one or more significant inputs are unobservable.

The short-term cash equivalent investments in a money market fund are valued at the quoted net asset value of the shares held in the fund. Net asset value is considered a Level 1 input if net asset value is computed daily and redemptions at this value are available to all shareholders without restriction.

The following table presents the fair value of the Plan's investments as of December 31, 2025 (in thousands):

	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Cash and equivalents	$ 10,193	$ 10,193	$ —	$ —
Total	$ 10,193	$ 10,193	$ —	$ —

The following table presents the fair value of the Plan's investments as of December 31, 2024 (in thousands):

	Total	Level 1 Inputs	Level 2 Inputs	Level 3 Inputs
Cash and equivalents	$ 11,307	$ 11,307	$ —	$ —
Total	$ 11,307	$ 11,307	$ —	$ —

NOTE 4: BENEFIT OBLIGATIONS

The Plan's deficiency of net assets compared to benefit obligations at December 31, 2025 and 2024, relates primarily to the long-term disability benefit obligations and postretirement benefit obligations. BNSF's policy is to fund long-term disability and postretirement benefit obligations under the Plan as they become due.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reporting in the accompanying financial statements. If the assumed rates increase by one percentage point in each year, it would increase the obligation at December 31, 2025 and 2024, by approximately $7.0 million and $7.2 million, respectively.

NOTE 5: RELATED PARTY TRANSACTIONS

The short-term cash equivalent investment held in the Trust is managed by the Trustee. The Trust recorded purchases of $117 million and sales of $118 million of the investment during the year ended December 31, 2025. Transactions in this investment qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

NOTE 6: INFORMATION CERTIFIED BY THE TRUSTEE

Certified Investments

Management has received from the Trustee certification of financial information and data disclosed in the accompanying financial statements and ERISA-required supplemental schedules in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The data certified has not been audited, which includes total investments as of December 31, 2025 and 2024 and investment income for the year ended December 31, 2025. The Plan Administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE 7: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits from the financial statements to the Form 5500 (in thousands):

	December 31,	
	2025	**2024**
Net assets available for benefits from the financial statements	$ 20,629	$ 21,929
Benefit obligations currently payable	(21,293)	(22,563)
Liabilities in excess of net assets available for benefits from Form 5500	$ (664)	$ (634)

The following is a reconciliation of benefit payments to participants from the financial statements to the Form 5500 (in thousands):

	Year Ended December 31, 2025
Benefits paid to participants from the financial statements	$ 93,822
Amounts currently payable at December 31, 2025	21,293
Amounts currently payable at December 31, 2024	(22,563)
Benefits paid to participants from the Form 5500	$ 92,552

Benefits payable to or for participants, dependents, and beneficiaries are recorded on the Form 5500 for benefit claims that have been processed and approved for payment and estimated to be incurred but not reported prior to December 31, 2025, but not yet paid as of that date. Benefits are recorded in the Statement of Changes in Net Assets Available for Benefits when paid.

NOTE 8: TAX STATUS

The Trust established under the Plan to hold the Plan's assets is intended to qualify pursuant to Section 501(c)(9) of the Internal Revenue Code (IRC), and, accordingly, the Trust's net investment income is exempt from income taxes. The Trust has obtained a favorable tax-exemption letter from the IRS dated April 27, 1982 and BNSF believes that the Trust, as amended, continues to qualify and to operate in accordance with applicable provisions of the IRC.

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

NOTE 9: SUBSEQUENT EVENTS

In preparing the Plan’s financial statements, management has evaluated all subsequent events and transactions for potential recognition or disclosure through October 12, 2026, the date the financial statements were available for issuance.

5% Report - Part A

Burlington Northern Santa Fe Group Benefits Plan 501 EIN: 27-1754839

Single Transaction in Excess of 5%

Schedule H, Line 4j - Schedule of Reportable Transactions

Identity of Party Involved (a) / Security Description / Asset ID	Description of Asset (b) / Shares/Par Value	Date	Acquisition Price (c) Purchase Price	Disposition Price (d) Selling Price	Lease Rental (e)	Expenses Incurred (f) With Transaction	Cost (g) Of Asset	Current Value on Transaction Date (h)	Net Gain/Loss (i)
Value of Interest in Registered Investment Companies									
United States - USD									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	810,007.780	3 Jan 25	1.0000			0.00	810,007.78	810,007.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	937,010.600	6 Jan 25	1.0000			0.00	937,010.60	937,010.60	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,517,144.610	15 Jan 25	1.0000			0.00	1,517,144.61	1,517,144.61	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	985,835.540	22 Jan 25	1.0000			0.00	985,835.54	985,835.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,836,545.670	23 Jan 25	1.0000			0.00	1,836,545.67	1,836,545.67	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,020,213.230	3 Feb 25	1.0000			0.00	3,020,213.23	3,020,213.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	954,636.520	6 Feb 25	1.0000			0.00	954,636.52	954,636.52	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,506,168.290	19 Feb 25	1.0000			0.00	1,506,168.29	1,506,168.29	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,953,411.370	21 Feb 25	1.0000			0.00	1,953,411.37	1,953,411.37	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,970,141.880	4 Mar 25	1.0000			0.00	2,970,141.88	2,970,141.88	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,000,598.200	6 Mar 25	1.0000			0.00	1,000,598.20	1,000,598.20	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	945,203.930	7 Mar 25	1.0000			0.00	945,203.93	945,203.93	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	599,774.910	19 Mar 25	1.0000			0.00	599,774.91	599,774.91	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,069,334.220	20 Mar 25	1.0000			0.00	1,069,334.22	1,069,334.22	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,953,822.420	26 Mar 25	1.0000			0.00	2,953,822.42	2,953,822.42	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	576,141.480	3 Apr 25	1.0000			0.00	576,141.48	576,141.48	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	902,600.300	4 Apr 25	1.0000			0.00	902,600.30	902,600.30	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,996,822.720	15 Apr 25	1.0000			0.00	2,996,822.72	2,996,822.72	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	953,395.170	21 Apr 25	1.0000			0.00	953,395.17	953,395.17	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,998,036.780	29 Apr 25	1.0000			0.00	2,998,036.78	2,998,036.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	5,996,200.860	6 May 25	1.0000			0.00	5,996,200.86	5,996,200.86	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,987,148.550	21 May 25	1.0000			0.00	2,987,148.55	2,987,148.55	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	4,669,186.900	9 Jun 25	1.0000			0.00	4,669,186.90	4,669,186.90	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	916,854.650	18 Jun 25	1.0000			0.00	916,854.65	916,854.65	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,110,314.050	24 Jun 25	1.0000			0.00	1,110,314.05	1,110,314.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,894,882.520	26 Jun 25	1.0000			0.00	2,894,882.52	2,894,882.52	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	798,453.130	7 Jul 25	1.0000			0.00	798,453.13	798,453.13	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,217,518.780	10 Jul 25	1.0000			0.00	3,217,518.78	3,217,518.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	15 Jul 25	1.0000			0.00	3,000,000.00	3,000,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,385,761.780	18 Jul 25	1.0000			0.00	1,385,761.78	1,385,761.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,039,459.300	25 Jul 25	1.0000			0.00	3,039,459.30	3,039,459.30	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	918,358.530	5 Aug 25	1.0000			0.00	918,358.53	918,358.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	6,107,429.700	8 Aug 25	1.0000			0.00	6,107,429.70	6,107,429.70	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,780,872.890	19 Aug 25	1.0000			0.00	2,780,872.89	2,780,872.89	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	905,447.280	20 Aug 25	1.0000			0.00	905,447.28	905,447.28	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,613,968.250	26 Aug 25	1.0000			0.00	1,613,968.25	1,613,968.25	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	593,613.110	4 Sep 25	1.0000			0.00	593,613.11	593,613.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,903,511.700	5 Sep 25	1.0000			0.00	2,903,511.70	2,903,511.70	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,965,420.780	19 Sep 25	1.0000			0.00	2,965,420.78	2,965,420.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,462,000.850	2 Oct 25	1.0000			0.00	2,462,000.85	2,462,000.85	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,402,940.490	3 Oct 25	1.0000			0.00	1,402,940.49	1,402,940.49	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,037,090.940	16 Oct 25	1.0000			0.00	3,037,090.94	3,037,090.94	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,181,700.760	21 Oct 25	1.0000			0.00	2,181,700.76	2,181,700.76	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,996,727.730	4 Nov 25	1.0000			0.00	2,996,727.73	2,996,727.73	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	902,111.510	5 Nov 25	1.0000			0.00	902,111.51	902,111.51	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	933,356.280	10 Nov 25	1.0000			0.00	933,356.28	933,356.28	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,793,931.960	20 Nov 25	1.0000			0.00	2,793,931.96	2,793,931.96	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	898,097.760	3 Dec 25	1.0000			0.00	898,097.76	898,097.76	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,302,212.680	10 Dec 25	1.0000			0.00	3,302,212.68	3,302,212.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,618,632.540	11 Dec 25	1.0000			0.00	2,618,632.54	2,618,632.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,980,462.340	16 Dec 25	1.0000			0.00	2,980,462.34	2,980,462.34	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,796,682.680	19 Dec 25	1.0000			0.00	2,796,682.68	2,796,682.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,579,745.150	23 Dec 25	1.0000			0.00	1,579,745.15	1,579,745.15	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	991,039.240	26 Dec 25	1.0000			0.00	991,039.24	991,039.24	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,185,987.110	30 Dec 25	1.0000			0.00	1,185,987.11	1,185,987.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-4,982,452.220	2 Jan 25		1.0000		0.00	4,982,452.22	4,982,452.22	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,379,283.260	10 Jan 25		1.0000		0.00	2,379,283.26	2,379,283.26	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,517,144.610	14 Jan 25		1.0000		0.00	1,517,144.61	1,517,144.61	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,723,583.790	17 Jan 25		1.0000		0.00	1,723,583.79	1,723,583.79	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,613,355.410	28 Jan 25		1.0000		0.00	1,613,355.41	1,613,355.41	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,868,703.110	10 Feb 25		1.0000		0.00	3,868,703.11	3,868,703.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,002,037.090	24 Feb 25		1.0000		0.00	1,002,037.09	1,002,037.09	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,728,157.180	26 Feb 25		1.0000		0.00	1,728,157.18	1,728,157.18	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,850,000.550	3 Mar 25		1.0000		0.00	1,850,000.55	1,850,000.55	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-945,203.930	10 Mar 25		1.0000		0.00	945,203.93	945,203.93	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,172,085.130	11 Mar 25		1.0000		0.00	1,172,085.13	1,172,085.13	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,061,058.680	17 Mar 25		1.0000		0.00	1,061,058.68	1,061,058.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,476,479.940	25 Mar 25		1.0000		0.00	1,476,479.94	1,476,479.94	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,458,688.110	31 Mar 25		1.0000		0.00	1,458,688.11	1,458,688.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-630,103.320	2 Apr 25		1.0000		0.00	630,103.32	630,103.32	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-683,913.990	7 Apr 25		1.0000		0.00	683,913.99	683,913.99	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,082,144.230	9 Apr 25		1.0000		0.00	2,082,144.23	2,082,144.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,246,322.160	14 Apr 25		1.0000		0.00	1,246,322.16	1,246,322.16	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-778,826.360	17 Apr 25		1.0000		0.00	778,826.36	778,826.36	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,158,817.030	23 Apr 25		1.0000		0.00	1,158,817.03	1,158,817.03	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,650,114.640	28 Apr 25		1.0000		0.00	1,650,114.64	1,650,114.64	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,219,419.640	5 May 25		1.0000		0.00	1,219,419.64	1,219,419.64	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,000,000.000	7 May 25		1.0000		0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-942,527.560	12 May 25		1.0000		0.00	942,527.56	942,527.56	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-624,085.220	20 May 25		1.0000		0.00	624,085.22	624,085.22	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,244,168.660	2 Jun 25		1.0000		0.00	2,244,168.66	2,244,168.66	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,958,087.330	10 Jun 25		1.0000		0.00	2,958,087.33	2,958,087.33	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,305,185.280	20 Jun 25		1.0000		0.00	2,305,185.28	2,305,185.28	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,311,589.440	25 Jun 25		1.0000		0.00	1,311,589.44	1,311,589.44	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,511,185.410	2 Jul 25		1.0000		0.00	1,511,185.41	1,511,185.41	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,008,546.320	8 Jul 25		1.0000		0.00	2,008,546.32	2,008,546.32	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,090,449.430	11 Jul 25		1.0000		0.00	3,090,449.43	3,090,449.43	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,675,922.060	16 Jul 25		1.0000		0.00	1,675,922.06	1,675,922.06	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-603,419.360	17 Jul 25		1.0000		0.00	603,419.36	603,419.36	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,989,281.290	22 Jul 25		1.0000		0.00	1,989,281.29	1,989,281.29	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,194,153.050	28 Jul 25		1.0000		0.00	1,194,153.05	1,194,153.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,208,721.190	4 Aug 25		1.0000		0.00	2,208,721.19	2,208,721.19	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-5,455,657.630	11 Aug 25		1.0000		0.00	5,455,657.63	5,455,657.63	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,561,006.390	18 Aug 25		1.0000		0.00	1,561,006.39	1,561,006.39	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,082,974.160	25 Aug 25		1.0000		0.00	1,082,974.16	1,082,974.16	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,756,699.870	28 Aug 25		1.0000		0.00	1,756,699.87	1,756,699.87	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,291,601.160	2 Sep 25		1.0000		0.00	1,291,601.16	1,291,601.16	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,779,437.800	9 Sep 25		1.0000		0.00	1,779,437.80	1,779,437.80	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,439,816.830	16 Sep 25		1.0000		0.00	1,439,816.83	1,439,816.83	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,490,018.880	24 Sep 25		1.0000		0.00	1,490,018.88	1,490,018.88	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,347,975.130	29 Sep 25		1.0000		0.00	1,347,975.13	1,347,975.13	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-568,881.790	6 Oct 25		1.0000		0.00	568,881.79	568,881.79	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-956,732.900	8 Oct 25		1.0000		0.00	956,732.90	956,732.90	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,173,316.130	14 Oct 25		1.0000		0.00	1,173,316.13	1,173,316.13	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,311,329.250	17 Oct 25		1.0000		0.00	1,311,329.25	1,311,329.25	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,425,764.690	20 Oct 25		1.0000		0.00	1,425,764.69	1,425,764.69	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,298,157.000	22 Oct 25		1.0000		0.00	1,298,157.00	1,298,157.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,525,449.340	27 Oct 25		1.0000		0.00	1,525,449.34	1,525,449.34	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,639,842.700	3 Nov 25		1.0000		0.00	1,639,842.70	1,639,842.70	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-952,146.540	7 Nov 25		1.0000		0.00	952,146.54	952,146.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,608,886.040	19 Nov 25		1.0000		0.00	1,608,886.04	1,608,886.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,357,160.040	25 Nov 25		1.0000		0.00	1,357,160.04	1,357,160.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,252,106.350	1 Dec 25		1.0000		0.00	1,252,106.35	1,252,106.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,134,249.390	9 Dec 25		1.0000		0.00	3,134,249.39	3,134,249.39	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,053,720.060	12 Dec 25		1.0000		0.00	3,053,720.06	3,053,720.06	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,585,429.650	15 Dec 25		1.0000		0.00	1,585,429.65	1,585,429.65	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,581,760.520	22 Dec 25		1.0000		0.00	1,581,760.52	1,581,760.52	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,188,247.770	29 Dec 25		1.0000		0.00	1,188,247.77	1,188,247.77	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	Total acquisitions	113	116,964,639.18			0.00	116,964,639.18	116,964.639.18
	Total dispositions	187		118,078,771.45		0.00	118,078,771.45	118,078.771.45

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

Schedule of Assets Held for Investment Purposes

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a) Security Description / (b) Asset ID	(c) Shares/Par Value	(d) Historical Cost	(e) Current Value
Value of Interest in Registered Investment Companies			
United States - USD			
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	10,192,718.000	10,192,718.00	10,192,718.00
Total United States - USD		**10,192,718.00**	**10,192,718.00**
Total Value of Interest in Registered Investment Com		**10,192,718.00**	**10,192,718.00**
Total		**10,192,718.00**	**10,192,718.00**

** All or a portion of this security participates in Securities Lending.

(a) - Identity of issuer, borrower, lessor, or similar entity
(b) - Description of investment including maturity date, rate of interest, collateral, par or maturity value

Docusign Envelope ID: AD5FD931-13BF-86DF-8148-2E05324DD8A9

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
BURLINGTON NORTHERN SANTA FE GROUP BENEFITS PLAN

1b Three-digit plan number (PN) ▶ 501

1c Effective date of plan 01/01/1997

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)

BURLINGTON NORTHERN SANTA FE, LLC

2301 LOU MENK DRIVE

FORT WORTH TX 76131-2828

2b Employer Identification Number (EIN) 27-1754839

2c Plan Sponsor's telephone number 817-352-1667

2d Business code (see instructions) 482110

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	DocuSigned by: Judy K. Carter 6CAE5611C78D41F...	10/12/2026	JUDY K. CARTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

SVP AND CHIEF HUMAN RESOURCES OFFICER

BNSF RAILWAY COMPANY
2301 LOU MENK DRIVE
FORT WORTH TX 76131-2828

3b Administrator's EIN: 06-1795272

3c Administrator's telephone number: 817-352-1667

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**	8,417
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)**	5,000
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	4,810
b	Retired or separated participants receiving benefits	**6b**	3,438
c	Other retired or separated participants entitled to future benefits	**6c**	22
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	8,270
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f	Total. Add lines **6d** and **6e**.	**6f**	
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:

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

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

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

a Pension Schedules

- **(1)** ☐ **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 9
- **(4)** ☒ **C** (Service Provider Information)
- **(5)** ☐ **D** (DFE/Participating Plan Information)
- **(6)** ☐ **G** (Financial Transaction Schedules)

4Q* - ACCIDENTAL DEATH AND DISMEMBERMENT

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_____

5% Report - Part A

Burlington Northern Santa Fe Group Benefits Plan 501 EIN: 27-1754839

Single Transaction in Excess of 5%

Schedule H, Line 4j - Schedule of Reportable Transactions

Identity of Party Involved (a) / Security Description / Asset ID	Description of Asset (b) / Shares/Par Value	Date	Acquisition Price (c) Purchase Price	Disposition Price (d) Selling Price	Lease Rental (e)	Expenses Incurred (f) With Transaction	Cost (g) Of Asset	Current Value on Transaction Date (h)	Net Gain/Loss (i)
Value of Interest in Registered Investment Companies									
United States - USD									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	810,007.780	3 Jan 25	1.0000			0.00	810,007.78	810,007.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	937,010.600	6 Jan 25	1.0000			0.00	937,010.60	937,010.60	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,517,144.610	15 Jan 25	1.0000			0.00	1,517,144.61	1,517,144.61	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	985,835.540	22 Jan 25	1.0000			0.00	985,835.54	985,835.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,836,545.670	23 Jan 25	1.0000			0.00	1,836,545.67	1,836,545.67	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,020,213.230	3 Feb 25	1.0000			0.00	3,020,213.23	3,020,213.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	954,636.520	6 Feb 25	1.0000			0.00	954,636.52	954,636.52	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,506,168.290	19 Feb 25	1.0000			0.00	1,506,168.29	1,506,168.29	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,953,411.370	21 Feb 25	1.0000			0.00	1,953,411.37	1,953,411.37	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,970,141.880	4 Mar 25	1.0000			0.00	2,970,141.88	2,970,141.88	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,000,598.200	6 Mar 25	1.0000			0.00	1,000,598.20	1,000,598.20	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	945,203.930	7 Mar 25	1.0000			0.00	945,203.93	945,203.93	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	599,774.910	19 Mar 25	1.0000			0.00	599,774.91	599,774.91	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,069,334.220	20 Mar 25	1.0000			0.00	1,069,334.22	1,069,334.22	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,953,822.420	26 Mar 25	1.0000			0.00	2,953,822.42	2,953,822.42	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	576,141.480	3 Apr 25	1.0000			0.00	576,141.48	576,141.48	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	902,600.300	4 Apr 25	1.0000			0.00	902,600.30	902,600.30	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,996,822.720	15 Apr 25	1.0000			0.00	2,996,822.72	2,996,822.72	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	953,395.170	21 Apr 25	1.0000			0.00	953,395.17	953,395.17	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,998,036.780	29 Apr 25	1.0000			0.00	2,998,036.78	2,998,036.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	5,996,200.860	6 May 25	1.0000			0.00	5,996,200.86	5,996,200.86	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,987,148.550	21 May 25	1.0000			0.00	2,987,148.55	2,987,148.55	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	4,669,186.900	9 Jun 25	1.0000			0.00	4,669,186.90	4,669,186.90	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	916,854.650	18 Jun 25	1.0000			0.00	916,854.65	916,854.65	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,110,314.050	24 Jun 25	1.0000			0.00	1,110,314.05	1,110,314.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,894,882.520	26 Jun 25	1.0000			0.00	2,894,882.52	2,894,882.52	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	798,453.130	7 Jul 25	1.0000			0.00	798,453.13	798,453.13	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,217,518.780	10 Jul 25	1.0000			0.00	3,217,518.78	3,217,518.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,000,000.000	15 Jul 25	1.0000			0.00	3,000,000.00	3,000,000.00	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,385,761.780	18 Jul 25	1.0000			0.00	1,385,761.78	1,385,761.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,039,459.300	25 Jul 25	1.0000			0.00	3,039,459.30	3,039,459.30	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	918,358.530	5 Aug 25	1.0000			0.00	918,358.53	918,358.53	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	6,107,429.700	8 Aug 25	1.0000			0.00	6,107,429.70	6,107,429.70	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,780,872.890	19 Aug 25	1.0000			0.00	2,780,872.89	2,780,872.89	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	905,447.280	20 Aug 25	1.0000			0.00	905,447.28	905,447.28	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,613,968.250	26 Aug 25	1.0000			0.00	1,613,968.25	1,613,968.25	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	593,613.110	4 Sep 25	1.0000			0.00	593,613.11	593,613.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,903,511.700	5 Sep 25	1.0000			0.00	2,903,511.70	2,903,511.70	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,965,420.780	19 Sep 25	1.0000			0.00	2,965,420.78	2,965,420.78	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,462,000.850	2 Oct 25	1.0000			0.00	2,462,000.85	2,462,000.85	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,402,940.490	3 Oct 25	1.0000			0.00	1,402,940.49	1,402,940.49	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,037,090.940	16 Oct 25	1.0000			0.00	3,037,090.94	3,037,090.94	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,181,700.760	21 Oct 25	1.0000			0.00	2,181,700.76	2,181,700.76	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,996,727.730	4 Nov 25	1.0000			0.00	2,996,727.73	2,996,727.73	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	902,111.510	5 Nov 25	1.0000			0.00	902,111.51	902,111.51	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	933,356.280	10 Nov 25	1.0000			0.00	933,356.28	933,356.28	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,793,931.960	20 Nov 25	1.0000			0.00	2,793,931.96	2,793,931.96	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	898,097.760	3 Dec 25	1.0000			0.00	898,097.76	898,097.76	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	3,302,212.680	10 Dec 25	1.0000			0.00	3,302,212.68	3,302,212.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,618,632.540	11 Dec 25	1.0000			0.00	2,618,632.54	2,618,632.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,980,462.340	16 Dec 25	1.0000			0.00	2,980,462.34	2,980,462.34	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	2,796,682.680	19 Dec 25	1.0000			0.00	2,796,682.68	2,796,682.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,579,745.150	23 Dec 25	1.0000			0.00	1,579,745.15	1,579,745.15	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	991,039.240	26 Dec 25	1.0000			0.00	991,039.24	991,039.24	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	1,185,987.110	30 Dec 25	1.0000			0.00	1,185,987.11	1,185,987.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-4,982,452.220	2 Jan 25		1.0000		0.00	4,982,452.22	4,982,452.22	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,379,283.260	10 Jan 25		1.0000		0.00	2,379,283.26	2,379,283.26	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,517,144.610	14 Jan 25		1.0000		0.00	1,517,144.61	1,517,144.61	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,723,583.790	17 Jan 25		1.0000		0.00	1,723,583.79	1,723,583.79	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,613,355.410	28 Jan 25		1.0000		0.00	1,613,355.41	1,613,355.41	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,868,703.110	10 Feb 25		1.0000		0.00	3,868,703.11	3,868,703.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,002,037.090	24 Feb 25		1.0000		0.00	1,002,037.09	1,002,037.09	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,728,157.180	26 Feb 25		1.0000		0.00	1,728,157.18	1,728,157.18	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,850,000.550	3 Mar 25		1.0000		0.00	1,850,000.55	1,850,000.55	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-945,203.930	10 Mar 25		1.0000		0.00	945,203.93	945,203.93	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,172,085.130	11 Mar 25		1.0000		0.00	1,172,085.13	1,172,085.13	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,061,058.680	17 Mar 25		1.0000		0.00	1,061,058.68	1,061,058.68	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,476,479.940	25 Mar 25		1.0000		0.00	1,476,479.94	1,476,479.94	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,458,688.110	31 Mar 25		1.0000		0.00	1,458,688.11	1,458,688.11	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-630,103.320	2 Apr 25		1.0000		0.00	630,103.32	630,103.32	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-683,913.990	7 Apr 25		1.0000		0.00	683,913.99	683,913.99	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,082,144.230	9 Apr 25		1.0000		0.00	2,082,144.23	2,082,144.23	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,246,322.160	14 Apr 25		1.0000		0.00	1,246,322.16	1,246,322.16	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-778,826.360	17 Apr 25		1.0000		0.00	778,826.36	778,826.36	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,158,817.030	23 Apr 25		1.0000		0.00	1,158,817.03	1,158,817.03	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,650,114.640	28 Apr 25		1.0000		0.00	1,650,114.64	1,650,114.64	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,219,419.640	5 May 25		1.0000		0.00	1,219,419.64	1,219,419.64	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,000,000.000	7 May 25		1.0000		0.00	3,000,000.00	3,000,000.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-942,527.560	12 May 25		1.0000		0.00	942,527.56	942,527.56	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-624,085.220	20 May 25		1.0000		0.00	624,085.22	624,085.22	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,244,168.660	2 Jun 25		1.0000		0.00	2,244,168.66	2,244,168.66	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,958,087.330	10 Jun 25		1.0000		0.00	2,958,087.33	2,958,087.33	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,305,185.280	20 Jun 25		1.0000		0.00	2,305,185.28	2,305,185.28	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,311,589.440	25 Jun 25		1.0000		0.00	1,311,589.44	1,311,589.44	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,511,185.410	2 Jul 25		1.0000		0.00	1,511,185.41	1,511,185.41	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,008,546.320	8 Jul 25		1.0000		0.00	2,008,546.32	2,008,546.32	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,090,449.430	11 Jul 25		1.0000		0.00	3,090,449.43	3,090,449.43	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,675,922.060	16 Jul 25		1.0000		0.00	1,675,922.06	1,675,922.06	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-603,419.360	17 Jul 25		1.0000		0.00	603,419.36	603,419.36	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,989,281.290	22 Jul 25		1.0000		0.00	1,989,281.29	1,989,281.29	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,194,153.050	28 Jul 25		1.0000		0.00	1,194,153.05	1,194,153.05	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-2,208,721.190	4 Aug 25		1.0000		0.00	2,208,721.19	2,208,721.19	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-5,455,657.630	11 Aug 25		1.0000		0.00	5,455,657.63	5,455,657.63	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,561,006.390	18 Aug 25		1.0000		0.00	1,561,006.39	1,561,006.39	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,082,974.160	25 Aug 25		1.0000		0.00	1,082,974.16	1,082,974.16	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,756,699.870	28 Aug 25		1.0000		0.00	1,756,699.87	1,756,699.87	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,291,601.160	2 Sep 25		1.0000		0.00	1,291,601.16	1,291,601.16	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,779,437.800	9 Sep 25		1.0000		0.00	1,779,437.80	1,779,437.80	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,439,816.830	16 Sep 25		1.0000		0.00	1,439,816.83	1,439,816.83	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,490,018.880	24 Sep 25		1.0000		0.00	1,490,018.88	1,490,018.88	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,347,975.130	29 Sep 25		1.0000		0.00	1,347,975.13	1,347,975.13	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-568,881.790	6 Oct 25		1.0000		0.00	568,881.79	568,881.79	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-956,732.900	8 Oct 25		1.0000		0.00	956,732.90	956,732.90	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,173,316.130	14 Oct 25		1.0000		0.00	1,173,316.13	1,173,316.13	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

◆ 5% Report - Part A

Single Transaction in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss
Value of Interest in Registered Investment Companies									
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,311,329.250	17 Oct 25		1.0000		0.00	1,311,329.25	1,311,329.25	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,425,764.690	20 Oct 25		1.0000		0.00	1,425,764.69	1,425,764.69	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,298,157.000	22 Oct 25		1.0000		0.00	1,298,157.00	1,298,157.00	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,525,449.340	27 Oct 25		1.0000		0.00	1,525,449.34	1,525,449.34	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,639,842.700	3 Nov 25		1.0000		0.00	1,639,842.70	1,639,842.70	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-952,146.540	7 Nov 25		1.0000		0.00	952,146.54	952,146.54	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,608,886.040	19 Nov 25		1.0000		0.00	1,608,886.04	1,608,886.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,357,160.040	25 Nov 25		1.0000		0.00	1,357,160.04	1,357,160.04	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,252,106.350	1 Dec 25		1.0000		0.00	1,252,106.35	1,252,106.35	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,134,249.390	9 Dec 25		1.0000		0.00	3,134,249.39	3,134,249.39	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-3,053,720.060	12 Dec 25		1.0000		0.00	3,053,720.06	3,053,720.06	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,585,429.650	15 Dec 25		1.0000		0.00	1,585,429.65	1,585,429.65	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,581,760.520	22 Dec 25		1.0000		0.00	1,581,760.52	1,581,760.52	0.00
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	-1,188,247.770	29 Dec 25		1.0000		0.00	1,188,247.77	1,188,247.77	0.00

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

5% Report - Part B

Series of Non-Security Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

5% Report - Part C Summary

Series of Transactions by Issue in Excess of 5%

Security Description / Asset ID		Number of Transactions	Transaction Aggregate Acquisition Price	Transaction Aggregate Disposition Price	Lease Rental	Expenses Incurred	Cost of Asset	Current Value of Asset on Transaction
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	Total acquisitions	113	116,964,639.18			0.00	116,964,639.18	116,964.639.18
	Total dispositions	187		118,078,771.45		0.00	118,078,771.45	118,078.771.45

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

5% Report - Part D

Series of Transactions with Same Party in Excess of 5%

Security Description / Asset ID	Shares/Par Value	Date	Acquisition Price	Disposition Price	Lease Rental	Expenses Incurred	Cost	Current Value on Transaction Date	Net Gain/Loss

THERE ARE NO REPORTABLE TRANSACTIONS

NOTE: TRANSACTIONS ARE BASED ON THE 2024-12-31 VALUE (INCLUDING ACCRUALS) OF 11,338,863.56

Schedule of Assets Held for Investment Purposes

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

(a) Security Description / (b) Asset ID	(c) Shares/Par Value	(d) Historical Cost	(e) Current Value
Value of Interest in Registered Investment Companies			
United States - USD			
MFB NORTHERN INSTL FDS TREAS PORTFOLIO PREMIER CL CUSIP: 665279873	10,192,718.000	10,192,718.00	10,192,718.00
Total United States - USD		**10,192,718.00**	**10,192,718.00**
Total Value of Interest in Registered Investment Com		**10,192,718.00**	**10,192,718.00**
Total		**10,192,718.00**	**10,192,718.00**

** All or a portion of this security participates in Securities Lending.

(a) - Identity of issuer, borrower, lessor, or similar entity
(b) - Description of investment including maturity date, rate of interest, collateral, par or maturity value