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:
- [X] 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. . . . . ▶ [X]

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
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1955

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)
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

C/O CENTRAL STATES FUNDS

8647 WEST HIGGINS ROAD
CHICAGO, IL 60631-2803

2b Employer Identification Number (EIN)
36-6044243

2c Plan Sponsor's telephone number
847-518-9800

2d Business code (see instructions)
484120

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.	10/14/2026	BRADLEY GRIMES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2026	BRADLEY GRIMES
	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 [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	332020
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)**	38102
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	35900
b	Retired or separated participants receiving benefits	**6b**	151396
c	Other retired or separated participants entitled to future benefits	**6c**	104733
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	292029
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	31693
f	Total. Add lines **6d** and **6e**.	**6f**	323722
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**	884

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

1B 1E

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

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

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
JOHN HANCOCK LIFE INSURANCE COMPANY (U.S.A.)

(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
01-0233346	65838	GAC 461 ASSN 0	1	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) ▶ DISCONTINUED GROUP DEFERRED ANNUITY

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

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

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

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

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

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
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 MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

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

b	Assets		
(1)	Current value of assets	**1b(1)**	5938770504
(2)	Actuarial value of assets for funding standard account	**1b(2)**	5938770504
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	37737312831
(2)	Information for plans using spread gain methods:		
(a)	Unfunded liability for methods with bases	**1c(2)(a)**	
(b)	Accrued liability under entry age normal method	**1c(2)(b)**	
(c)	Normal cost under entry age normal method	**1c(2)(c)**	
(3)	Accrued liability under unit credit cost method	**1c(3)**	37737312831
d	Information on current liabilities of the plan:		
(1)	Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
(2)	"RPA '94" information:		
(a)	Current liability	**1d(2)(a)**	42668150131
(b)	Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	322129637
(c)	Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	2880383434
(3)	Expected plan disbursements for the plan year	**1d(3)**	2931983434

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary — Date: 09/09/2026

ALDWIN FRIAS, FSA, FCA, MAAA — Type or print name of actuary

26-06687 — Most recent enrollment number

SEGAL — Firm name

212-251-5000 — Telephone number (including area code)

66 HUDSON BLVD, E, 20TH FLOOR
NEW YORK, NY 10001-2192

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	7260882046
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		184334	28619506603
(2) For terminated vested participants		109584	9659073420
(3) For active participants:			
(a) Non-vested benefits			206252243
(b) Vested benefits			4183317865
(c) Total active		33501	4389570108
(4) Total		327419	42668150131
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	17.01 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	419548270	0			
07/01/2025	88571232	0			

	Totals ►	**3(b)**	508119502	**3(c)**	0
(d) Total withdrawal liability amounts included in line 3(b) total				**3(d)**	88571232

4 Information on plan status:

a Funded percentage for monitoring plan's status (line 1b(2) divided by line 1c(3))	**4a**	15.7 %
b Enter code to indicate plan's status (see instructions for attachment of supporting evidence of plan's status). If entered code is "N," go to line 5	**4b**	C

c Is the plan making the scheduled progress under any applicable funding improvement or rehabilitation plan? [X] Yes [ ] No

d If the plan is in critical status or critical and declining status, does line 1(c) reflect any benefit reductions for the first time (see instructions)? [X] Yes [ ] No

e If line d is "Yes," enter the reduction in liability resulting from the reduction in benefits (see instructions), measured as of the valuation date	**4e**	139787
f If the plan is in critical status or critical and declining status, and is: • Projected to emerge from critical status within 30 years, enter the plan year in which it is projected to emerge; • Projected to become insolvent within 30 years, enter the plan year in which insolvency is expected and check here [ ] • Neither projected to emerge from critical status nor become insolvent within 30 years, enter "9999."	**4f**	2052

5 Actuarial cost method used as the basis for this plan year's funding standard account computations (check all that apply):

a [ ] Attained age normal **b** [ ] Entry age normal **c** [X] Accrued benefit (unit credit) **d** [ ] Aggregate

e [ ] Frozen initial liability **f** [ ] Individual level premium **g** [ ] Individual aggregate **h** [ ] Shortfall

i [ ] Other (specify):

j If box h is checked, enter period of use of shortfall method	**5j**	

k Has a change been made in funding method for this plan year? [ ] Yes [X] No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? [ ] Yes [ ] No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method	**5m**	

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability		**6a**	4.01 %
		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	A
(2) Females	**6c(2)**	9FP	A
d Valuation liability interest rate	**6d**	4.75 %	4.75 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	-13.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-13.0 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	50323592	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-1692167046	-153015735
3	-139787	-12640
4	-2909243904	-263071010

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval	**8a**	
b Demographic, benefit, and contribution information		
(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment.		☒ Yes ☐ No
(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions).		☒ Yes ☐ No
(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule.		☒ Yes ☐ No
c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code?		☐ Yes ☒ No
d If line c is "Yes," provide the following additional information:		
(1) Was an extension granted automatic approval under section 431(d)(1) of the Code?		☐ Yes ☐ No
(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended	**8d(2)**	
(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code?		☐ Yes ☐ No
(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2))	**8d(4)**	
(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension	**8d(5)**	
(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007?		☐ Yes ☐ No
e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).	**8e**	

9 Funding standard account statement for this plan year:

Charges to funding standard account:

a Prior year funding deficiency, if any	**9a**	31843967035
b Employer's normal cost for plan year as of valuation date	**9b**	318987345

c Amortization charges as of valuation date:		Outstanding balance		
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	20976396074		3346531126
(2) Funding waivers	**9c(2)**			
(3) Certain bases for which the amortization period has been extended	**9c(3)**			
d Interest as applicable on lines 9a, 9b, and 9c			**9d**	1686700562
e Total charges. Add lines 9a through 9d			**9e**	37196186068
Credits to funding standard account:				
f Prior year credit balance, if any			**9f**	0
g Employer contributions. Total from column (b) of line 3			**9g**	508119502
		Outstanding balance		
h Amortization credits as of valuation date	**9h**	21021820782		2288596540
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h			**9i**	120776174
j Full funding limitation (FFL) and credits:				
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	30540209650		
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	31373255899		
(3) FFL credit			**9j(3)**	3425625293
k (1) Waived funding deficiency			**9k(1)**	0
(2) Other credits			**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)			**9l**	6343117509
m Credit balance: If line 9l is greater than line 9e, enter the difference			**9m**	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference			**9n**	30853068559
o Current year's accumulated reconciliation account:				
(1) Due to waived funding deficiency accumulated prior to the current plan year			**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:				
(a) Reconciliation outstanding balance as of valuation date			**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))			**9o(2)(b)**	0
(3) Total as of valuation date			**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)			**10**	30853068559
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions				[X] Yes [ ] No

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
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

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).. . . . . ☐ 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

36-1561860

(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

(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

(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

(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

(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

(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)

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 62	INVESTMENT SERVICES	8350588	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

INSIGHT NORTH AMERICA LLC

82-0983489

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT SERVICES	4780575	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BLACKROCK FINANCIAL MANAGEMENT INC.

13-3806691

(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?
31 50 51	INVESTMENT SERVICES	4000000	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)

PAYDEN AND RYGEL

95-3921788

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT SERVICES	2863015	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51	INVESTMENT SERVICES	2500000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INSTITUTIONAL ASSET MGMT

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT SERVICES	912714	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)

LOOMIS SAYLES AND COMPANY

04-3200030

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT SERVICES	625305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PGIM INC

22-2540245

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT SERVICES	613098	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CDW DIRECT

36-3310735

(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	SERVICE PROVIDER	432697	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)

MELLON INVESTMENTS CORPORATION

25-1442864

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT SERVICES	424320	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

PETERSON TECHNOLOGY PARTNERS INC

36-4201657

(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	SERVICE PROVIDER	352399	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICROSOFT CORPORATION

91-1144442

(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	SERVICE PROVIDER	295517	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)

THE SEGAL COMPANY

13-1975125

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 49	SERVICE PROVIDER	251761	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WITHUM SMITH & BROWN PC

22-2027092

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	SERVICE PROVIDER	229478	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RELMAP SOFTWARE INC

27-3765326

(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	SERVICE PROVIDER	226171	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)

NORTHERN TRUST COMPANY

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	INVESTMENT SERVICES	225929	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FERNANDO J RODRIGUEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	197084	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMAS C NYHAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	195989	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)

IT ASSOCIATES INC

36-4198983

(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	SERVICE PROVIDER	171263	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

INFOR US LLC

84-4312860

(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	SERVICE PROVIDER	167229	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN J FRANCZYK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	159341	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)

ALBERT M MADDEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	157986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL STUBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	157575	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRAD R BERLINER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	154513	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)

ROBERT A. COCO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	154259	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PENSION BENEFIT INFORMATION LLC

82-4722389

(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	SERVICE PROVIDER	152000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREW M SPRAU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	150857	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)

CHARLEY H LEE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	150416	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SCHIELE GRAPHICS INC

36-2430120

(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	SERVICE PROVIDER	149970	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HOLLY GUSTAFSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	146708	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)

BONNIE A VELAZQUEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	145853	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CESAR ALVAREZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	144770	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLIED UNIVERSAL SECURITY SERVICES

56-0515447

(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	SERVICE PROVIDER	144060	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)

JEANNETTE B ROSZKO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	143997	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DONNA J KUXHAUSE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	143585	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DORICE M SUCKOW

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	143326	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)

RITA M MANFREDINI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	142347	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMY L PUCHALSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	140143	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PATRICK SLOAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	140063	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)

ANN SCHROEDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	139988	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SAYERS

82-4663297

(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	SERVICE PROVIDER	139728	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MATTHEW S DRAGOO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	138897	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)

TIMOTHY C REUTER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	138869	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TERESA M ZUNIGA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	136959	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TRACY L STALLWORTH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	136553	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)

ELIZABETH LOPEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	135999	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STEVEN J VAN ROSSEM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	135925	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEARDATA NETWORKS INC

27-0574916

(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	SERVICE PROVIDER	133684	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)

CARMELA BAGNOLA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132947	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEDA BARATTI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132421	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH D WIATER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132403	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)

JAYNE CAMINITI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132350	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHUNISHA GUYTON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132076	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TINA M KRIBBS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	132074	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)

MARTIN G EGAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	131830	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLOTTE YANKOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	130753	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

5WYRE LLC

45-5078554

(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	SERVICE PROVIDER	130248	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)

NATALIE M PLUCINSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129605	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY A CHAVEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129077	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIAN P SCHROEDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	129063	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)

CECILIA FORD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	128977	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREA C CULLINAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	128776	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ELIZABETH P ALLEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	128317	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)

PATRICIA A SHILNEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	127740	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VIANETT ALFARO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	126094	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TIMOTHY E CHRISTIANS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	125363	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)

ORACLE AMERICA INC

94-2805249

(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	SERVICE PROVIDER	125144	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANDREW J HERINK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	124760	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETER PRIEDE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	123986	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KATHLEEN A BYRNE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	123860	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VICTORIA BENITEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	123391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KARL LEWIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	123173	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)

MEGAN GRIFFITHS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	122902	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LISA SEIFRID

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	122520	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NIKKI A BACZKOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121502	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)

BRADLEY GRIMES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	121258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ASHLEY WIRZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	119157	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALEXANDRIA M BENDINELLI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	118674	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)

REBECCA MCMAHON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	117471	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RYAN J BARR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	117090	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEVSQUAD

81-3007045

(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	SERVICE PROVIDER	116975	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)

CAO ANALYTICS LLC

47-3363557

(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	SERVICE PROVIDER	115972	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CUSHMAN & WAKEFIELD INC

43-0955234

(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	SERVICE PROVIDER	115123	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL SHEPARD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	114959	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)

PHOENIX MSA HOLDINGS LLC

83-0679216

(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	SERVICE PROVIDER	114498	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CRESCENT CLEANING COMPANY

20-5739474

(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	SERVICE PROVIDER	113598	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANTHONY NAPOLI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	113475	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)

HOPE A. MARTIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	111466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RYAN MCSHEA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	111188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACQUELYN R RODGERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	111052	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)

JAMES P EDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	109935	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TAMI LANTZ CRAIG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106581	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDREW MARION

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	106129	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)

FRANK J CAREY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105430	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JANICE RABBIT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105363	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CARL E SNYDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	105144	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)

JEFFREY T HEPPE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	103901	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIEL E SULLIVAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	103152	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUIS GOMEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	102813	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)

PADMAJA SIRIPURAM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	100822	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEVI RAY & SHOUP INC

37-1073724

(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	SERVICE PROVIDER	100815	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

APEX SYSTEMS LLC

54-1773546

(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	SERVICE PROVIDER	100661	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)

MATTHEW WEBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	100456	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRANDON BUYERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	99911	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MACIEJ JANUS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	99077	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)

TALENTCRAFT LLC

83-1433992

(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	SERVICE PROVIDER	98790	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GLORIA J CATANESE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	98576	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMSON REUTERS - WEST

41-1426973

(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	SERVICE PROVIDER	97536	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)

CENTURYLINK

04-6141739

(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	SERVICE PROVIDER	97258	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRECK G HAYDEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94656	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANNA SIONEK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94441	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)

BRENDAN MASON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94434	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JUSTIN D MACKOWIAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94325	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ANNE M LAMMERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	94216	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)

HOWARD A LEVY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93811	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARK L HOPPE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93593	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS B BAXA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	93372	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)

CHRISTIAN A MUELLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	92126	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LOIS J YU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91866	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GROOM LAW GROUP CHARTERED

52-1219029

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29 49	SERVICE PROVIDER	91729	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)

MICHAEL MULLANE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91385	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LAUREN A SCHREIBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91328	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DOUGLAS A GREGG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	91197	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)

MATTHEW J LIPPERT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	90416	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL ZAWADZKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89901	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRIAN SZOTT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	89402	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)

LUCIO A FIGUEROA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88997	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARTY J MICHEFF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	88505	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CRYSTAL L HAMILTON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87439	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)

VUKASIN KOPRIVICA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	87276	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEXTPOINT INC

85-4399193

(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	SERVICE PROVIDER	86839	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARA M ANTHANEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	86564	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KEVIN P LYNCH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	85790	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALEXANDER J ZEMKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICIA R DORAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	84316	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)

PETER ROSNER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83902	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AUSTIN POPE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83555	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PETER BIERNAT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83155	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KEVIN T KOCH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	83035	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS FORKENBROCK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82975	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEFFREY W DEWEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82709	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)

DANIEL M SPRATT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82532	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL I CAMPION

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82180	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARK CAMPOSAGRADO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	82008	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)

JAMES C POWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81967	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KANIKA M WALKER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81901	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JON C FELSKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	81657	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)

CURTIS P DRACKA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80969	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LATISHA MCCAIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80669	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL I SHEDROFF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80604	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)

ANTHONY J CLARKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	80031	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SAMUEL TUTOKY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	79541	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CATHY A BRANER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78850	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)

PETER NAYMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78533	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LLOYD E THAREL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78453	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

STEPHANIE E SANDERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78360	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)

JOSEPH M PATON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78338	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALEXANDER D JAFFRAY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78306	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JONATHAN N ROGERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	78066	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)

REBECCA A ZURAWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77734	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HELEN A LOZANO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DANIEL T EWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77646	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

JEFFREY T ORRENDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77523	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER & HOSTETLER LLP

34-0082025

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	77381	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MICHAEL L GOELLNER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77268	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)

MARK W. SCHNEIDER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	77034	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAURA B ELVIRA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76939	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JULIANNE POSCH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	76243	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)

LASALLE NETWORK

36-4319267

(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	SERVICE PROVIDER	75644	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

REQUEST TECHNOLOGY LLC

06-1696802

(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	SERVICE PROVIDER	75524	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIAM J SCHMITT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75333	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)

MARK S VIRTEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75262	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KELLY E SULLIVAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	75013	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ERIKA M WAGNER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74769	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)

GEORGE O HANSEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	74183	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONSTANCE MOLLEDA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73881	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

HUNTER J STEWART

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73650	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)

ALEXANDER SHKLOVSKY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73612	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEAN MCEWAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73487	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YESENIA MACIAS PEREZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	73393	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)

CONSTELLATION NEWENERGY INC

95-4714890

(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	SERVICE PROVIDER	73214	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MITCHELL MARTIN INC

13-3591013

(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	SERVICE PROVIDER	72959	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GABRIELLE PILGRIM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72904	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)

MOHAMMAD B SHADMEHR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72770	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VIRIDIANA ANGUIANO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72724	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ABDUL RAHMAN M BAIG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72565	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)

JENNIFER M CISMESIA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	72311	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SIERRA ITS

36-4018265

(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	SERVICE PROVIDER	71547	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEORGE F MICHOLSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	71229	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)

MICHAEL RAKHMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70735	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AISHA DHORAJIWALA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70616	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LOUIS P MARTIN JR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70479	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)

GABRIELLE KOSCHE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70387	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GREGORY M SLESZYNSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70319	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SYEDA M FATIMAH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70290	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)

MICHELLE SCHAEFER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	70009	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SARAH M GORTOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69865	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PAMELA SKUBAL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69821	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)

ALONZO MCMATH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69447	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN ALIFERIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	69373	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEBBIE BOLDEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68936	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)

RICARDO SILVA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68710	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VALERIE DEBORIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68550	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL M CLARK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68267	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)

ALICIA J WILLIAMS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68189	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELISSA HERTEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	68122	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SEGAL ADVISORS INC

13-2646110

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	SERVICE PROVIDER	68059	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)

JEANETTE E KIM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	67097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMBER ALLEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66722	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NANCY B GAHBAUER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	66588	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)

BRANDT M SURDYK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65858	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AARON BOSSENGA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65464	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRISTY FAFINSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65356	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)

JACK WIERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	65307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TEENA L FRANKLIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64747	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUNDARAVEL GOVINDARAJULU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	64019	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)

KYLE D MENDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63885	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOR M SVENDSGAARD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63811	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARGAUX M MAYS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63785	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)

KYLE J GADBOIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63614	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KIMBERLY A STREM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63466	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LINDA A DEKELAITA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63411	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)

STACEY L SZTYM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63283	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JASON CHILDRESS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	63188	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUCYNA E SADOWSKA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62990	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)

MICHAEL J MICHELINI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62929	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDRO T VILLACASTIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62284	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DHAVAL PAREKH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	62166	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)

ELEANOR L MARTIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61748	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

COMO NEGRETE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61226	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EUGENI LOKOTKIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	61193	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)

JILL D GRUVER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60980	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONNA M WATERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOSEPH P SCOLA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	60818	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)

NENOS MARMA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59604	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHRISTINA M POWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59573	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

EVELYN PASCUAL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59431	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)

KIMBERLY ANN STEIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	59260	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALYSSE PIGGOTT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58752	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JOHN YOUNG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58377	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)

JILL ERICKSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58241	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BRYAN LEGANSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58241	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AUSTIN R DUFFIE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58171	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)

LUCIA E FLORES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	58144	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMAS A. NAVARRO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57910	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MATTHEW T MILLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	57226	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)

MARY KOURETAS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56883	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANNE C KEALY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56862	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARGARET DETTLOFF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56763	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)

HEATHER SCHISSEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56684	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CATHERINE SCHUH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56530	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FELICE PATTI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	56388	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)

JENNIFER R ORSTROM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	55058	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICIA A. FORNINO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54773	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN M STRAPKO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54737	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)

CHARLES SCHREIBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54578	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JACQUELINE KOVACS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54563	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KAMAL EL MASLEM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54366	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)

CYNTHIA A MCGINNIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	54344	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIIL MAKEEV

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53678	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KAMILA ALLEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	53203	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)

STERLING COLEMAN-SELBY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52802	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHAD E CARTWRIGHT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERIC CONTRERAS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52717	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)

SARAH D. MAHLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52473	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KARI E SCHOFIELD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52306	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VINCENT TUZIL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52247	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)

DEBORAH TANSLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	52110	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MEGAN L GUTGSELL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51903	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GUADALUPE LOPEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51573	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)

FELIKS I SHVAB

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	51451	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VAMANA SYSTEMS INC

20-8456170

(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	SERVICE PROVIDER	51445	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VICKY L HUNT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50977	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)

OLIVIA M CASSIDY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50971	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY BETH HARTFORD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50592	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BARUCH LOEVSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50306	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)

MICHAEL RIVERA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	50271	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UPS MAIL INNOVATIONS

58-2593708

(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	SERVICE PROVIDER	49951	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KELLY A STREZO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49950	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)

LISA R RICHARDSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49933	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KARLA J GENITONI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49849	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENICA A SANTELLA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49799	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)

CHRISTOPHER D JONES

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49394	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ILEANA ARROYO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	49014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTOPHER G BERRY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48647	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)

LUIS R QUINTERO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48579	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JENNIFER RUMOWSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48373	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONCORD TECHNOLOGIES

91-1841637

(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	SERVICE PROVIDER	48364	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)

ISAMAR DIAZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	48180	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICOLE FAJDICH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47910	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KRISTEN A KRISTENSEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47641	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)

JUSTIN R GOODPASTER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47623	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ISRAEL BARAL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47544	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EPSTEIN BECKER & GREEN PC

13-3031033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	47312	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)

AARON D BROWN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47280	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FRANCIS ZAIA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47172	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MELODY L FOLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47126	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)

SUSAN O CAMP

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	47115	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JESSE MOSHI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46948	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENNIFER HESS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46896	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)

HEIDE M HOSEIN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46854	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARIA A CALAFIORE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46595	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TINA ERICKSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46531	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)

RESOURCESOFT INC

06-1540535

(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	SERVICE PROVIDER	46302	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEANINE D WHITE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46279	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TANEESHA R JACKSON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	46028	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

KIMBERLY REDERER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45978	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHRISTY PICHARDO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45804	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NICHOLAS P MORAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45587	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)

JOSEPH M JOGMEN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45326	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MICHAEL MORRISON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45129	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALBERT C SARNO III

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	45072	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)

ROGETTE M ARMIJO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44821	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SVETLANA TABAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44747	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANGELA M BOSCO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44606	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)

VICTOR A MELENDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44461	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DEANNA J SCHAFER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44389	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CATHLEEN HANNAN KENNY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44220	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)

KRISTINE HEINTZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	44090	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

INSIGHT DIRECT USA INC

36-3948996

(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	SERVICE PROVIDER	43815	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JAMES DEBLASIO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43789	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)

DARRY B WELLS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43711	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBERT SMITH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43655	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SHAUNNA WUCZYNSKI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43315	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)

TOMASZ WIDEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43290	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LISA FANELLA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43167	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KESHEBA S BROWN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	43072	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)

DIAMANTE C FINDLAY MENDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42603	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NINA PIETRASZEK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	42479	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEREK J SCHNUPP

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41501	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)

ELIZABETH TOBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41428	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WIOLETA GOLEBIEWSKA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	41295	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROBERT S SANTANGELO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39881	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)

STEPHEN TAO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39684	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GAIL PRIESTLEY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	39542	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ROSARIO A GUERCIO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38897	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)

TRACY GERHARDT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38481	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VANNESSA ROCHA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38376	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MAGRITTE V PRANATA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38288	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)

ASHLEY R BOLDYGA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	38164	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GINA GRANDE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37949	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TIM KRUMWIEDE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37867	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)

PRAJNA N JANARDHANA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37855	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NELDA J KARAS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37659	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RACHEL N BENDUHA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	37497	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)

GERARDO HERNANDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36896	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WORK FRIENDLY CONSULTING

82-1138794

(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	SERVICE PROVIDER	36700	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IT HARDWARE PLUS LLC

27-2032355

(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	SERVICE PROVIDER	36674	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)

BLUE STAR SECURITY LLC

27-1321753

(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	SERVICE PROVIDER	36638	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

YASSIR JERMOUMI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36561	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RATHNA C RODGERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36163	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)

BRETT M FARRENKOPF

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	36050	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMA GYIMAH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35773	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENJAMIN K BABCZAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	35097	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)

SERVICENOW INC

20-2056195

(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	SERVICE PROVIDER	34967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KENDALL L SCHMIDT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34897	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DAVID A FANCIULLACCI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34732	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)

JOSEPH S RESIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34624	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GASSAN ALRAHI

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34530	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AZUBA CORPORATION

36-3444634

(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	SERVICE PROVIDER	34377	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)

JASCULCA TERMAN STRATEGIC COMM

36-3136983

(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	SERVICE PROVIDER	34277	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TAYLOR BURKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34132	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOHN D. BEYLER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	34036	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)

CARDINAL COLORGROUP

27-2600890

(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	SERVICE PROVIDER	33967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FARHA NAAZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33962	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONALD L FUNK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33758	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)

JUSTIN A RATAJCZAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33609	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TILSA FERNANDEZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33333	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CARRIE L SCHEUERMAN

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33333	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)

KRISTIN A VILLASENOR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33263	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MARY A. POMAGIER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FNU ISHRAT JAHAN BEGUM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	33134	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)

LAUREN T MATZIG

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32880	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHARLES A. WHOBREY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	32624	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MOTION RECRUITMENT PARTNERS LLC

13-3789932

(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	SERVICE PROVIDER	32488	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)

CROWN CASTLE FIBER LLC

76-0470458

(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	SERVICE PROVIDER	32468	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THOMAS WEITHERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZACHARY BARRETT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32183	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)

MARK ESSINGTON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	32161	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALTEC PRODUCTS LLC

87-3769551

(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	SERVICE PROVIDER	31937	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SUSAN K WAUGH

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31780	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)

JOHN FLOWERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31742	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MARK EVAN PETERS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31129	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENNIFER SPANDIARY

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	31044	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)

TREVOR LAWRENCE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	30889	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UKG INC

65-0694077

(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	SERVICE PROVIDER	30533	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

SECURITYSCORECARD INC

46-3593513

(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	SERVICE PROVIDER	30104	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)

ERIKA R BARBER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29911	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BENITA PLUME

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29478	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PATRICK W FITTON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29456	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)

STEVE L HEMPHILL III

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29449	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GAYLE M HEMPEL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29383	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CHELSEA HU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29201	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)

BRIAN G CAMPBELL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29085	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LAWRENCE BRODEUR

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	29054	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRIAN HANLON

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28981	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)

JOHN LOOK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28706	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JONATHAN C BURKE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28681	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALKA PRASAD

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	28568	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)

MARK F. ANGERAME

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	28107	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ANDI ZENKU

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27815	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALLIED UNIVERSAL TECHNOLOGY SRVCS

36-3941467

(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	SERVICE PROVIDER	27190	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)

SHANNON M MROZ

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	27036	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ENGIE RESOURCES LLC

37-1796578

(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	SERVICE PROVIDER	25916	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH E BOBLAK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25905	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)

AMY S TOEPFER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25384	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JENNIFER L DEKETT

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25224	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GARRY S VANDEVUSSE

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25177	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)

LYNSI J KORBA

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25155	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DANIEL SASSANO

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
30	EMPLOYEE	25027	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

XALIENT INC

61-1774147

(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	SERVICE PROVIDER	24622	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)

SULLIVAN HAZELTINE ALLINSON LLC

20-5238500

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	SERVICE PROVIDER	23618	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WEST HIGGINS ROAD ASSOCIATION

82-3991348

(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	SERVICE PROVIDER	22421	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THINKNORTH LLC

85-1001667

(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	SERVICE PROVIDER	21914	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)

SITECORE USA INC

30-0262390

(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	SERVICE PROVIDER	21583	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LUCAS JAMES TALENT PARTNERS LLC

83-1221315

(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	SERVICE PROVIDER	20178	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SUPERTRON LLC

99-0485093

(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	SERVICE PROVIDER	20056	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)

ALLTECH EXPERTS LLC

88-4381678

(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	SERVICE PROVIDER	18893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SOFTWARE ANALYSIS CORP

36-3340832

(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	SERVICE PROVIDER	18852	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SMARTBEAR SOFTWARE INC

94-3340607

(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	SERVICE PROVIDER	18291	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)

SOLIMAR SYSTEMS INC

33-0456279

(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	SERVICE PROVIDER	18069	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD K. ELLIS

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	17515	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEOSTELLA LLC

84-3035241

(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	SERVICE PROVIDER	17370	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)

ACP CREATIVIT LLC

82-2142527

(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	SERVICE PROVIDER	16305	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LANDCARE USA LLC

45-1969151

(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	SERVICE PROVIDER	15231	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DYNATRACE LLC

47-3224399

(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	SERVICE PROVIDER	14312	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)

UPS

94-3083515

(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	SERVICE PROVIDER	13503	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PARK PLACE TECHNOLOGIES LLC

81-0683019

(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	SERVICE PROVIDER	13445	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CLEO COMMUNICATIONS US LLC

61-1680547

(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	SERVICE PROVIDER	13409	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)

SYNERTECH INC

33-0397806

(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	SERVICE PROVIDER	13161	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEX TECHNOLOGIES INC

84-3295393

(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	SERVICE PROVIDER	13046	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KOMAL SHARMA

3503 BLUE RIDE CT
CARPENTERSVILLE, IL 60110

(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	SERVICE PROVIDER	13003	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)

BEYONDTRUST CORPORATION

20-4000074

(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	SERVICE PROVIDER	12558	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERSIVE TECHNOLOGIES INC

20-5264628

(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	SERVICE PROVIDER	12058	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

IWCO DIRECT

46-5132128

(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	SERVICE PROVIDER	12025	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)

GARTNER INC

04-3099750

(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	SERVICE PROVIDER	11585	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMLINGS INTERIOR LANDSCAPE

81-3963700

(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	SERVICE PROVIDER	10932	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLURALSIGHT LLC

20-1279619

(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	SERVICE PROVIDER	10906	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)

DILIGENT CORPORATION

81-1402466

(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	SERVICE PROVIDER	10867	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ICIMS INC

22-3719840

(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	SERVICE PROVIDER	10676	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MEGAPORT USA INC

47-2310215

(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	SERVICE PROVIDER	10267	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)

ANDOVER LLC

88-3063177

(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	SERVICE PROVIDER	9778	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IGLOO INC

98-1089776

(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	SERVICE PROVIDER	9640	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OPEN TEXT INC

46-0525483

(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	SERVICE PROVIDER	9618	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)

AT&T MOBILITY

84-1659970

(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	SERVICE PROVIDER	9569	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KONICA MINOLTA BUSINESS SOLUTIONS

13-1921089

(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	SERVICE PROVIDER	9167	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KONE INC

36-2357423

(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	SERVICE PROVIDER	9125	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)

KYLE GILANI

9416 N WESTERN AVENUE
DES PLAINES, IL 60016

(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	SERVICE PROVIDER	9072	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PROOFPOINT

51-0414846

(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	SERVICE PROVIDER	8772	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LINKEDIN CORPORATION

47-0912023

(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	SERVICE PROVIDER	8728	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)

MARTINA JOSIMOVSKA

10 COVENT GARDEN CT
GREENSBORO, NC 27455

(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	SERVICE PROVIDER	8660	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

VITECH SYSTEMS SUB INC

13-3785492

(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	SERVICE PROVIDER	8625	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

V-SOFT CONSULTING

76-0532643

(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	SERVICE PROVIDER	8540	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)

LEANIX INC

81-1466836

(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	SERVICE PROVIDER	8391	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IMANAGE LLC

47-4341604

(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	SERVICE PROVIDER	8381	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GARY CALDWELL

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	8315	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)

LEVEL 3 COMMUNICATIONS LLC

47-0735805

(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	SERVICE PROVIDER	8154	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DONOMA SOFTWARE

54-1575464

(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	SERVICE PROVIDER	8094	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MELISSA DATA CORPORATION

33-0477743

(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	SERVICE PROVIDER	8037	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)

KAMERON HARGROVE

8647 W HIGGINS RD
CHICAGO, IL 60631

(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	SERVICE PROVIDER	7973	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RICHARD FITZGERALD

8647 W HIGGINS RD
CHICAGO, IL 60631

(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	SERVICE PROVIDER	7967	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TALAKAV SOLUTIONS LLC

92-3313059

(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	SERVICE PROVIDER	7855	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)

OPTOMI LLC

30-0747677

(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	SERVICE PROVIDER	7745	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

DROPBOX INC

26-0138832

(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	SERVICE PROVIDER	7573	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JOSEPH P. GRONEK

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	7454	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)

ROBERT WHITAKER

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	7416	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GARY DUNHAM

36-6044243

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
20	TRUSTEE	7247	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CONTENT SQUARE INC

81-4065183

(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	SERVICE PROVIDER	7226	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)

JB CONSULTING & ADVISORY GROUP LLC

92-2425457

(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	SERVICE PROVIDER	7212	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AMS MECHANICAL SYSTEMS INC

36-3636335

(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	SERVICE PROVIDER	7144	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RANDSTAD TECHNOLOGIES LLC

58-2426357

(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	SERVICE PROVIDER	7080	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)

STERICYCLE INC

36-3640402

(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	SERVICE PROVIDER	7077	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHICAGO FIRE PROTECTION LLC

47-1552191

(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	SERVICE PROVIDER	6817	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ERM SOLUTIONS LLC

27-4188530

(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	SERVICE PROVIDER	6780	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)

CONTROLUP INC

47-4475306

(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	SERVICE PROVIDER	6620	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

AT&T ILLINOIS

36-1253600

(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	SERVICE PROVIDER	6544	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

RE-QUEST INC

36-3756665

(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	SERVICE PROVIDER	6425	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)

GOANIMATE INC

98-0585510

(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	SERVICE PROVIDER	5880	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HYBRIDGE SOLUTIONS INC

20-5797118

(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	SERVICE PROVIDER	5792	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LRS LLC

80-0865048

(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	SERVICE PROVIDER	5731	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)

ADVANCEIT365

99-2941698

(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	SERVICE PROVIDER	5480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

DEBOFSKY LAW LTD

46-2736697

(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	SERVICE PROVIDER	5400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ZIPRECRUITER INC

27-2976158

(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	SERVICE PROVIDER	5383	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)

NAVEX GLOBAL INC

03-0513136

(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	SERVICE PROVIDER	5373	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

TWILIO INC

26-2574840

(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	SERVICE PROVIDER	5155	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THOMSON REUTERS TAX & ACCOUNTING

75-1297386

(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	SERVICE PROVIDER	5094	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)

EMBARCADERO TECHNOLOGIES INC

68-0310015

(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	SERVICE PROVIDER	5050	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

REDSIFT INC

61-1946798

(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	SERVICE PROVIDER	5027	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ARC EXCESS & SURPLUS LLC

31-1746517

(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?
22	BROKER	0	Yes [X] No [ ]	Yes [ ] No [X]	56390	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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
25-6078093-023	C	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

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	511742	755031
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	1407127778	1226431759
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	572730927	317440988
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	35368972	66856
(2) U.S. Government securities	1c(2)	28100329588	28558739000
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7903749771	7779504315
(B) All other	1c(3)(B)	6899244	439657
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1741343	1817750
(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)	9685882620	10708481294
(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)	216946054	387724907

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	280335647	277650576
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e	9086894	8547475
1f Total assets (add all amounts in lines 1a through 1e)	1f	48220710580	49267599608
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	85779167	91323689
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	9789789256	10837744923
1k Total liabilities (add all amounts in lines 1g through1j)	1k	9875568423	10929068612
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	38345142157	38338530996

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)	419548270	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		419548270
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-153512	
(B) U.S. Government securities	2b(1)(B)	456334149	
(C) Corporate debt instruments	2b(1)(C)	336855391	
(D) Loans (other than to participants)	2b(1)(D)	21925597	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	3960809	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		818922434
(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)	88392004206	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	88226866360	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		165137846
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1569926952	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1569926952

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		36274291
(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		-76326260
d Total income. Add all **income** amounts in column (b) and enter total	2d		2933483533
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2862188161	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		2862188161
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)	29044552	
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	229478	
(5) Investment advisory and investment management fees	2i(5)	20728398	
(6) Bank or trust company trustee/custodial fees	2i(6)	3668444	
(7) Actuarial fees	2i(7)	249567	
(8) Legal fees	2i(8)	210792	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)	144490	
(11) Other expenses	2i(11)	23630812	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		77906533
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2940094694
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-6611161
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) [ ] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [X] 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: WITHUM SMITH+BROWN, PC **(2)** EIN: 22-2027092

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		30268
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 585823.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

Part I Distributions

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

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

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

EIN(s): 36-6044243

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year ..... | 3 | 0

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer ABF FREIGHT SYSTEM, INC.

b EIN 71-0249444 **c** Dollar amount contributed by employer 76472592

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 06 Day 30 Year 2028

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

a Name of contributing employer BIMBO BAKERIES USA, INC.

b EIN 75-2491201 **c** Dollar amount contributed by employer 22479163

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

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

a Name of contributing employer ASSOCIATED WHOLESALE GROCERS, INC.

b EIN 48-0614866 **c** Dollar amount contributed by employer 13280101

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 04 Day 01 Year 2028

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

a Name of contributing employer CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS HEALTH AND WELFARE PLAN

b EIN 36-2154936 **c** Dollar amount contributed by employer 13258272

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 03 Day 31 Year 2029

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 73.60
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY

a Name of contributing employer PRAIRIE FARMS DAIRY, INC.

b EIN 37-0811846 **c** Dollar amount contributed by employer 12117987

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

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

a Name of contributing employer HILAND DAIRY FOODS COMPANY, LLC

b EIN 43-1180401 **c** Dollar amount contributed by employer 10749423

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer CASSENS TRANSPORT COMPANY

b EIN 37-0209195 **c** Dollar amount contributed by employer 10284419

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 08 Day 31 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 68.40
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY

a Name of contributing employer RCS TRANSPORTATION, LLC

b EIN 20-2646999 **c** Dollar amount contributed by employer 8662624

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

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

a Name of contributing employer PRECISION VEHICLE SOLUTIONS, LLC

b EIN 47-2282185 **c** Dollar amount contributed by employer 8237617

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 08 Day 31 Year 2025

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) 68.40
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☒ Other (specify): DAILY

a Name of contributing employer SPARTAN STORES DISTRIBUTION, LLC

b EIN 38-0593940 **c** Dollar amount contributed by employer 8210865

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month 04 Day 18 Year 2026

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: [X] last contributing employer [ ] alternative [ ] reasonable approximation (see instructions for required attachment)	**14a**	222754
b The plan year immediately preceding the current plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	226700
c The second preceding plan year. [ ] Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	237007

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	0.98
b The corresponding number for the second preceding plan year	**15b**	0.94

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	35
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	222132725

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 100.00 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

[ ] Yes.

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

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

[ ] No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

[ ] Design-based safe harbor method

[ ] "Prior year" ADP test

[ ] "Current year" ADP test

[ ] N/A

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

Central States, Southeast and Southwest Areas Pension Fund (EIN: 36-6044243 and PN: 001)

Financial Statements as of and for the
Years Ended December 31, 2025 and 2024,
Supplemental Schedules as of and for the Year Ended
December 31, 2025, and Independent Auditor's Report

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITOR'S REPORT	1-3
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits as of December 31, 2025 and December 31, 2024	4
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2025 and December 31, 2024	5
Notes to the Financial Statements as of and for the Years Ended December 31, 2025 and December 31, 2024	6–18
SUPPLEMENTAL SCHEDULES:	
Form 5500, Schedule H, Part IV, Line 4i — Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2025	B-1 to B-37
Form 5500, Schedule H, Part IV, Line 4j — Schedule of Reportable Transactions for the Year Ended December 31, 2025	C

NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

withum
ADVISORY TAX AUDIT

INDEPENDENT AUDITOR'S REPORT

To the Participants and Trustees of
Central States, Southeast and Southwest Areas Pension Fund:

Opinion

We have audited the financial statements of Central States, Southeast and Southwest Areas Pension Fund, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), which comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America ("GAAS"). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Central States, Southeast and Southwest Areas Pension Fund and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Central States, Southeast and Southwest Areas Pension Fund's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 Central States, Southeast and Southwest Areas Pension Fund'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 Central States, Southeast and Southwest Areas Pension Fund's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Supplemental Schedules Required by ERISA

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2025, and Schedule H, Part IV, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the 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.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedules is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Withum Smith + Brown, PC

September 15, 2026

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
Assets	(In thousands)	
Investments at fair value:		
Cash equivalents, including those purchased under agreements to resell of $359,920 and $480,949 in 2025 and 2024, respectively	$ 985,080	$ 892,484
Fixed income:		
U.S. government and government agency debt	19,055,846	19,123,081
U.S. corporate debt	5,390,680	5,819,974
International debt	1,099,817	1,239,144
Equity:		
U.S. common and preferred	845	754
International common and preferred	973	987
Securities on loan	10,472,672	9,468,921
Other investments	30	26
Total investments at fair value	37,005,943	36,545,371
Receivables:		
Employer contributions, less allowance for uncollectible contributions of $1,100,416 and $989,124 in 2025 and 2024, respectively	64,944	85,016
Withdrawal liability, less allowance for uncollectible withdrawal revenue of $16,965,554 and $15,865,218 in 2025 and 2024, respectively (Note 2)	1,161,488	1,322,112
Interest and dividends	190,096	194,874
Other, primarily securities sold	127,345	377,857
Total receivables	1,543,873	1,979,859
Cash	755	512
Assets held as collateral in securities lending program	10,708,481	9,685,882
Other	8,548	9,087
Total assets	49,267,600	48,220,711
Liabilities		
Liability to return collateral held under securities lending agreements	10,708,481	9,685,882
Investment related, primarily securities purchased	128,167	102,422
Accounts payable and accrued expenses	91,324	85,780
Deferred withdrawal liability receipts	1,097	1,485
Total liabilities	10,929,069	9,875,569
Net assets available for benefits	$ 38,338,531	$ 38,345,142

See notes to financial statements.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

	2025	2024
	(In thousands)	
Revenue		
Contributions	$ 419,548	$ 455,025
Withdrawal liability	88,571	131,399
Net change in withdrawal liability deemed uncollectible	(160,623)	(315,050)
Total revenue	347,496	271,374
Benefits and expenses		
Benefits to participants	2,862,188	2,863,081
General and administrative expenses	53,510	52,123
Total benefits and expenses	2,915,698	2,915,204
Loss from operations	(2,568,202)	(2,643,830)
Special Financial Assistance (Note 1)	-	(126,657)
Investment income		
Interest and dividends	850,923	886,912
Net appreciation (depreciation) in fair value of investments	1,735,065	(1,522,782)
Investment expenses	(24,397)	(24,780)
Net investment income	2,561,591	(660,650)
Increase (Decrease) in net assets	(6,611)	(3,431,137)
Net assets available for benefits		
Beginning of year	38,345,142	41,776,279
End of year	$ 38,338,531	$ 38,345,142

See notes to financial statements.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
NOTES TO FINANCIAL STATEMENTS

1. Description of Fund and Plan

The following notes regarding the Central States, Southeast and Southwest Areas Pension Plan ("Plan") (EIN/PN 36-6044243/001) provide only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Participation and contributions

Central States, Southeast and Southwest Areas Pension Fund ("Fund") was established in 1955 by an Agreement and Declaration of Trust ("Trust Agreement"). The Fund provides for retirement and related benefits for eligible employees of contributing employers that are signatory to collective bargaining agreements with Teamster Local Unions accepted by the Trustees.

Pursuant to the Trust Agreement, the Plan established by the Trustees is a multiemployer defined benefit plan within the meaning of, and subject to, the Employee Retirement Income Security Act of 1974, as amended ("ERISA"). Participation is based on covered service as defined by applicable collective bargaining agreements. Benefits under the Plan are generally based on the participant's age, accumulated service credit (including certain noncontributory service credit) and the rate at which employer contributions were required to be made to the Fund.

Employers make contributions to the Fund, on behalf of their employee participants, at rates specified in applicable collective bargaining agreements. Under specified conditions, participating employees may make self-contributions to secure benefits. Trustees are empowered to establish and amend the level of Plan benefits. Although an individual Trustee may participate in collective bargaining in the capacity of an employer or union representative, the Fund itself is not a party to these negotiations. Collective bargaining agreements are generally negotiated for multi-year periods with varying expiration dates, terms and employer contribution rates.

The risks of participating in a multiemployer plan are different from single-employer plans in the following respects: contributions made to a multiemployer plan by one employer may be used to provide benefits to employees of other participating employers; if a participating employer stops contributing to a multiemployer plan, the unfunded obligations of the plan may be borne by the remaining participating employers; and if a participating employer chooses to stop participating in a multiemployer plan, it may be required to pay an amount based on the underfunded status of the plan (referred to as withdrawal liability).

Benefits

The Plan provides various pension benefits. Benefit levels are generally based on the participant's contribution levels, service credit and age. Generally, at least five years of service are required to be eligible for any benefit level. Vested participants receive one of the four types of monthly retirement benefits provided by the Plan: Contribution-Based Pension, Contributory Credit Pension, Twenty-Year Service Pension or Deferred Pension. Under certain conditions, partial pensions are available at reduced amounts where participation has been divided between the Plan and other pension plans that have reciprocal agreements with the Fund. At time of retirement, married participants may elect to receive a reduced benefit under joint surviving spouse options. The Plan also provides for a monthly disability benefit, a lump-sum disability benefit and various death benefits.

For certain eligible retirees (and their spouses), the Plan includes an Age 65 Prescription Drug Benefit. This benefit is funded entirely through additional employer contributions to the Pension Fund and has an annual maximum benefit of $1,000 (per member/spouse). Amounts available to pay this benefit at December 31, 2025 and 2024 were $68.2 million and $63.8 million, respectively.

Employer withdrawal

The Plan complies with the provisions of the Multiemployer Pension Plan Amendments Act of 1980 (“MPPAA”), which requires imposition of withdrawal liability on a contributing employer that partially or totally withdraws from the Plan. Under the provision, a portion of the Plan’s unfunded vested liability would be allocated to a withdrawing employer. The Plan’s actuary has advised the Plan that, as of December 31, 2025 and 2024, the Plan has an estimated unfunded vested liability for withdrawal liability purposes of $29.8 billion and $32.0 billion, respectively.

In accordance with amendments of ERISA by MPPAA, the Trust Agreement and the Plan provide for the Modified Presumptive Method (Two Pool Approach) of determining employer withdrawal liability. The Trustees have approved an exemption of withdrawal liability for employers for certain temporary contribution obligation periods in accordance with Section 4210 of ERISA (29 U.S.C. § 1390). The Trustees have also approved an exemption of withdrawal liability for employers in the building and construction industry in accordance with Section 4203(b) of ERISA (29 U.S.C. § 1383(b)).

New and existing employers may choose to have their withdrawal liability determined following the Direct Attribution Method. Under this alternative method, each employer’s withdrawal liability is measured based upon the contributions paid and the benefits accrued by that particular employer on a go forward basis. Existing employers may become part of the Direct Attribution Pool by satisfying their existing withdrawal liability, as calculated under the previous Modified Presumptive Method. Existing participating employers are not required to convert to the Direct Attribution Method.

Plan termination

The Trustees control and manage the operation and administration of the Fund and the Plan and, subject to certain conditions, may amend or terminate the Trust Agreement and Plan. The Trustees intend to continue the Plan; however, termination of the Plan would result in allocation of the Fund's net assets to participants and beneficiaries of the Plan in the order specified by ERISA and in accordance with the Trust Agreement. In the event of Plan termination, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"). Generally, the PBGC guarantees most vested normal age retirement benefits, some early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits as well as the ability of the PBGC to provide the guaranteed level of benefits.

Funding policy

The Fund has established an investment policy such that assets will be managed in a reasonable and prudent manner with a primary objective to avoid insolvency, and a secondary objective to grow the Solvency Ratio towards full funding over time. Contribution rates are established at a level intended to be sufficient to pay benefits required by the Plan. For the years ended December 31, 2025 and 2024, the minimum funding requirements of ERISA were satisfied.

For the years ended December 31, 2025 and 2024, the Plan was certified by its actuary to be in “critical” status, as defined by the Multiemployer Pension Reform Act of 2014. Under the Pension Protection Act of 2006 (“PPA”), if a pension plan enters critical status, the trustees of the plan are required to adopt a rehabilitation plan and establish steps and benchmarks to improve the plan’s funding status. On March 25, 2008 the Trustees adopted a rehabilitation plan and have since made updates to the rehabilitation plan which is expected to last until the end of 2051. The rehabilitation plan requires specific pension contribution rate increases in certain specific circumstances

while not increasing current benefit formulas. In addition, as required by the PPA, certain benefits are reduced for participants whose employers fail to adopt the required contribution rate increases as set forth in the rehabilitation plan, or fail to agree to adopt the rehabilitation plan schedule (the "default schedule") that provides for pension contribution increases at lower rates than the plan's "primary schedule." Benefit reductions generally include the elimination of early retirement benefits, post-retirement death benefits and future disability benefits.

In July 2005, subject to certain conditions, the Internal Revenue Service ("IRS") approved the Fund's request for a 10-year amortization extension for amortizing the unfunded liabilities for the Plan year beginning January 1, 2004. As of January 1, 2009 the Fund did not meet the funding percentage required as a condition of the amortization extension due to significant investment losses suffered during 2008. On February 12, 2009, the Fund filed an application with the IRS to modify the conditions set forth in the amortization extension; the Fund's amortization extension expressly provides that the IRS "will consider modifications of [the] conditions in the event that unforeseen circumstances beyond the control of the Fund cause the actual experience of the Plan to fail the funded ratio target." In April 2016 the IRS approved a modification of the amortization extension. Under this modification there will be no retroactive funding deficiency for years prior to 2009 as a result of any failure of the Fund to satisfy the funding target conditions for 2009 and subsequent years. The Fund employers will not be exposed to excise taxes as long as the Fund has a PPA rehabilitation plan in place and is complying with it. The Fund adopted a rehabilitation plan under the PPA in 2008 and is currently complying with it.

On March 11, 2021, the American Rescue Plan Act of 2021 ("ARPA") was signed into law. Under the ARPA, eligible plans such as the Fund may seek special financial assistance ("SFA") from the federal government. The Fund filed a revised application for SFA in August 2022. The Pension Benefit Guaranty Corporation ("PBGC") approved the Fund's SFA application in December 2022. On January 12, 2023, the Fund received the SFA principal and interest in the amount of $35,764,910,110. On April 8, 2024, the Fund entered into a settlement agreement with the United States to return a portion of SFA funds to the federal government. During an audit by the PBGC's Office of Inspector General ("OIG"), the OIG concluded that approximately 3,500 deceased participants among more than 350,000 plan participants were included in the plan's SFA application. The PBGC's OIG discovered that the SFA Final Rule requirements for pension funds only involved submitting a participant list and proof of a death audit, which was not verified against the Social Security Administration's Death Master File, to which the Fund does not have access. The Fund fully cooperated with the OIG during its investigation, providing evidence that its SFA application was submitted following the requirements of the SFA Final Rule. On April 8, 2024, the Fund returned $126,656,954, which includes principal of $126,555,536 and interest of $101,418.

2. Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

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

Revenue

Contributions are billed monthly based upon employment information provided by employers and rates specified in applicable collective bargaining agreements. Contributions outstanding as of year end are accrued. An

allowance for credit losses is estimated by management based on an evaluation of collection history and current financial conditions of the employers.

Changes in the allowance for credit losses for the year ended December 31, 2025 and 2024 were as follows:

	2025	2024
	(In thousands)	
Balance at the beginning of the year	$ 989,124	$907,119
Provisions	111,556	85,199
Write-offs, net of recoveries	(264)	(3,194)
Balance at the end of the year	$ 1,100,416	$989,124

Withdrawal liability, which is based upon an employer's allocated share of the Plan's unfunded liability for vested benefits, is assessed at the time of an employer's partial or complete withdrawal from the Fund, as defined by MPPAA. At December 31, 2025 the Plan had approximately $18.1 billion in withdrawal liability receivables, netted against an allowance of $17.0 billion. At December 31, 2024 the Plan had approximately $17.2 billion in withdrawal liability receivables, netted against an allowance of $15.9 billion.

Changes in the withdrawal liability allowance for credit losses for the year ended December 31, 2025 and 2024 were as follows:

	2025	2024
	(In thousands)	
Balance at the beginning of the year	$ 15,865,218	$ 14,677,109
Provisions	1,290,224	1,337,355
Write-offs, net of recoveries	(189,888)	(149,246)
Balance at the end of the year	$ 16,965,554	$ 15,865,218

On July 30, 2023, Yellow Corporation and subsidiaries, including two affiliated major contributing employers, YRC Inc. and USF Holland LLC (collectively “YRC”), decided to cease operations. Yellow Corporation and its 24 United States-based subsidiaries (including YRC) then filed Chapter 11 bankruptcy petitions in Delaware on August 6, 2023. The Fund filed proofs of claims in the bankruptcy case for outstanding contributions and withdrawal liability. The bankruptcy court has approved a settlement involving the claims of the Fund, among others. As part of this settlement, the Fund’s claims are being allowed related to Withdrawal Liability Claims, Contribution Guarantee Claims, Priority Contributions Claims, and General Unsecured Contribution Claims. These allowed claims are subject to challenge on appeal, and the distribution amounts on these claims are uncertain.

Payment of benefits

Benefit payments to participants are recorded when paid.

Leases

The Plan recognizes right-of-use ("ROU") assets and lease liabilities on the Statement of Net Assets Available for Benefits for all operating leases with contractual terms longer than 12 months. The Plan had no finance leases during 2025 and 2024.

ROU assets are recognized based on the initial present value of the fixed lease payments plus any direct costs from executing the lease. Lease liabilities are recognized at the present value of the fixed lease payments, using a discount rate based on the U.S. Treasury risk-free rate. Options to extend lease terms or terminate the lease before the contractual expiration date are evaluated for their likelihood of exercise. If it is reasonably certain that the option will be exercised, the option is considered in determining the classification and measurement of the lease. Costs associated with operating lease assets are recognized on a straight-line basis within operating expenses over the term of the lease. On the Statement of Net Assets Available for Benefits, ROU assets and lease liabilities are included within "Other" assets and "Accounts payable and accrued expenses," respectively.

The Plan has operating leases for office space and equipment with a remaining weighted average lease term of 3.41 years and 4.39 years at December 31, 2025 and 2024, respectively. The weighted average discount rate used was 1.73% and 1.76% at December 31, 2025 and 2024, respectively. For the years ended December 31, 2025 and 2024, lease expense for operating leases was $1,050,016 and $1,044,351, respectively, and is included in general and administrative expenses on the Statement of Changes in Net Assets Available for Benefits.

Future minimum lease payments under non-cancellable leases as of December 31, 2025 were as follows:

Year Ending December 31,	Operating Leases
2026	1,072,437
2027	1,087,030
2028	1,009,144
2029	502,125
Thereafter	-
Total future minimum lease payments	3,670,736
Less imputed interest	(100,438)
Total	$ 3,570,298

Subsequent events

Subsequent events were evaluated through the date on which the financial statements were available to be issued. This date is approximately the same as the independent auditor's report date.

Recent Accounting Pronouncements

There were no recently issued or adopted accounting pronouncements during the years ended December 31, 2025 and 2024.

3. Investments

Custody
Investments owned by the Fund are held under the custody of The Bank of New York ("BNY").

Named Fiduciary and Investment Management
BlackRock Financial Management, Inc. ("BlackRock") currently serves as the Fund's Named Fiduciary and manages 100% of the Fund's cash and investments. Independent investment managers are selected by and report to the Named Fiduciary and have exclusive authority to purchase or sell investment assets under their control, subject to compliance with investment policies formulated by the Named Fiduciary after consultation with the Trustees.

Special Financial Assistance (SFA) assets are at all times kept separate from Legacy assets (assets in the Fund prior to the infusion of SFA assets). SFA assets are managed in accordance with the requirements of the American Rescue Plan, and the regulations promulgated by the PBGC in 29 CFR Part 4262 (the "SFA Final Rule").
The Dreyfus Government Cash Management Fund, which acts as a cash sweep vehicle for the Pension Fund and is managed by Dreyfus, a division of BNY (a party-in-interest). The fund seeks as high a level of current income as is consistent with the preservation of capital and the maintenance of liquidity.

Valuation
Investments are stated at fair value. Fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When available, quoted market prices are used to value investments. The valuations are provided by independent pricing sources used by BNY.

U.S. common and preferred stocks traded on national securities exchanges are valued at the most recent close of trading price, and U.S. common and preferred stocks traded on over-the-counter markets are valued at the last bid price at the most recent close of trading. Non-U.S. equity securities are valued at the primary exchange close. U.S. and non-U.S. long-term corporate debt and government and government agency debt (including forward commitments) are valued on the basis of quotes obtained from independent pricing vendors. Debt securities having a maturity date of one year or less at time of purchase are valued at book value, which approximates fair value, except for corporate bonds which are valued by external pricing vendors regardless of the time remaining until maturity date. Securities purchased under agreements to resell are valued at contract amount which is equal to fair value. Unit shares of collective investment funds are valued at their pro-rata share of the month end closing composite net asset value based on the net assets of the fund. Sales and purchases of securities are recorded on a trade date basis. Consequently, transactions not settled as of year end will result in the recording of a receivable or payable.

Purchases and sales are recorded on a trade-date basis. Realized and unrealized gains and losses are recognized in net appreciation or depreciation in fair value of investments on the Statement of Changes in Net Assets Available for Benefits. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Securities, in general, are exposed to various risks, such as interest rate, credit, foreign currency exchange rate and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

No Fund investments are subject to redemption fees or termination restrictions.

Fair value of investments

In accordance with the accounting guidance for fair value measurements and disclosures, the Plan is required to present its investments in a hierarchy as follows: Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities valued based on other significant observable inputs, including quoted prices; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Fund's policy is to recognize significant transfers between levels at the time in which an event or change in circumstances occurs. There were no significant transfers in or out of Levels 1, 2 or 3 during the years ended December 31, 2025 and 2024.

Certain investments that have been measured at fair value using the net asset value per share as a practical expedient (or its equivalent) are not categorized in the fair value hierarchy.

The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value (in thousands) on a recurring basis at December 31, 2025:

	Level 1	Level 2	Level 3	2025 Total
Cash equivalents	$ 407,551	$ 577,529	$ -	$ 985,080
Fixed income	17,881,091	7,665,252	-	25,546,343
Equity	1,818	-	-	1,818
Securities on loan	8,773,536	1,699,136	-	10,472,672
Other	-	-	30	30
Total	$ 27,063,996	$ 9,941,917	$ 30	$ 37,005,943
Liability to return collateral held under securities lending agreements	$ -	$ 10,708,481	$ -	$ 10,708,481

The following table sets forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value (in thousands) on a recurring basis at December 31, 2024:

	Level 1	Level 2	Level 3	2024 Total
Cash equivalents	$ 153,355	$ 739,129	$ -	$ 892,484
Fixed income	17,937,016	8,245,148	35	26,182,199
Equity	1,728	-	13	1,741
Securities on loan	8,238,831	1,230,090	-	9,468,921
Other	-	-	26	26
Total	$ 26,330,930	$ 10,214,367	$ 74	$ 36,545,371
Liability to return collateral held under securities lending agreements	$ -	$ 9,685,882	$ -	$ 9,685,882

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets (in thousands) for the year ended December 31, 2025:

	Fixed Income	Equity	Other	Total
Purchases	$ -	$ -	$ -	$ -
Issuances	-	(25)	(57)	(82)
Transfers in	-	-	-	-
Transfers out	-	-	-	-

The following table sets forth a summary of certain changes in the fair value of the Plan's level 3 assets (in thousands) for the year ended December 31, 2024:

	Fixed Income	Equity	Other	Total
Purchases	$ -	$ -	$ -	$ -
Issuances	(461)	(5,586)	(57)	(6,104)
Transfers in	-	-	-	-
Transfers out	-	-	-	-

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair values of those financial instruments as of December 31, 2025 and 2024:

Instrument	Fair Value (In thousands) 12/31/2025	12/31/2024	Principal Valuation Technique	Significant Unobservable Inputs	Range of Significant Input Values	Weighted Average
Fixed income	$ -	$ 35	Vendor priced	N/A	N/A	N/A
Equity	-	13	Investment manager priced	N/A	N/A	N/A
Trust in Dissolution	30	26	Vendor priced	N/A	N/A	N/A

Securities lending

Securities with a fair value approximating $10.5 billion and $9.5 billion were on loan by the custodian to various securities brokers on a temporary basis at December 31, 2025 and 2024, respectively. Under securities lending agreement terms, it is required that each loan at inception shall be secured by collateral with a market value equal to or greater than 102% (105% for non–U.S. securities) of the securities loaned and remain at or above 100%

(105% for non–U.S. securities). The Fund's loan of securities may be secured by collateral in the form of cash or United States government debt securities. Any collateral received in the form of cash is reinvested. Net securities lending net income earned was approximately $17.5 million and $18.5 million for 2025 and 2024, respectively. The counterparties in the securities lending program have the right to sell or repledge the borrowed securities.

The fair value of securities on loan at December 31, 2025 and 2024 consists of the following:

	2025	2024
	(In thousands)	
Cash Equivalents	$ 6,287	$ -
Fixed income:		
Government	8,797,674	8,242,635
Corporate	1,434,296	1,097,531
International	234,415	128,755
Total securities on loan	$ 10,472,672	$ 9,468,921

Repurchase agreements

The Fund manages credit exposure arising from repurchase agreement transactions by entering into master repurchase agreements with counterparties that provide the Fund, in the event of a counterparty default (such as bankruptcy or a counterparty's failure to pay or perform), with the right to net a counterparty's rights and obligations under such agreement and liquidate and set off collateral held by the Fund against the net amount owed by the counterparty.

Derivatives

Investment managers (managers), on behalf of the Fund, may enter into derivative instruments as part of the Fund's overall investment policy to minimize the transaction costs of changing strategies and to more efficiently manage portfolio allocations. The only derivative instruments permissible by the Legacy managers are Treasury futures and swaps. Within the SFA Portfolio, the use of derivatives, outside of Fund vehicles is not permissible; with the exception of using derivatives for a short period of time, to replicate permissible physical securities which are not immediately available in the market. Derivatives are not to be used in a manner that will effectively increase leverage or counter-party risk.

Futures

Managers, on behalf of the Fund, may enter into financial futures contracts for the future delivery of financial instruments or contracts based on financial indices at a fixed price. The Fund's primary investment in futures contracts is designed to adjust its interest rate exposure via Treasury futures. Future contracts are priced daily in order to calculate corresponding notional and fair value (unrealized gain/loss). Payments are made or received by the Fund each day, depending on the daily fluctuations in the fair value of the financial instrument or underlying index. Changes in fair value are accounted for as net appreciation(depreciation) in fair value of investments.

The fair value of futures contracts at December 31, 2025 and 2024 is as follows:

	2025	2024
Futures contracts	(In thousands)	
Fixed income		
Short position	$ -	$ 519
Long position	(73,814)	(358,941)
Total futures contracts	$ (73,814)	$ (358,422)

Futures contracts are included with U.S. government and government agency debt in the Statement of Net Assets Available for Benefits. For all contracts outstanding at December 31, 2025 and 2024, all expire within one year. The following table represents the monthly average derivative activity based on month end notional values for both 2025 and 2024:

	2025	2024
Futures contracts	(In thousands)	
Fixed income		
Short position	$ (8,261)	$ (88,975)
Long position	5,340,608	528,657

4. Pension and other postretirement benefits for Fund employees

Fund employees are participants in the Plan (a defined benefit plan) as described in Note 1. Amounts contributed to the Plan were $3.0 million for both 2025 and 2024. Employees are also covered by a 401(k) plan. Amounts contributed to the 401(k) plan were $698 thousand and $659 thousand for 2025 and 2024, respectively.

In addition, Fund employees are participants in the Central States, Southeast and Southwest Areas Retiree Health and Welfare Plan (“Retiree Plan”) (EIN/PN 36-2154936/503). The Retiree Plan provides medical and prescription drug benefits to retired participants and their spouses. Contributions made by the Pension Fund to the Retiree Plan were $276 thousand and $264 thousand for 2025 and 2024, respectively.

The obligation of the Pension Fund to remit contributions to the Pension and Retiree Plans on behalf of their bargaining unit employees continues through the expiration date of two separate collective bargaining agreements. One expires on March 31, 2029 and the other on June 30, 2029.

At the date on which the financial statements were issued, Annual Reports (Forms 5500) were not available for the plan year ending December 31, 2025.

5. Shared expenses with the Active and Retiree Health and Welfare Plans

The Fund has common Trustees and shares common office facilities, personnel and other functions with the Retiree Plan and the Central States, Southeast and Southwest Areas Active Health and Welfare Plan (“Active Plan”). Fund employees are covered by one of the Active Plan's benefit plans. Shared costs are allocated between

the Fund, Active Plan and the Retiree Plan on the basis of estimated utilization. Approximately $36.0 million and $35.1 million of such costs are included in general and administrative expenses for 2025 and 2024, respectively. The Pension Fund leases office space at a building owned by the Central States, Southeast and Southwest Areas Health and Welfare Fund ("Health Fund") under terms determined by independent parties. The lease has an initial 10-year term with two options to extend an additional five years each. The Pension Fund pays monthly rent to the Health Fund for its share of the office facility. The rent expense was $912 thousand for both 2025 and 2024.

6. Income tax status

The Internal Revenue Service ("IRS") issued a letter of determination, dated August 9, 2016, stating that the Plan, as designed, is exempt from federal income tax under Section 501 of the Internal Revenue Code. Fund management believes the Plan is currently designed and being operated in accordance with applicable rules and regulations; therefore, no provision for income taxes is included in these financial statements.

Accounting principles generally accepted in the United States of America require Fund 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 is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. Fund management believes it is no longer subject to income tax examinations for years prior to 2022.

7. Actuarial present value of accumulated benefits

Accumulated benefits are future benefit payments attributable to service credits earned by participants as of the valuation date. Accumulated benefits include amounts expected to be paid to active, retired or terminated participants or their beneficiaries. The actuarial present value of accumulated benefits is determined by the Fund's actuaries using actuarial assumptions to adjust accumulated benefits to reflect related administrative expenses, the time value of money (through discounts equal to the assumed investment rate of return) and the probability of payment (by means of decrements such as for death, disability, termination or retirement) between the valuation date and the expected dates on which the benefits will be paid.

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

Significant assumptions underlying the 2025 and 2024 actuarial computations are as follows:

- annual investment rate of return of 4.60% and 4.75% (net of investment expenses) for 2025 and 2024, respectively;
- varying rates of retirement, resulting in an average retirement age of 64;
- rates of participant termination for reasons other than death, disability or retirement developed from Plan experience;

Rates of Mortality - 2025

- Non-Annuitant Lives: For males, Pri-2012 Blue Collar Employee Male table with generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Employee Female table with generational projection using Scale MP-2021 from 2012.
- Healthy Retiree Lives: For males, Pri-2012 Blue Collar Retiree Male table with rates increased by 11%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Retiree Female table with rates increased by 4%, and generational projection using Scale MP-2021 from 2012.

- Contingent Survivor Lives: These tables apply upon the death of the corresponding participant. For males, Pri-2012 Blue Collar Contingent Survivor Male table with generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Contingent Survivor Female table with rates increased by 9%, and generational projection using Scale MP-2021 from 2012.
- Disabled Lives: For males, Pri-2012 Disabled Retiree Male table with rates increased by 23%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Disabled Retiree Female table with generational projection using Scale MP-2021 from 2012.

Rates of Mortality - 2024

- Non-Annuitant Lives: For males, Pri-2012 Blue Collar Employee Male table with generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Employee Female table with generational projection using Scale MP-2021 from 2012.
- Healthy Retiree Lives: For males, Pri-2012 Blue Collar Retiree Male table with rates increased by 11%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Retiree Female table with rates increased by 4%, and generational projection using Scale MP-2021 from 2012.
- Contingent Survivor Lives: These tables apply upon the death of the corresponding participant. For males, Pri-2012 Blue Collar Contingent Survivor Male table with generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Contingent Survivor Female table with rates increased by 9%, and generational projection using Scale MP-2021 from 2012.
- Disabled Lives: For males, Pri-2012 Disabled Retiree Male table with rates increased by 23%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Disabled Retiree Female table with generational projection using Scale MP-2021 from 2012.

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 accumulated benefits.

The actuarial present value of accumulated benefits at December 31, 2025 and 2024 is as follows:

	2025	**2024**
	(In millions)	
Vested benefits:		
Participants and beneficiaries currently receiving benefits	$ 25,794	$ 25,562
Other participants	11,578	12,007
	37,372	37,569
Nonvested benefits	178	168
Total actuarial present value of accumulated benefits	$ 37,550	$ 37,737

Information used to determine the actuarial present value of accumulated benefits includes participant census data and benefit provisions in effect at each valuation date.

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART III, LINE 3a
ATTACHMENT A

Changes during the year in the actuarial present value of accumulated benefits are summarized as follows:

	2025 (In millions)
Actuarial present value of accumulated benefits at beginning of year	$ 37,737
Increase (Decrease) during the year attributable to:	
Interest on the actuarial present value of accumulated benefits	1,719
Benefit payments	(2,862)
Benefits accumulated	287
Actuarial experience	137
Plan amendments	(1)
Change in actuarial assumptions	533
Actuarial present value of accumulated benefits at end of year	$ 37,550

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:
- [X] 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. ▶ [X]

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
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/01/1955

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)

TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

C/O CENTRAL STATES FUNDS
8647 WEST HIGGINS ROAD

CHICAGO IL 60631-2803

2b Employer Identification Number (EIN) 36-6044243

2c Plan Sponsor's telephone number (847)518-9800

2d Business code (see instructions) 484120

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	Gary F. Caldwell	9-15-26	GARY F. CALDWELL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Charles A Whobrey	9/15/26	CHARLES A WHOBREY
	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 [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	332,020
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)**	38,102
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	35,900
b	Retired or separated participants receiving benefits	**6b**	151,396
c	Other retired or separated participants entitled to future benefits	**6c**	104,733
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	292,029
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	31,693
f	Total. Add lines **6d** and **6e**.	**6f**	323,722
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**	884

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

1B 1E

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

9a Plan funding arrangement (check all that apply)

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

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

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [X] **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 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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_____

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
INTEREST-BEARING CASH
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
	LEGACY				
	DOMESTIC				
	BNY MELLON CASH RESERVE	3.630 %	$ 9,067	$ 9,067	$ 9,067
	TOTAL DOMESTIC INTEREST-BEARING CASH			9,067	9,067
	FOREIGN				
	CURRENCY	VARIOUS	N/A	41,900	42,014
	TOTAL FOREIGN INTEREST-BEARING CASH			41,900	42,014
	TOTAL LEGACY INTEREST-BEARING CASH			$ 50,967	$ 51,081
	SFA				
	DOMESTIC				
	BNY MELLON CASH RESERVE	3.630 %	$ 15,775	$ 15,775	$ 15,775
	TOTAL DOMESTIC INTEREST-BEARING CASH			15,775	15,775
	TOTAL SFA INTEREST-BEARING CASH			$ 15,775	$ 15,775
	TOTAL INTEREST-BEARING CASH			$ 66,742	$ 66,856

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
U.S. GOVERNMENT SECURITIES
DECEMBER 31, 2025

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
LEGACY					
COMMIT TO PURCHASE FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.000 %	$ 26,325,000	$ 21,326,568	$ 21,308,981
COMMIT TO PURCHASE FEDERAL NATIONAL MORTGAGE ASSOCIATION	02/12/2026	3.000	4,825,000	4,258,527	4,273,165
COMMIT TO PURCHASE FEDERAL NATIONAL MORTGAGE ASSOCIATION	02/12/2026	3.500	5,100,000	4,691,976	4,707,861
COMMIT TO PURCHASE FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.500	4,000,000	4,059,273	4,055,244
COMMIT TO PURCHASE FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.000	3,450,000	3,542,071	3,541,871
COMMIT TO PURCHASE GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	02/19/2026	5.000	8,150,000	8,143,776	8,127,262
COMMIT TO PURCHASE GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	03/20/2056	6.000	1,300,000	1,325,838	1,325,623
COMMIT TO PURCHASE GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	03/20/2056	6.500	1,575,000	1,634,382	1,624,392
FEDERAL HOME LOAN BANK	VARIOUS	3.550	30,000,000	29,673,817	29,673,817
FEDERAL HOME LOAN BANK	01/23/2026	3.553	15,000,000	14,863,519	14,863,519
FEDERAL HOME LOAN BANK	01/28/2026	3.554	15,000,000	14,858,250	14,858,250
FEDERAL HOME LOAN BANK	02/06/2026	3.560	15,000,000	14,827,871	14,827,871
FEDERAL HOME LOAN BANK	02/13/2026	3.566	10,000,000	9,944,000	9,944,000
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	1.500	4,225,452	3,713,645	3,813,705
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	2.000	7,713,625	6,097,871	6,317,936
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	2.500	21,890,480	17,708,531	18,827,062
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.000	3,282,742	2,868,772	2,970,308
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.500	256,617	234,223	241,976
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	4.000	3,538,153	3,356,744	3,396,021
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	4.500	1,830,570	1,722,309	1,797,072
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	5.000	2,213,624	2,210,333	2,229,830
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	5.500	6,973,765	7,047,964	7,082,139
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	6.000	3,909,890	4,018,914	4,086,718
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	6.500	1,492,095	1,563,162	1,573,426
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	1.500	1,403,290	1,200,251	1,275,143
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.000	12,120,523	9,985,260	10,285,149
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.500	5,843,118	5,014,832	4,995,101
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.000	6,978,676	6,069,137	6,265,516
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.500	2,751,472	2,514,080	2,599,569
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.000	3,116,661	2,959,738	2,997,750
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	4.500	1,768,054	1,713,569	1,734,334
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.000	2,248,761	2,277,165	2,275,841
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.500	6,599,807	6,684,709	6,705,390
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.000	9,101,785	9,314,300	9,430,235
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.500	2,692,034	2,801,675	2,821,070
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.000	15,487,729	12,703,231	12,852,537
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	2.500	7,947,260	6,680,708	6,868,341
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.000	3,937,305	3,457,398	3,553,856
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.500	1,595,001	1,443,145	1,475,116
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	10/20/2052	4.000	6,095,244	5,657,862	5,799,807
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	12/20/2054	5.000	300,304	291,717	300,737
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.500	4,683,674	4,669,856	4,735,268
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	VARIOUS	6.000	7,137,929	7,286,087	7,278,182
STATE OF CALIFORNIA	04/01/2039	7.550	2,760,000	3,364,744	3,349,481
STATE OF ILLINOIS	06/01/2033	5.100	1,361,176	1,393,532	1,395,029
TENNESSEE VALLEY AUTHORITY	09/15/2065	4.250	640,000	530,384	530,125
U.S. TREASURY BILL	04/14/2026	3.620	15,000,000	14,828,400	14,828,400
U.S. TREASURY BILL	04/21/2026	3.650	15,000,000	14,835,010	14,835,010
U.S. TREASURY BILL	02/24/2026	3.820	15,000,000	14,917,029	14,917,029
U.S. TREASURY BILL	03/24/2026	3.830	15,000,000	14,834,968	14,834,968
U.S. TREASURY BILL	03/12/2026	3.850	30,000,000	29,580,300	29,580,300
U.S. TREASURY BILL	03/17/2026	3.860	15,000,000	14,826,050	14,826,050
U.S. TREASURY BILL	01/20/2026	3.920	30,000,000	29,626,429	29,626,429
U.S. TREASURY BILL	01/27/2026	3.930	30,000,000	29,645,333	29,645,333
U.S. TREASURY BILL	01/13/2026	3.940	30,000,000	29,629,256	29,629,256
U.S. TREASURY BILL	01/22/2026	4.180	42,200,000	41,856,767	41,856,767
U.S. TREASURY BILL	01/02/2026	4.310	30,000,000	29,704,642	29,704,642
U.S. TREASURY BOND	08/15/2041	1.750	9,705,000	6,592,197	6,573,973
U.S. TREASURY BOND	08/15/2046	2.250	30,200,000	19,418,836	19,960,388
U.S. TREASURY BOND	02/15/2045	2.500	185,415,000	131,861,450	131,854,169
U.S. TREASURY BOND	11/15/2042	2.750	2,745,000	2,126,732	2,117,520
U.S. TREASURY BOND	02/15/2043	3.125	7,650,000	6,241,324	6,210,882
U.S. TREASURY BOND	05/15/2044	3.375	93,100,000	77,985,797	77,131,488
U.S. TREASURY BOND	11/15/2052	4.000	7,792,000	6,672,053	6,786,364
U.S. TREASURY BOND	VARIOUS	4.250	24,921,000	24,287,321	22,630,047
U.S. TREASURY BOND	05/15/2041	4.375	11,500,000	10,947,012	11,243,090
U.S. TREASURY BOND	VARIOUS	4.500	6,206,600	5,954,914	5,898,168
U.S. TREASURY BOND	VARIOUS	4.625	453,800,000	448,478,625	446,741,088
U.S. TREASURY BOND	VARIOUS	4.750	15,143,000	15,003,786	14,949,744
U.S. TREASURY BOND	08/15/2045	4.875	5,799,000	5,964,816	5,876,939
U.S. TREASURY BOND	05/15/2045	5.000	247,000,000	252,504,688	254,486,570
U.S. TREASURY NOTE	VARIOUS	3.500	41,464,000	38,538,437	40,440,398
U.S. TREASURY NOTE	VARIOUS	3.625	179,182,500	177,914,454	178,571,057
U.S. TREASURY NOTE	10/31/2032	3.750	10,114,500	10,030,344	10,018,109
U.S. TREASURY NOTE	VARIOUS	3.875	81,161,000	80,855,143	80,488,552
U.S. TREASURY NOTE	VARIOUS	4.000	76,720,300	75,853,892	76,442,712
U.S. TREASURY NOTE	VARIOUS	4.125	13,324,000	13,582,294	13,552,278
U.S. TREASURY NOTE	VARIOUS	4.250	54,233,400	54,545,433	54,790,779
U.S. TREASURY NOTE	11/30/2030	4.375	14,700,000	14,718,780	15,137,619
U.S. TREASURY NOTE	11/15/2033	4.500	10,000,000	10,123,047	10,343,400
U.S. TREASURY NOTE	02/15/2035	4.625	14,010,000	14,507,486	14,572,081
U.S. TREASURY STRIP COUPON	11/15/2042	4.989	50,000,000	21,953,500	21,770,000
U.S. TREASURY STRIP COUPON	02/15/2043	5.007	162,937,000	69,300,060	69,862,497
U.S. TREASURY STRIP COUPON	05/15/2043	5.020	142,937,000	61,705,756	60,402,317
U.S. TREASURY STRIP COUPON	08/15/2043	5.039	135,187,000	57,737,289	56,231,033
U.S. TREASURY STRIP COUPON	11/15/2043	5.054	94,894,000	38,932,931	38,891,357
U.S. TREASURY STRIP COUPON	02/15/2044	5.067	142,937,000	59,755,622	57,707,955
U.S. TREASURY STRIP COUPON	05/15/2044	5.078	161,287,000	67,091,140	64,195,452
U.S. TREASURY STRIP COUPON	02/15/2045	5.086	45,000,000	18,412,950	17,221,500

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
U.S. GOVERNMENT SECURITIES
DECEMBER 31, 2025

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
U.S. TREASURY STRIP COUPON	08/15/2044	5.088 %	$ 112,937,000	$ 45,936,306	$ 44,301,797
U.S. TREASURY STRIP COUPON	11/15/2044	5.092	25,000,000	9,230,500	9,678,000
U.S. TREASURY STRIP COUPON	05/15/2045	5.094	55,000,000	19,881,950	20,755,350
U.S. TREASURY STRIP COUPON	11/15/2052	5.107	27,790,000	8,913,380	7,166,485
U.S. TREASURY STRIP COUPON	08/15/2045	5.109	121,800,000	43,788,556	45,254,790
U.S. TREASURY STRIP COUPON	VARIOUS	5.112	34,819,000	12,367,093	11,330,900
U.S. TREASURY STRIP COUPON	08/15/2046	5.113	105,432,000	38,398,735	37,215,387
U.S. TREASURY STRIP COUPON	VARIOUS	5.114	121,537,000	44,175,380	42,605,426
U.S. TREASURY STRIP COUPON	08/15/2051	5.115	50,000,000	14,718,000	13,704,500
U.S. TREASURY STRIP COUPON	05/15/2046	5.116	157,162,000	57,558,039	56,157,126
U.S. TREASURY STRIP COUPON	05/15/2052	5.121	39,755,000	12,772,258	10,477,033
U.S. TREASURY STRIP COUPON	11/15/2049	5.124	47,862,000	16,001,254	14,304,516
U.S. TREASURY STRIP COUPON	05/15/2051	5.127	50,000,000	14,698,000	13,839,500
U.S. TREASURY STRIP COUPON	02/15/2050	5.130	47,862,000	15,949,170	14,100,624
U.S. TREASURY STRIP COUPON	11/15/2050	5.131	125,000,000	36,326,750	35,455,000
U.S. TREASURY STRIP COUPON	02/15/2051	5.133	32,500,000	10,061,565	9,095,775
U.S. TREASURY STRIP COUPON	05/15/2050	5.140	21,904,000	7,256,161	6,358,731
U.S. TREASURY STRIP PRINCIPAL	02/15/2043	4.856	44,800,000	20,800,640	19,697,664
U.S. TREASURY STRIP PRINCIPAL	05/15/2043	4.866	45,000,000	20,610,000	19,518,750
U.S. TREASURY STRIP PRINCIPAL	08/15/2043	4.889	45,000,000	20,362,500	19,209,150
U.S. TREASURY STRIP PRINCIPAL	11/15/2043	4.898	45,000,000	20,133,000	18,949,950
U.S. TREASURY STRIP PRINCIPAL	02/15/2044	4.913	45,000,000	19,876,500	18,669,600
U.S. TREASURY STRIP PRINCIPAL	05/15/2044	4.930	45,000,000	19,678,500	18,392,400
U.S. TREASURY STRIP PRINCIPAL	08/15/2044	4.937	45,000,000	19,426,500	18,142,200
U.S. TREASURY STRIP PRINCIPAL	05/15/2045	4.943	45,000,000	18,810,000	17,473,950
U.S. TREASURY STRIP PRINCIPAL	02/15/2045	4.946	45,000,000	19,003,500	17,676,900
U.S. TREASURY STRIP PRINCIPAL	11/15/2044	4.952	175,000,000	72,963,500	69,524,000
U.S. TREASURY STRIP PRINCIPAL	08/15/2045	4.962	215,000,000	79,328,600	82,168,700
U.S. TREASURY STRIP PRINCIPAL	11/15/2045	4.965	180,575,000	72,264,082	68,138,171
U.S. TREASURY STRIP PRINCIPAL	02/15/2046	4.973	374,734,000	147,112,377	139,449,763
U.S. TREASURY STRIP PRINCIPAL	08/15/2046	4.982	489,919,000	184,876,626	177,561,343
U.S. TREASURY STRIP PRINCIPAL	11/15/2046	4.987	334,453,000	128,106,087	119,620,460
U.S. TREASURY STRIP PRINCIPAL	11/15/2052	4.994	160,611,800	54,078,972	42,663,312
U.S. TREASURY STRIP PRINCIPAL	05/15/2047	4.997	208,269,000	78,559,566	72,533,845
U.S. TREASURY STRIP PRINCIPAL	02/15/2047	4.998	375,478,000	142,197,306	132,337,221
U.S. TREASURY STRIP PRINCIPAL	11/15/2047	5.008	280,231,000	103,916,475	94,987,100
U.S. TREASURY STRIP PRINCIPAL	08/15/2047	5.009	339,124,000	126,011,068	116,346,662
U.S. TREASURY STRIP PRINCIPAL	02/15/2048	5.012	374,608,000	137,570,245	125,283,900
U.S. TREASURY STRIP PRINCIPAL	05/15/2048	5.016	125,913,000	46,284,087	41,566,400
U.S. TREASURY STRIP PRINCIPAL	08/15/2048	5.020	363,602,000	131,522,595	118,425,171
U.S. TREASURY STRIP PRINCIPAL	08/15/2052	5.021	302,532,000	101,011,833	80,782,095
U.S. TREASURY STRIP PRINCIPAL	11/15/2048	5.022	224,100,000	80,867,361	72,068,319
U.S. TREASURY STRIP PRINCIPAL	08/15/2049	5.025	255,789,000	90,149,442	79,194,832
U.S. TREASURY STRIP PRINCIPAL	05/15/2052	5.026	364,509,100	121,705,725	98,439,328
U.S. TREASURY STRIP PRINCIPAL	05/15/2049	5.028	267,404,000	95,118,826	83,780,347
U.S. TREASURY STRIP PRINCIPAL	VARIOUS	5.029	585,129,000	207,103,806	174,929,648
U.S. TREASURY STRIP PRINCIPAL	VARIOUS	5.031	572,245,000	188,278,576	158,044,844
U.S. TREASURY STRIP PRINCIPAL	11/15/2049	5.034	193,504,000	68,004,289	59,055,486
U.S. TREASURY STRIP PRINCIPAL	08/15/2051	5.035	312,013,000	109,226,572	87,260,676
U.S. TREASURY STRIP PRINCIPAL	VARIOUS	5.037	471,895,000	164,315,214	140,780,241
U.S. TREASURY STRIP PRINCIPAL	05/15/2051	5.040	312,013,000	108,663,534	88,234,156
U.S. TREASURY STRIP PRINCIPAL	02/15/2051	5.041	178,157,000	63,161,909	50,995,659
TOTAL LEGACY U.S. GOVERNMENT SECURITIES				$ 5,934,720,919	$ 5,576,078,519

SFA

IDENTITY OF ISSUE	MATURITY	RATE	PRINCIPAL	COST	CURRENT VALUE
FEDERAL FARM CREDIT	01/02/2026	3.549 %	$ 9,460,000	$ 9,458,161	$ 9,458,161
FEDERAL HOME LOAN BANK	02/04/2036	1.800	94,000,000	69,048,254	73,382,040
FEDERAL HOME LOAN BANK	VARIOUS	3.549	25,000,000	24,879,042	24,879,042
FEDERAL HOME LOAN BANK	VARIOUS	3.550	30,000,000	29,693,042	29,693,042
FEDERAL HOME LOAN BANK	01/23/2026	3.553	10,000,000	9,909,013	9,909,013
FEDERAL HOME LOAN BANK	01/28/2026	3.554	10,000,000	9,905,500	9,905,500
FEDERAL HOME LOAN BANK	03/18/2026	3.556	10,000,000	9,910,011	9,910,011
FEDERAL HOME LOAN BANK	VARIOUS	3.560	20,000,000	19,794,879	19,794,879
FEDERAL HOME LOAN BANK	02/13/2026	3.566	10,000,000	9,944,000	9,944,000
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2037	2.550	7,285,928	5,905,586	6,012,202
FEDERAL HOME LOAN MORTGAGE CORPORATION	05/25/2032	2.580	65,000,000	56,131,055	59,132,450
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2037	2.950	3,586,539	3,052,481	3,099,881
FEDERAL HOME LOAN MORTGAGE CORPORATION	VARIOUS	3.200	15,388,998	13,376,668	13,470,336
FEDERAL HOME LOAN MORTGAGE CORPORATION	01/01/2037	3.470	4,685,292	4,624,664	4,262,116
FEDERAL HOME LOAN MORTGAGE CORPORATION	08/15/2038	3.500	5,278,784	5,141,866	5,268,966
FEDERAL HOME LOAN MORTGAGE CORPORATION	11/01/2037	3.610	14,221,000	12,754,459	12,839,288
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2037	3.800	9,066,810	8,458,342	8,454,257
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2037	3.900	9,386,158	8,773,858	8,768,548
FEDERAL HOME LOAN MORTGAGE CORPORATION	11/01/2037	4.030	74,013,000	69,708,103	69,769,095
FEDERAL HOME LOAN MORTGAGE CORPORATION	10/01/2037	4.100	23,761,775	23,022,932	22,775,899
FEDERAL HOME LOAN MORTGAGE CORPORATION	09/01/2037	4.200	29,540,000	28,659,570	28,092,835
FEDERAL HOME LOAN MORTGAGE CORPORATION	11/01/2037	4.390	4,319,884	4,278,035	4,200,482
FEDERAL HOME LOAN MORTGAGE CORPORATION	12/01/2034	4.450	16,069,000	16,308,152	16,086,515
FEDERAL HOME LOAN MORTGAGE CORPORATION	10/01/2037	4.500	20,986,493	20,920,090	20,742,629
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/01/2037	2.150	17,400,000	13,213,125	13,840,482
FEDERAL NATIONAL MORTGAGE ASSOCIATION	02/01/2037	2.220	3,000,000	2,296,406	2,393,100
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/01/2036	2.350	4,413,000	3,541,950	3,655,244
FEDERAL NATIONAL MORTGAGE ASSOCIATION	05/01/2037	2.760	8,014,102	6,739,672	6,846,207
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/01/2037	2.890	2,834,258	2,411,327	2,442,762
FEDERAL NATIONAL MORTGAGE ASSOCIATION	04/01/2037	3.240	6,526,632	5,810,488	5,857,522
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	3.460	18,089,574	16,339,412	16,366,362
FEDERAL NATIONAL MORTGAGE ASSOCIATION	01/07/2026	3.550	10,000,000	9,948,533	9,948,533

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
U.S. GOVERNMENT SECURITIES
DECEMBER 31, 2025

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
FEDERAL NATIONAL MORTGAGE ASSOCIATION	06/01/2037	3.560 %	$ 34,142,900	$ 30,499,212	$ 30,855,280
FEDERAL NATIONAL MORTGAGE ASSOCIATION	08/01/2032	3.700	39,000,000	37,066,758	37,333,140
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/01/2032	3.830	16,540,000	15,885,507	16,083,165
FEDERAL NATIONAL MORTGAGE ASSOCIATION	11/01/2052	4.026	5,626,974	5,548,504	5,721,789
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/01/2037	4.080	5,517,000	5,238,779	5,278,500
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/01/2037	4.090	7,117,054	6,921,335	6,842,122
FEDERAL NATIONAL MORTGAGE ASSOCIATION	06/01/2037	4.210	7,675,000	7,448,348	7,381,815
FEDERAL NATIONAL MORTGAGE ASSOCIATION	09/01/2037	4.220	6,085,000	5,905,302	5,846,651
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/01/2037	4.290	8,179,000	8,004,557	7,927,414
FEDERAL NATIONAL MORTGAGE ASSOCIATION	04/01/2030	4.490	28,108,000	28,687,728	28,531,869
FEDERAL NATIONAL MORTGAGE ASSOCIATION	12/25/2043	4.500	15,805,417	15,477,068	15,848,565
FEDERAL NATIONAL MORTGAGE ASSOCIATION	07/01/2035	4.800	20,352,763	20,772,539	20,566,264
FEDERAL NATIONAL MORTGAGE ASSOCIATION	04/01/2038	4.810	5,100,000	5,205,188	5,135,649
FEDERAL NATIONAL MORTGAGE ASSOCIATION	VARIOUS	5.060	54,157,300	56,742,465	56,265,644
FLORIDA STATE BOARD OF ADMINISTRATION FINANCE CORPORATION	07/01/2027	1.705	965,000	839,955	936,127
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	05/20/2041	3.500	4,130,510	4,025,956	4,102,009
GOVERNMENT NATIONAL MORTGAGE ASSOCIATION	06/20/2052	5.000	8,895,973	8,829,238	9,044,536
NEW JERSEY STATE TURNPIKE AUTHORITY	01/01/2040	7.414	3,585,000	4,542,195	4,296,766
STATE OF CALIFORNIA	02/01/2028	1.700	965,000	834,243	928,755
STATE OF CALIFORNIA	11/01/2030	1.750	350,000	294,329	317,870
STATE OF CALIFORNIA	04/01/2034	7.500	3,500,000	4,230,240	4,083,310
STATE OF ILLINOIS	06/01/2033	5.100	6,722,990	6,572,597	6,890,191
TENNESSEE VALLEY AUTHORITY	06/15/2035	4.650	43,789,000	46,062,321	45,077,710
TENNESSEE VALLEY AUTHORITY	09/15/2039	5.250	55,000,000	59,620,330	58,252,150
TENNESSEE VALLEY AUTHORITY	06/15/2038	5.500	41,282,000	44,559,791	44,812,849
TENNESSEE VALLEY AUTHORITY	04/01/2036	5.880	64,918,000	75,212,714	72,660,770
TENNESSEE VALLEY AUTHORITY STRIP	09/15/2034	4.574	7,039,000	4,364,462	4,747,454
TENNESSEE VALLEY AUTHORITY STRIP	06/15/2035	4.577	21,828,000	13,001,830	14,226,836
TENNESSEE VALLEY AUTHORITY STRIP	03/15/2035	4.596	5,906,000	3,577,441	3,886,739
TENNESSEE VALLEY AUTHORITY STRIP	06/15/2038	4.738	37,000,000	18,757,453	20,645,260
TENNESSEE VALLEY AUTHORITY STRIP	01/15/2038	4.745	63,312,000	32,493,999	35,996,671
TENNESSEE VALLEY AUTHORITY STRIP	03/15/2038	4.792	1,459,000	745,140	818,382
TENNESSEE VALLEY AUTHORITY STRIP	04/01/2038	4.795	3,302,000	1,683,029	1,847,733
TENNESSEE VALLEY AUTHORITY STRIP	07/15/2038	4.810	1,555,000	777,656	856,696
TENNESSEE VALLEY AUTHORITY STRIP	09/15/2038	4.868	4,685,000	2,321,745	2,542,362
TENNESSEE VALLEY AUTHORITY STRIP	10/01/2038	4.871	2,654,000	1,312,589	1,436,743
TEXAS NATURAL GAS SECURITIZATION FINANCE CORP.	04/01/2035	5.102	5,466,780	5,488,891	5,611,923
THE OHIO STATE UNIVERSITY	06/01/2040	4.910	2,955,000	2,979,408	2,958,191
U.S. TREASURY BILL	01/27/2026	3.930	25,000,000	24,800,056	24,800,056
U.S. TREASURY BILL	01/02/2026	4.350	125,000,000	124,711,889	124,711,889
U.S. TREASURY BOND	05/15/2050	1.250	399,500,000	201,645,719	192,243,395
U.S. TREASURY BOND	11/15/2051	1.875	285,000,000	157,556,478	158,320,350
U.S. TREASURY BOND	08/15/2042	2.750	31,509,000	26,551,256	24,415,694
U.S. TREASURY BOND	02/15/2039	3.500	242,000,000	227,465,391	221,183,160
U.S. TREASURY BOND	08/15/2044	4.125	63,325,000	60,748,067	58,333,090
U.S. TREASURY BOND	05/15/2039	4.250	275,000,000	281,006,837	270,209,500
U.S. TREASURY BOND	VARIOUS	4.375	267,225,000	278,066,534	268,793,399
U.S. TREASURY BOND	VARIOUS	4.500	468,914,600	496,605,078	479,561,854
U.S. TREASURY BOND	02/15/2037	4.750	180,712,000	197,053,730	189,754,828
U.S. TREASURY BOND	05/15/2037	5.000	180,782,000	201,614,188	193,966,431
U.S. TREASURY BOND	VARIOUS	5.250	49,992,000	52,435,437	52,442,158
U.S. TREASURY BOND	02/15/2026	6.000	46,917,000	48,381,657	47,040,861
U.S. TREASURY BOND	08/15/2029	6.125	16,360,000	17,785,109	17,753,218
U.S. TREASURY BOND	05/15/2030	6.250	1,074,100	1,211,845	1,185,119
U.S. TREASURY BOND	08/15/2027	6.375	20,830,900	22,366,734	21,774,748
U.S. TREASURY BOND	11/15/2026	6.500	31,570,000	33,631,916	32,374,088
U.S. TREASURY BOND	08/15/2026	6.750	22,939,000	24,282,648	23,380,805
U.S. TREASURY NOTE	09/30/2027	0.375	51,332,000	42,895,092	48,661,196
U.S. TREASURY NOTE	VARIOUS	0.500	389,706,000	338,740,492	377,710,752
U.S. TREASURY NOTE	VARIOUS	0.625	549,489,000	448,980,942	497,999,187
U.S. TREASURY NOTE	VARIOUS	0.750	171,654,900	153,102,968	168,493,300
U.S. TREASURY NOTE	VARIOUS	0.875	301,437,000	252,667,700	277,390,153
U.S. TREASURY NOTE	07/31/2028	1.000	20,140,000	17,651,609	18,902,598
U.S. TREASURY NOTE	VARIOUS	1.125	502,892,500	426,501,076	462,891,525
U.S. TREASURY NOTE	VARIOUS	1.250	1,059,265,800	915,646,475	992,408,948
U.S. TREASURY NOTE	VARIOUS	1.375	504,685,000	427,716,149	458,656,553
U.S. TREASURY NOTE	VARIOUS	1.500	161,404,000	142,855,829	152,702,384
U.S. TREASURY NOTE	VARIOUS	1.625	334,209,000	291,994,499	309,199,417
U.S. TREASURY NOTE	VARIOUS	1.750	302,649,000	269,097,158	285,952,923
U.S. TREASURY NOTE	VARIOUS	1.875	303,589,200	263,692,619	278,708,092
U.S. TREASURY NOTE	11/15/2026	2.000	46,813,000	44,705,460	46,195,068
U.S. TREASURY NOTE	05/31/2026	2.125	51,462,000	48,229,846	51,153,743
U.S. TREASURY NOTE	VARIOUS	2.250	194,176,000	181,930,435	191,271,850
U.S. TREASURY NOTE	VARIOUS	2.375	474,951,000	438,515,504	459,186,060
U.S. TREASURY NOTE	VARIOUS	2.500	126,625,000	118,708,946	125,752,053
U.S. TREASURY NOTE	VARIOUS	2.625	261,852,000	245,845,868	256,682,969
U.S. TREASURY NOTE	VARIOUS	2.750	391,607,000	356,827,223	370,004,269
U.S. TREASURY NOTE	VARIOUS	2.875	554,208,700	514,574,249	531,152,707
U.S. TREASURY NOTE	VARIOUS	3.125	226,176,000	214,895,411	223,171,938
U.S. TREASURY NOTE	VARIOUS	3.250	315,419,000	302,008,450	313,000,982
U.S. TREASURY NOTE	VARIOUS	3.375	171,000,000	161,215,532	164,667,870
U.S. TREASURY NOTE	VARIOUS	3.500	301,158,000	293,266,172	294,886,335
U.S. TREASURY NOTE	VARIOUS	3.625	162,291,000	161,429,730	162,020,895
U.S. TREASURY NOTE	VARIOUS	3.750	239,530,000	238,663,642	240,355,262
U.S. TREASURY NOTE	VARIOUS	3.875	526,953,200	522,697,673	527,853,318
U.S. TREASURY NOTE	VARIOUS	4.000	441,767,000	438,626,010	444,377,944
U.S. TREASURY NOTE	VARIOUS	4.125	394,792,000	398,813,963	399,321,029
U.S. TREASURY NOTE	02/28/2029	4.250	54,540,000	54,961,722	55,666,796
U.S. TREASURY NOTE	VARIOUS	4.375	191,018,000	194,201,800	194,916,753
U.S. TREASURY NOTE	VARIOUS	4.500	303,750,000	315,214,402	312,539,465
U.S. TREASURY NOTE	VARIOUS	4.625	257,988,000	263,337,388	263,514,638

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
U.S. GOVERNMENT SECURITIES
DECEMBER 31, 2025

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL	COST	CURRENT VALUE
U.S. TREASURY NOTE	VARIOUS	4.875 %	$ 50,000,000	$ 52,306,641	$ 52,398,570
U.S. TREASURY STRIP COUPON	02/15/2026	3.495	7,811,000	6,867,805	7,777,022
U.S. TREASURY STRIP COUPON	02/15/2027	3.516	11,557,000	10,052,656	11,112,633
U.S. TREASURY STRIP COUPON	05/15/2027	3.526	15,836,000	13,549,415	15,093,925
U.S. TREASURY STRIP COUPON	11/15/2027	3.530	44,578,000	36,893,817	41,750,417
U.S. TREASURY STRIP COUPON	08/15/2027	3.535	7,643,000	6,349,903	7,219,960
U.S. TREASURY STRIP COUPON	02/15/2028	3.547	57,246,000	48,705,685	53,124,860
U.S. TREASURY STRIP COUPON	05/15/2028	3.555	58,733,000	48,651,206	54,022,026
U.S. TREASURY STRIP COUPON	08/15/2028	3.575	29,412,000	23,806,220	26,799,626
U.S. TREASURY STRIP COUPON	08/15/2026	3.596	7,305,000	6,253,041	7,144,071
U.S. TREASURY STRIP COUPON	11/15/2028	3.601	14,812,000	11,951,132	13,368,719
U.S. TREASURY STRIP COUPON	11/15/2026	3.628	19,161,000	17,079,868	18,568,925
U.S. TREASURY STRIP COUPON	02/15/2029	3.652	9,284,000	7,214,995	8,291,169
U.S. TREASURY STRIP COUPON	08/15/2029	3.695	100,210,000	76,470,026	87,754,899
U.S. TREASURY STRIP COUPON	11/15/2029	3.732	135,678,000	103,090,650	117,577,198
U.S. TREASURY STRIP COUPON	02/15/2030	3.764	231,165,000	173,888,220	198,207,806
U.S. TREASURY STRIP COUPON	05/15/2030	3.788	159,159,000	119,379,356	135,070,285
U.S. TREASURY STRIP COUPON	08/15/2030	3.820	182,992,000	134,487,474	153,614,464
U.S. TREASURY STRIP COUPON	11/15/2030	3.844	192,188,000	140,360,028	159,640,962
U.S. TREASURY STRIP COUPON	02/15/2031	3.880	267,584,000	193,345,921	219,750,684
U.S. TREASURY STRIP COUPON	05/15/2031	3.895	219,950,000	157,218,474	178,777,560
U.S. TREASURY STRIP COUPON	08/15/2031	3.931	293,121,000	208,319,942	235,472,893
U.S. TREASURY STRIP COUPON	11/15/2031	3.958	254,826,000	178,464,344	202,431,226
U.S. TREASURY STRIP COUPON	02/15/2032	3.989	248,216,000	172,204,308	194,879,346
U.S. TREASURY STRIP COUPON	05/15/2032	4.016	198,394,000	136,974,797	153,983,503
U.S. TREASURY STRIP COUPON	08/15/2032	4.049	255,621,000	173,393,422	196,002,514
U.S. TREASURY STRIP COUPON	11/15/2032	4.071	168,110,000	115,475,620	127,437,467
U.S. TREASURY STRIP COUPON	02/15/2033	4.103	229,373,000	154,195,854	171,743,034
U.S. TREASURY STRIP COUPON	05/15/2033	4.121	448,889,000	296,712,623	332,294,571
U.S. TREASURY STRIP COUPON	08/15/2033	4.151	439,711,000	281,563,684	321,455,124
U.S. TREASURY STRIP COUPON	11/15/2033	4.175	188,098,000	124,111,968	135,863,185
U.S. TREASURY STRIP COUPON	02/15/2034	4.196	340,245,000	217,834,008	242,815,844
U.S. TREASURY STRIP COUPON	05/15/2034	4.224	513,052,100	328,396,615	361,532,423
U.S. TREASURY STRIP COUPON	08/15/2034	4.253	362,332,000	230,980,359	252,034,516
U.S. TREASURY STRIP COUPON	11/15/2034	4.274	495,083,000	316,734,936	340,196,283
U.S. TREASURY STRIP COUPON	02/15/2035	4.291	513,134,400	323,365,689	348,336,156
U.S. TREASURY STRIP COUPON	05/15/2035	4.320	323,683,000	202,153,486	216,835,242
U.S. TREASURY STRIP COUPON	08/15/2035	4.341	473,972,400	291,260,307	313,504,304
U.S. TREASURY STRIP COUPON	11/15/2035	4.361	536,193,000	318,834,601	350,203,734
U.S. TREASURY STRIP COUPON	02/15/2036	4.374	212,000,000	130,809,958	136,801,480
U.S. TREASURY STRIP COUPON	05/15/2036	4.409	527,543,000	317,835,133	335,570,102
U.S. TREASURY STRIP COUPON	08/15/2036	4.433	551,558,000	326,413,922	346,163,316
U.S. TREASURY STRIP COUPON	11/15/2036	4.462	501,994,000	296,754,180	310,684,087
U.S. TREASURY STRIP COUPON	02/15/2037	4.481	297,360,000	174,929,675	181,627,488
U.S. TREASURY STRIP COUPON	05/15/2037	4.500	329,600,000	187,182,765	198,696,064
U.S. TREASURY STRIP COUPON	08/15/2037	4.527	463,850,000	261,483,318	275,666,055
U.S. TREASURY STRIP COUPON	11/15/2037	4.547	408,858,000	228,383,874	239,737,977
U.S. TREASURY STRIP COUPON	02/15/2038	4.570	243,385,000	137,104,547	140,715,472
U.S. TREASURY STRIP COUPON	05/15/2038	4.594	312,915,000	171,432,582	178,380,325
U.S. TREASURY STRIP COUPON	08/15/2038	4.624	532,774,000	286,641,495	299,152,601
U.S. TREASURY STRIP COUPON	11/15/2038	4.648	502,263,000	268,265,192	277,987,503
U.S. TREASURY STRIP COUPON	02/15/2039	4.685	172,706,000	90,847,322	94,047,052
U.S. TREASURY STRIP COUPON	05/15/2039	4.712	172,999,000	89,874,838	92,800,124
U.S. TREASURY STRIP COUPON	08/15/2039	4.738	171,761,000	88,693,945	90,741,336
U.S. TREASURY STRIP COUPON	11/15/2039	4.757	170,234,000	86,482,277	88,674,891
U.S. TREASURY STRIP COUPON	02/15/2041	4.871	35,366,000	17,497,329	17,078,949
U.S. TREASURY STRIP COUPON	05/15/2041	4.883	60,000,000	29,320,989	28,581,600
U.S. TREASURY STRIP COUPON	08/15/2041	4.902	2,025,000	978,815	950,171
U.S. TREASURY STRIP COUPON	08/15/2045	5.109	50,000,000	18,700,000	18,577,500
U.S. TREASURY STRIP COUPON	05/15/2045	5.114	15,145,000	5,742,227	5,715,269
U.S. TREASURY STRIP COUPON	11/15/2045	5.133	50,000,000	18,458,000	18,328,500
U.S. TREASURY STRIP PRINCIPAL	08/15/2055	4.925	188,000,000	45,206,476	44,484,559
TOTAL SFA U.S. GOVERNMENT SECURITIES				$ 21,842,560,076	$ 22,982,660,481
TOTAL U.S. GOVERNMENT SECURITIES				$ 27,777,280,995	$ 28,558,739,000

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY		PRINCIPAL		COST		CURRENT VALUE
	LEGACY CORPORATE DEBT										
	3M COMPANY	04/15/2050	3.700	%	USD	$	620,000	$	465,649	$	456,444
	AASET 2021-1 TRUST	11/16/2041	2.950		USD		178,380		158,090		171,757
	AASET 2024-1	05/16/2049	6.261		USD		1,028,794		1,028,610		1,057,127
	AASET 2025-1	02/16/2050	5.943		USD		505,470		505,469		515,134
	ABBVIE INC.	05/14/2046	4.450		USD		3,325,000		2,920,767		2,897,571
	ABBVIE INC.	11/21/2049	4.250		USD		2,585,000		2,158,126		2,136,709
	ABBVIE INC.	03/15/2054	5.400		USD		1,668,000		1,632,889		1,627,317
	ABBVIE INC.	03/15/2055	5.600		USD		135,000		134,663		135,900
	AEP TRANSMISSION COMPANY, LLC	12/01/2047	3.750		USD		529,000		420,417		406,431
	AEP TRANSMISSION COMPANY, LLC	04/01/2050	3.650		USD		435,000		325,271		323,771
	AERCAP IRELAND CAPITAL D.A.C.	11/15/2030	4.375		USD		1,379,000		1,374,013		1,375,939
	AGREE LIMITED PARTNERSHIP	06/15/2034	5.625		USD		2,570,000		2,548,477		2,691,998
	AGREE LIMITED PARTNERSHIP	06/15/2035	5.600		USD		3,000,000		3,039,150		3,147,270
	AIA GROUP LTD.	04/05/2034	5.375		USD		2,100,000		2,080,806		2,174,088
	AIMCO CLO 11 LTD.	07/17/2037	5.222		USD		532,000		532,000		533,306
	AIMCO CLO 19 LTD.	10/20/2037	5.234		USD		294,000		294,000		294,724
	AIMCO CLO 21 LTD.	04/18/2037	5.384		USD		642,000		642,000		643,654
	AIMCO CLO 22 LTD.	04/19/2037	5.384		USD		1,445,000		1,445,000		1,448,743
	AIMCO CLO SERIES 2018-B	04/16/2037	5.394		USD		934,000		934,000		936,437
	ALABAMA POWER COMPANY	12/01/2042	3.850		USD		1,580,000		1,303,559		1,295,126
	ALABAMA POWER COMPANY	03/15/2052	3.000		USD		2,870,000		1,877,020		1,864,295
	ALLEGRO CLO XII LTD.	07/21/2037	5.310		USD		1,240,000		1,240,000		1,242,919
	ALTDE 2025-1 TRUST	08/15/2050	5.900		USD		693,186		693,160		708,901
	ALTRIA GROUP, INC.	02/04/2051	3.700		USD		6,725,000		4,801,230		4,769,706
	AMAZON.COM, INC.	12/05/2044	4.950		USD		3,910,000		3,810,086		3,767,402
	AMAZON.COM, INC.	06/03/2050	2.500		USD		7,080,000		4,298,874		4,258,762
	AMERICAN EXPRESS COMPANY	07/20/2033	4.918		USD		2,726,000		2,726,000		2,777,440
	AMERICAN HOMES 4 RENT, LP	07/15/2034	5.500		USD		1,053,000		1,047,261		1,089,149
	AMERICAN INTERNATIONAL GROUP, INC.	07/16/2044	4.500		USD		3,676,000		3,205,842		3,249,106
	AMERICAN INTERNATIONAL GROUP, INC.	04/01/2048	4.750		USD		3,030,000		2,705,788		2,704,063
	AMERICAN TOWER CORPORATION	12/15/2032	4.700		USD		1,711,000		1,705,610		1,714,867
	AMERICAN TOWER TRUST #1	03/15/2028	5.490		USD		1,757,000		1,773,929		1,786,764
	AMGEN INC.	03/02/2043	5.600		USD		1,600,000		1,567,492		1,614,608
	AMGEN INC.	02/21/2050	3.375		USD		5,495,000		3,950,658		3,925,848
	ANHEUSER-BUSCH INBEV FINANCE, INC.	02/01/2036	4.700		USD		2,200,000		2,169,684		2,182,290
	ANHEUSER-BUSCH INBEV FINANCE, INC.	02/01/2046	4.900		USD		5,385,000		5,012,551		5,003,419
	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	10/06/2048	4.439		USD		1,985,000		1,724,178		1,711,824
	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	01/23/2049	5.550		USD		1,270,000		1,278,615		1,270,813
	AON CORPORATION	09/12/2032	5.000		USD		2,700,000		2,605,608		2,769,282
	AON CORPORATION	02/28/2052	3.900		USD		2,945,000		2,217,591		2,211,548
	AON GLOBAL LIMITED	05/15/2045	4.750		USD		1,200,000		1,068,180		1,069,572
	APPALACHIAN POWER COMPANY	05/01/2050	3.700		USD		1,020,000		743,441		742,846
	APPLE INC.	11/13/2047	3.750		USD		5,535,000		4,447,329		4,402,705
	APPLE INC.	02/08/2051	2.650		USD		1,795,000		1,135,005		1,114,623
	APPLIED MATERIALS INC.	10/01/2035	5.100		USD		480,000		497,201		495,696
	ARES LIV CLO LTD.	07/15/2038	5.215		USD		942,000		942,000		944,753
	ARES LVIII CLO LTD.	04/15/2038	5.145		USD		874,000		874,000		874,619
	ARES LXX CLO LTD.	01/25/2039	4.971		USD		787,000		787,000		787,349
	ARES STRATEGIC INCOME FUND	03/15/2028	5.700		USD		3,618,000		3,595,467		3,666,409
	ARES STRATEGIC INCOME FUND	09/09/2028	5.450		USD		734,000		728,884		740,415
	ARES STRATEGIC INCOME FUND	09/09/2030	5.800		USD		594,000		587,496		600,148
	ARIZONA PUBLIC SERVICE COMPANY	05/15/2050	3.350		USD		1,100,000		757,959		756,437
	ARTHUR J. GALLAGHER & CO.	02/15/2055	5.550		USD		740,000		715,676		713,012
	ASSURANT, INC.	02/15/2036	5.550		USD		1,198,000		1,194,142		1,220,271
	ASTRAZENECA PLC	08/06/2050	2.125		USD		5,618,000		3,478,563		3,133,777
	ASTRAZENECA PLC	05/28/2051	3.000		USD		1,460,000		995,713		984,084
	AT&T INC.	12/01/2033	2.550		USD		7,300,000		5,658,084		6,241,427
	AT&T INC.	09/15/2053	3.500		USD		5,469,000		3,830,214		3,675,660
	AT&T INC.	12/01/2057	3.800		USD		18,100,000		12,688,818		12,498,774
	ATHENE GLOBAL FUNDING	01/09/2029	5.583		USD		2,953,000		2,965,870		3,035,152
	AVOLON HOLDINGS FUNDING LIMITED	03/01/2029	5.750		USD		1,000,000		991,390		1,034,550
	AVOLON HOLDINGS FUNDING LIMITED	11/15/2029	5.750		USD		3,500,000		3,617,390		3,633,455
	AVOLON HOLDINGS FUNDING LIMITED	01/15/2030	5.150		USD		89,000		86,712		90,552
	AVOLON HOLDINGS FUNDING LIMITED	05/30/2030	5.375		USD		487,000		483,034		500,329
	B.A.T. CAPITAL CORPORATION	08/15/2037	4.390		USD		3,575,000		3,301,420		3,300,226
	B.A.T. CAPITAL CORPORATION	04/02/2050	5.282		USD		1,610,000		1,463,008		1,457,275
	B.A.T. CAPITAL CORPORATION	08/02/2053	7.081		USD		465,000		529,537		528,845
	BAIN CAPITAL CREDIT CLO 2023-2 LTD.	07/18/2038	5.204		USD		953,000		953,000		955,351
	BAIN CAPITAL CREDIT CLO 2023-4 LTD.	01/21/2039	4.960		USD		921,000		921,000		921,963
	BALTIMORE GAS AND ELECTRIC COMPANY	08/15/2046	3.500		USD		1,280,000		954,734		950,861
	BALTIMORE GAS AND ELECTRIC COMPANY	06/01/2052	4.550		USD		1,940,000		1,712,966		1,638,311
	BANK 2018-BNK13	08/17/2061	4.217		USD		1,299,000		1,286,974		1,300,832
	BANK OF AMERICA CORPORATION	04/25/2034	5.288		USD		4,200,000		4,068,561		4,331,292
	BANK OF AMERICA CORPORATION	01/29/2037	6.110		USD		2,285,000		2,471,319		2,468,051
	BANK OF AMERICA CORPORATION	04/22/2042	3.311		USD		4,030,000		3,208,053		3,191,720
	BANK OF AMERICA CORPORATION	01/21/2044	5.000		USD		2,289,000		2,338,488		2,213,028
	BANK OF AMERICA CORPORATION	10/24/2051	2.831		USD		3,865,000		2,500,512		2,467,532
	BARCLAYS PLC	09/13/2029	6.490		USD		3,600,000		3,637,800		3,805,812
	BARCLAYS PLC	09/13/2034	6.692		USD		1,800,000		1,822,680		1,993,770
	BARCLAYS PLC	01/10/2047	4.950		USD		2,020,000		1,863,521		1,865,652
	BARINGS CLO LTD. 2020-IV	10/20/2037	5.254		USD		274,000		274,000		274,561
	BARINGS CLO LTD. 2021-I	04/25/2034	5.140		USD		273,000		269,861		273,323
	BARINGS CLO LTD. 2023-IV	01/20/2037	5.634		USD		1,129,000		1,129,000		1,130,599
	BARRICK NORTH AMERICA FINANCE LLC	05/30/2041	5.700		USD		815,000		835,782		832,946
	BBFI LIQUIDATING TRUST	12/30/2099	0.000		USD		224,389		71,373		22,439
	BCRED BSL STATIC CLO 2025-1 LTD.	07/24/2035	5.541		USD		873,000		873,000		873,203
	BELL CANADA	04/01/2048	4.464		USD		840,000		698,004		695,638
	BENCHMARK 2019-B9 MORTGAGE TRUST	03/15/2052	3.932		USD		823,894		819,098		821,900
	BENCHMARK 2021-B25 MORTGAGE TRUST	04/15/2054	2.271		USD		600,000		567,984		569,898
	BENEFIT STREET PARTNERS CLO 44 LTD.	01/15/2039	4.921		USD		788,000		788,000		788,638
	BERKSHIRE HATHAWAY ENERGY COMPANY	05/15/2051	2.850		USD		9,824,000		6,439,364		6,114,359
	BERKSHIRE HATHAWAY FINANCE CORPORATION	05/15/2042	4.400		USD		1,185,000		1,099,469		1,091,895
	BERKSHIRE HATHAWAY FINANCE CORPORATION	05/15/2043	4.300		USD		310,000		278,041		276,712
	BERKSHIRE HATHAWAY FINANCE CORPORATION	01/15/2051	2.500		USD		4,245,000		2,579,785		2,547,425
	BLACKBIRD CAPITAL II AIRCRAFT LEASE LTD.	07/15/2046	2.443	%	USD	$	157,697	$	134,437	$	149,763
	BLACKSTONE PRIVATE CREDIT FUND	11/27/2028	7.300		USD		1,260,000		1,326,251		1,337,402
	BLP COMMERCIAL MORTGAGE TRUST 2024-IND2	03/15/2041	5.092		USD		379,499		378,550		379,734
	BLUEBERRY PARK CLO LTD.	10/20/2037	5.234		USD		919,000		919,000		920,498
	BMP 2024-MF23	06/15/2041	5.591		USD		204,000		203,490		204,253
	BMP 2024-MF23	06/15/2041	5.392		USD		1,050,000		1,050,466		1,050,651

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	BMP 2024-MF23	06/15/2041	5.122	USD	585,000	583,537	585,913
	BNP PARIBAS S.A.	01/13/2033	5.786	USD	1,200,000	1,200,000	1,261,092
	BNP PARIBAS S.A.	12/31/2079	6.875	USD	1,100,000	1,100,000	1,104,752
	BOWLING GREEN PARK CLO, LLC	04/18/2035	4.884	USD	990,000	990,000	990,239
	BPR COMMERCIAL MORTGAGE TRUST 2024-PARK	11/05/2039	5.392	USD	1,857,000	1,857,000	1,893,824
	BRISTOL-MYERS SQUIBB COMPANY	11/13/2050	2.550	USD	5,359,000	3,500,908	3,182,764
	BRISTOL-MYERS SQUIBB COMPANY	03/15/2052	3.700	USD	3,175,000	2,367,117	2,340,515
	BRIXMOR OPERATING PARTNERSHIP LP	05/15/2029	4.125	USD	1,098,000	1,034,404	1,094,135
	BRIXMOR OPERATING PARTNERSHIP LP	02/15/2034	5.500	USD	3,200,000	3,194,112	3,305,824
	BROADCOM INC.	02/15/2031	2.450	USD	4,500,000	3,681,180	4,119,435
	BROADCOM INC.	02/15/2051	3.750	USD	4,345,000	3,335,894	3,286,819
	BRUNSWICK CORPORATION	03/18/2029	5.850	USD	2,000,000	1,996,580	2,069,960
	BURLINGTON NORTHERN SANTA FE, LLC	09/01/2044	4.550	USD	4,625,000	4,152,388	4,121,569
	BURLINGTON NORTHERN SANTA FE, LLC	06/15/2052	2.875	USD	1,550,000	985,465	977,120
	BX 2021-LBA3 MORTGAGE TRUST	10/15/2036	4.554	USD	721,000	713,677	718,750
	BX COMMERCIAL MORTGAGE TRUST 2020-VIV2	03/09/2044	3.542	USD	2,484,000	2,241,992	2,333,544
	BX COMMERCIAL MORTGAGE TRUST 2020-VIVA	03/11/2044	3.549	USD	506,000	451,176	472,068
	BX COMMERCIAL MORTGAGE TRUST 2021-ACNT	11/15/2038	5.115	USD	140,429	140,341	140,259
	BX COMMERCIAL MORTGAGE TRUST 2021-XL2	10/15/2038	4.553	USD	1,676,227	1,676,227	1,675,187
	BX COMMERCIAL MORTGAGE TRUST 2022-LP2	02/15/2039	5.062	USD	1,678,600	1,662,455	1,676,502
	BX COMMERCIAL MORTGAGE TRUST 2022-LP2	02/15/2039	4.763	USD	61,219	60,932	61,125
	BX COMMERCIAL MORTGAGE TRUST 2023-XL3	12/17/2040	6.390	USD	71,601	71,422	71,734
	BX COMMERCIAL MORTGAGE TRUST 2023-XL3	12/17/2040	5.941	USD	107,401	107,133	107,501
	BX COMMERCIAL MORTGAGE TRUST 2024-MDHS	05/15/2041	5.391	USD	1,467,090	1,465,526	1,469,350
	BX COMMERCIAL MORTGAGE TRUST 2024-XL4	02/15/2039	5.542	USD	2,665,317	2,667,812	2,671,074
	BX COMMERCIAL MORTGAGE TRUST 2024-XL5	03/15/2041	5.691	USD	387,100	386,132	387,576
	BX COMMERCIAL MORTGAGE TRUST 2024-XL5	03/15/2041	5.441	USD	291,900	291,170	292,169
	BX COMMERCIAL MORTGAGE TRUST 2024-XL5	03/15/2041	5.142	USD	2,650,328	2,647,803	2,651,971
	BX COMMERCIAL MORTGAGE TRUST 2025-SPOT	04/15/2040	5.193	USD	1,731,686	1,727,357	1,732,760
	BX COMMERCIAL MORTGAGE TRUST, 2023-XL3	12/17/2040	5.512	USD	486,886	485,669	487,339
	BX COMMERCIAL MORTGAGE TRUST, 2024-GPA3	12/15/2039	5.044	USD	835,568	836,307	835,568
	BX COMMERCIAL MORTGAGE TRUST, 2024-XL4	02/15/2039	5.192	USD	2,471,358	2,471,729	2,472,890
	BX TRUST 2021-LBA	02/15/2036	4.665	USD	101,000	100,369	100,876
	BX TRUST 2022-IND	04/15/2037	5.241	USD	100,586	100,712	100,678
	BX TRUST 2024-CNYN	04/15/2041	5.691	USD	148,569	148,198	148,936
	BX TRUST 2024-CNYN	04/15/2041	5.442	USD	179,582	179,133	179,914
	BX TRUST 2024-CNYN	04/15/2041	5.192	USD	1,125,089	1,122,276	1,126,135
	BX TRUST 2025-DIME	02/15/2035	4.900	USD	2,011,000	2,009,242	2,005,973
	BX TRUST 2025-ROIC	03/15/2030	4.894	USD	4,012,351	4,004,058	4,007,336
	BX TRUST 2025-ROIC	02/17/2042	5.293	USD	874,589	872,990	871,309
	BX TRUST 2025-ROIC	02/17/2042	5.143	USD	361,590	360,686	360,234
	BX TRUST 2025-TAIL	06/15/2035	5.150	USD	336,000	336,000	336,000
	CANADIAN NATIONAL RAILWAY COMPANY	05/01/2050	2.450	USD	1,220,000	724,970	725,510
	CANADIAN NATURAL RESOURCES LIMITED	03/15/2038	6.250	USD	725,000	774,511	770,552
	CANADIAN NATURAL RESOURCES LIMITED	06/01/2047	4.950	USD	825,000	726,045	728,747
	CANADIAN PACIFIC RAILWAY COMPANY	05/15/2043	4.300	USD	1,617,000	1,347,010	1,404,494
	CANADIAN PACIFIC RAILWAY COMPANY	12/02/2051	3.100	USD	1,215,000	778,706	808,947
	CAPITAL ONE FINANCIAL CORPORATION	06/08/2029	6.312	USD	1,700,000	1,688,457	1,784,626
	CAPITAL ONE FINANCIAL CORPORATION	02/01/2030	5.700	USD	1,000,000	1,000,000	1,040,410
	CARLYLE US CLO 2021-10 LTD.	01/20/2038	5.194	USD	666,000	666,000	667,881
	CARLYLE US CLO 2025-6 LTD.	01/20/2039	4.879	USD	893,000	893,000	893,355
	CATERPILLAR INC.	08/15/2042	3.803	USD	1,320,000	1,112,723	1,111,862
	CEDAR FUNDING XII CLO LTD.	01/25/2038	5.058	USD	799,000	799,000	799,076
	CEDAR FUNDING XVIII CLO LTD.	04/23/2037	5.410	USD	10,300,000	10,300,000	10,321,424
	CELANESE US HOLDINGS LLC	11/15/2030	7.050	USD	1,300,000	1,323,153	1,376,050
	CENOVUS ENERGY INC.	03/20/2031	4.650	USD	241,000	240,518	240,405
	CENOVUS ENERGY INC.	03/20/2036	5.400	USD	186,000	185,680	186,119
	CENOVUS ENERGY INC.	06/15/2047	5.400	USD	956,000	880,588	875,323
	CENT 2025-CITY	07/10/2040	4.920	USD	1,395,000	1,406,812	1,413,121
	CENTENE CORPORATION	10/15/2030	3.000	USD	5,900,000	4,933,462	5,277,786
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	04/01/2051	3.350	USD	1,877,000	1,444,012	1,322,553
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	10/01/2052	4.850	USD	1,824,000	1,736,496	1,637,149
	CFCRE COMMERCIAL MORTGAGE TRUST 2016-C4	05/10/2058	3.283	USD	1,146,793	1,136,543	1,145,085
	CHARTER COMMUNICATIONS OPERATING, LLC	06/01/2029	6.100	USD	542,000	541,696	566,027
	CHARTER COMMUNICATIONS OPERATING, LLC	02/01/2032	2.300	USD	5,650,000	4,322,958	4,864,198
	CHARTER COMMUNICATIONS OPERATING, LLC	06/01/2034	6.550	USD	374,000	373,084	394,140
	CHARTER COMMUNICATIONS OPERATING, LLC	03/01/2042	3.500	USD	1,450,000	1,011,123	1,009,055
	CHARTER COMMUNICATIONS OPERATING, LLC	05/01/2047	5.375	USD	740,000	606,652	611,336
	CHARTER COMMUNICATIONS OPERATING, LLC	03/01/2050	4.800	USD	2,357,000	1,769,703	1,776,801
	CHARTER COMMUNICATIONS OPERATING, LLC	04/01/2051	3.700	USD	1,720,000	1,100,442	1,086,868
	CHARTER COMMUNICATIONS OPERATING, LLC	12/01/2061	4.400	USD	5,080,000	3,393,741	3,335,985
	CHENIERE CORPUS CHRISTI HOLDINGS, LLC	12/31/2039	2.742	USD	500,000	414,685	426,235
	CHEVRON CORPORATION	05/11/2050	3.078	USD	445,000	305,717	303,437
	CHUBB INA HOLDINGS INC.	03/13/2043	4.150	USD	1,975,000	1,713,233	1,704,030
	CHUBB INA HOLDINGS INC.	11/03/2045	4.350	USD	3,671,000	3,262,659	3,205,370
	CHURCH & DWIGHT CO., INC.	06/15/2052	5.000	USD	1,270,000	1,170,277	1,162,571
	CIFC FUNDING 2019-V LTD.	10/15/2038	5.359	USD	807,000	807,000	809,380
	CIFC FUNDING 2025-VI LTD.	10/23/2038	5.110	USD	513,000	513,000	513,535
	CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER	05/15/2044	4.268	USD	1,045,000	919,443	919,318
	CISCO SYSTEMS, INC.	02/26/2054	5.300	USD	1,520,000	1,475,025	1,463,228
	CITIGROUP COMMERCIAL MORTGAGE TRUST 2016-C1	05/10/2049	3.209	USD	1,000,000	989,727	996,120
	CITIGROUP INC.	11/17/2033	6.270	USD	4,652,000	4,838,487	5,072,029
	CITIGROUP INC.	04/24/2048	4.281	USD	605,000	514,041	511,419
	CITIZENS FINANCIAL GROUP, INC.	01/23/2030	5.841	USD	3,200,000	3,210,693	3,339,584
	CLECO CORPORATE HOLDINGS LLC	05/01/2046	4.973	USD	2,000,000	1,653,120	1,738,580
	COLUMBIA PIPELINES HOLDING COMPANY LLC	08/15/2028	6.042	USD	2,300,000	2,322,586	2,391,011
	COMCAST CORPORATION	01/15/2051	2.800	USD	3,940,000	2,325,584	2,295,286
	COMCAST CORPORATION	08/15/2052	2.450	USD	5,589,000	3,395,083	2,974,689
	COMCAST CORPORATION	11/01/2056	2.937	USD	11,535,000	6,644,414	6,507,816
	COMMONWEALTH EDISON COMPANY	06/15/2046	3.650	USD	2,109,000	1,623,064	1,616,991
	CONOCOPHILLIPS HOLDING COMPANY	03/15/2052	3.800 %	USD	$ 2,095,000	$ 1,560,202	$ 1,544,497
	CONOCOPHILLIPS HOLDING COMPANY	03/15/2054	5.550	USD	610,000	595,746	589,467
	CONOCOPHILLIPS HOLDING COMPANY	03/15/2062	4.025	USD	2,525,000	1,860,615	1,840,018
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	03/15/2034	5.500	USD	2,200,000	2,215,114	2,313,520
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	04/01/2050	3.950	USD	589,000	465,811	460,239
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	12/01/2051	3.200	USD	1,395,000	938,833	930,967
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	11/15/2052	6.150	USD	545,000	580,051	575,237
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	05/15/2054	5.700	USD	1,671,000	1,659,336	1,672,621
	CONSTELLATION ENERGY GENERATION, LLC	10/01/2041	5.750	USD	252,000	256,830	257,541
	CONSTELLATION ENERGY GENERATION, LLC	06/15/2042	5.600	USD	1,020,000	1,027,396	1,026,273
	CONSTELLATION ENERGY GENERATION, LLC	10/01/2053	6.500	USD	205,000	204,918	224,001
	CONSUMERS ENERGY COMPANY	08/01/2051	3.500	USD	1,250,000	916,795	902,238

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	CONSUMERS ENERGY COMPANY	09/01/2052	4.200	USD	2,735,000	2,314,293	2,205,723
	CONTINENTAL RESOURCES, INC.	06/01/2044	4.900	USD	1,570,000	1,259,661	1,253,205
	COPT DEFENSE PROPERTIES, LP	10/15/2030	4.500	USD	112,000	111,400	111,588
	COREBRIDGE FINANCIAL, INC.	09/15/2033	6.050	USD	5,400,000	5,433,912	5,742,360
	CORPORATE OFFICE PROPERTIES, LP	12/01/2033	2.900	USD	3,200,000	2,316,608	2,735,872
	COX COMMUNICATIONS, INC.	12/15/2042	4.700	USD	590,000	471,941	469,847
	CROWN CASTLE INC.	04/01/2041	2.900	USD	1,955,000	1,426,746	1,429,085
	CROWN CASTLE INC.	07/01/2050	4.150	USD	140,000	108,978	109,280
	CSX CORPORATION	03/15/2044	4.100	USD	1,904,000	1,603,813	1,599,779
	CSX CORPORATION	11/01/2046	3.800	USD	513,000	403,530	403,628
	CSX CORPORATION	11/15/2052	4.500	USD	2,515,000	2,178,368	2,140,818
	CSX CORPORATION	08/01/2054	4.500	USD	1,395,000	1,185,343	1,173,614
*	CVS HEALTH CORPORATION	06/01/2033	5.300	USD	2,700,000	2,641,491	2,788,695
*	CVS HEALTH CORPORATION	06/01/2044	6.000	USD	1,100,000	1,106,369	1,108,976
*	CVS HEALTH CORPORATION	07/20/2045	5.125	USD	3,890,000	3,526,857	3,522,395
*	CVS HEALTH CORPORATION	03/25/2048	5.050	USD	1,945,000	1,724,824	1,721,383
*	CVS HEALTH CORPORATION	06/01/2053	5.875	USD	830,000	810,630	809,134
*	CVS HEALTH CORPORATION	06/01/2054	6.050	USD	550,000	552,915	549,577
	DANAHER CORPORATION	10/01/2050	2.600	USD	5,151,000	3,349,982	3,155,400
	DB MASTER FINANCE, SERIES 2021-1A, CL A21	11/20/2051	2.045	USD	2,644,800	2,533,172	2,594,364
	DB MASTER FINANCE, SERIES 2021-1A, CL A23	11/20/2051	2.791	USD	1,662,720	1,379,993	1,482,115
	DB MASTER FINANCE, SERIES 2025-1A, CL A2I	08/20/2055	4.891	USD	635,000	635,000	636,873
	DB MASTER FINANCE, SERIES 2025-1A, CL A2II	08/20/2055	5.165	USD	515,000	515,000	516,257
	DEERE & COMPANY	01/19/2055	5.700	USD	400,000	417,429	415,592
	DELL INTERNATIONAL LLC	02/15/2029	4.150	USD	557,000	556,317	556,816
	DELL INTERNATIONAL LLC	02/15/2031	4.500	USD	1,105,000	1,105,025	1,104,459
	DELL INTERNATIONAL LLC	10/06/2032	4.750	USD	737,000	734,928	737,074
	DELL INTERNATIONAL LLC	02/15/2036	5.100	USD	1,170,000	1,165,532	1,157,750
	DELL INTERNATIONAL LLC	07/15/2046	8.350	USD	209,000	267,152	265,944
	DEUTSCHE BANK AG (NEW YORK BRANCH)	01/18/2029	6.720	USD	2,100,000	2,202,627	2,199,120
	DEVON ENERGY CORPORATION	06/15/2045	5.000	USD	2,240,000	1,948,950	1,955,475
	DOMINION ENERGY, INC.	12/01/2044	4.700	USD	2,555,000	2,260,845	2,248,681
	DOMINO'S PIZZA MASTER ISSUER LLC, SERIES 2018-1	07/25/2048	4.328	USD	1,538,740	1,534,533	1,534,355
	DOMINO'S PIZZA MASTER ISSUER LLC, SERIES 2019-1	10/25/2049	3.668	USD	768,000	741,360	739,699
	DOMINO'S PIZZA MASTER ISSUER LLC, SERIES 2021-1	04/25/2051	3.151	USD	2,956,400	2,615,387	2,711,847
	DRYDEN 78 CLO LTD.	04/17/2037	5.412	USD	1,039,000	1,039,000	1,040,735
	DRYDEN 85 CLO LTD.	07/15/2037	5.285	USD	500,000	498,550	501,160
	DTE ELECTRIC COMPANY	07/01/2044	4.300	USD	981,000	839,128	838,274
	DTE ELECTRIC COMPANY	03/01/2052	3.650	USD	768,000	592,517	567,345
	DTE ELECTRIC COMPANY	04/01/2053	5.400	USD	425,000	416,897	413,729
	DTE ELECTRIC COMPANY	05/15/2055	5.850	USD	2,000,000	2,068,880	2,059,260
	DTP COMMERCIAL MORTGAGE TRUST 2023-STE2	01/15/2041	6.038	USD	204,000	200,940	209,812
	DUKE ENERGY CAROLINAS, LLC	06/01/2045	3.750	USD	899,000	702,476	708,574
	DUKE ENERGY CAROLINAS, LLC	03/15/2046	3.875	USD	556,000	436,272	441,831
	DUKE ENERGY CAROLINAS, LLC	03/15/2052	3.550	USD	1,200,000	870,793	864,600
	DUKE ENERGY CORPORATION	06/15/2034	5.450	USD	3,130,000	3,125,868	3,265,435
	DUKE ENERGY CORPORATION	09/01/2046	3.750	USD	3,340,000	2,554,419	2,541,005
	DUKE ENERGY FLORIDA, LLC	12/15/2051	3.000	USD	1,070,000	700,977	694,205
	DUKE ENERGY INDIANA, LLC	05/15/2046	3.750	USD	1,640,000	1,280,192	1,281,545
	DUKE ENERGY INDIANA, LLC	04/01/2050	2.750	USD	815,000	512,058	510,883
	DUKE ENERGY PROGRESS, LLC	12/01/2044	4.150	USD	2,898,000	2,418,385	2,421,250
	DUKE ENERGY PROGRESS, LLC	10/15/2046	3.700	USD	827,000	630,784	632,208
	DUKE ENERGY PROGRESS, LLC	08/15/2050	2.500	USD	65,000	41,224	38,043
	DUQUESNE LIGHT HOLDINGS, INC.	10/01/2030	2.532	USD	541,000	455,825	492,104
	EATON CORPORATION	08/23/2052	4.700	USD	1,830,000	1,643,829	1,634,794
	EATON VANCE CLO 2019-1 LTD.	07/15/2037	5.415	USD	797,000	797,000	798,443
	EBAY INC.	07/15/2042	4.000	USD	870,000	720,094	721,935
	ELEVANCE HEALTH, INC.	01/15/2043	4.650	USD	4,220,000	3,788,560	3,790,868
	ELI LILLY AND COMPANY	05/15/2050	2.250	USD	7,938,000	4,915,369	4,582,846
	ELP COMMERCIAL MORTGAGE TRUST 2025-ELP	11/13/2042	4.604	USD	539,000	539,000	538,989
	ENBRIDGE INC.	11/15/2053	6.700	USD	693,000	694,700	763,360
	ENBRIDGE INC.	04/05/2054	5.950	USD	1,411,000	1,409,434	1,433,040
	ENEL FINANCE INTERNATIONAL N.V.	10/07/2039	6.000	USD	1,570,000	1,658,127	1,651,923
	ENERGY TRANSFER LP	02/15/2033	5.750	USD	2,900,000	2,866,099	3,047,552
	ENERGY TRANSFER LP	02/01/2042	6.500	USD	2,945,000	3,112,338	3,111,334
	ENERGY TRANSFER LP	12/15/2045	6.125	USD	1,100,000	1,083,566	1,082,741
	ENERGY TRANSFER LP	10/01/2047	5.400	USD	1,037,000	920,555	934,866
	ENERGY TRANSFER LP	06/15/2048	6.000	USD	2,135,000	2,079,369	2,077,227
	ENERGY TRANSFER LP	05/15/2054	5.950	USD	1,279,000	1,204,716	1,217,557
	ENTERGY ARKANSAS, LLC	06/01/2054	5.750	USD	1,265,000	1,259,371	1,279,054
	ENTERGY CORPORATION	06/15/2050	3.750	USD	820,000	600,276	597,444
	ENTERGY LOUISIANA, LLC	04/01/2050	4.200	USD	1,175,000	946,578	941,152
	ENTERGY LOUISIANA, LLC	03/15/2055	5.800	USD	355,000	361,310	358,149
	ENTERGY MISSISSIPPI, LLC	06/01/2049	3.850	USD	810,000	626,159	619,990
	ENTERPRISE PRODUCTS OPERATING, LLC	03/15/2044	4.850	USD	2,430,000	2,240,978	2,225,224
	ENTERPRISE PRODUCTS OPERATING, LLC	02/15/2053	3.300	USD	7,496,000	5,430,135	5,027,417
	EOG RESOURCES, INC.	12/01/2054	5.650	USD	3,185,000	3,171,766	3,124,740
	EQUINOR ASA	08/17/2040	5.100	USD	1,315,000	1,317,431	1,309,964
	EQUINOR ASA	04/06/2050	3.700	USD	685,000	526,587	521,107
	ERAC USA FINANCE LLC	06/01/2034	6.700	USD	450,000	507,674	505,062
	ESSENTIAL UTILITIES, INC.	04/15/2050	3.351	USD	700,000	479,171	483,140
	ESSEX PORTFOLIO, LP	04/01/2034	5.500	USD	1,749,000	1,747,884	1,814,675
	EXELON CORPORATION	03/15/2033	5.300	USD	4,000,000	3,936,880	4,162,880
	EXELON CORPORATION	04/15/2050	4.700	USD	815,000	704,717	699,678
	EXETER AUTOMOBILE RECEIVABLES TRUST 2025-4	03/15/2028	4.530 %	USD	$ 2,367,752	$ 2,367,643	$ 2,371,161
	EXPEDIA GROUP, INC.	02/15/2028	3.800	USD	1,305,000	1,296,884	1,298,084
	EXTENDED STAY AMERICA TRUST 2025-ESH	10/15/2042	5.350	USD	280,000	280,000	280,437
	EXXON MOBIL CORPORATION	04/15/2051	3.452	USD	3,830,000	2,785,377	2,756,987
	FEDEX CORPORATION	02/15/2048	4.050	USD	2,500,000	1,915,115	1,918,100
	FISERV, INC.	02/15/2031	4.550	USD	2,500,000	2,492,373	2,476,175
	FLATIRON CLO 20 LTD.	11/20/2038	3.889	USD	1,437,000	1,437,000	1,436,152
	FLATIRON CLO 21 LTD.	10/19/2037	5.244	USD	388,000	388,000	388,950
	FLATIRON CLO 26 LTD.	01/15/2038	5.235	USD	835,000	835,000	836,875
	FLATIRON CLO 31 LTD.	01/18/2039	4.897	USD	787,000	787,000	787,000
	FLATIRON CLO 32 LTD.	10/22/2038	5.606	USD	850,000	850,000	852,740
	FLATIRON RR CLO 30 LTD.	04/15/2038	5.065	USD	873,000	873,000	871,650
	FLORIDA POWER & LIGHT COMPANY	10/01/2044	4.050	USD	1,310,000	1,104,196	1,094,466
	FLORIDA POWER & LIGHT COMPANY	12/01/2047	3.700	USD	5,317,000	4,144,312	4,101,321
	FLORIDA POWER & LIGHT COMPANY	12/04/2051	2.875	USD	1,387,000	951,322	887,569
*	FORD MOTOR COMPANY	01/15/2043	4.750	USD	1,290,000	1,033,961	1,024,363
*	FORD MOTOR CREDIT COMPANY LLC	05/12/2028	6.800	USD	4,000,000	4,071,951	4,174,840
*	FORD MOTOR CREDIT COMPANY LLC	05/03/2029	5.113	USD	1,215,000	1,213,004	1,217,770

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
*	GENERAL ELECTRIC COMPANY	03/11/2044	4.500	USD	2,487,000	2,302,270	2,244,891
*	GENERAL MOTORS COMPANY	10/02/2043	6.250	USD	2,560,000	2,617,134	2,602,214
*	GENERAL MOTORS COMPANY	04/01/2045	5.200	USD	3,100,000	2,637,418	2,792,883
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	05/08/2027	5.400	USD	2,100,000	2,098,152	2,134,608
	GEORGIA POWER COMPANY	10/01/2055	5.500	USD	1,640,000	1,632,112	1,601,657
	GEORGIA-PACIFIC LLC	11/15/2029	7.750	USD	1,060,000	1,198,528	1,196,560
	GGAM MASTER TRUST INTERNATIONAL LTD.	09/30/2060	5.923	USD	1,770,000	1,769,940	1,782,125
	GILDAN ACTIVEWEAR INC.	10/07/2030	4.700	USD	96,000	95,996	95,614
	GILEAD 2025-1 AVIATION LIMITED	03/15/2050	5.789	USD	1,184,153	1,184,104	1,202,555
	GILEAD SCIENCES, INC.	02/01/2045	4.500	USD	2,410,000	2,150,924	2,137,839
	GLENCORE FUNDING LLC	09/23/2051	3.375	USD	1,510,000	1,026,455	1,019,869
	GLOBAL ATLANTIC FINANCIAL COMPANY	03/15/2054	6.750	USD	380,000	393,698	389,652
	GLP CAPITAL LP	11/01/2037	5.750	USD	1,100,000	1,091,420	1,094,654
	GREEN LAKES PARK CLO, LLC	01/25/2038	5.038	USD	844,000	844,000	843,165
	GS MORTGAGE SECURITIES TRUST 2017-GS6	05/10/2050	3.164	USD	824,887	809,517	813,693
	HALLIBURTON COMPANY	11/15/2045	5.000	USD	2,931,000	2,838,644	2,629,576
	HAMLIN PARK CLO LTD.	10/20/2037	5.224	USD	847,000	847,000	849,879
	HASBRO, INC.	03/15/2040	6.350	USD	1,225,000	1,286,478	1,290,427
	HCA INC.	09/01/2030	3.500	USD	2,200,000	1,927,068	2,117,786
	HCA INC.	06/15/2049	5.250	USD	855,000	780,952	775,536
	HCA INC.	04/01/2054	6.000	USD	740,000	742,346	738,202
	HESS CORPORATION	03/15/2033	7.125	USD	1,900,000	2,141,509	2,202,556
	HEWLETT PACKARD ENTERPRISE COMPANY	10/15/2054	5.600	USD	985,000	921,835	915,321
	HILTON USA TRUST 2016-HHV	11/05/2038	4.194	USD	1,310,000	1,299,152	1,305,297
	HONEYWELL INTERNATIONAL INC.	03/01/2054	5.250	USD	3,270,000	3,262,643	3,104,375
	HORIZON AIRCRAFT FINANCE I LTD.	12/15/2038	4.458	USD	722,780	693,348	715,790
	HSBC HOLDINGS PLC	05/02/2036	6.500	USD	1,535,000	1,659,123	1,663,618
	HUMANA INC.	04/15/2031	5.375	USD	653,000	652,608	675,646
	HUMANA INC.	04/15/2054	5.750	USD	1,595,000	1,512,968	1,505,999
	INT COMMERCIAL MORTGAGE TRUST 2025-PLAZA	11/05/2037	5.041	USD	457,000	457,000	458,727
	INTEL CORPORATION	07/29/2045	4.900	USD	1,200,000	1,031,472	1,038,360
	INTEL CORPORATION	05/19/2046	4.100	USD	2,775,000	2,176,523	2,133,975
	INTEL CORPORATION	02/15/2060	3.100	USD	1,900,000	1,077,186	1,066,546
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2050	2.950	USD	1,095,000	708,073	701,939
	INVESCO U.S. CLO 2024-1 LTD.	04/15/2037	5.455	USD	740,000	740,000	741,136
	INVESCO U.S. CLO 2024-3 LTD.	07/20/2037	5.394	USD	652,000	652,000	654,110
	INVITATION HOMES OPERATING PARTNERSHIP LP	01/15/2033	4.950	USD	1,507,000	1,499,118	1,531,655
	IPALCO ENTERPRISES INC.	04/01/2034	5.750	USD	1,136,000	1,132,785	1,159,776
	JBS USA HOLDING LUX S.A.R.L.	12/01/2052	6.500	USD	1,205,000	1,251,236	1,242,271
	JBS USA HOLDING LUX S.A.R.L.	03/01/2056	6.250	USD	1,385,000	1,394,280	1,380,180
	JEFFERIES FINANCIAL GROUP INC.	10/15/2031	2.625	USD	540,000	475,649	479,088
	JERSEY MIKE'S FUNDING, LLC	02/15/2050	4.433	USD	1,291,988	1,279,825	1,292,026
	JERSEY MIKE'S FUNDING, LLC	02/15/2055	5.636	USD	724,525	724,525	739,356
	JERSEY MIKE'S FUNDING, LLC	08/16/2055	5.610	USD	528,675	528,675	538,847
	JOHNSON & JOHNSON	09/01/2050	2.250	USD	10,457,000	6,593,873	6,188,975
	JOHNSON CONTROLS INTERNATIONAL PLC	07/02/2064	4.950	USD	680,000	587,233	588,560
*	JPMORGAN CHASE & COMPANY	01/23/2030	5.012	USD	1,000,000	1,000,000	1,025,290
*	JPMORGAN CHASE & COMPANY	04/22/2031	5.103	USD	905,000	905,000	935,200
*	JPMORGAN CHASE & COMPANY	06/01/2034	5.350	USD	6,800,000	6,681,800	7,076,624
*	JPMORGAN CHASE & COMPANY	04/22/2036	5.572	USD	1,075,000	1,075,000	1,130,803
*	JPMORGAN CHASE & COMPANY	05/15/2038	6.400	USD	1,455,000	1,660,022	1,647,482
*	JPMORGAN CHASE & COMPANY	02/01/2044	4.850	USD	3,332,000	3,128,068	3,163,401
*	JPMORGAN CHASE & COMPANY	04/22/2051	3.109	USD	7,965,000	5,480,614	5,425,917
	KBC GROUP N.V.	10/16/2030	4.932	USD	2,400,000	2,400,000	2,446,152
	KENTUCKY UTILITIES CO.	06/01/2050	3.300	USD	675,000	467,322	466,263
	KENVUE INC.	03/22/2053	5.050	USD	1,135,000	1,044,192	1,038,298
*	KINDER MORGAN ENERGY PARTNERS, LP	08/15/2042	5.000	USD	1,655,000	1,523,144	1,521,491
*	KINDER MORGAN ENERGY PARTNERS, LP	03/01/2044	5.500	USD	850,000	820,653	816,570
*	KINDER MORGAN ENERGY PARTNERS, LP	09/01/2044	5.400	USD	3,125,000	2,966,996	2,961,031
	KITE REALTY GROUP, LP	03/01/2034	5.500	USD	166,000	163,792	171,622
	LAKESIDE PARK CLO LTD.	04/15/2038	5.055	USD	629,000	629,000	628,677
	LAM RESEARCH CORP.	06/15/2050	2.875	USD	925,000	607,970	602,462
	LLOYDS BANKING GROUP PLC	11/04/2031	4.425	USD	2,500,000	2,500,000	2,494,250
	LOCKHEED MARTIN CORPORATION	06/15/2050	2.800	USD	6,555,000	4,196,323	4,169,963
	LOWE'S COMPANIES, INC.	04/15/2046	3.700	USD	6,932,000	5,222,479	5,262,289
	MADISON PARK FUNDING LXVII LTD.	04/25/2037	5.368	USD	950,000	950,000	952,212
	MADISON PARK FUNDING XIX LTD.	01/22/2037	5.457	USD	2,321,000	2,331,677	2,322,625
	MARS, INCORPORATED	03/01/2030	4.800	USD	859,000	858,072	878,405
	MARS, INCORPORATED	03/01/2032	5.000	USD	645,000	643,697	665,775
	MARS, INCORPORATED	03/01/2035	5.200	USD	2,036,000	2,048,473	2,096,937
	MARS, INCORPORATED	05/01/2055	5.700	USD	1,440,000	1,453,690	1,440,403
	MARSH & MCLENNAN COMPANIES, INC.	01/30/2047	4.350	USD	880,000	750,135	748,317
	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	07/01/2051	2.294	USD	770,000	446,805	440,201
	MASSACHUSETTS MUTUAL LIFE INSURANCE CO.	04/15/2050	3.375	USD	680,000	462,061	461,149
	MASTERCARD INCORPORATED	03/26/2050	3.850	USD	575,000	456,648	452,295
	MATTEL, INC.	11/17/2030	5.000	USD	1,024,000	1,021,000	1,032,018
	MATTEL, INC.	11/01/2041	5.450	USD	865,000	820,862	815,436
	MCDONALD'S CORPORATION	09/01/2049	3.625	USD	2,983,000	2,302,131	2,202,170
	MEDTRONIC, INC.	03/15/2045	4.625 %	USD	$ 3,502,000	$ 3,271,487	$ 3,216,132
	MERCK & CO., INC.	05/18/2043	4.150	USD	3,467,000	3,095,920	2,992,576
	MERCK & CO., INC.	02/10/2045	3.700	USD	1,540,000	1,233,796	1,228,504
	META PLATFORMS, INC.	08/15/2052	4.450	USD	2,101,000	1,755,859	1,715,025
	META PLATFORMS, INC.	08/15/2054	5.400	USD	2,845,000	2,825,569	2,655,182
	METLIFE, INC.	11/13/2043	4.875	USD	1,590,000	1,485,360	1,486,761
	METLIFE, INC.	12/15/2044	4.721	USD	2,120,000	1,924,377	1,916,268
	METLIFE, INC.	03/01/2045	4.050	USD	2,056,000	1,798,693	1,706,583
	MHP COMMERCIAL MORTGAGE TRUST 2025-MHIL2	09/15/2040	5.250	USD	737,000	737,230	736,993
	MICROSOFT CORPORATION	06/01/2050	2.525	USD	6,225,000	3,892,482	3,820,594
	MICROSOFT CORPORATION	09/15/2050	2.500	USD	4,635,000	2,869,159	2,820,722
	MIRABELA NICKEL LTD.	06/24/2019	9.500	USD	857	29	41
	MOLSON COORS BEVERAGE COMPANY	07/15/2046	4.200	USD	1,365,000	1,108,990	1,099,357
	MOODY'S CORPORATION	07/15/2044	5.250	USD	980,000	940,363	952,119
	MORGAN STANLEY	04/20/2029	5.164	USD	2,693,000	2,644,311	2,754,508
	MORGAN STANLEY	04/17/2031	5.192	USD	1,463,000	1,483,325	1,509,655
	MORGAN STANLEY	07/21/2034	5.424	USD	7,723,000	7,592,182	8,047,057
	MORGAN STANLEY	04/17/2036	5.664	USD	651,000	651,000	684,689
	MORGAN STANLEY	04/22/2042	3.217	USD	2,595,000	2,043,943	2,039,955
	MORGAN STANLEY	01/27/2045	4.300	USD	3,651,000	3,142,302	3,172,390
	MORGAN STANLEY	01/25/2052	2.802	USD	4,595,000	2,957,932	2,934,321
	MORGAN STANLEY CAPITAL I TRUST 2019-H7	07/15/2052	3.261	USD	1,901,000	1,815,529	1,832,336
	MORGAN STANLEY EATON VANCE CLO 2025-21 LTD.	04/15/2038	5.075	USD	1,039,000	1,039,000	1,037,408
	MORGAN STANLEY PRIVATE BANK N.A.	07/18/2031	4.734	USD	2,417,000	2,417,000	2,452,119

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY		PRINCIPAL		COST		CURRENT VALUE
	MORGAN STANLEY PRIVATE BANK N.A.	11/19/2031	4.465		USD		1,500,000		1,500,000		1,504,695
	MPLX LP	03/01/2033	5.000		USD		2,100,000		1,971,501		2,113,041
	MPLX LP	04/15/2048	4.700		USD		2,995,000		2,501,820		2,498,219
	MPLX LP	09/15/2055	6.200		USD		1,502,000		1,502,377		1,498,380
	MSCI INC.	09/01/2035	5.250		USD		743,000		738,668		749,850
	MSCI INC.	03/15/2036	5.150		USD		2,000,000		1,993,000		1,989,780
	NAVIGATOR 2025-1 AVIATION LTD.	10/15/2050	5.107		USD		1,172,173		1,172,148		1,161,530
	NETFLIX, INC.	08/15/2054	5.400		USD		235,000		228,689		228,483
	NEVADA POWER COMPANY	08/01/2050	3.125		USD		1,730,000		1,135,631		1,131,558
	NEW YORK LIFE INSURANCE COMPANY	05/15/2050	3.750		USD		600,000		447,901		446,598
	NIKE, INC.	03/27/2050	3.375		USD		895,000		646,853		642,082
	NISOURCE INC.	04/01/2034	5.350		USD		2,100,000		2,095,401		2,169,153
	NISOURCE INC.	02/15/2043	5.250		USD		3,972,000		3,795,142		3,815,543
	NORFOLK SOUTHERN CORPORATION	10/01/2042	3.950		USD		2,691,000		2,121,584		2,237,217
	NORFOLK SOUTHERN CORPORATION	05/15/2050	3.050		USD		2,850,000		1,897,808		1,878,293
	NORTHERN STATES POWER COMPANY (MINNESOTA)	03/15/2054	5.400		USD		3,150,000		3,134,093		3,062,052
	NORTHROP GRUMMAN CORPORATION	05/01/2050	5.250		USD		485,000		462,740		459,368
	NORTHROP GRUMMAN CORPORATION	06/01/2054	5.200		USD		1,825,000		1,723,617		1,711,868
	NOVARTIS CAPITAL CORPORATION	08/14/2050	2.750		USD		6,302,000		4,461,027		4,048,468
	NSTAR ELECTRIC COMPANY	09/15/2052	4.950		USD		1,842,000		1,762,141		1,667,286
	NTT FINANCE CORPORATION	07/16/2028	4.620		USD		200,000		200,000		202,728
	NTT FINANCE CORPORATION	07/16/2030	4.876		USD		448,000		448,000		456,642
	NUTRIEN LTD.	06/01/2043	4.900		USD		1,510,000		1,376,108		1,378,766
	NUTRIEN LTD.	04/01/2049	5.000		USD		968,000		862,827		870,048
	NUTRIEN LTD.	03/27/2053	5.800		USD		1,349,000		1,346,329		1,351,819
	NVIDIA CORPORATION	04/01/2050	3.500		USD		1,580,000		1,192,525		1,174,540
	NXP B.V.	08/19/2032	4.850		USD		356,000		355,288		358,399
	NXP B.V.	08/19/2035	5.250		USD		1,028,000		1,026,888		1,045,075
	OCCIDENTAL PETROLEUM CORPORATION	05/01/2031	7.500		USD		3,600,000		3,921,084		4,050,684
	OCCIDENTAL PETROLEUM CORPORATION	03/15/2040	6.200		USD		1,000,000		1,012,790		1,016,140
	OCP AEGIS CLO 2025-47 LTD.	01/21/2038	4.857		USD		715,000		715,000		715,177
	OCP CLO 2018-15 LTD.	01/20/2038	5.134		USD		557,000		558,114		558,120
	OCP CLO 2020-8R LTD.	10/17/2038	5.102		USD		762,000		762,000		762,738
	OCP CLO 2025-44 LTD.	10/24/2038	5.562		USD		895,000		895,000		897,245
	OHA CREDIT FUNDING 13 LTD.	07/20/2037	5.234		USD		1,352,000		1,352,000		1,354,323
	OHA CREDIT FUNDING 14-R LTD.	04/20/2038	5.555		USD		575,000		575,000		575,240
	OHA CREDIT FUNDING 18 LTD.	04/20/2037	5.534		USD		250,000		250,000		250,362
	OHA CREDIT FUNDING 18 LTD.	04/20/2037	5.384		USD		1,072,000		1,072,000		1,074,849
	OHA CREDIT FUNDING 4 LTD.	01/22/2038	5.147		USD		996,000		996,000		997,727
	OHA CREDIT FUNDING 6 LTD.	10/20/2037	5.214		USD		777,000		777,000		778,026
	OHA CREDIT PARTNERS 7 LTD.	02/20/2038	5.029		USD		930,000		927,000		928,140
	OHA CREDIT PARTNERS XVII LTD.	01/18/2038	5.204		USD		338,000		338,000		338,537
	OHIO POWER COMPANY	10/01/2051	2.900		USD		3,572,000		2,404,663		2,208,925
	OMEGA HEALTHCARE INVESTORS, INC.	02/01/2031	3.375		USD		1,827,000		1,562,852		1,707,459
	OMEGA HEALTHCARE INVESTORS, INC.	04/15/2033	3.250		USD		2,472,000		1,973,279		2,201,242
	ONCOR ELECTRIC DELIVERY COMPANY LLC	11/15/2048	4.100		USD		1,153,000		975,200		928,903
	ONCOR ELECTRIC DELIVERY COMPANY LLC	11/15/2051	2.700		USD		3,691,000		2,439,937		2,209,100
	ONCOR ELECTRIC DELIVERY COMPANY LLC	06/15/2054	5.550		USD		765,000		754,246		745,768
	ONEMAIN FINANCIAL ISSUANCE TRUST 2020-2	09/14/2035	1.750		USD		753,772		740,552		741,968
	ONEOK, INC.	04/01/2045	5.050		USD		1,260,000		1,110,649		1,105,133
	ONEOK, INC.	03/01/2050	3.950		USD		883,000		681,417		642,798
	ONEOK, INC.	03/15/2050	4.500		USD		1,260,000		1,028,523		1,024,481
	OOREDOO INTERNATIONAL FINANCE LIMITED	01/31/2028	3.875		USD		815,000		811,698		813,329
	ORACLE CORPORATION	09/26/2030	4.450		USD		420,000		419,740		411,188
	ORACLE CORPORATION	09/26/2032	4.800		USD		700,000		699,755		679,154
	ORACLE CORPORATION	09/26/2035	5.200		USD		637,000		636,904		611,737
	ORACLE CORPORATION	09/26/2045	5.875		USD		393,000		392,815		355,865
	ORACLE CORPORATION	04/01/2050	3.600		USD		9,265,000		6,080,672		5,794,424
	ORACLE CORPORATION	08/03/2055	6.000		USD		493,000		456,168		436,246
	ORACLE CORPORATION	09/26/2055	5.950		USD		1,480,000		1,371,558		1,316,845
	ORACLE CORPORATION	09/26/2065	6.100		USD		1,707,000		1,557,457		1,511,378
	ORANGE S.A.	02/06/2044	5.500		USD		1,981,000		2,011,931		1,957,347
	OVINTIV INC.	07/15/2033	6.250		USD		935,000		992,490		993,297
	PACIFIC GAS & ELECTRIC COMPANY	03/15/2045	4.300		USD		1,300,000		1,035,021		1,034,202
	PACIFICORP	03/15/2051	3.300		USD		875,000		560,775		559,913
	PALMER SQUARE LOAN FUNDING 2024-2 LTD.	01/15/2033	4.905		USD		388,920		388,920		389,017
	PALMER SQUARE LOAN FUNDING 2025-1 LTD.	02/15/2033	4.652		USD		856,741		856,741		855,336
	PALMER SQUARE LOAN FUNDING 2025-2 LTD.	07/15/2033	5.228		USD		860,000		860,000		860,180
	PARAMOUNT GLOBAL	05/19/2050	4.950		USD		2,105,000		1,628,228		1,475,121
	PAYCHEX, INC.	04/15/2030	5.100		USD		110,000		109,380		113,343
	PAYCHEX, INC.	04/15/2032	5.350		USD		152,000		150,778		157,597
	PAYCHEX, INC.	04/15/2035	5.600		USD		120,000		118,032		125,839
	PECO ENERGY COMPANY	06/15/2050	2.800	%	USD	$	1,076,000	$	737,712	$	675,588
	PEEBLES PARK CLO LTD.	04/21/2037	5.370		USD		5,200,000		5,200,000		5,214,170
	PEPSICO, INC.	10/15/2049	2.875		USD		523,000		375,813		344,981
	PEPSICO, INC.	10/21/2051	2.750		USD		4,467,000		3,094,635		2,815,639
	PEPSICO, INC.	07/18/2052	4.200		USD		520,000		431,885		428,600
	PETROLEOS MEXICANOS	02/12/2048	6.350		USD		2,275,000		1,798,324		1,785,625
	PETROLEOS MEXICANOS	01/28/2060	6.950		USD		730,000		596,593		594,293
	PFIZER INC.	06/15/2043	4.300		USD		945,000		862,433		827,593
	PFIZER INC.	05/15/2044	4.400		USD		996,000		920,830		889,548
	PFIZER INC.	05/28/2050	2.700		USD		6,881,000		4,479,617		4,308,607
	PHILIP MORRIS INTERNATIONAL INC.	03/20/2042	4.500		USD		1,000,000		893,710		896,190
	PHILIP MORRIS INTERNATIONAL INC.	08/21/2042	3.875		USD		3,665,000		3,040,924		3,028,939
	PHILLIPS EDISON GROCERY CENTER OPERATING PARTNERSHIP I, LP	07/15/2034	5.750		USD		2,376,000		2,406,927		2,488,955
	PK ALIFT LOAN FUNDING 7 LP	03/15/2043	4.750		USD		864,455		864,437		866,435
	PLAINS ALL AMERICAN PIPELINE LP	12/15/2029	3.550		USD		3,200,000		2,848,640		3,111,072
	PLAINS ALL AMERICAN PIPELINE LP	01/15/2031	4.700		USD		2,000,000		1,996,765		2,013,100
	PLAINS ALL AMERICAN PIPELINE LP	01/31/2043	4.300		USD		1,300,000		1,059,942		1,063,920
	PLANET FITNESS MASTER ISSUER LLC, SERIES 2019-1A, CLASS A2	12/05/2049	3.858		USD		1,894,100		1,811,641		1,814,605
	PLANET FITNESS MASTER ISSUER LLC, SERIES 2025-1A, CLASS A2I	12/06/2055	5.274		USD		545,000		545,000		547,796
	POTOMAC ELECTRIC POWER CO.	03/15/2043	4.150		USD		1,200,000		1,018,824		1,018,092
	PPL ELECTRIC UTILITIES CORPORATION	10/01/2049	3.000		USD		4,702,000		3,399,047		3,134,729
	PRESIDENT AND FELLOWS OF HARVARD COLLEGE	10/15/2050	2.517		USD		805,000		495,503		491,605
	PRUDENTIAL FINANCIAL INC.	12/07/2049	3.935		USD		1,535,000		1,203,663		1,193,278
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	05/01/2050	2.700		USD		1,756,000		1,125,735		1,093,672
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	03/01/2054	5.450		USD		2,747,000		2,730,518		2,694,697
	QUALCOMM INCORPORATED	05/20/2052	4.500		USD		1,320,000		1,131,661		1,120,891
	REGENCY CENTERS, LP	01/15/2035	5.100		USD		2,521,000		2,548,466		2,557,807
	REINSURANCE GROUP OF AMERICA, INC.	09/15/2034	5.750		USD		2,200,000		2,184,314		2,299,264
	REPUBLIC SERVICES, INC.	05/15/2041	5.700		USD		885,000		926,707		931,286
	REPUBLIC SERVICES, INC.	03/01/2050	3.050		USD		1,100,000		751,574		746,911

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	RIO TINTO FINANCE (USA) PLC	03/14/2055	5.750	USD	525,000	537,304	537,049
	ROGERS COMMUNICATIONS INC.	03/15/2042	4.500	USD	1,200,000	1,027,512	1,028,892
	ROPER TECHNOLOGIES, INC.	09/15/2030	4.450	USD	559,000	557,888	562,108
	RR 24 LTD.	01/15/2037	5.215	USD	5,000,000	5,000,000	5,005,880
	RR 28 LTD.	04/15/2037	5.455	USD	5,200,000	5,200,000	5,209,183
	RR 34 LTD.	10/15/2039	5.255	USD	432,000	432,000	433,185
	RTX CORPORATION	06/01/2042	4.500	USD	710,000	623,387	643,430
	RTX CORPORATION	11/01/2046	3.750	USD	3,090,000	2,415,868	2,402,073
	RTX CORPORATION	09/01/2051	2.820	USD	5,010,000	3,155,404	3,135,859
	RTX CORPORATION	03/15/2054	6.400	USD	1,978,000	2,053,394	2,182,980
	SALESFORCE, INC.	07/15/2051	2.900	USD	1,650,000	1,075,289	1,048,658
	SAN DIEGO GAS & ELECTRIC COMPANY	05/15/2048	4.150	USD	1,825,000	1,472,483	1,471,972
	SAN DIEGO GAS & ELECTRIC COMPANY	04/01/2053	5.350	USD	830,000	790,408	787,587
	SAUDI ARABIAN OIL COMPANY	06/02/2055	6.375	USD	1,410,000	1,487,382	1,475,311
	SCMS 2025-BNC1 MORTGAGE TRUST	12/15/2057	4.502	USD	1,760,000	1,759,998	1,761,883
	SHELL FINANCE U.S., INC.	10/15/2041	5.125	USD	2,055,000	2,026,032	2,012,523
	SHELL FINANCE US INC.	04/06/2050	3.250	USD	5,755,000	4,021,657	3,982,230
	SIXTH STREET CLO XIX, LTD.	07/17/2037	5.162	USD	550,000	550,000	551,318
	SIXTH STREET CLO XVIII, LTD.	10/17/2038	5.132	USD	806,000	806,000	807,026
	SIXTH STREET CLO XX, LTD.	07/17/2038	5.202	USD	705,000	705,000	706,663
	SIXTH STREET LENDING PARTNERS	07/15/2030	6.125	USD	780,000	774,907	801,411
	SIXTH STREET SPECIALTY LENDING, INC.	03/01/2029	6.125	USD	404,000	400,105	417,320
	SLAM 2025-1 LTD.	05/15/2050	5.807	USD	583,833	583,821	598,855
	SOCIETE GENERALE S.A.	04/13/2029	5.500	USD	820,000	819,975	840,008
	SOUTHERN CALIFORNIA EDISON COMPANY	10/01/2043	4.650	USD	1,300,000	1,106,144	1,108,887
	SOUTHERN CALIFORNIA EDISON COMPANY	03/01/2048	4.125	USD	2,680,000	2,063,166	2,040,284
	SOUTHERN CALIFORNIA EDISON COMPANY	12/01/2053	5.875	USD	475,000	462,143	456,475
	SOUTHERN CALIFORNIA GAS COMPANY	06/01/2053	5.750	USD	990,000	995,325	987,386
	SOUTHERN CALIFORNIA GAS COMPANY	04/01/2054	5.600	USD	420,000	415,685	412,579
	SOUTHERN COMPANY GAS CAPITAL	09/15/2035	5.100	USD	2,000,000	1,994,860	2,019,140
	SOUTHWESTERN ELECTRIC POWER COMPANY	11/01/2051	3.250	USD	2,250,000	1,491,777	1,484,955
	SOUTHWESTERN PUBLIC SERVICE COMPANY	05/01/2050	3.150	USD	2,145,000	1,426,753	1,420,097
	SREIT TRUST 2021-MFP	11/15/2038	5.443	USD	2,885,615	2,875,132	2,883,826
	SREIT TRUST 2021-MFP	11/15/2038	4.944	USD	137,570	136,452	137,485
	SREIT TRUST 2021-MFP	11/15/2038	4.595	USD	2,014,058	2,003,992	2,012,810
	STANDARD CHARTERED PLC	01/12/2028	2.608	USD	1,985,000	1,950,573	1,953,855
	STARBUCKS CORPORATION	11/15/2050	3.500	USD	3,815,000	2,695,804	2,685,684
	SUBWAY FUNDING LLC	07/30/2054	6.505	USD	681,120	681,120	704,442
	SUBWAY FUNDING LLC	07/30/2054	6.268	USD	776,160	776,160	792,700
	SUBWAY FUNDING LLC	07/30/2054	6.028	USD	1,474,110	1,473,834	1,494,482
	SUBWAY FUNDING LLC	07/30/2054	5.914	USD	1,019,700	1,019,700	1,012,705
	SUBWAY FUNDING LLC	07/30/2054	5.566	USD	502,920	502,920	499,078
	SUBWAY FUNDING LLC	07/30/2054	5.246	USD	1,063,260	1,063,260	1,060,006
	SUNCOR ENERGY INC.	03/04/2051	3.750	USD	3,290,000	2,357,097	2,349,389
	SYMPHONY CLO 43 LTD.	04/15/2037	5.425	USD	660,000	660,000	661,466
	SYNOPSYS, INC.	04/01/2055	5.700	USD	310,000	310,818	308,481
	SYSCO CORPORATION	04/01/2050	6.600	USD	660,000	728,690	727,155
	SYSCO CORPORATION	12/14/2051	3.150	USD	960,000	640,140	641,894
	TACO BELL FUNDING SER 2025-1 CL A-2-I	08/25/2055	4.821	USD	1,115,000	1,115,000	1,109,704
	TANGER PROPERTIES LIMITED PARTNERSHIP	09/01/2031	2.750	USD	2,700,000	2,208,762	2,446,551
	TARGA RESOURCES CORP.	01/15/2029	4.350	USD	308,000	307,809	308,838
	TARGA RESOURCES CORP.	09/15/2030	4.900	USD	449,000	448,416	457,953
	TARGA RESOURCES CORP.	02/15/2036	5.650	USD	1,082,000	1,078,754	1,113,757
	TCO COMMERCIAL MORTGAGE TRUST 2024-DPM	12/15/2039	5.800	USD	3,861,000	3,893,874	3,865,826
	TCO COMMERCIAL MORTGAGE TRUST 2024-DPM	12/15/2039	5.343	USD	819,000	818,915	819,508
	TCO COMMERCIAL MORTGAGE TRUST 2024-DPM	12/15/2039	5.050	USD	1,018,000	1,015,455	1,020,209
	THE AES CORPORATION	01/15/2031	2.450	USD	4,600,000	3,692,558	4,173,672
	THE BOEING COMPANY	05/01/2027	6.259	USD	203,000	203,000	208,302
	THE BOEING COMPANY	05/01/2029	6.298	USD	290,000	290,000	307,919
	THE BOEING COMPANY	05/01/2030	5.150	USD	2,000,000	1,971,580	2,057,040
	THE BOEING COMPANY	05/01/2031	6.388	USD	220,000	220,000	238,927
	THE BOEING COMPANY	05/01/2034	6.528	USD	235,000	235,000	260,545
	THE BOEING COMPANY	02/01/2050	3.750	USD	1,495,000	1,104,213	1,092,860
	THE BOEING COMPANY	05/01/2050	5.805	USD	4,635,000	4,581,154	4,579,009
	THE BOEING COMPANY	05/01/2054	6.858	USD	649,000	688,623	732,085
	THE BOEING COMPANY	08/01/2059	3.950	USD	1,295,000	927,754	919,839
	THE BOEING COMPANY	05/01/2064	7.008 %	USD	$ 334,000	$ 334,000	$ 380,747
	THE CAMPBELL SOUP COMPANY	04/24/2050	3.125	USD	1,770,000	1,172,720	1,161,456
	THE CIGNA GROUP	03/15/2033	5.400	USD	1,900,000	1,903,534	1,981,206
	THE CIGNA GROUP	07/15/2046	4.800	USD	1,490,000	1,331,203	1,330,287
	THE CIGNA GROUP	03/15/2050	3.400	USD	1,110,000	780,776	778,920
	THE CLEVELAND CLINIC FOUNDATION	01/01/2114	4.858	USD	515,000	442,374	435,695
	THE COCA-COLA COMPANY	06/01/2050	2.600	USD	3,595,000	2,251,832	2,236,162
	THE COCA-COLA COMPANY	03/15/2051	2.500	USD	5,245,000	3,506,860	3,159,745
	THE EAST OHIO GAS COMPANY	06/15/2050	3.000	USD	1,300,000	825,877	829,023
	THE GOLDMAN SACHS GROUP, INC.	07/21/2032	2.383	USD	4,968,000	3,931,732	4,454,209
	THE GOLDMAN SACHS GROUP, INC.	07/08/2044	4.800	USD	3,325,000	2,988,152	3,091,618
	THE GOLDMAN SACHS GROUP, INC.	10/21/2045	4.750	USD	5,990,000	5,480,469	5,444,491
	THE HOME DEPOT, INC.	04/01/2043	4.200	USD	4,776,000	4,186,462	4,154,069
	THE HOME DEPOT, INC.	09/15/2051	2.750	USD	8,120,000	5,059,089	5,037,729
	THE HOME DEPOT, INC.	06/25/2054	5.300	USD	385,000	372,712	369,704
	THE J.M. SMUCKER COMPANY	11/15/2053	6.500	USD	2,042,000	2,197,564	2,216,816
	THE LELAND STANFORD JUNIOR UNIVERSITY (STANFORD UNIVERSITY)	06/01/2050	2.413	USD	1,135,000	689,923	683,327
	THE PROCTER & GAMBLE COMPANY	03/25/2050	3.600	USD	2,448,000	2,173,574	1,871,325
	THE SOUTHERN COMPANY	03/15/2034	5.700	USD	2,200,000	2,245,430	2,319,658
	THE SOUTHERN COMPANY	07/01/2046	4.400	USD	920,000	783,682	778,955
	THE TRAVELERS COMPANIES, INC.	11/01/2040	5.350	USD	1,215,000	1,240,250	1,233,760
	THE WALT DISNEY COMPANY	03/23/2050	4.700	USD	1,475,000	1,333,499	1,324,580
	THE WILLIAMS COMPANIES, INC.	08/15/2032	4.650	USD	2,100,000	1,959,132	2,107,455
	THE WILLIAMS COMPANIES, INC.	09/15/2045	5.100	USD	3,395,000	3,126,160	3,125,030
	THE WILLIAMS COMPANIES, INC.	03/15/2055	6.000	USD	4,300,000	4,271,190	4,381,442
	TIME WARNER CABLE, LLC	09/01/2041	5.500	USD	2,830,000	2,489,337	2,489,891
	TIME WARNER CABLE, LLC	09/15/2042	4.500	USD	1,400,000	1,085,560	1,080,100
	T-MOBILE USA, INC.	02/15/2041	3.000	USD	1,400,000	1,041,334	1,046,108
	T-MOBILE USA, INC.	02/15/2051	3.300	USD	4,210,000	2,839,588	2,824,279
	T-MOBILE USA, INC.	01/15/2054	5.750	USD	935,000	926,065	920,891
	T-MOBILE USA, INC.	06/15/2054	6.000	USD	2,082,000	2,309,203	2,126,284
	T-MOBILE USA, INC.	06/15/2055	5.250	USD	1,300,000	1,197,592	1,189,253
	TRANSCONTINENTAL GAS PIPE LINE COMPANY, LLC	03/15/2056	5.750	USD	318,000	318,526	315,774
	TRANSPORTADORA DE GAS DEL PERU S.A.	04/30/2028	4.250	USD	1,131,000	1,130,060	1,129,190
	TYSON FOODS, INC.	06/02/2047	4.550	USD	1,115,000	952,234	960,851
	UBER TECHNOLOGIES, INC.	01/15/2031	4.150	USD	553,000	552,419	550,954

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	UBER TECHNOLOGIES, INC.	09/15/2035	4.800	USD	436,000	434,387	433,720
	UBS GROUP AG	09/22/2029	6.246	USD	3,600,000	3,643,344	3,791,880
	UDR, INC.	09/01/2034	5.125	USD	451,000	446,386	456,764
	UNILEVER CAPITAL CORP.	08/12/2051	2.625	USD	5,017,000	3,413,561	3,104,720
	UNION ELECTRIC COMPANY	03/15/2051	2.625	USD	512,000	326,042	309,908
	UNION ELECTRIC COMPANY	04/01/2052	3.900	USD	1,195,000	922,442	916,792
	UNION ELECTRIC COMPANY	01/15/2054	5.250	USD	2,944,000	2,924,357	2,755,496
	UNION PACIFIC CORPORATION	03/01/2046	4.050	USD	1,635,000	1,429,857	1,336,220
	UNION PACIFIC CORPORATION	02/05/2050	3.250	USD	1,425,000	997,062	990,475
	UNION PACIFIC CORPORATION	12/01/2054	5.600	USD	600,000	605,958	600,438
	UNITED PARCEL SERVICE, INC.	03/03/2053	5.050	USD	2,435,000	2,247,718	2,240,468
	UNITEDHEALTH GROUP INCORPORATED	07/15/2044	5.500	USD	3,136,000	3,107,180	3,121,355
	UNITEDHEALTH GROUP INCORPORATED	07/15/2045	4.750	USD	2,035,000	1,842,855	1,836,160
	UNITEDHEALTH GROUP INCORPORATED	05/15/2050	2.900	USD	4,145,000	2,675,530	2,657,981
	UNITEDHEALTH GROUP INCORPORATED	05/15/2051	3.250	USD	2,409,000	1,643,973	1,632,820
	UNUM GROUP	06/15/2054	6.000	USD	3,100,000	3,049,806	3,069,558
	VALERO ENERGY CORPORATION	03/15/2045	4.900	USD	892,000	799,822	796,636
	VERISK ANALYTICS, INC.	08/15/2030	4.500	USD	300,000	299,856	302,421
	VERISK ANALYTICS, INC.	02/15/2036	5.125	USD	676,000	674,083	680,367
	VERIZON COMMUNICATIONS INC.	03/15/2032	2.355	USD	4,500,000	3,581,865	3,971,610
	VERIZON COMMUNICATIONS INC.	03/15/2039	4.812	USD	2,600,000	2,486,185	2,474,316
	VERIZON COMMUNICATIONS INC.	08/15/2046	4.125	USD	2,698,000	2,194,620	2,170,433
	VERIZON COMMUNICATIONS INC.	10/30/2056	2.987	USD	9,720,000	5,873,752	5,810,422
	VICI PROPERTIES LP	04/01/2028	4.750	USD	204,000	203,447	206,207
	VICI PROPERTIES LP	02/15/2030	4.950	USD	3,200,000	3,015,213	3,241,024
	VICI PROPERTIES LP	04/01/2034	5.750	USD	131,000	129,934	135,484
	VIRGINIA ELECTRIC AND POWER COMPANY	01/15/2043	4.000	USD	3,039,000	2,489,320	2,495,201
	VIRGINIA ELECTRIC AND POWER COMPANY	12/15/2050	2.450	USD	1,098,000	668,355	633,184
	VIRGINIA ELECTRIC AND POWER COMPANY	11/15/2051	2.950	USD	3,600,000	2,292,505	2,272,212
	VISA INC.	12/14/2045	4.300	USD	530,000	464,936	463,978
	VOYA CLO 2024-1 LTD.	04/15/2037	5.425	USD	627,000	627,000	628,522
	VSP OPTICAL GROUP, INC.	12/01/2035	5.450	USD	384,000	383,144	387,352
*	VULCAN MATERIALS COMPANY	12/01/2054	5.700	USD	455,000	459,402	454,818
	WALMART INC.	06/29/2048	4.050	USD	398,000	350,293	333,218
	WALMART INC.	09/22/2051	2.650	USD	9,836,000	6,623,762	6,224,319
	WELLS FARGO & COMPANY	07/25/2029	5.574	USD	5,099,000	5,081,663	5,283,278
	WELLS FARGO & COMPANY	04/23/2031	5.150	USD	1,226,000	1,226,000	1,266,593
	WELLS FARGO & COMPANY	07/25/2034	5.557	USD	4,612,000	4,518,133	4,842,877
	WELLS FARGO & COMPANY	04/23/2036	5.605	USD	1,083,000	1,083,000	1,137,258
	WELLS FARGO & COMPANY	05/01/2045	3.900	USD	5,761,000	4,681,554	4,689,454
	WELLS FARGO & COMPANY	04/25/2053	4.611	USD	1,275,000	1,114,472	1,103,181
	WESTERN MIDSTREAM OPERATING, LP	02/01/2030	4.050	USD	3,200,000	2,892,832	3,137,664
	WESTERN-SOUTHERN GLOBAL FUNDING	05/01/2030	4.900	USD	199,000	198,747	203,830
	WESTLAKE CORPORATION	08/15/2051	3.125	USD	1,520,000	932,265	920,482
	WESTLAKE CORPORATION	11/15/2055	6.375	USD	306,000	304,102	301,786
	WEYERHAEUSER COMPANY	03/15/2032	7.375	USD	860,000	980,449	980,667
	WEYERHAEUSER COMPANY	03/09/2052	4.000	USD	940,000	725,731	728,143
	WILLIS ENGINE STRUCTURED TRUST VIII	06/15/2050	5.582	USD	697,426	697,406	708,738
	WISCONSIN POWER AND LIGHT COMPANY	04/01/2050	3.650	USD	1,305,000	953,658	951,175
	WISCONSIN POWER AND LIGHT COMPANY	12/15/2055	5.700	USD	2,020,000	2,006,931	1,987,902
	WISCONSIN PUBLIC SERVICE CORPORATION	09/01/2049	3.300	USD	1,823,000	1,323,800	1,271,160
	XCEL ENERGY INC.	12/01/2049	3.500	USD	985,000	705,466	707,731
	TOTAL LEGACY CORPORATE DEBT					$ 1,062,653,890	$ 1,065,571,786
	SFA CORPORATE DEBT						
	3M COMPANY	08/26/2029	2.375 %	USD	$ 11,642,000	$ 9,780,998	$ 10,976,660
	3M COMPANY	04/15/2030	3.050 %	USD	$ 683,000	$ 596,451	$ 653,249
	3M COMPANY	03/15/2035	5.150	USD	200,000	199,884	204,796
	ABB FINANCE USA, INC.	04/03/2028	3.800	USD	200,000	193,376	200,855
	ABBOTT LABORATORIES	11/30/2026	3.750	USD	8,809,000	8,463,039	8,809,440
	ABBOTT LABORATORIES	06/30/2030	1.400	USD	424,000	336,696	379,582
	ABBOTT LABORATORIES	11/30/2036	4.750	USD	9,912,000	9,804,830	9,993,675
	ABBVIE INC.	05/14/2026	3.200	USD	9,500,000	8,870,681	9,478,910
	ABBVIE INC.	11/21/2026	2.950	USD	37,781,000	34,630,650	37,489,708
	ABBVIE INC.	11/14/2028	4.250	USD	10,000,000	9,732,600	10,113,600
	ABBVIE INC.	11/21/2029	3.200	USD	18,784,000	16,549,896	18,228,745
	ABBVIE INC.	03/15/2031	4.950	USD	1,100,000	1,098,867	1,138,533
	ABBVIE INC.	03/15/2034	5.050	USD	4,050,000	4,048,539	4,169,030
	ABBVIE INC.	03/15/2035	5.200	USD	800,000	805,736	829,488
	ABBVIE INC.	05/14/2035	4.500	USD	22,733,000	21,514,827	22,352,904
	ACCENTURE CAPITAL INC.	10/04/2031	4.250	USD	13,545,000	13,523,057	13,576,018
	ACCENTURE CAPITAL INC.	10/04/2034	4.500	USD	800,000	775,424	790,360
	ACUITY BRANDS LIGHTING, INC.	12/15/2030	2.150	USD	41,000	32,338	36,886
	ADOBE INC.	04/04/2029	4.800	USD	500,000	503,495	513,095
	ADOBE INC.	02/01/2030	2.300	USD	12,125,000	10,356,134	11,362,338
	ADOBE INC.	04/04/2034	4.950	USD	300,000	294,840	310,707
	ADVANCED MICRO DEVICES, INC.	06/01/2032	3.924	USD	283,000	259,657	277,999
	AEGON LTD.	04/11/2048	5.500	USD	283,000	267,987	285,788
	AEP TEXAS INC.	06/01/2033	5.400	USD	1,196,000	1,191,824	1,234,188
	AERCAP IRELAND CAPITAL D.A.C.	10/29/2028	3.000	USD	2,414,000	2,050,849	2,341,170
	AERCAP IRELAND CAPITAL D.A.C.	09/30/2030	6.150	USD	500,000	518,460	534,955
	AERCAP IRELAND CAPITAL D.A.C.	12/15/2031	5.375	USD	700,000	700,539	725,928
	AERCAP IRELAND CAPITAL D.A.C.	09/10/2034	4.950	USD	1,830,000	1,810,648	1,829,689
	AERCAP IRELAND CAPITAL D.A.C.	03/10/2055	6.950	USD	700,000	724,227	734,006
	AFFILIATED MANAGERS GROUP, INC.	06/15/2030	3.300	USD	241,000	204,568	229,702
	AFFILIATED MANAGERS GROUP, INC.	08/20/2034	5.500	USD	200,000	195,882	205,270
	AFLAC INC.	04/01/2030	3.600	USD	11,262,000	10,327,448	11,077,528
	AFRICAN DEVELOPMENT BANK	11/03/2027	4.375	USD	1,448,000	1,441,305	1,468,750
	AGCO CORPORATION	03/21/2027	5.450	USD	605,000	604,522	613,210
	AGCO CORPORATION	03/21/2034	5.800	USD	200,000	196,652	209,536
	AGILENT TECHNOLOGIES, INC.	03/12/2031	2.300	USD	483,000	390,016	437,410
	AGILENT TECHNOLOGIES, INC.	09/09/2034	4.750	USD	200,000	194,066	199,870
	AGREE LIMITED PARTNERSHIP	06/15/2028	2.000	USD	483,000	398,645	460,352
	AGREE LIMITED PARTNERSHIP	10/01/2030	2.900	USD	200,000	180,062	187,308
	AGREE LIMITED PARTNERSHIP	10/01/2032	4.800	USD	9,208,000	8,603,260	9,278,165
	AGREE LIMITED PARTNERSHIP	06/15/2034	5.625	USD	3,163,000	3,127,978	3,313,148
	AIR LEASE CORPORATION	01/15/2027	2.200	USD	2,414,000	2,114,800	2,364,972
	AIR LEASE CORPORATION	09/01/2028	2.100	USD	965,000	793,562	909,233

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	AIR LEASE CORPORATION	12/01/2030	3.125	USD	100,000	87,677	92,755
*	AIR PRODUCTS AND CHEMICALS INC.	05/15/2027	1.850	USD	965,000	855,411	940,914
*	AIR PRODUCTS AND CHEMICALS INC.	02/08/2031	4.750	USD	1,280,000	1,317,926	1,313,920
*	AIR PRODUCTS AND CHEMICALS INC.	02/08/2034	4.850	USD	600,000	577,419	611,028
	ALABAMA POWER COMPANY	09/01/2027	3.750	USD	965,000	917,276	965,782
	ALBEMARLE CORPORATION	06/01/2032	5.050	USD	200,000	193,854	201,676
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	05/18/2032	2.000	USD	5,148,000	4,120,038	4,359,584
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	02/01/2033	1.875	USD	4,125,000	2,979,983	3,381,551
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	04/15/2035	4.750	USD	100,000	95,399	96,422
	ALEXANDRIA REAL ESTATE EQUITIES, INC.	10/01/2035	5.500	USD	1,210,000	1,213,423	1,230,897
	ALIBABA GROUP HOLDING LIMITED	12/06/2027	3.400	USD	600,000	577,614	594,852
	ALIBABA GROUP HOLDING LIMITED	02/09/2031	2.125	USD	965,000	790,277	876,876
	ALIBABA GROUP HOLDING LIMITED	05/26/2035	5.250	USD	300,000	314,916	313,173
	ALLEGHANY CORPORATION	05/15/2030	3.625	USD	241,000	228,372	235,488
	ALLEGION US HOLDING COMPANY INC.	07/01/2032	5.411	USD	100,000	97,115	104,286
	ALLEGION US HOLDING COMPANY INC.	05/29/2034	5.600	USD	200,000	197,098	209,192
	ALLIANT ENERGY CORPORATION	04/01/2056	5.750	USD	1,625,000	1,625,000	1,622,043
	ALLY FINANCIAL INC.	11/15/2027	7.100	USD	965,000	997,523	1,013,954
	ALLY FINANCIAL INC.	11/02/2028	2.200	USD	483,000	391,103	456,942
	ALLY FINANCIAL INC.	01/03/2030	6.848	USD	800,000	832,696	849,200
	ALLY FINANCIAL INC.	01/17/2031	5.543	USD	1,080,000	1,080,545	1,105,736
	ALLY FINANCIAL INC.	07/26/2035	6.184	USD	300,000	296,265	311,436
	ALPHABET INC.	08/15/2027	0.800	USD	483,000	409,889	462,043
	ALPHABET INC.	11/15/2030	4.100	USD	1,800,000	1,818,828	1,807,560
	ALPHABET INC.	05/15/2035	4.500	USD	1,490,000	1,482,899	1,484,934
	ALPHABET INC.	11/15/2035	4.700	USD	5,020,000	5,013,173	5,031,094
	ALPHABET INC.	05/15/2065	5.300	USD	360,000	354,460	339,689
	ALTRIA GROUP, INC.	05/06/2030	3.400	USD	483,000	413,842	465,457
	ALTRIA GROUP, INC.	02/04/2032	2.450	USD	100,000	75,052	88,538
	ALTRIA GROUP, INC.	11/01/2033	6.875	USD	500,000	540,283	565,645
	AMAZON.COM, INC.	06/03/2027	1.200	USD	2,539,000	2,182,454	2,453,537
	AMAZON.COM, INC.	08/22/2027	3.150	USD	2,920,000	2,882,449	2,896,640
	AMAZON.COM, INC.	12/01/2027	4.550	USD	7,827,000	7,680,827	7,957,398
	AMAZON.COM, INC.	04/13/2029	3.450	USD	200,000	184,749	197,654
	AMAZON.COM, INC.	12/01/2029	4.650	USD	1,448,000	1,420,001	1,487,458
	AMAZON.COM, INC.	05/12/2031	2.100	USD	12,292,000	10,095,975	11,117,376
	AMAZON.COM, INC.	04/13/2032	3.600	USD	1,700,000	1,544,903	1,650,666
	AMAZON.COM, INC.	12/01/2032	4.700	USD	29,996,000	29,551,924	30,883,282
	AMAZON.COM, INC.	12/05/2034	4.800	USD	20,953,000	21,101,892	21,560,008
	AMAZON.COM, INC.	11/20/2035	4.650	USD	4,800,000	4,794,925	4,788,528
	AMCOR FINANCE (USA), INC.	05/26/2033	5.625	USD	300,000	304,110	313,629
	AMCOR FLEXIBLES NORTH AMERICA INC.	06/19/2030	2.630	USD	241,000	198,143	223,684
	AMCOR FLEXIBLES NORTH AMERICA INC.	05/25/2031	2.690	USD	283,000	227,503	259,047
	AMCOR GROUP FINANCE PLC	05/23/2029	5.450	USD	200,000	199,094	206,868
	AMDOCS LIMITED	06/15/2030	2.538	USD	138,000	113,226	126,851
	AMEREN CORPORATION	12/01/2026	5.700	USD	3,515,000	3,510,466	3,563,191
	AMEREN CORPORATION	01/15/2029	5.000	USD	300,000	300,810	306,837
	AMEREN CORPORATION	01/15/2031	3.500	USD	300,000	266,751	288,600
	AMEREN ILLINOIS COMPANY	09/01/2032	3.850	USD	765,000	694,739	735,624
	AMERICA MOVIL, S.A.B. DE C.V.	07/21/2032	4.700	USD	700,000	670,106	702,709
	AMERICA MOVIL, S.A.B. DE C.V.	01/20/2033	5.000	USD	200,000	200,060	203,280
	AMERICAN AIRLINES 2019-1 CLASS AA PASS THROUGH TRUST	08/15/2033	3.150	USD	506,845	423,048	479,490
	AMERICAN AIRLINES 2021-1 CLASS AA PASS THROUGH TRUST	01/11/2036	2.875	USD	167,826	145,349	153,495
	AMERICAN ASSETS TRUST, LP	02/01/2031	3.375	USD	338,000	284,660	308,347
	AMERICAN ELECTRIC POWER COMPANY, INC.	11/01/2027	5.750 %	USD	$ 500,000	$ 508,847	$ 515,265
	AMERICAN ELECTRIC POWER COMPANY, INC.	11/13/2027	3.200	USD	6,489,000	5,917,387	6,400,036
	AMERICAN ELECTRIC POWER COMPANY, INC.	12/01/2028	4.300	USD	10,815,000	10,226,677	10,895,896
	AMERICAN ELECTRIC POWER COMPANY, INC.	11/01/2032	5.950	USD	2,682,000	2,741,943	2,882,292
	AMERICAN EXPRESS COMPANY	05/03/2027	3.300	USD	5,950,000	5,558,364	5,909,897
	AMERICAN EXPRESS COMPANY	11/05/2027	5.850	USD	1,448,000	1,484,782	1,497,942
	AMERICAN EXPRESS COMPANY	04/25/2029	4.731	USD	1,200,000	1,210,320	1,218,780
	AMERICAN EXPRESS COMPANY	05/03/2029	4.050	USD	1,624,000	1,547,610	1,629,635
	AMERICAN EXPRESS COMPANY	01/30/2031	5.085	USD	1,120,000	1,120,000	1,155,269
	AMERICAN EXPRESS COMPANY	10/30/2031	6.489	USD	1,300,000	1,405,534	1,420,770
	AMERICAN EXPRESS COMPANY	07/20/2033	4.918	USD	1,170,000	1,170,000	1,192,078
	AMERICAN EXPRESS COMPANY	08/03/2033	4.420	USD	16,033,000	14,942,740	15,936,000
	AMERICAN EXPRESS COMPANY	01/30/2036	5.442	USD	300,000	305,304	312,168
	AMERICAN EXPRESS COMPANY	04/25/2036	5.667	USD	600,000	622,020	635,142
	AMERICAN EXPRESS COMPANY	10/24/2036	4.804	USD	300,000	297,552	296,805
	AMERICAN FINANCIAL GROUP, INC.	04/02/2030	5.250	USD	100,000	101,348	104,674
	AMERICAN HOMES 4 RENT, LP	06/15/2030	4.950	USD	690,000	686,568	704,428
	AMERICAN HOMES 4 RENT, LP	07/15/2031	2.375	USD	200,000	168,880	179,004
	AMERICAN HOMES 4 RENT, LP	04/15/2032	3.625	USD	483,000	404,892	456,937
	AMERICAN HOMES 4 RENT, LP	03/15/2035	5.250	USD	2,700,000	2,685,002	2,745,252
	AMERICAN HONDA FINANCE CORPORATION	09/09/2026	2.300	USD	10,912,000	9,930,996	10,793,387
	AMERICAN HONDA FINANCE CORPORATION	01/08/2027	2.350	USD	18,307,000	16,637,242	18,030,930
	AMERICAN HONDA FINANCE CORPORATION	03/03/2028	4.550	USD	500,000	502,225	505,330
	AMERICAN HONDA FINANCE CORPORATION	03/24/2028	2.000	USD	5,131,000	4,416,077	4,916,473
	AMERICAN HONDA FINANCE CORPORATION	01/12/2029	2.250	USD	483,000	412,273	457,527
	AMERICAN HONDA FINANCE CORPORATION	10/23/2031	4.850	USD	500,000	497,000	509,895
	AMERICAN HONDA FINANCE CORPORATION	01/10/2034	4.900	USD	500,000	492,960	503,150
	AMERICAN INTERNATIONAL GROUP, INC.	05/07/2030	4.850	USD	805,000	803,801	825,568
	AMERICAN INTERNATIONAL GROUP, INC.	06/30/2030	3.400	USD	841,000	765,813	811,380
	AMERICAN INTERNATIONAL GROUP, INC.	03/27/2033	5.125	USD	100,000	99,672	103,027
	AMERICAN NATIONAL GROUP INC.	10/01/2029	5.750	USD	300,000	302,526	310,644
	AMERICAN NATIONAL GROUP INC.	07/15/2035	6.000	USD	200,000	201,188	203,150
	AMERICAN TOWER CORPORATION	04/15/2026	1.600	USD	400,000	355,289	397,240
	AMERICAN TOWER CORPORATION	10/15/2026	3.375	USD	9,000,000	8,318,038	8,952,660
	AMERICAN TOWER CORPORATION	03/15/2027	3.650	USD	12,148,000	11,800,586	12,094,913
	AMERICAN TOWER CORPORATION	01/31/2028	1.500	USD	724,000	595,061	687,163
	AMERICAN TOWER CORPORATION	03/15/2028	5.500	USD	800,000	822,024	823,280
	AMERICAN TOWER CORPORATION	11/15/2028	5.800	USD	4,600,000	4,735,240	4,803,458
	AMERICAN TOWER CORPORATION	01/15/2030	2.900	USD	965,000	835,198	916,904
	AMERICAN TOWER CORPORATION	06/15/2030	2.100	USD	338,000	272,709	307,016
	AMERICAN TOWER CORPORATION	03/15/2032	4.050	USD	765,000	680,013	745,791
	AMERICAN TOWER CORPORATION	12/15/2032	4.700	USD	1,124,000	1,120,459	1,126,540
	AMERICAN TOWER CORPORATION	02/15/2034	5.450	USD	300,000	300,930	312,195
	AMERICAN TOWER CORPORATION	03/15/2035	5.350	USD	400,000	412,496	410,832
	AMERICAN WATER CAPITAL CORP.	09/01/2027	2.950	USD	250,000	246,418	246,163
	AMERICAN WATER CAPITAL CORP.	06/01/2029	3.450	USD	1,110,000	1,001,648	1,088,610
	AMERICAN WATER CAPITAL CORP.	03/01/2034	5.150	USD	200,000	195,040	206,398
	AMERICOLD REALTY OPERATING PARTNERSHIP, LP	09/12/2034	5.409	USD	150,000	145,811	146,624

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	AMERIPRISE FINANCIAL, INC.	05/15/2033	5.150		USD	500,000	492,220	520,310
	AMERIPRISE FINANCIAL, INC.	04/15/2035	5.200		USD	100,000	98,555	102,356
	AMGEN INC.	11/02/2027	3.200		USD	25,915,000	23,791,739	25,590,544
	AMGEN INC.	08/15/2028	1.650		USD	22,101,000	18,400,039	20,837,044
	AMGEN INC.	08/18/2029	4.050		USD	5,425,000	5,023,250	5,423,698
	AMGEN INC.	03/02/2030	5.250		USD	3,113,000	3,130,340	3,232,041
	AMGEN INC.	02/22/2032	3.350		USD	665,000	571,814	627,122
	AMGEN INC.	03/01/2033	4.200		USD	16,003,000	14,669,049	15,666,617
	AMPHENOL CORPORATION	02/15/2030	2.800		USD	700,000	614,278	665,357
	AMPHENOL CORPORATION	09/15/2031	2.200		USD	200,000	166,738	178,818
	AMPHENOL CORPORATION	01/15/2035	5.000		USD	200,000	199,448	204,114
	ANALOG DEVICES, INC.	12/05/2026	3.500		USD	5,460,000	5,132,077	5,445,149
	ANALOG DEVICES, INC.	10/01/2028	1.700		USD	665,000	557,373	627,886
	ANALOG DEVICES, INC.	06/15/2030	4.500		USD	100,000	100,676	101,440
	ANALOG DEVICES, INC.	04/01/2034	5.050		USD	200,000	197,232	207,028
	ANGLOGOLD ASHANTI HOLDINGS PLC	11/01/2028	3.375		USD	483,000	416,729	468,761
	ANHEUSER-BUSCH INBEV FINANCE, INC.	02/01/2036	4.700		USD	25,620,000	25,222,096	25,413,759
	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	01/23/2029	4.750		USD	4,501,000	4,407,964	4,594,441
	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	06/01/2030	3.500		USD	1,000,000	905,512	977,220
	ANHEUSER-BUSCH INBEV WORLDWIDE, INC.	06/15/2034	5.000		USD	400,000	397,946	414,016
	AON CORPORATION	05/02/2029	3.750		USD	483,000	443,408	477,875
	AON CORPORATION	09/12/2032	5.000		USD	724,000	702,469	742,578
	AON NORTH AMERICA INC.	03/01/2034	5.450		USD	500,000	505,905	520,615
	APA CORPORATION	02/15/2035	6.100		USD	150,000	155,174	154,448
	APOLLO DEBT SOLUTIONS BDC	04/13/2029	6.900		USD	700,000	726,929	734,503
	APOLLO GLOBAL MANAGEMENT, INC.	11/15/2033	6.375		USD	300,000	325,566	329,841
	APOLLO GLOBAL MANAGEMENT, INC.	08/12/2035	5.150		USD	300,000	300,024	300,627
	APPALACHIAN POWER COMPANY	04/01/2031	2.700		USD	700,000	587,592	641,123
	APPALACHIAN POWER COMPANY	08/01/2032	4.500		USD	9,978,000	9,270,021	9,889,096
	APPLE INC.	09/11/2026	2.050		USD	4,951,000	4,480,683	4,894,014
	APPLE INC.	09/12/2027	2.900		USD	22,969,000	21,251,540	22,690,616
	APPLE INC.	08/05/2028	1.400		USD	965,000	810,868	912,022
	APPLE INC.	08/08/2029	3.250		USD	2,000,000	1,829,375	1,965,640
	APPLE INC.	05/10/2030	4.150		USD	1,900,000	1,868,496	1,923,199
	APPLE INC.	05/10/2033	4.300		USD	200,000	188,980	202,940
	APPLE INC.	05/12/2035	4.750		USD	500,000	500,827	513,335
	APPLIED MATERIALS INC.	06/15/2029	4.800		USD	11,580,000	11,558,028	11,878,764
	APPLIED MATERIALS INC.	06/01/2030	1.750		USD	12,375,000	10,052,757	11,205,439
	APPLOVIN CORPORATION	12/01/2034	5.500		USD	500,000	498,935	514,615
	APTARGROUP, INC.	03/30/2031	4.750		USD	1,835,000	1,833,477	1,850,432
	APTARGROUP, INC.	03/15/2032	3.600		USD	145,000	123,048	135,555
	APTIV PLC	09/13/2034	5.150		USD	3,800,000	3,804,356	3,840,736
	APTIV PLC	12/15/2054	6.875		USD	245,000	245,000	254,327
	APTIV SWISS HOLDINGS LTD	03/01/2032	3.250		USD	283,000	234,285	264,814
	ARCELORMITTAL S.A.	06/17/2034	6.000		USD	200,000	206,542	215,314
	ARCHER-DANIELS-MIDLAND COMPANY	03/27/2030	3.250		USD	11,002,000	9,888,145	10,636,073
	ARCHER-DANIELS-MIDLAND COMPANY	03/01/2032	2.900		USD	603,000	516,199	555,176
	ARES CAPITAL CORPORATION	01/15/2027	7.000		USD	1,000,000	1,035,160	1,024,740
	ARES CAPITAL CORPORATION	06/15/2027	2.875	%	USD	$ 724,000	$ 627,183	$ 708,622
	ARES CAPITAL CORPORATION	06/15/2028	2.875		USD	965,000	788,378	922,588
	ARES MANAGEMENT CORPORATION	11/10/2028	6.375		USD	200,000	210,408	211,706
	ARES STRATEGIC INCOME FUND	03/15/2028	5.700		USD	1,500,000	1,508,385	1,520,070
	ARIZONA PUBLIC SERVICE COMPANY	08/15/2029	2.600		USD	483,000	403,632	457,411
	ARIZONA PUBLIC SERVICE COMPANY	08/01/2033	5.550		USD	5,100,000	5,085,218	5,334,192
	ARIZONA PUBLIC SERVICE COMPANY	08/15/2034	5.700		USD	200,000	201,724	210,642
	ARROW ELECTRONICS, INC.	08/21/2029	5.150		USD	400,000	402,320	409,344
	ARTHUR J. GALLAGHER & CO.	12/15/2027	4.600		USD	2,360,000	2,358,065	2,384,756
	ARTHUR J. GALLAGHER & CO.	12/15/2029	4.850		USD	3,245,000	3,242,469	3,322,101
	ARTHUR J. GALLAGHER & CO.	02/15/2032	5.000		USD	900,000	892,932	921,177
	ARTHUR J. GALLAGHER & CO.	03/02/2033	5.500		USD	193,000	195,706	201,011
	ARTHUR J. GALLAGHER & CO.	07/15/2034	5.450		USD	100,000	103,305	103,835
	ASIAN DEVELOPMENT BANK	03/15/2029	1.875		USD	10,914,000	9,828,617	10,345,162
	ASSURANT, INC.	01/15/2032	2.650		USD	145,000	107,396	128,579
	ASSURED GUARANTY US HOLDINGS INC.	06/15/2031	3.150		USD	241,000	203,554	227,523
	ASTRAZENECA FINANCE LLC	05/28/2028	1.750		USD	25,665,000	22,315,701	24,535,483
	ASTRAZENECA FINANCE LLC	05/28/2031	2.250		USD	200,000	165,327	182,084
	ASTRAZENECA FINANCE LLC	03/03/2033	4.875		USD	483,000	493,979	498,876
	ASTRAZENECA PLC	04/08/2026	0.700		USD	1,842,000	1,600,063	1,826,582
	AT&T INC.	03/01/2027	4.250		USD	25,000,000	24,107,919	25,057,750
	AT&T INC.	06/01/2027	2.300		USD	41,150,000	36,472,031	40,214,661
	AT&T INC.	02/01/2028	1.650		USD	1,207,000	1,020,353	1,150,802
	AT&T INC.	03/01/2029	4.350		USD	1,500,000	1,483,875	1,508,535
	AT&T INC.	02/15/2030	4.300		USD	5,900,000	5,790,142	5,912,272
	AT&T INC.	06/01/2031	2.750		USD	24,673,000	21,016,701	22,680,902
	AT&T INC.	02/01/2032	2.250		USD	3,312,000	2,576,547	2,908,764
	AT&T INC.	12/01/2033	2.550		USD	11,504,000	8,791,394	9,835,805
	AT&T INC.	02/15/2034	5.400		USD	2,362,000	2,364,876	2,452,748
	AT&T INC.	05/15/2035	4.500		USD	16,273,000	14,576,053	15,660,484
	AT&T INC.	08/15/2035	5.375		USD	300,000	306,969	308,178
	AT&T INC.	11/01/2035	4.900		USD	3,995,000	3,982,800	3,954,091
	ATHENE HOLDING LTD.	01/12/2028	4.125		USD	300,000	293,787	299,754
	ATHENE HOLDING LTD.	01/15/2031	3.500		USD	483,000	403,517	456,768
	ATHENE HOLDING LTD.	01/15/2034	5.875		USD	100,000	100,251	103,850
	ATHENE HOLDING LTD.	06/28/2055	6.875		USD	290,000	292,010	289,791
	ATLASSIAN CORPORATION	05/15/2034	5.500		USD	200,000	196,492	207,362
	ATMOS ENERGY CORPORATION	09/15/2029	2.625		USD	531,000	455,838	504,981
	ATMOS ENERGY CORPORATION	11/15/2033	5.900		USD	200,000	210,086	216,638
	AUTODESK, INC.	12/15/2031	2.400		USD	283,000	224,321	251,884
	AUTODESK, INC.	06/15/2035	5.300		USD	120,000	121,526	123,323
	AUTOMATIC DATA PROCESSING, INC.	05/15/2028	1.700		USD	565,000	486,061	539,807
	AUTOMATIC DATA PROCESSING, INC.	09/01/2030	1.250		USD	12,643,000	9,930,488	11,192,974
	AUTOMATIC DATA PROCESSING, INC.	05/08/2032	4.750		USD	3,500,000	3,494,435	3,588,795
	AUTOMATIC DATA PROCESSING, INC.	09/09/2034	4.450		USD	300,000	287,292	299,598
	AUTONATION, INC.	11/15/2027	3.800		USD	2,145,000	2,128,027	2,128,891
	AUTONATION, INC.	01/15/2029	4.450		USD	3,215,000	3,210,049	3,225,835
	AUTONATION, INC.	08/01/2031	2.400		USD	200,000	166,454	176,934
	AUTONATION, INC.	03/01/2032	3.850		USD	483,000	401,142	454,609
	AUTONATION, INC.	03/15/2035	5.890		USD	2,935,000	2,938,199	3,048,086
	AUTOZONE, INC.	02/01/2028	4.500		USD	965,000	933,175	974,042
	AUTOZONE, INC.	07/15/2029	5.100		USD	500,000	506,750	514,715
	AUTOZONE, INC.	04/15/2030	4.000		USD	100,000	95,889	98,913
	AUTOZONE, INC.	08/01/2032	4.750		USD	483,000	456,758	487,956

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	AUTOZONE, INC.	08/01/2033	5.200		USD	8,112,000	8,098,696	8,336,459
	AVALONBAY COMMUNITIES, INC.	12/01/2028	1.900		USD	8,658,000	7,224,116	8,185,013
	AVALONBAY COMMUNITIES, INC.	02/15/2033	5.000		USD	6,309,000	6,225,729	6,470,006
	AVALONBAY COMMUNITIES, INC.	08/01/2035	5.000		USD	3,565,000	3,543,830	3,611,274
	AVANGRID, INC.	06/01/2029	3.800		USD	200,000	183,504	197,512
	AVERY DENNISON CORPORATION	02/15/2032	2.250		USD	283,000	215,805	249,176
	AVNET, INC.	06/01/2032	5.500		USD	186,000	176,518	188,844
	AXIS SPECIALTY FINANCE LLC	01/15/2040	4.900		USD	241,000	191,518	232,037
	B.A.T. CAPITAL CORPORATION	04/02/2027	4.700		USD	665,000	640,682	669,602
	B.A.T. CAPITAL CORPORATION	08/15/2027	3.557		USD	1,219,000	1,118,810	1,209,809
	B.A.T. CAPITAL CORPORATION	03/25/2028	2.259		USD	2,750,000	2,430,863	2,646,903
	B.A.T. CAPITAL CORPORATION	08/02/2030	6.343		USD	240,000	240,000	259,754
	B.A.T. CAPITAL CORPORATION	02/20/2031	5.834		USD	400,000	399,996	424,872
	B.A.T. CAPITAL CORPORATION	10/19/2032	7.750		USD	965,000	1,028,256	1,128,548
	B.A.T. CAPITAL CORPORATION	08/15/2035	5.625		USD	640,000	669,599	668,358
	B.A.T. INTERNATIONAL FINANCE P.L.C.	03/16/2028	4.448		USD	965,000	897,900	972,749
	B.A.T. INTERNATIONAL FINANCE P.L.C.	02/02/2029	5.931		USD	965,000	961,181	1,013,260
	BAIDU, INC.	02/23/2027	1.625		USD	283,000	245,168	275,866
	BAIDU, INC.	08/23/2031	2.375		USD	483,000	383,291	439,723
	BAKER HUGHES HOLDINGS LLC	12/15/2027	3.337		USD	11,492,000	10,527,222	11,364,898
	BALTIMORE GAS AND ELECTRIC COMPANY	06/15/2031	2.250		USD	12,000,000	9,633,761	10,849,440
	BALTIMORE GAS AND ELECTRIC COMPANY	06/01/2034	5.300		USD	100,000	100,143	103,656
	BALTIMORE GAS AND ELECTRIC COMPANY	06/01/2035	5.450		USD	300,000	305,997	311,616
	BANCO BILBAO VIZCAYA ARGENTARIA, S.A.	03/13/2029	5.381		USD	1,000,000	1,017,140	1,037,220
	BANCO SANTANDER S.A.	08/18/2027	5.294		USD	44,997,000	43,811,904	45,828,095
	BANCO SANTANDER S.A.	09/14/2027	1.722		USD	3,000,000	2,821,440	2,949,270
	BANCO SANTANDER S.A.	03/24/2028	4.175		USD	1,000,000	928,977	1,000,440
	BANCO SANTANDER S.A.	06/27/2029	3.306		USD	2,000,000	1,757,043	1,942,680
	BANCO SANTANDER S.A.	05/28/2030	3.490		USD	20,026,000	17,118,425	19,294,650
	BANCO SANTANDER S.A.	03/25/2031	2.958		USD	600,000	501,906	556,680
	BANCO SANTANDER S.A.	07/15/2031	5.439		USD	2,800,000	2,800,000	2,945,460
	BANCO SANTANDER S.A.	08/08/2033	6.921		USD	800,000	799,608	887,488
	BANCO SANTANDER S.A.	11/07/2033	6.938		USD	4,400,000	4,400,000	5,042,928
	BANCO SANTANDER S.A.	03/14/2034	6.350		USD	400,000	409,116	431,680
	BANK OF AMERICA CORPORATION	10/21/2027	3.248		USD	23,000,000	21,298,460	22,789,320
	BANK OF AMERICA CORPORATION	07/22/2028	4.948		USD	2,414,000	2,353,040	2,448,496
	BANK OF AMERICA CORPORATION	12/20/2028	3.419		USD	10,595,000	10,220,054	10,474,429
	BANK OF AMERICA CORPORATION	04/25/2029	5.202		USD	2,414,000	2,428,001	2,474,688
	BANK OF AMERICA CORPORATION	06/14/2029	2.087		USD	3,138,000	2,632,496	2,994,311
	BANK OF AMERICA CORPORATION	07/23/2029	4.271		USD	19,835,000	18,661,352	19,932,985
	BANK OF AMERICA CORPORATION	09/15/2029	5.819		USD	1,300,000	1,340,651	1,356,394
	BANK OF AMERICA CORPORATION	10/22/2030	2.884		USD	2,414,000	2,032,636	2,298,128
	BANK OF AMERICA CORPORATION	02/13/2031	2.496	%	USD	$ 6,000,000	$ 5,294,520	$ 5,593,500
	BANK OF AMERICA CORPORATION	07/22/2033	5.015		USD	15,643,000	15,028,699	15,982,610
	BANK OF AMERICA CORPORATION	01/23/2035	5.468		USD	2,300,000	2,369,184	2,401,039
	BANK OF AMERICA CORPORATION	10/25/2035	5.518		USD	7,800,000	7,939,854	8,003,580
	BANK OF AMERICA CORPORATION	01/24/2036	5.511		USD	500,000	509,525	522,760
	BANK OF AMERICA CORPORATION	02/12/2036	5.744		USD	2,525,000	2,531,438	2,636,454
	BANK OF AMERICA CORPORATION	05/09/2036	5.464		USD	2,590,000	2,671,899	2,701,292
	BANK OF AMERICA CORPORATION	03/08/2037	3.846		USD	3,303,000	2,766,069	3,114,729
	BANK OF MONTREAL	06/05/2026	5.300		USD	25,000,000	24,982,250	25,147,500
	BANK OF MONTREAL	03/08/2027	2.650		USD	3,233,000	2,931,306	3,186,703
	BANK OF MONTREAL	09/14/2027	4.700		USD	16,558,000	16,065,720	16,782,030
	BANK OF MONTREAL	02/01/2028	5.203		USD	16,483,000	16,729,090	16,905,130
	BANK OF MONTREAL	09/25/2028	5.717		USD	500,000	509,430	521,480
	BANK OF MONTREAL	01/27/2029	5.004		USD	500,000	509,565	509,615
	BANK OF MONTREAL	06/04/2031	5.511		USD	300,000	304,371	316,080
	BANKUNITED, INC.	06/11/2030	5.125		USD	241,000	185,462	242,362
	BARCLAYS PLC	11/24/2027	2.279		USD	3,965,000	3,478,982	3,901,164
	BARCLAYS PLC	05/09/2028	4.836		USD	4,955,000	4,626,869	4,998,109
	BARCLAYS PLC	08/09/2028	5.501		USD	965,000	942,109	986,066
	BARCLAYS PLC	09/10/2028	4.837		USD	4,500,000	4,469,805	4,553,415
	BARCLAYS PLC	11/02/2028	7.385		USD	965,000	1,013,338	1,019,995
	BARCLAYS PLC	03/12/2030	5.690		USD	500,000	508,440	520,705
	BARCLAYS PLC	06/20/2030	5.088		USD	1,448,000	1,326,984	1,473,572
	BARCLAYS PLC	11/24/2032	2.894		USD	183,000	140,906	166,501
	BARCLAYS PLC	08/09/2033	5.746		USD	483,000	462,347	507,884
	BARCLAYS PLC	11/02/2033	7.437		USD	965,000	1,036,727	1,104,993
	BARCLAYS PLC	05/09/2034	6.224		USD	300,000	293,547	323,289
	BARCLAYS PLC	09/13/2034	6.692		USD	300,000	333,012	332,295
	BARCLAYS PLC	09/10/2035	5.335		USD	1,050,000	1,038,386	1,069,320
	BARCLAYS PLC	02/25/2036	5.785		USD	2,400,000	2,399,230	2,515,128
	BARINGS BDC, INC.	02/15/2029	7.000		USD	200,000	206,584	206,478
	BARRICK GOLD CORPORATION	11/15/2034	5.800		USD	2,975,000	2,862,367	3,109,827
	BAXTER INTERNATIONAL INC.	02/01/2027	1.915		USD	211,000	183,211	205,913
	BAXTER INTERNATIONAL INC.	04/01/2030	3.950		USD	200,000	189,156	194,980
	BAXTER INTERNATIONAL INC.	12/15/2030	4.900		USD	1,465,000	1,462,451	1,477,247
	BAXTER INTERNATIONAL INC.	02/01/2032	2.539		USD	100,000	76,975	87,273
	BAXTER INTERNATIONAL INC.	12/15/2035	5.650		USD	125,000	124,874	126,874
	BECTON, DICKINSON AND COMPANY	08/22/2032	4.298		USD	865,000	798,503	852,336
	BECTON, DICKINSON AND COMPANY	02/08/2034	5.110		USD	100,000	99,188	102,247
	BELL CANADA	05/11/2033	5.100		USD	145,000	140,999	147,311
	BELL CANADA	02/15/2034	5.200		USD	300,000	295,773	304,725
	BERKSHIRE HATHAWAY ENERGY COMPANY	07/15/2030	3.700		USD	1,431,000	1,310,505	1,408,047
	BERKSHIRE HATHAWAY ENERGY COMPANY	04/01/2036	6.125		USD	15,560,000	16,371,997	16,905,784
	BERKSHIRE HATHAWAY FINANCE CORPORATION	03/15/2032	2.875		USD	500,000	467,825	466,670
	BERRY GLOBAL INC.	01/15/2027	1.650		USD	1,465,000	1,277,378	1,426,324
	BEST BUY CO., INC.	10/01/2030	1.950		USD	483,000	389,910	434,618
	BGC GROUP INC.	05/25/2028	8.000		USD	97,000	94,329	103,596
	BGC GROUP INC.	04/02/2030	6.150		USD	300,000	309,858	310,821
	BHP BILLITON FINANCE (USA) LIMITED	09/08/2030	5.250		USD	200,000	204,760	208,504
	BHP BILLITON FINANCE (USA) LIMITED	09/08/2033	5.250		USD	1,675,000	1,660,880	1,742,938
	BHP BILLITON FINANCE (USA) LIMITED	02/21/2035	5.300		USD	1,200,000	1,230,020	1,242,012
	BIOGEN INC.	05/01/2030	2.250		USD	483,000	389,646	444,080
	BIOGEN INC.	05/15/2035	5.750		USD	100,000	100,199	105,459
	BIO-RAD LABORATORIES, INC.	03/15/2032	3.700		USD	300,000	269,685	283,596
	BLACK HILLS CORPORATION	06/15/2030	2.500		USD	679,000	558,586	630,390
	BLACKSTONE PRIVATE CREDIT FUND	01/15/2029	4.000		USD	965,000	815,209	938,019
	BLACKSTONE PRIVATE CREDIT FUND	01/29/2032	6.000		USD	500,000	497,615	508,135
	BLACKSTONE REG FINANCE CO., LLC	12/06/2034	5.000		USD	200,000	194,404	202,154
	BLACKSTONE SECURED LENDING FUND	09/30/2028	2.850		USD	628,000	504,655	593,962
	BLOCK FINANCIAL LLC	07/15/2028	2.500		USD	483,000	406,874	460,869

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	BLUE OWL CAPITAL CORP.	03/15/2029	5.950	USD	800,000	815,720	807,512
	BLUE OWL CREDIT INCOME CORP.	03/15/2031	6.650	USD	500,000	492,390	515,690
	BLUE OWL FINANCE LLC	06/10/2031	3.125	USD	700,000	615,139	635,068
	BOARDWALK PIPELINES, LP	09/01/2032	3.600	USD	283,000	235,819	264,376
	BOARDWALK PIPELINES, LP	08/01/2034	5.625	USD	300,000	310,050	314,004
	BORGWARNER INC.	08/15/2029	4.950	USD	500,000	500,065	512,025
	BOSTON PROPERTIES LIMITED PARTNERSHIP	12/01/2027	6.750	USD	965,000	997,975	1,009,573
	BOSTON PROPERTIES LIMITED PARTNERSHIP	04/01/2032	2.550	USD	965,000	731,029	842,966
	BOSTON PROPERTIES LIMITED PARTNERSHIP	01/15/2035	5.750	USD	200,000	196,398	205,942
	BOSTON SCIENTIFIC CORPORATION	06/01/2030	2.650	USD	283,000	240,362	266,498
	BP CAPITAL MARKETS AMERICA INC.	04/06/2027	3.543	USD	1,448,000	1,365,573	1,443,859
	BP CAPITAL MARKETS AMERICA INC.	04/10/2029	4.699	USD	500,000	499,800	510,060
	BP CAPITAL MARKETS AMERICA INC.	10/17/2029	4.970	USD	300,000	296,472	308,907
	BP CAPITAL MARKETS AMERICA INC.	04/06/2030	3.633	USD	13,580,000	12,937,101	13,324,560
	BP CAPITAL MARKETS AMERICA INC.	08/10/2030	1.749	USD	20,683,000	16,521,702	18,605,393
	BP CAPITAL MARKETS AMERICA INC.	01/12/2032	2.721	USD	12,822,000	10,700,101	11,695,459
	BP CAPITAL MARKETS AMERICA INC.	02/13/2033	4.812	USD	3,865,000	3,785,729	3,920,424
	BP CAPITAL MARKETS AMERICA INC.	09/11/2033	4.893	USD	483,000	454,208	492,080
	BP CAPITAL MARKETS AMERICA INC.	04/10/2034	4.989	USD	29,200,000	29,204,272	29,831,596
	BP CAPITAL MARKETS AMERICA INC.	11/17/2034	5.227	USD	200,000	200,114	206,774
	BP CAPITAL MARKETS PLC	09/19/2027	3.279	USD	4,771,000	4,428,451	4,730,303
	BP CAPITAL MARKETS PLC	12/31/2079	6.450	USD	445,000	445,000	473,231
	BRIGHTHOUSE FINANCIAL, INC.	05/15/2030	5.625	USD	483,000	471,371	488,931
	BRISTOL-MYERS SQUIBB COMPANY	11/13/2027	1.125	USD	565,000	477,719	539,343
	BRISTOL-MYERS SQUIBB COMPANY	02/01/2031	5.750	USD	300,000	322,365	321,177
	BRISTOL-MYERS SQUIBB COMPANY	02/22/2031	5.100	USD	4,610,000	4,609,527	4,803,804
	BRISTOL-MYERS SQUIBB COMPANY	03/15/2032	2.950	USD	12,555,000	10,821,834	11,644,260
	BRISTOL-MYERS SQUIBB COMPANY	02/22/2034	5.200	USD	2,574,000	2,580,178	2,681,928
	BRITISH TELECOMMUNICATIONS PLC	12/04/2028	5.125	USD	948,000	928,061	973,160
	BRIXMOR OPERATING PARTNERSHIP LP	03/15/2027	3.900	USD	2,655,000	2,440,871	2,647,486
	BRIXMOR OPERATING PARTNERSHIP LP	04/01/2028	2.250	USD	1,795,000	1,501,467	1,723,882
	BRIXMOR OPERATING PARTNERSHIP LP	08/16/2031	2.500	USD	300,000	257,412	270,039
	BRIXMOR OPERATING PARTNERSHIP LP	04/01/2032	5.200	USD	522,000	521,118	535,379
	BRIXMOR OPERATING PARTNERSHIP LP	02/15/2034	5.500	USD	750,000	748,620	774,803
	BRIXMOR OPERATING PARTNERSHIP LP	02/15/2035	5.750	USD	590,000	585,410	620,887
	BROADCOM INC.	04/15/2028	4.800	USD	11,000,000	10,985,370	11,199,650
	BROADCOM INC.	04/15/2029	4.750 %	USD	$ 1,448,000	$ 1,413,668	$ 1,476,033
	BROADCOM INC.	02/15/2030	4.350	USD	800,000	780,488	805,896
	BROADCOM INC.	04/15/2030	5.050	USD	9,700,000	9,787,735	10,016,608
	BROADCOM INC.	04/15/2030	5.000	USD	1,000,000	986,470	1,030,110
	BROADCOM INC.	07/15/2030	4.600	USD	11,127,000	11,103,745	11,313,934
	BROADCOM INC.	02/15/2031	2.450	USD	4,930,000	4,504,442	4,513,070
	BROADCOM INC.	11/15/2031	5.150	USD	1,000,000	1,023,870	1,039,010
	BROADCOM INC.	11/15/2032	4.300	USD	10,930,000	10,311,900	10,797,747
	BROADCOM INC.	04/15/2034	3.469	USD	1,200,000	1,100,376	1,096,632
	BROADCOM INC.	07/15/2035	5.200	USD	2,300,000	2,348,055	2,362,606
	BROADRIDGE FINANCIAL SOLUTIONS INC.	05/01/2031	2.600	USD	483,000	387,909	439,356
	BROADSTONE NET LEASE, LLC	09/15/2031	2.600	USD	2,949,000	2,586,883	2,612,608
	BROADSTONE NET LEASE, LLC	11/01/2032	5.000	USD	400,000	396,604	401,160
	BROOKFIELD ASSET MANAGEMENT LTD.	04/24/2035	5.795	USD	200,000	203,762	209,732
	BROOKFIELD FINANCE LLC	03/29/2029	4.850	USD	1,448,000	1,385,202	1,472,688
	BROOKFIELD FINANCE LLC	01/15/2035	5.675	USD	200,000	202,260	207,242
	BROWN & BROWN, INC.	03/17/2032	4.200	USD	483,000	419,524	467,153
	BROWN & BROWN, INC.	06/23/2035	5.550	USD	350,000	355,324	359,765
	BROWN-FORMAN CORPORATION	04/15/2033	4.750	USD	200,000	192,634	203,090
	BRUNSWICK CORPORATION	09/15/2032	4.400	USD	283,000	238,580	269,965
	BUNGE LIMITED FINANCE CORP.	04/21/2027	4.900	USD	1,985,000	2,007,192	2,007,411
	BUNGE LIMITED FINANCE CORP.	09/17/2029	4.200	USD	700,000	685,160	700,819
	BUNGE LIMITED FINANCE CORP.	05/14/2031	2.750	USD	6,363,000	5,418,727	5,847,533
	BURLINGTON NORTHERN SANTA FE, LLC	06/15/2027	3.250	USD	400,000	380,156	397,452
	BURLINGTON RESOURCES LLC	10/15/2036	5.950	USD	5,000,000	5,520,000	5,361,150
	C.H. ROBINSON WORLDWIDE, INC.	04/15/2028	4.200	USD	241,000	230,432	241,607
	CABOT CORPORATION	06/30/2032	5.000	USD	145,000	138,849	147,603
	CADENCE DESIGN SYSTEMS, INC.	09/10/2034	4.700	USD	400,000	385,024	400,628
	CAMDEN PROPERTY TRUST	05/15/2030	2.800	USD	4,258,000	3,874,503	4,021,170
	CANADIAN IMPERIAL BANK OF COMMERCE	04/08/2029	5.260	USD	400,000	404,868	414,548
	CANADIAN IMPERIAL BANK OF COMMERCE	04/07/2032	3.600	USD	483,000	423,219	461,033
	CANADIAN IMPERIAL BANK OF COMMERCE	10/03/2033	6.092	USD	900,000	937,605	980,010
	CANADIAN IMPERIAL BANK OF COMMERCE	01/28/2085	7.125	USD	2,815,000	2,815,000	2,888,190
	CANADIAN NATIONAL RAILWAY COMPANY	08/05/2032	3.850	USD	11,125,000	10,184,647	10,816,615
	CANADIAN NATIONAL RAILWAY COMPANY	08/01/2034	6.250	USD	13,453,000	14,633,389	14,854,399
	CANADIAN NATIONAL RAILWAY COMPANY	09/18/2034	4.375	USD	300,000	286,899	295,467
	CANADIAN NATURAL RESOURCES LIMITED	07/15/2030	2.950	USD	1,072,000	938,265	1,010,939
	CANADIAN NATURAL RESOURCES LIMITED	06/30/2033	6.450	USD	6,627,000	7,110,442	7,158,022
	CANADIAN PACIFIC RAILWAY COMPANY	12/02/2031	2.450	USD	965,000	796,003	868,857
	CAPITAL ONE FINANCIAL CORP.	11/29/2032	6.700	USD	724,000	742,166	802,373
	CAPITAL ONE FINANCIAL CORPORATION	05/11/2027	3.650	USD	500,000	469,215	497,695
	CAPITAL ONE FINANCIAL CORPORATION	01/31/2028	3.800	USD	4,800,000	4,659,504	4,782,240
	CAPITAL ONE FINANCIAL CORPORATION	05/10/2028	4.927	USD	965,000	930,071	976,503
	CAPITAL ONE FINANCIAL CORPORATION	07/26/2030	5.463	USD	1,000,000	1,004,330	1,037,160
	CAPITAL ONE FINANCIAL CORPORATION	07/26/2030	5.247	USD	965,000	918,614	996,083
	CAPITAL ONE FINANCIAL CORPORATION	09/11/2031	4.493	USD	1,200,000	1,193,016	1,199,112
	CAPITAL ONE FINANCIAL CORPORATION	05/10/2033	5.268	USD	483,000	453,998	496,080
	CAPITAL ONE FINANCIAL CORPORATION	06/08/2034	6.377	USD	2,295,000	2,289,162	2,484,498
	CAPITAL ONE FINANCIAL CORPORATION	01/30/2036	6.183	USD	100,000	101,175	104,647
	CAPITAL ONE FINANCIAL CORPORATION	09/11/2036	5.197	USD	3,430,000	3,430,000	3,419,847
	CARDINAL HEALTH, INC.	09/15/2035	5.150	USD	270,000	273,329	274,990
	CARLISLE COMPANIES INCORPORATED	03/01/2032	2.200	USD	283,000	212,351	247,110
	CARLYLE SECURED LENDING, INC.	02/18/2030	6.750	USD	100,000	101,961	102,486
	CARRIER GLOBAL CORPORATION	02/15/2027	2.493	USD	1,448,000	1,298,805	1,424,644
	CARRIER GLOBAL CORPORATION	03/15/2034	5.900	USD	366,000	381,935	393,483
	CATERPILLAR FINANCIAL SERVICES CORPORATION	05/15/2026	4.350	USD	13,614,000	13,607,601	13,638,505
	CATERPILLAR FINANCIAL SERVICES CORPORATION	01/07/2027	4.500	USD	1,000,000	1,002,700	1,008,030
	CATERPILLAR FINANCIAL SERVICES CORPORATION	08/12/2027	3.600	USD	1,000,000	950,999	998,600
	CATERPILLAR FINANCIAL SERVICES CORPORATION	11/15/2029	4.700	USD	500,000	502,865	513,330
	CATERPILLAR INC.	03/12/2031	1.900	USD	500,000	426,610	450,630
	CATERPILLAR INC.	05/15/2035	5.200	USD	300,000	299,715	311,487
	CBOE GLOBAL MARKETS, INC.	01/12/2027	3.650	USD	965,000	918,267	963,051
*	CBRE SERVICES, INC.	04/01/2029	5.500	USD	500,000	513,095	518,435
*	CBRE SERVICES, INC.	04/01/2031	2.500	USD	241,000	191,793	218,782
*	CBRE SERVICES, INC.	06/15/2035	5.500	USD	200,000	200,304	206,994
	CDW LLC	12/01/2026	2.670	USD	5,507,000	4,931,614	5,434,253

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	CDW LLC	12/01/2028	3.276	USD	1,741,000	1,569,764	1,691,886
	CDW LLC	02/15/2029	3.250	USD	500,000	428,435	481,640
	CDW LLC	03/01/2030	5.100	USD	300,000	301,818	305,700
	CDW LLC	12/01/2031	3.569	USD	100,000	85,593	93,257
	CELULOSA ARAUCO Y CONSTITUCION S.A.	11/02/2027	3.875	USD	483,000	441,668	478,498
	CENCORA, INC.	03/15/2031	2.700	USD	524,000	432,342	483,311
	CENCORA, INC.	02/15/2034	5.125	USD	500,000	492,510	513,710
	CENOVUS ENERGY INC.	01/15/2032	2.650	USD	2,706,000	2,147,279	2,408,421
	CENTENE CORPORATION	12/15/2027	4.250	USD	1,448,000	1,332,276	1,439,457
	CENTENE CORPORATION	07/15/2028	2.450	USD	2,879,000	2,410,385	2,696,068
	CENTENE CORPORATION	12/15/2029	4.625	USD	200,000	194,350	194,014
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	09/01/2026	2.400	USD	5,000,000	4,816,150	4,949,900
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	10/01/2032	4.450	USD	383,000	364,535	382,027
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	04/01/2033	4.950	USD	241,000	236,720	245,844
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	03/01/2034	5.150	USD	300,000	302,673	307,380
	CENTERPOINT ENERGY HOUSTON ELECTRIC, LLC	03/01/2035	5.050	USD	300,000	297,336	303,468
	CENTERPOINT ENERGY RESOURCES CORP.	04/01/2028	4.000	USD	4,128,000	3,915,286	4,123,418
	CENTERPOINT ENERGY RESOURCES CORP.	07/01/2034	5.400	USD	5,023,000	5,017,577	5,190,618
	CF INDUSTRIES, INC.	03/15/2034	5.150	USD	200,000	189,626	201,142
	CF INDUSTRIES, INC.	11/26/2035	5.300	USD	2,320,000	2,318,214	2,316,172
	CGI INC.	09/14/2031	2.300	USD	200,000	161,274	177,458
	CHARTER COMMUNICATIONS OPERATING, LLC	01/15/2029	2.250	USD	948,000	753,995	888,153
	CHARTER COMMUNICATIONS OPERATING, LLC	03/30/2029	5.050	USD	4,000,000	4,026,680	4,049,360
	CHARTER COMMUNICATIONS OPERATING, LLC	06/01/2029	6.100	USD	400,000	398,200	417,732
	CHARTER COMMUNICATIONS OPERATING, LLC	02/01/2032	2.300	USD	965,000	704,607	830,788
	CHARTER COMMUNICATIONS OPERATING, LLC	02/01/2034	6.650	USD	300,000	301,593	316,707
	CHARTER COMMUNICATIONS OPERATING, LLC	06/01/2034	6.550	USD	750,000	784,470	790,388
	CHARTER COMMUNICATIONS OPERATING, LLC	12/01/2035	5.850	USD	400,000	401,172	400,020
	CHENIERE CORPUS CHRISTI HOLDINGS, LLC	11/15/2029	3.700	USD	3,845,000	3,615,927	3,758,257
	CHENIERE ENERGY PARTNERS, LP	01/31/2032	3.250	USD	1,248,000	992,684	1,151,280
	CHENIERE ENERGY PARTNERS, LP	08/15/2034	5.750 %	USD	$ 200,000	$ 201,708	$ 209,222
	CHENIERE ENERGY, INC.	10/15/2028	4.625	USD	1,350,000	1,298,244	1,348,205
	CHENIERE ENERGY, INC.	04/15/2034	5.650	USD	100,000	101,939	103,876
	CHEVRON CORPORATION	05/11/2027	1.995	USD	20,000,000	17,778,519	19,562,800
	CHEVRON CORPORATION	05/11/2030	2.236	USD	12,417,000	10,577,992	11,526,329
	CHEVRON U.S.A. INC.	04/15/2035	4.980	USD	400,000	402,892	410,656
	CHEVRON U.S.A. INC.	10/15/2035	4.850	USD	460,000	466,895	466,472
	CHOICE HOTELS INTERNATIONAL, INC.	01/15/2031	3.700	USD	145,000	120,926	138,218
	CHOICE HOTELS INTERNATIONAL, INC.	08/01/2034	5.850	USD	100,000	101,577	102,118
	CHUBB INA HOLDINGS INC.	09/15/2030	1.375	USD	628,000	484,484	553,846
	CHUBB INA HOLDINGS LLC	05/03/2026	3.350	USD	10,362,000	9,860,940	10,342,623
	CHUBB INA HOLDINGS LLC	03/15/2034	5.000	USD	3,045,000	3,035,760	3,120,760
	CHUBB INA HOLDINGS LLC	08/15/2035	4.900	USD	1,935,000	1,938,331	1,946,455
	CHURCH & DWIGHT CO., INC.	11/15/2032	5.600	USD	241,000	247,688	256,552
	CI FINANCIAL CORP.	12/17/2030	3.200	USD	241,000	178,675	218,353
	CISCO SYSTEMS, INC.	02/24/2032	4.950	USD	500,000	505,265	516,810
	CISCO SYSTEMS, INC.	02/26/2034	5.050	USD	6,980,000	6,981,574	7,196,589
	CITIGROUP INC.	10/21/2026	3.200	USD	63,300,000	58,353,767	62,934,759
	CITIGROUP INC.	01/10/2028	3.887	USD	7,565,000	7,103,689	7,551,610
	CITIGROUP INC.	02/13/2030	5.174	USD	1,000,000	1,006,270	1,027,050
	CITIGROUP INC.	09/19/2030	4.542	USD	600,000	591,588	605,214
	CITIGROUP INC.	11/05/2030	2.976	USD	2,414,000	2,042,615	2,300,759
	CITIGROUP INC.	03/31/2031	4.412	USD	338,000	318,731	338,193
	CITIGROUP INC.	06/03/2031	2.572	USD	13,880,000	11,412,497	12,873,145
	CITIGROUP INC.	05/01/2032	2.561	USD	9,240,000	7,433,212	8,391,768
	CITIGROUP INC.	11/03/2032	2.520	USD	3,000,000	2,563,650	2,690,910
	CITIGROUP INC.	03/17/2033	3.785	USD	2,438,000	2,103,821	2,328,095
	CITIGROUP INC.	11/17/2033	6.270	USD	1,144,000	1,206,508	1,247,292
	CITIGROUP INC.	11/19/2034	5.592	USD	2,500,000	2,514,850	2,565,800
	CITIGROUP INC.	02/13/2035	5.827	USD	920,000	934,886	957,711
	CITIGROUP INC.	06/11/2035	5.449	USD	500,000	498,925	518,610
	CITIGROUP INC.	01/24/2036	6.020	USD	2,360,000	2,365,356	2,476,395
	CITIGROUP INC.	09/11/2036	5.174	USD	2,555,000	2,569,286	2,584,331
	CITIGROUP INC.	09/19/2039	5.411	USD	700,000	678,713	705,509
	CITIZENS FINANCIAL GROUP, INC.	01/23/2030	5.841	USD	1,000,000	1,028,310	1,043,620
	CITIZENS FINANCIAL GROUP, INC.	07/23/2032	5.718	USD	300,000	301,605	314,991
	CITIZENS FINANCIAL GROUP, INC.	09/30/2032	2.638	USD	300,000	224,619	259,470
	CME GROUP INC.	06/15/2028	3.750	USD	483,000	458,527	483,526
	CMS ENERGY CORPORATION	06/01/2055	6.500	USD	400,000	402,848	411,340
	CNA FINANCIAL CORPORATION	05/01/2029	3.900	USD	483,000	440,932	478,527
	CNA FINANCIAL CORPORATION	08/15/2030	2.050	USD	1,472,000	1,318,515	1,324,874
	CNA FINANCIAL CORPORATION	02/15/2034	5.125	USD	200,000	195,012	201,608
	CNH INDUSTRIAL CAPITAL LLC	10/08/2027	4.500	USD	1,840,000	1,836,486	1,851,353
	CNH INDUSTRIAL CAPITAL LLC	04/10/2028	4.550	USD	241,000	231,459	242,718
	CNH INDUSTRIAL CAPITAL LLC	04/20/2029	5.100	USD	200,000	196,256	204,554
	CNO FINANCIAL GROUP, INC.	06/15/2034	6.450	USD	250,000	261,443	264,913
	COCA-COLA CONSOLIDATED, INC.	06/01/2029	5.250	USD	300,000	299,292	310,611
	COCA-COLA FEMSA, S.A.B. DE C.V.	09/01/2032	1.850	USD	333,000	253,746	281,252
	COCA-COLA FEMSA, S.A.B. DE C.V.	05/06/2035	5.100	USD	150,000	146,874	153,873
	COLGATE-PALMOLIVE COMPANY	08/15/2027	3.100	USD	483,000	452,951	478,943
	COLGATE-PALMOLIVE COMPANY	03/01/2033	4.600	USD	200,000	202,502	204,628
	COMCAST CORPORATION	01/15/2027	2.350	USD	10,000,000	9,012,868	9,846,700
	COMCAST CORPORATION	02/01/2027	3.300	USD	23,917,000	22,367,699	23,773,976
	COMCAST CORPORATION	11/15/2027	5.350	USD	9,058,000	9,134,043	9,268,508
	COMCAST CORPORATION	10/15/2028	4.150	USD	15,000,000	14,520,664	15,079,800
	COMCAST CORPORATION	06/01/2029	5.100	USD	3,900,000	3,950,227	4,027,725
	COMCAST CORPORATION	02/01/2030	2.650	USD	965,000	852,954	911,307
	COMCAST CORPORATION	04/01/2030	3.400	USD	965,000	901,165	936,687
	COMCAST CORPORATION	01/15/2031	1.950	USD	2,980,000	2,648,820	2,658,220
	COMCAST CORPORATION	02/15/2031	1.500	USD	500,000	403,660	435,275
	COMCAST CORPORATION	11/15/2032	5.500	USD	3,246,000	3,304,309	3,432,613
	COMCAST CORPORATION	01/15/2033	4.250	USD	13,141,000	12,205,588	12,875,946
	COMCAST CORPORATION	06/01/2034	5.300	USD	1,201,000	1,199,495	1,240,249
	COMCAST CORPORATION	08/15/2034	4.200	USD	3,528,000	3,214,090	3,374,814
	COMCAST CORPORATION	05/15/2035	5.300	USD	1,000,000	1,027,979	1,024,310
	COMCAST CORPORATION	06/15/2035	5.650	USD	10,000,000	10,790,800	10,511,600
	COMERICA INCORPORATED	01/30/2030	5.982	USD	5,007,000	5,095,809	5,224,504
	COMMONWEALTH EDISON COMPANY	08/15/2028	3.700	USD	11,000,000	10,246,707	10,961,390
	COMMONWEALTH EDISON COMPANY	03/01/2030	2.200	USD	483,000	412,245	447,678
*	CONAGRA BRANDS INC.	11/01/2027	1.375	USD	1,048,000	867,779	995,820
	CONCENTRIX CORPORATION	08/02/2033	6.850	USD	200,000	198,982	203,834
	CONOCOPHILLIPS COMPANY	04/15/2029	6.950	USD	4,051,000	4,419,080	4,405,949

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	CONOCOPHILLIPS COMPANY	01/15/2032	4.850	USD	300,000	297,282	308,403
	CONOCOPHILLIPS COMPANY	09/15/2033	5.050	USD	800,000	809,804	824,208
	CONOCOPHILLIPS COMPANY	01/15/2035	5.000	USD	5,220,000	5,123,143	5,301,850
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	12/01/2028	4.000	USD	9,013,000	8,465,627	9,043,103
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	06/15/2031	2.400	USD	18,183,000	14,820,228	16,630,172
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	03/01/2033	5.200	USD	541,000	546,534	564,182
	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	03/15/2035	5.125	USD	200,000	199,810	204,922
	CONSTELLATION BRANDS, INC.	05/09/2032	4.750	USD	724,000	683,297	728,156
	CONSTELLATION BRANDS, INC.	05/01/2033	4.900	USD	483,000	467,781	485,912
	CONSTELLATION ENERGY GENERATION, LLC	03/01/2033	5.800	USD	283,000	289,942	302,496
	CONSTELLATION ENERGY GENERATION, LLC	01/15/2034	6.125	USD	12,473,000	12,694,509	13,542,684
	CONSUMERS ENERGY COMPANY	02/15/2029	4.900	USD	338,000	335,421	346,805
	CONSUMERS ENERGY COMPANY	08/15/2032	3.600	USD	483,000	429,609	458,410
	CONSUMERS ENERGY COMPANY	05/15/2035	5.050	USD	300,000	296,469	305,649
	CONTINENTAL RESOURCES, INC.	01/15/2028	4.375	USD	283,000	261,214	282,539
	COPT DEFENSE PROPERTIES, LP	10/15/2030	4.500	USD	530,000	527,159	528,050
	COREBRIDGE FINANCIAL, INC.	04/05/2027	3.650	USD	4,600,000	4,486,288	4,571,894
	COREBRIDGE FINANCIAL, INC.	04/05/2029	3.850	USD	1,352,000	1,222,673	1,330,868
	COREBRIDGE FINANCIAL, INC.	04/05/2032	3.900	USD	5,380,000	4,942,594	5,118,317
	COREBRIDGE FINANCIAL, INC.	01/15/2034	5.750	USD	9,562,000	9,550,646	10,017,151
	CORP. ANDINA DE FOMENTO	01/07/2028	4.125	USD	3,000,000	2,957,340	3,010,050
	CORPORATE OFFICE PROPERTIES, LP	01/15/2029	2.000	USD	386,000	293,348	360,702
	COSTCO WHOLESALE CORPORATION	06/20/2027	1.375	USD	965,000	838,473	935,307
	COSTCO WHOLESALE CORPORATION	04/20/2030	1.600	USD	12,092,000	9,851,893	10,962,849
	COSTCO WHOLESALE CORPORATION	04/20/2032	1.750 %	USD	$ 283,000	$ 221,334	$ 245,851
	COTERRA ENERGY INC.	03/15/2029	4.375	USD	283,000	268,468	283,883
	COTERRA ENERGY INC.	02/15/2035	5.400	USD	200,000	197,648	203,448
	COUSINS PROPERTIES LP	07/15/2030	5.250	USD	5,050,000	5,049,344	5,183,977
	COUSINS PROPERTIES LP	10/01/2034	5.875	USD	150,000	152,400	156,842
	CRH AMERICA FINANCE, INC.	02/09/2031	4.400	USD	4,250,000	4,241,245	4,260,370
	CRH AMERICA FINANCE, INC.	01/09/2035	5.500	USD	400,000	404,004	417,092
	CRH SMW FINANCE D.A.C.	05/21/2029	5.200	USD	500,000	494,625	516,485
	CROWN CASTLE INC.	03/15/2027	2.900	USD	648,000	586,624	638,740
	CROWN CASTLE INC.	09/01/2028	4.800	USD	579,000	557,890	587,610
	CROWN CASTLE INC.	06/01/2029	5.600	USD	500,000	514,030	519,020
	CROWN CASTLE INC.	07/15/2031	2.500	USD	1,048,000	840,480	937,750
	CROWN CASTLE INC.	03/01/2034	5.800	USD	300,000	307,551	315,015
	CSX CORPORATION	03/15/2029	4.250	USD	15,073,000	14,256,789	15,204,286
	CSX CORPORATION	11/15/2032	4.100	USD	4,240,000	3,892,508	4,166,606
	CSX CORPORATION	06/15/2035	5.050	USD	2,980,000	2,972,222	3,039,123
	CUBESMART LP	12/15/2028	2.250	USD	500,000	416,059	474,520
	CUBESMART LP	02/15/2029	4.375	USD	4,700,000	4,589,644	4,715,181
	CUBESMART LP	11/01/2035	5.125	USD	300,000	301,338	300,864
	CUMMINS, INC.	09/01/2030	1.500	USD	638,000	521,173	570,174
	CUMMINS, INC.	05/09/2035	5.300	USD	350,000	347,774	363,864
*	CVS HEALTH CORPORATION	06/01/2026	2.875	USD	31,038,000	28,674,087	30,881,258
*	CVS HEALTH CORPORATION	04/01/2027	3.625	USD	483,000	452,762	480,401
*	CVS HEALTH CORPORATION	08/21/2027	1.300	USD	16,053,000	13,485,370	15,359,029
*	CVS HEALTH CORPORATION	03/25/2028	4.300	USD	26,591,000	25,602,915	26,686,196
*	CVS HEALTH CORPORATION	06/01/2029	5.400	USD	500,000	497,060	518,180
*	CVS HEALTH CORPORATION	02/21/2030	5.125	USD	965,000	946,810	992,136
*	CVS HEALTH CORPORATION	08/21/2030	1.750	USD	500,000	387,830	444,525
*	CVS HEALTH CORPORATION	02/28/2031	1.875	USD	1,655,000	1,312,256	1,453,669
*	CVS HEALTH CORPORATION	09/15/2031	2.125	USD	565,000	440,144	496,827
*	CVS HEALTH CORPORATION	06/01/2033	5.300	USD	483,000	474,910	498,867
*	CVS HEALTH CORPORATION	06/01/2034	5.700	USD	400,000	405,242	420,024
*	CVS HEALTH CORPORATION	07/20/2035	4.875	USD	25,630,000	25,262,862	25,259,647
*	CVS HEALTH CORPORATION	09/15/2035	5.450	USD	610,000	624,072	625,384
*	CVS HEALTH CORPORATION	03/25/2038	4.780	USD	4,590,000	4,188,100	4,346,042
	D.R. HORTON, INC.	10/15/2026	1.300	USD	915,000	787,260	896,371
	D.R. HORTON, INC.	10/15/2030	4.850	USD	200,000	201,258	204,522
	D.R. HORTON, INC.	10/15/2034	5.000	USD	100,000	98,289	101,372
	D.R. HORTON, INC.	10/15/2035	5.500	USD	190,000	198,126	198,307
	DARDEN RESTAURANTS, INC.	10/10/2033	6.300	USD	150,000	156,600	163,031
	DCP MIDSTREAM OPERATING, LP	02/15/2032	3.250	USD	2,663,000	2,197,514	2,451,398
	DELL INTERNATIONAL LLC	06/15/2026	6.020	USD	3,346,000	3,379,945	3,360,655
	DELL INTERNATIONAL LLC	02/01/2028	5.250	USD	324,000	317,445	331,358
	DELL INTERNATIONAL LLC	10/01/2029	5.300	USD	865,000	835,473	893,424
	DELL INTERNATIONAL LLC	07/15/2030	6.200	USD	483,000	487,140	516,250
	DELL INTERNATIONAL LLC	04/15/2034	5.400	USD	200,000	194,838	205,742
	DELL INTERNATIONAL LLC	02/01/2035	4.850	USD	500,000	495,985	494,460
	DELL INTERNATIONAL LLC	04/01/2035	5.500	USD	11,590,000	11,226,225	11,965,632
	DELTA AIR LINES, INC.	07/10/2028	4.950	USD	5,000,000	4,999,300	5,091,600
	DELTA AIR LINES, INC.	10/28/2029	3.750	USD	500,000	470,295	489,115
	DENTSPLY SIRONA INC.	06/01/2030	3.250	USD	200,000	177,490	184,918
	DEUTSCHE BANK AG	09/09/2027	5.371	USD	965,000	953,127	988,102
	DEUTSCHE BANK AG	01/07/2028	2.552	USD	4,930,000	4,277,972	4,848,803
	DEUTSCHE BANK AG	01/14/2032	3.729	USD	1,985,000	1,561,128	1,877,889
	DEUTSCHE BANK AG	01/07/2033	3.742	USD	1,500,000	1,136,178	1,395,645
	DEUTSCHE BANK AG (NEW YORK BRANCH)	07/13/2027	7.146	USD	2,960,000	3,039,150	3,005,347
	DEUTSCHE BANK AG (NEW YORK BRANCH)	01/10/2029	5.373	USD	5,400,000	5,422,172	5,512,536
	DEUTSCHE BANK AG (NEW YORK BRANCH)	05/10/2029	5.414	USD	5,780,000	5,787,135	6,013,454
	DEUTSCHE BANK AG (NEW YORK BRANCH)	09/11/2035	5.403	USD	600,000	583,976	613,074
	DEVON ENERGY CORPORATION	06/15/2028	5.875	USD	465,000	466,185	465,014
	DEVON ENERGY CORPORATION	01/15/2030	4.500	USD	483,000	446,627	484,594
	DEVON ENERGY CORPORATION	09/15/2034	5.200	USD	500,000	499,805	499,155
	DH EUROPE FINANCE II S.A.R.L.	11/15/2029	2.600	USD	300,000	271,974	284,568
	DIAGEO CAPITAL PLC	10/24/2027	5.300	USD	33,063,000	33,348,269	33,878,664
	DIAGEO CAPITAL PLC	10/24/2029	2.375	USD	3,442,000	2,897,702	3,237,339
	DIAGEO CAPITAL PLC	04/29/2030	2.000	USD	200,000	171,578	183,038
	DIAGEO CAPITAL PLC	04/29/2032	2.125	USD	283,000	223,871	246,609
	DIAGEO CAPITAL PLC	01/24/2033	5.500	USD	14,424,000	14,925,332	15,219,195
	DIAGEO INVESTMENT CORPORATION	04/15/2035	5.625	USD	400,000	412,320	423,928
	DIAMONDBACK ENERGY, INC.	01/30/2030	5.150	USD	4,085,000	4,067,144	4,205,181
	DIAMONDBACK ENERGY, INC.	03/24/2031	3.125	USD	6,766,000	6,044,081	6,328,646
	DIAMONDBACK ENERGY, INC.	03/15/2033	6.250	USD	1,965,000	2,007,624	2,120,942
	DIAMONDBACK ENERGY, INC.	04/18/2034	5.400	USD	240,000	239,230	246,149
	DIAMONDBACK ENERGY, INC.	04/01/2035	5.550	USD	200,000	199,274	205,956
	DICK'S SPORTING GOODS, INC.	01/15/2032	3.150	USD	241,000	188,875	221,778
	DIGITAL REALTY TRUST, LP	01/15/2028	5.550	USD	700,000	694,274	719,208
	DOC DR, LLC	11/01/2031	2.625	USD	300,000	259,041	270,093
	DOLLAR GENERAL CORPORATION	11/01/2032	5.000	USD	300,000	287,672	304,716

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY		PRINCIPAL		COST		CURRENT VALUE
	DOLLAR GENERAL CORPORATION	07/05/2033	5.450		USD		338,000		330,256		350,983
	DOLLAR TREE, INC.	12/01/2031	2.650		USD		283,000		226,159		255,628
	DOMINION ENERGY SOUTH CAROLINA, INC.	01/15/2035	5.300		USD		400,000		410,746		414,684
	DOMINION ENERGY, INC.	04/01/2030	3.375		USD		783,000		711,325		756,002
	DOMINION ENERGY, INC.	08/15/2031	2.250		USD		3,041,000		2,392,031		2,710,048
	DOMINION ENERGY, INC.	03/15/2035	5.450		USD		400,000		399,132		410,748
	DOMINION ENERGY, INC.	05/15/2055	6.625		USD		190,000		198,833		195,786
	DOMINION ENERGY, INC.	02/15/2056	6.000		USD		230,000		234,336		231,260
	DTE ELECTRIC COMPANY	03/01/2030	2.250		USD		2,242,000		1,876,551		2,085,867
	DTE ELECTRIC COMPANY	03/01/2031	2.625		USD		11,000,000		9,573,960		10,171,700
	DTE ELECTRIC COMPANY	03/01/2032	3.000		USD		765,000		646,811		707,679
	DTE ELECTRIC COMPANY	03/01/2034	5.200		USD		300,000		302,133		310,107
	DTE ENERGY COMPANY	07/01/2027	4.950		USD		500,000		503,325		506,655
	DTE ENERGY COMPANY	06/01/2034	5.850		USD		200,000		204,278		213,642
	DTE ENERGY COMPANY	10/01/2035	5.050		USD		300,000		300,357		300,075
	DUKE ENERGY CAROLINAS, LLC	11/15/2028	3.950		USD		4,915,000		4,670,684		4,928,959
	DUKE ENERGY CAROLINAS, LLC	02/01/2030	2.450		USD		483,000		423,900		453,093
	DUKE ENERGY CAROLINAS, LLC	03/15/2030	4.850		USD		200,000		204,328		206,052
	DUKE ENERGY CAROLINAS, LLC	01/15/2034	4.850	%	USD	$	500,000	$	494,375	$	506,935
	DUKE ENERGY CAROLINAS, LLC	03/15/2035	5.250		USD		15,000,000		14,968,500		15,529,650
	DUKE ENERGY CAROLINAS, LLC	01/15/2038	6.000		USD		1,200,000		1,283,472		1,294,908
	DUKE ENERGY CORPORATION	09/01/2026	2.650		USD		16,679,000		15,166,186		16,536,395
	DUKE ENERGY CORPORATION	03/15/2028	4.300		USD		4,268,000		4,053,623		4,291,943
	DUKE ENERGY CORPORATION	06/15/2031	2.550		USD		35,410,000		29,123,750		32,281,881
	DUKE ENERGY CORPORATION	06/15/2034	5.450		USD		200,000		199,100		208,654
	DUKE ENERGY CORPORATION	09/15/2035	4.950		USD		300,000		298,599		298,062
	DUKE ENERGY CORPORATION	09/01/2054	6.450		USD		300,000		305,322		314,874
	DUKE ENERGY CORPORATION	01/15/2082	3.250		USD		1,448,000		1,143,920		1,405,632
	DUKE ENERGY OHIO, INC.	04/01/2033	5.250		USD		1,607,000		1,667,611		1,667,054
	DUKE ENERGY PROGRESS, LLC	08/15/2031	2.000		USD		12,143,000		9,498,560		10,791,727
	DUKE ENERGY PROGRESS, LLC	03/15/2034	5.100		USD		300,000		300,381		309,672
	DUKE ENERGY PROGRESS, LLC	03/15/2035	5.050		USD		400,000		397,044		407,456
	DUPONT DE NEMOURS INC.	11/15/2028	4.725		USD		965,000		944,337		980,353
	DXC TECHNOLOGY COMPANY	09/15/2028	2.375		USD		362,000		301,508		341,442
	EAGLE MATERIALS INC.	07/01/2031	2.500		USD		183,000		142,069		166,347
	EASTERN ENERGY GAS HOLDINGS, LLC	01/15/2035	5.800		USD		300,000		306,336		317,301
	EASTERN GAS TRANSMISSION & STORAGE INC.	11/15/2029	3.000		USD		183,000		157,568		174,983
	EASTMAN CHEMICAL COMPANY	12/01/2028	4.500		USD		9,496,000		9,001,405		9,570,544
	EASTMAN CHEMICAL COMPANY	02/20/2034	5.625		USD		300,000		304,680		310,128
	EATON CAPITAL UNLIMITED COMPANY	05/09/2030	4.450		USD		6,000,000		5,973,720		6,067,800
	EATON CORPORATION	03/15/2033	4.150		USD		369,000		352,709		363,650
	EBAY INC.	11/22/2032	6.300		USD		517,000		540,791		565,588
	ECOLAB INC.	12/01/2027	3.250		USD		9,013,000		8,324,780		8,942,789
	ECOLAB INC.	01/15/2028	5.250		USD		1,448,000		1,454,177		1,487,096
	EDISON INTERNATIONAL	11/15/2029	6.950		USD		965,000		1,005,637		1,028,082
	EIDP INC.	05/15/2032	5.125		USD		1,535,000		1,528,584		1,576,660
	EIDP INC.	05/15/2033	4.800		USD		300,000		293,340		300,174
	ELECTRONIC ARTS, INC.	02/15/2031	1.850		USD		283,000		219,977		272,354
	ELEVANCE HEALTH, INC.	06/15/2029	5.150		USD		900,000		906,661		929,169
	ELEVANCE HEALTH, INC.	11/01/2031	4.950		USD		600,000		599,586		613,716
	ELEVANCE HEALTH, INC.	10/15/2032	5.500		USD		483,000		487,555		509,111
	ELEVANCE HEALTH, INC.	02/15/2033	4.750		USD		700,000		683,837		703,143
	ELEVANCE HEALTH, INC.	05/15/2042	4.625		USD		3,185,000		2,673,011		2,874,845
	ELI LILLY & COMPANY	02/12/2032	4.900		USD		700,000		709,695		724,584
	ELI LILLY & COMPANY	10/15/2035	4.900		USD		7,260,000		7,366,535		7,400,263
	ELI LILLY AND COMPANY	08/14/2027	4.150		USD		12,981,000		12,970,485		13,078,228
	ELI LILLY AND COMPANY	03/15/2029	3.375		USD		700,000		645,224		689,997
	ELI LILLY AND COMPANY	08/14/2029	4.200		USD		1,000,000		1,004,510		1,010,450
	ELI LILLY AND COMPANY	02/09/2034	4.700		USD		500,000		493,145		507,745
	EMBRAER NETHERLANDS FINANCE BV	02/11/2035	5.980		USD		200,000		203,652		212,530
	EMERA US FINANCE LP	06/15/2026	3.550		USD		1,190,000		1,113,362		1,186,168
	EMERA US FINANCE LP	06/15/2031	2.639		USD		241,000		192,827		217,963
	EMERSON ELECTRIC COMPANY	12/21/2031	2.200		USD		12,182,000		9,754,774		10,880,597
	EMERSON ELECTRIC COMPANY	03/15/2035	5.000		USD		2,924,000		2,922,329		3,003,504
	ENACT HOLDINGS, INC.	05/28/2029	6.250		USD		250,000		248,478		261,860
	ENBRIDGE INC.	12/01/2026	4.250		USD		7,243,000		6,908,151		7,257,269
	ENBRIDGE INC.	11/15/2028	6.000		USD		2,135,000		2,132,694		2,244,269
	ENBRIDGE INC.	11/15/2029	3.125		USD		8,311,000		7,188,167		7,964,348
	ENBRIDGE INC.	11/15/2030	6.200		USD		500,000		531,985		537,510
	ENBRIDGE INC.	03/08/2033	5.700		USD		483,000		497,002		509,531
	ENBRIDGE INC.	04/05/2034	5.625		USD		400,000		394,096		418,208
	ENBRIDGE INC.	06/20/2035	5.550		USD		300,000		303,675		310,950
	ENBRIDGE INC.	11/20/2035	5.200		USD		200,000		202,704		201,890
	ENBRIDGE INC.	06/27/2054	7.200		USD		200,000		211,268		211,780
	ENEL CHILE S.A.	06/12/2028	4.875		USD		283,000		275,274		286,962
	ENERGY TRANSFER LP	04/15/2027	4.200		USD		500,000		487,340		500,255
	ENERGY TRANSFER LP	04/15/2029	5.250		USD		579,000		565,550		595,310
	ENERGY TRANSFER LP	04/01/2030	5.200		USD		14,100,000		14,157,669		14,536,536
	ENERGY TRANSFER LP	05/15/2030	3.750		USD		1,448,000		1,278,172		1,410,598
	ENERGY TRANSFER LP	12/01/2030	6.400		USD		1,200,000		1,263,379		1,297,464
	ENERGY TRANSFER LP	09/01/2034	5.600		USD		400,000		417,136		412,404
	ENERGY TRANSFER LP	03/15/2035	4.900		USD		3,070,000		3,037,090		3,001,938
	ENERGY TRANSFER LP	04/01/2035	5.700		USD		200,000		199,624		207,396
	ENERGY TRANSFER LP	06/01/2041	6.050		USD		5,950,000		5,726,294		6,045,617
	ENSTAR GROUP LTD.	09/01/2031	3.100		USD		400,000		332,608		359,824
	ENTERGY CORPORATION	09/01/2026	2.950		USD		8,285,000		7,927,834		8,223,525
	ENTERGY CORPORATION	06/15/2028	1.900		USD		328,000		286,085		311,151
	ENTERGY CORPORATION	06/15/2031	2.400		USD		500,000		415,000		449,555
	ENTERGY LOUISIANA, LLC	04/01/2028	3.250		USD		1,585,000		1,442,557		1,563,492
	ENTERGY LOUISIANA, LLC	06/15/2032	2.350		USD		1,448,000		1,139,945		1,279,250
	ENTERGY LOUISIANA, LLC	03/15/2033	4.000		USD		9,486,000		8,479,925		9,162,338
	ENTERGY LOUISIANA, LLC	03/15/2055	5.800		USD		1,750,000		1,739,763		1,765,523
	ENTERGY TEXAS, INC.	03/15/2031	1.750		USD		10,050,000		7,930,958		8,873,849
	ENTERPRISE PRODUCTS OPERATING, LLC	01/11/2027	4.600		USD		21,785,000		21,764,091		21,943,377
	ENTERPRISE PRODUCTS OPERATING, LLC	07/31/2029	3.125		USD		5,041,000		4,415,571		4,891,534
	ENTERPRISE PRODUCTS OPERATING, LLC	01/31/2030	2.800		USD		1,248,000		1,063,224		1,186,436
	ENTERPRISE PRODUCTS OPERATING, LLC	01/15/2031	4.600		USD		3,225,000		3,247,349		3,267,215
	ENTERPRISE PRODUCTS OPERATING, LLC	01/31/2033	5.350		USD		100,000		103,293		104,613
	ENTERPRISE PRODUCTS OPERATING, LLC	01/31/2034	4.850		USD		1,700,000		1,691,897		1,720,570
	ENTERPRISE PRODUCTS OPERATING, LLC	02/15/2035	4.950		USD		300,000		296,466		304,125
	EOG RESOURCES, INC.	04/15/2030	4.375		USD		283,000		270,130		285,026
	EOG RESOURCES, INC.	07/15/2032	5.000		USD		2,870,000		2,867,561		2,944,046

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY		PRINCIPAL		COST		CURRENT VALUE
	EPR PROPERTIES	11/15/2031	3.600		USD		300,000		225,469		278,400
	EQT CORPORATION	04/01/2028	5.700		USD		965,000		944,499		996,083
	EQT CORPORATION	02/01/2034	5.750		USD		500,000		502,685		523,160
	EQUIFAX INC.	12/15/2027	5.100		USD		5,950,000		5,863,361		6,063,645
	EQUIFAX INC.	09/15/2029	4.800		USD		300,000		302,082		305,043
	EQUIFAX INC.	09/15/2031	2.350		USD		524,000		409,573		466,575
	EQUINIX, INC.	11/18/2026	2.900		USD		12,000,000		10,859,833		11,881,560
	EQUINIX, INC.	05/15/2028	2.000		USD		338,000		283,193		322,618
	EQUINIX, INC.	05/15/2031	2.500		USD		400,000		336,708		362,428
	EQUINIX, INC.	04/15/2032	3.900		USD		765,000		670,572		736,282
	EQUINOR ASA	04/06/2027	3.000		USD		1,000,000		970,400		992,900
	EQUINOR ASA	05/22/2030	2.375		USD		500,000		429,840		465,835
	EQUINOR ASA	06/03/2035	5.125	%	USD	$	200,000	$	202,574	$	205,930
	EQUINOR ASA	11/14/2035	4.750		USD		3,760,000		3,737,854		3,749,021
	EQUITABLE HOLDINGS, INC.	04/20/2028	4.350		USD		161,000		152,331		161,681
	EQUITABLE HOLDINGS, INC.	01/11/2033	5.594		USD		4,865,000		4,960,025		5,085,628
	ERP OPERATING LIMITED PARTNERSHIP	08/01/2027	3.250		USD		5,000,000		4,598,664		4,952,450
	ERP OPERATING LIMITED PARTNERSHIP	08/01/2031	1.850		USD		500,000		388,946		441,545
	ERP OPERATING LIMITED PARTNERSHIP	06/15/2032	4.950		USD		5,025,000		5,010,729		5,145,148
	ERP OPERATING LIMITED PARTNERSHIP	09/15/2034	4.650		USD		200,000		192,518		198,252
	ESSENTIAL PROPERTIES, LP	12/01/2035	5.400		USD		200,000		201,720		200,794
	ESSENTIAL UTILITIES, INC.	04/15/2030	2.704		USD		338,000		283,234		317,608
	ESSENTIAL UTILITIES, INC.	01/15/2034	5.375		USD		300,000		300,927		309,903
	ESSENTIAL UTILITIES, INC.	08/15/2035	5.250		USD		1,370,000		1,367,479		1,399,455
	ESSEX PORTFOLIO, LP	03/01/2028	1.700		USD		1,000,000		837,710		950,190
	ESSEX PORTFOLIO, LP	04/01/2034	5.500		USD		300,000		304,233		311,265
	ESSEX PORTFOLIO, LP	04/01/2035	5.375		USD		3,475,000		3,460,897		3,581,613
	EUROPEAN INVESTMENT BANK	11/15/2027	3.250		USD		3,200,000		3,048,537		3,184,448
	EUROPEAN INVESTMENT BANK	03/15/2028	3.875		USD		5,165,000		5,054,085		5,199,915
	EUROPEAN INVESTMENT BANK	10/16/2028	4.500		USD		483,000		486,096		494,853
	EUROPEAN INVESTMENT BANK	03/15/2029	1.750		USD		1,448,000		1,249,761		1,367,520
	EUROPEAN INVESTMENT BANK	06/15/2029	4.750		USD		500,000		500,295		518,220
	EUROPEAN INVESTMENT BANK	11/15/2029	3.750		USD		2,300,000		2,298,689		2,307,981
	EUROPEAN INVESTMENT BANK	07/15/2030	3.625		USD		1,779,000		1,729,140		1,771,190
	EUROPEAN INVESTMENT BANK	02/14/2033	3.750		USD		483,000		450,426		475,760
	EUROPEAN INVESTMENT BANK	02/13/2034	4.125		USD		2,500,000		2,439,700		2,507,500
	EVERGY METRO, INC.	08/15/2035	5.125		USD		4,155,000		4,153,658		4,208,600
	EVERGY, INC.	09/15/2029	2.900		USD		579,000		498,409		552,158
	EVERGY, INC.	06/01/2055	6.650		USD		200,000		201,094		204,428
	EVERSOURCE ENERGY	07/01/2027	4.600		USD		283,000		274,602		284,953
	EVERSOURCE ENERGY	04/15/2031	5.850		USD		300,000		300,282		316,785
	EVERSOURCE ENERGY	03/01/2032	3.375		USD		965,000		818,247		893,513
	EXELON CORPORATION	03/15/2027	2.750		USD		2,396,000		2,167,790		2,360,012
	EXELON CORPORATION	03/15/2031	5.125		USD		200,000		202,340		206,702
	EXELON CORPORATION	06/15/2035	5.625		USD		18,648,000		19,678,116		19,510,284
	EXELON CORPORATION	03/15/2055	6.500		USD		200,000		199,320		208,410
	EXPAND ENERGY CORP.	02/01/2032	4.750		USD		500,000		470,700		493,985
	EXPAND ENERGY CORP.	01/15/2035	5.700		USD		200,000		197,714		207,350
	EXPEDIA GROUP, INC.	03/15/2031	2.950		USD		865,000		721,695		805,211
	EXTRA SPACE STORAGE LP	01/15/2031	5.900		USD		500,000		510,855		530,740
	EXTRA SPACE STORAGE LP	10/15/2031	2.400		USD		483,000		385,410		429,788
	EXTRA SPACE STORAGE LP	03/15/2032	2.350		USD		183,000		139,059		160,410
	EXTRA SPACE STORAGE LP	06/15/2035	5.400		USD		200,000		200,422		205,444
	EXXON MOBIL CORPORATION	03/01/2026	3.043		USD		7,810,000		7,359,799		7,799,847
	EXXON MOBIL CORPORATION	03/19/2027	3.294		USD		500,000		484,525		497,895
	EXXON MOBIL CORPORATION	10/15/2030	2.610		USD		2,818,000		2,540,393		2,644,693
	F&G ANNUITIES & LIFE, INC.	06/04/2029	6.500		USD		400,000		404,180		416,920
	FACTSET RESEARCH SYSTEMS INC.	03/01/2027	2.900		USD		3,151,000		2,902,727		3,103,672
	FACTSET RESEARCH SYSTEMS INC.	03/01/2032	3.450		USD		162,000		135,111		150,725
	FAIRFAX FINANCIAL HOLDINGS LIMITED	04/17/2028	4.850		USD		965,000		918,843		978,105
	FAIRFAX FINANCIAL HOLDINGS LIMITED	04/29/2030	4.625		USD		1,750,000		1,632,085		1,756,843
	FAIRFAX FINANCIAL HOLDINGS LIMITED	03/03/2031	3.375		USD		1,690,000		1,394,048		1,596,543
	FAIRFAX FINANCIAL HOLDINGS LIMITED	12/07/2033	6.000		USD		2,500,000		2,669,725		2,653,650
	FEDERAL REALTY OP LP	05/01/2028	5.375		USD		3,965,000		3,948,744		4,065,632
	FEDERAL REALTY OP LP	06/01/2030	3.500		USD		400,000		357,612		387,060
	FEDEX CORPORATION	05/15/2031	2.400		USD		1,265,000		1,039,287		1,149,012
*	FERGUSON ENTERPRISES INC.	03/15/2031	4.350		USD		1,800,000		1,791,684		1,795,374
*	FERGUSON ENTERPRISES INC.	10/03/2034	5.000		USD		200,000		195,154		202,144
	FIDELITY NATIONAL FINANCIAL, INC.	03/15/2031	2.450		USD		483,000		377,136		431,705
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	03/01/2028	1.650		USD		724,000		603,244		687,481
	FIDELITY NATIONAL INFORMATION SERVICES, INC.	07/15/2032	5.100		USD		100,000		94,896		102,301
	FIFTH THIRD BANCORP	03/14/2028	3.950		USD		300,000		285,948		299,535
	FIFTH THIRD BANCORP	10/27/2028	6.361		USD		965,000		990,175		1,004,063
	FIFTH THIRD BANCORP	07/28/2030	4.772		USD		483,000		460,704		489,105
	FIFTH THIRD BANCORP	01/29/2032	5.631		USD		200,000		205,812		210,078
	FIRST AMERICAN FINANCIAL CORPORATION	08/15/2031	2.400		USD		338,000		261,761		295,270
	FIRST CITIZENS BANCSHARES, INC.	03/12/2040	6.252		USD		300,000		295,920		305,943
	FIRST HORIZON CORPORATION	03/07/2031	5.514		USD		1,175,000		1,176,104		1,215,021
	FIRSTENERGY CORP.	03/01/2030	2.650		USD		500,000		423,410		466,690
	FIRSTENERGY TRANSMISSION, LLC	01/15/2035	5.000		USD		400,000		387,812		401,580
	FISERV, INC.	07/01/2026	3.200		USD		6,292,000		5,825,673		6,264,944
	FISERV, INC.	06/01/2027	2.250		USD		965,000		852,352		939,389
	FISERV, INC.	08/21/2028	5.375		USD		6,605,000		6,587,827		6,775,211
	FISERV, INC.	07/01/2029	3.500		USD		15,257,000		13,518,338		14,805,545
	FISERV, INC.	03/15/2030	4.750		USD		500,000		506,875		502,840
	FISERV, INC.	06/01/2030	2.650		USD		965,000		801,004		890,203
	FISERV, INC.	03/15/2031	5.350		USD		200,000		197,974		205,366
	FISERV, INC.	03/02/2033	5.600		USD		1,925,000		1,992,529		1,989,584
	FISERV, INC.	08/21/2033	5.625		USD		279,000		270,502		288,121
	FISERV, INC.	08/11/2035	5.250		USD		200,000		202,610		199,920
	FLEX LTD.	01/15/2028	6.000		USD		483,000		484,674		498,698
	FLEX LTD.	01/15/2032	5.250		USD		400,000		399,976		408,208
	FLORIDA POWER & LIGHT COMPANY	05/15/2028	4.400		USD		4,500,000		4,471,920		4,557,600
	FLORIDA POWER & LIGHT COMPANY	05/15/2030	4.625		USD		821,000		813,874		838,011
	FLORIDA POWER & LIGHT COMPANY	02/03/2032	2.450		USD		21,924,000		18,749,916		19,812,280
	FLORIDA POWER & LIGHT COMPANY	06/15/2034	5.300		USD		880,000		926,587		923,806
	FLOWERS FOODS, INC.	03/15/2031	2.400		USD		241,000		192,143		213,099
	FLOWSERVE CORPORATION	01/15/2032	2.800		USD		2,132,000		1,675,989		1,909,888
	FMC CORPORATION	10/01/2029	3.450		USD		1,413,000		1,295,523		1,254,928
*	FORD MOTOR CREDIT COMPANY LLC	01/09/2027	4.271		USD		7,315,000		7,110,619		7,277,547
*	FORD MOTOR CREDIT COMPANY LLC	05/17/2027	5.850		USD		4,040,000		4,047,202		4,101,893
*	FORD MOTOR CREDIT COMPANY LLC	03/08/2029	5.800		USD		400,000		402,452		408,936

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
*	FORD MOTOR CREDIT COMPANY LLC	06/10/2030	7.200		USD	2,414,000	2,414,000	2,588,653
*	FORD MOTOR CREDIT COMPANY LLC	11/13/2030	4.000		USD	1,315,000	1,097,617	1,242,070
*	FORD MOTOR CREDIT COMPANY LLC	03/05/2031	6.050		USD	500,000	494,330	514,440
*	FORD MOTOR CREDIT COMPANY LLC	11/05/2031	6.054		USD	400,000	405,248	410,196
*	FORD MOTOR CREDIT COMPANY LLC	11/07/2033	7.122		USD	1,400,000	1,464,628	1,506,134
*	FORD MOTOR CREDIT COMPANY LLC	02/07/2035	6.500		USD	400,000	395,332	415,256
*	FORD MOTOR CREDIT COMPANY LLC	10/31/2035	5.869	%	USD	$ 400,000	$ 396,504	$ 395,780
	FORTINET, INC.	03/15/2031	2.200		USD	200,000	167,320	179,238
	FORTIS INC.	10/04/2026	3.055		USD	5,585,000	5,128,251	5,539,203
	FORTIVE CORPORATION	06/15/2026	3.150		USD	5,815,000	5,547,510	5,791,740
	FORTUNE BRANDS INNOVATIONS, INC.	09/15/2029	3.250		USD	483,000	408,084	464,525
	FOX CORPORATION	10/13/2033	6.500		USD	241,000	236,274	266,213
	FRANKLIN RESOURCES, INC.	10/30/2030	1.600		USD	386,000	295,987	342,749
	FREEPORT-MCMORAN INC.	03/01/2028	4.125		USD	483,000	446,688	481,715
	FREEPORT-MCMORAN INC.	08/01/2030	4.625		USD	483,000	445,002	486,869
	FS KKR CAPITAL CORP.	01/15/2030	6.125		USD	500,000	501,400	492,570
	GATX CORPORATION	06/01/2031	1.900		USD	200,000	161,016	175,416
	GATX CORPORATION	09/15/2033	5.450		USD	683,000	641,502	707,868
	GATX CORPORATION	06/15/2035	5.500		USD	960,000	981,619	985,661
	GE CAPITAL FUNDING, LLC	05/15/2032	4.550		USD	379,000	357,368	383,374
	GE HEALTHCARE TECHNOLOGIES, INC.	08/14/2029	4.800		USD	500,000	504,755	511,450
	GE HEALTHCARE TECHNOLOGIES, INC.	03/15/2030	5.857		USD	765,000	790,413	809,561
	GE HEALTHCARE TECHNOLOGIES, INC.	11/22/2032	5.905		USD	6,865,000	7,387,976	7,404,108
	GE HEALTHCARE TECHNOLOGIES, INC.	06/15/2035	5.500		USD	300,000	306,282	312,366
	GENERAL DYNAMICS CORPORATION	04/01/2027	3.500		USD	10,362,000	9,804,339	10,340,033
	GENERAL DYNAMICS CORPORATION	11/15/2027	2.625		USD	5,853,000	5,275,271	5,752,036
	GENERAL DYNAMICS CORPORATION	05/15/2028	3.750		USD	4,681,000	4,418,740	4,690,175
	GENERAL DYNAMICS CORPORATION	06/01/2031	2.250		USD	500,000	427,145	455,190
*	GENERAL ELECTRIC COMPANY	07/29/2030	4.300		USD	300,000	298,734	302,694
	GENERAL MILLS, INC.	01/30/2030	4.875		USD	500,000	501,200	511,735
	GENERAL MILLS, INC.	10/14/2031	2.250		USD	183,000	145,699	162,596
	GENERAL MILLS, INC.	03/29/2033	4.950		USD	483,000	471,848	490,752
*	GENERAL MOTORS COMPANY	10/15/2029	5.400		USD	1,448,000	1,385,107	1,500,722
*	GENERAL MOTORS COMPANY	10/15/2032	5.600		USD	258,000	243,421	270,214
*	GENERAL MOTORS COMPANY	04/15/2035	6.250		USD	200,000	201,998	212,538
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	01/17/2027	4.350		USD	9,915,000	9,482,937	9,936,317
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/09/2027	5.000		USD	2,414,000	2,344,960	2,440,144
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	07/15/2027	5.350		USD	400,000	399,248	407,000
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	01/09/2028	6.000		USD	4,070,000	4,219,654	4,206,060
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/04/2028	5.050		USD	1,000,000	1,002,920	1,018,740
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	06/23/2028	5.800		USD	6,497,000	6,495,636	6,734,400
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	07/15/2029	5.550		USD	3,370,000	3,368,484	3,495,903
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/06/2030	5.850		USD	3,549,000	3,533,366	3,731,170
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	02/08/2031	5.750		USD	10,000,000	10,087,100	10,530,900
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	06/18/2031	5.600		USD	500,000	502,345	521,665
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	04/04/2034	5.950		USD	500,000	492,400	524,075
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	09/06/2034	5.450		USD	300,000	301,617	304,890
*	GENERAL MOTORS FINANCIAL COMPANY, INC.	07/15/2035	6.150		USD	300,000	306,699	316,695
	GENPACT LUXEMBOURG S.A.R.L. / GENPACT USA INC.	04/10/2026	1.750		USD	1,800,000	1,613,640	1,788,156
	GENPACT LUXEMBOURG S.A.R.L. / GENPACT USA INC.	06/04/2029	6.000		USD	1,260,000	1,255,817	1,316,889
	GENUINE PARTS COMPANY	11/01/2033	6.875		USD	300,000	331,914	333,942
	GEORGIA POWER COMPANY	03/15/2034	5.250		USD	500,000	505,620	516,950
	GEORGIA POWER COMPANY	03/15/2035	5.200		USD	200,000	205,330	205,666
	GERDAU TRADE INC.	06/09/2035	5.750		USD	150,000	150,243	155,325
	GILEAD SCIENCES, INC.	03/01/2027	2.950		USD	13,000,000	11,958,775	12,873,510
	GILEAD SCIENCES, INC.	10/01/2027	1.200		USD	965,000	811,455	924,547
	GILEAD SCIENCES, INC.	10/01/2030	1.650		USD	4,228,000	3,570,804	3,788,711
	GILEAD SCIENCES, INC.	06/15/2035	5.100		USD	1,480,000	1,504,522	1,520,167
	GILEAD SCIENCES, INC.	09/01/2035	4.600		USD	2,100,000	1,980,681	2,079,672
	GILEAD SCIENCES, INC.	09/01/2036	4.000		USD	2,125,000	1,970,449	1,981,520
	GLAXOSMITHKLINE CAPITAL INC.	05/15/2028	3.875		USD	4,681,000	4,440,960	4,685,821
	GLAXOSMITHKLINE CAPITAL INC.	04/15/2030	4.500		USD	4,000,000	3,980,200	4,068,320
	GLAXOSMITHKLINE CAPITAL INC.	04/15/2035	4.875		USD	250,000	248,433	253,185
	GLAXOSMITHKLINE CAPITAL PLC	03/12/2027	4.315		USD	4,401,000	4,401,000	4,433,127
	GLAXOSMITHKLINE CAPITAL PLC	06/01/2029	3.375		USD	865,000	791,891	849,145
	GLOBAL PAYMENTS INC.	06/01/2028	4.450		USD	300,000	287,115	300,333
	GLOBAL PAYMENTS INC.	08/15/2029	5.300		USD	1,933,000	1,937,380	1,978,619
	GLOBAL PAYMENTS INC.	11/15/2030	4.875		USD	2,200,000	2,199,318	2,204,862
	GLOBAL PAYMENTS INC.	08/15/2032	5.400		USD	283,000	268,333	288,303
	GLOBAL PAYMENTS INC.	11/15/2035	5.550		USD	900,000	900,387	896,472
	GLOBE LIFE INC.	06/15/2032	4.800		USD	338,000	304,423	340,941
	GLP CAPITAL LP	01/15/2029	5.300		USD	793,000	749,877	807,559
	GLP CAPITAL LP	01/15/2031	4.000		USD	200,000	184,778	191,678
	GLP CAPITAL LP	01/15/2032	3.250		USD	5,045,000	4,447,772	4,565,321
	GOLUB CAPITAL PRIVATE CREDIT FUND	09/12/2029	5.800		USD	400,000	401,240	404,804
	GXO LOGISTICS	07/15/2031	2.650		USD	241,000	186,392	216,996
	GXO LOGISTICS	05/06/2034	6.500		USD	100,000	100,785	108,221
	HALEON US CAPITAL LLC	03/24/2027	3.375		USD	4,698,000	4,341,736	4,664,409
	HALEON US CAPITAL LLC	03/24/2029	3.375		USD	483,000	427,494	471,877
	HALEON US CAPITAL LLC	03/24/2032	3.625		USD	233,000	202,036	222,028
	HALLIBURTON COMPANY	03/01/2030	2.920		USD	283,000	244,492	267,970
	HASBRO, INC.	05/14/2034	6.050		USD	200,000	197,596	212,558
	HCA INC.	06/15/2026	5.250		USD	25,000,000	24,457,988	25,019,500
	HCA INC.	06/01/2028	5.200		USD	3,557,000	3,511,137	3,645,427
	HCA INC.	03/01/2030	5.250		USD	300,000	303,201	309,939
	HCA INC.	09/01/2030	3.500		USD	11,600,000	10,649,496	11,166,508
	HCA INC.	04/01/2031	5.450		USD	2,015,000	2,024,381	2,104,768
	HCA INC.	04/01/2034	5.600		USD	300,000	294,420	313,323
	HCA INC.	03/01/2035	5.750		USD	300,000	303,240	315,483
	HCA INC.	11/15/2035	4.900		USD	100,000	99,678	98,819
	HEALTHCARE REALTY HOLDINGS, LP	03/15/2031	2.000		USD	300,000	230,295	263,502
	HEALTHPEAK OP, LLC	02/01/2027	1.350		USD	1,448,000	1,256,516	1,405,936
	HEALTHPEAK OP, LLC	12/01/2028	2.125		USD	1,516,000	1,275,526	1,432,408
	HEALTHPEAK OP, LLC	12/15/2032	5.250		USD	3,405,000	3,347,670	3,495,130
	HEALTHPEAK OP, LLC	01/15/2033	4.750		USD	700,000	695,614	697,053
	HEICO CORPORATION	08/01/2028	5.250		USD	890,000	888,754	915,276
	HEICO CORPORATION	08/01/2033	5.350		USD	241,000	238,723	250,011
	HELMERICH & PAYNE, INC.	09/29/2031	2.900		USD	145,000	115,272	129,585
	HELMERICH & PAYNE, INC.	12/01/2034	5.500		USD	400,000	370,080	394,512
	HESS CORPORATION	04/01/2027	4.300		USD	965,000	917,329	969,227
	HESS CORPORATION	08/15/2031	7.300		USD	2,000,000	2,278,720	2,299,160
	HESS CORPORATION	02/15/2041	5.600		USD	1,840,000	1,845,042	1,906,718

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY		PRINCIPAL		COST		CURRENT VALUE
	HEWLETT PACKARD ENTERPRISE COMPANY	09/25/2027	4.400	%	USD	$	4,900,000	$	4,865,014	$	4,924,745
	HEWLETT PACKARD ENTERPRISE COMPANY	07/01/2028	5.250		USD		524,000		515,385		537,435
	HEWLETT PACKARD ENTERPRISE COMPANY	10/15/2029	4.550		USD		7,580,000		7,508,279		7,644,809
	HEWLETT PACKARD ENTERPRISE COMPANY	10/15/2030	4.400		USD		775,000		774,264		773,373
	HEWLETT PACKARD ENTERPRISE COMPANY	10/15/2031	4.850		USD		9,743,000		9,586,186		9,854,265
	HEWLETT PACKARD ENTERPRISE COMPANY	10/15/2034	5.000		USD		900,000		875,376		894,042
	HEXCEL CORPORATION	02/26/2035	5.875		USD		200,000		205,382		209,606
	HF SINCLAIR CORP.	10/01/2030	4.500		USD		283,000		254,785		278,747
	HF SINCLAIR CORP.	01/15/2035	6.250		USD		200,000		201,208		208,924
	HIGHWOODS REALTY LP	02/01/2031	2.600		USD		483,000		356,865		433,763
	HONDA MOTOR CO., LTD.	03/10/2027	2.534		USD		32,601,000		29,745,521		32,061,127
	HONDA MOTOR CO., LTD.	03/10/2032	2.967		USD		483,000		416,200		442,085
	HONEYWELL INTERNATIONAL INC.	03/01/2027	1.100		USD		11,362,000		9,874,496		11,014,550
	HONEYWELL INTERNATIONAL INC.	02/01/2030	4.700		USD		500,000		500,990		511,390
	HONEYWELL INTERNATIONAL INC.	09/01/2031	4.950		USD		200,000		201,136		206,960
	HONEYWELL INTERNATIONAL INC.	09/01/2031	1.750		USD		1,448,000		1,137,012		1,267,261
	HONEYWELL INTERNATIONAL INC.	02/15/2033	5.000		USD		14,643,000		14,769,349		15,110,990
	HONEYWELL INTERNATIONAL INC.	01/15/2034	4.500		USD		100,000		98,609		99,321
	HONEYWELL INTERNATIONAL INC.	03/01/2035	5.000		USD		300,000		298,158		306,336
	HORMEL FOODS CORPORATION	06/03/2028	1.700		USD		483,000		411,469		458,874
	HOST HOTELS & RESORTS LP	09/15/2030	3.500		USD		2,960,000		2,791,931		2,825,290
	HOST HOTELS & RESORTS LP	12/15/2031	2.900		USD		483,000		370,175		438,023
	HOST HOTELS & RESORTS LP	04/15/2035	5.500		USD		200,000		197,218		202,782
	HOWMET AEROSPACE INC.	10/15/2031	4.850		USD		300,000		298,803		308,088
	HP INC.	04/15/2029	4.000		USD		483,000		436,834		478,170
	HP INC.	01/15/2033	5.500		USD		150,000		150,248		154,959
	HP INC.	04/25/2035	6.100		USD		500,000		531,075		529,435
	HPS CORPORATE LENDING FUND	09/30/2029	6.250		USD		600,000		607,590		622,068
	HSBC HOLDINGS PLC	06/09/2028	4.755		USD		1,448,000		1,386,930		1,460,858
	HSBC HOLDINGS PLC	08/11/2028	5.210		USD		1,448,000		1,410,100		1,472,659
	HSBC HOLDINGS PLC	11/03/2028	7.390		USD		2,414,000		2,541,727		2,552,346
	HSBC HOLDINGS PLC	03/04/2030	5.546		USD		400,000		407,048		415,000
	HSBC HOLDINGS PLC	03/31/2030	4.950		USD		1,200,000		1,170,792		1,231,356
	HSBC HOLDINGS PLC	05/17/2032	5.733		USD		1,100,000		1,131,834		1,160,335
	HSBC HOLDINGS PLC	08/11/2033	5.402		USD		18,413,000		17,527,092		19,101,094
	HSBC HOLDINGS PLC	03/09/2034	6.254		USD		965,000		993,834		1,051,290
	HSBC HOLDINGS PLC	06/20/2034	6.547		USD		1,000,000		996,740		1,082,980
	HSBC HOLDINGS PLC	03/03/2036	5.450		USD		700,000		695,940		723,555
	HSBC HOLDINGS PLC	05/13/2036	5.790		USD		600,000		601,554		635,208
	HSBC HOLDINGS PLC	09/10/2036	5.741		USD		500,000		512,125		515,790
	HSBC HOLDINGS PLC	11/06/2036	5.133		USD		2,485,000		2,485,000		2,498,171
	HSBC USA, INC.	03/04/2027	5.294		USD		15,000,000		15,000,000		15,237,150
	HUBBELL INCORPORATED	03/15/2031	2.300		USD		241,000		195,468		219,722
	HUMANA INC.	03/01/2028	5.750		USD		600,000		608,240		618,762
	HUMANA INC.	04/15/2031	5.375		USD		4,435,000		4,433,578		4,588,806
	HUMANA INC.	05/01/2035	5.550		USD		300,000		300,312		306,975
	HUNTINGTON BANCSHARES INC.	08/04/2028	4.443		USD		1,448,000		1,378,432		1,456,109
	HUNTINGTON BANCSHARES INC.	08/21/2029	6.208		USD		1,500,000		1,563,885		1,573,545
	HUNTINGTON INGALLS INDUSTRIES, INC.	08/16/2028	2.043		USD		483,000		394,948		457,609
	HUNTINGTON INGALLS INDUSTRIES, INC.	01/15/2030	5.353		USD		1,000,000		999,860		1,034,210
	HUNTINGTON INGALLS INDUSTRIES, INC.	05/01/2030	4.200		USD		500,000		476,045		495,655
	HYATT HOTELS CORPORATION	06/30/2029	5.250		USD		200,000		201,780		205,952
	HYATT HOTELS CORPORATION	04/23/2030	5.750		USD		283,000		282,945		296,060
	HYATT HOTELS CORPORATION	06/30/2034	5.500		USD		100,000		97,949		103,216
	HYATT HOTELS CORPORATION	12/15/2035	5.400		USD		1,410,000		1,409,408		1,416,246
	IBM INTERNATIONAL CAPITAL PTE LTD.	02/05/2031	4.750		USD		500,000		507,275		509,435
	IBM INTERNATIONAL CAPITAL PTE LTD.	02/05/2034	4.900		USD		200,000		196,154		202,172
	ICON INVESTMENTS SIX D.A.C.	05/08/2027	5.809		USD		900,000		904,860		918,342
	ICON INVESTMENTS SIX D.A.C.	05/08/2029	5.849		USD		3,185,000		3,216,500		3,326,127
	IDEX CORPORATION	05/01/2030	3.000		USD		241,000		208,925		227,993
	ILLUMINA, INC.	03/23/2031	2.550		USD		150,000		124,268		136,251
	ING GROEP N.V.	03/28/2028	4.017		USD		965,000		904,054		965,299
	ING GROEP N.V.	10/02/2028	4.550		USD		10,000,000		9,528,608		10,127,400
	ING GROEP N.V.	04/09/2029	4.050		USD		1,500,000		1,398,540		1,494,330
	ING GROEP N.V.	03/28/2033	4.252		USD		483,000		431,075		475,040
	ING GROEP N.V.	03/25/2036	5.525		USD		600,000		599,898		624,378
	INGERSOLL RAND INC.	08/14/2028	5.400		USD		1,375,000		1,369,651		1,421,778
	INGERSOLL RAND INC.	06/15/2029	5.176		USD		500,000		496,315		517,210
	INGERSOLL RAND INC.	08/14/2033	5.700		USD		338,000		342,380		358,662
	INGREDION INCORPORATED	06/01/2030	2.900		USD		100,000		88,866		94,221
	INTEL CORPORATION	08/05/2027	3.750		USD		5,646,000		5,346,280		5,614,326
	INTEL CORPORATION	08/12/2028	1.600		USD		5,221,000		4,364,622		4,900,848
	INTEL CORPORATION	08/05/2029	4.000		USD		965,000		896,887		955,707
	INTEL CORPORATION	02/10/2030	5.125		USD		1,448,000		1,429,697		1,485,315
	INTEL CORPORATION	08/12/2031	2.000		USD		12,453,000		9,754,342		10,930,496
	INTEL CORPORATION	08/05/2032	4.150		USD		1,007,000		923,078		972,399
	INTER-AMERICAN DEVELOPMENT BANK	09/18/2028	3.125		USD		13,000,000		12,502,360		12,848,160
	INTERCONTINENTAL EXCHANGE, INC.	09/15/2027	4.000		USD		24,381,000		23,893,641		24,446,757
	INTERCONTINENTAL EXCHANGE, INC.	09/15/2027	3.100		USD		12,935,000		11,919,895		12,782,041
	INTERCONTINENTAL EXCHANGE, INC.	12/01/2028	3.950		USD		1,000,000		1,003,720		1,003,141
	INTERCONTINENTAL EXCHANGE, INC.	06/15/2029	4.350		USD		2,224,000		2,148,525		2,248,437
	INTERCONTINENTAL EXCHANGE, INC.	06/15/2031	5.250		USD		7,724,000		7,716,662		8,097,260
	INTERCONTINENTAL EXCHANGE, INC.	03/15/2033	4.600		USD		15,453,000		14,665,512		15,650,939
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2026	3.300		USD		31,318,000		29,445,961		31,251,293
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/09/2027	2.200		USD		2,414,000		2,162,892		2,370,089
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2027	1.700		USD		22,638,000		19,698,634		22,001,872
	INTERNATIONAL BUSINESS MACHINES CORPORATION	07/27/2027	4.150		USD		18,285,000		17,569,850		18,384,470
	INTERNATIONAL BUSINESS MACHINES CORPORATION	05/15/2029	3.500		USD		11,791,000		10,654,917		11,570,862
	INTERNATIONAL BUSINESS MACHINES CORPORATION	02/10/2032	5.000		USD		500,000		501,750		514,255
	INTERNATIONAL BUSINESS MACHINES CORPORATION	07/27/2032	4.400		USD		965,000		897,825		963,967
	INTERSTATE POWER AND LIGHT COMPANY	09/30/2034	4.950		USD		16,500,000		16,574,170		16,459,410
	INTERSTATE POWER AND LIGHT COMPANY	06/29/2035	5.600		USD		300,000		313,812		312,741
	INTUIT INC.	07/15/2027	1.350		USD		7,658,000		6,600,067		7,397,475
	INTUIT INC.	09/15/2033	5.200		USD		283,000		275,880		296,403
	INVITATION HOMES OPERATING PARTNERSHIP LP	11/15/2028	2.300		USD		483,000		397,593		459,459
	INVITATION HOMES OPERATING PARTNERSHIP LP	08/15/2030	5.450		USD		4,218,000		4,151,730		4,391,444
	INVITATION HOMES OPERATING PARTNERSHIP LP	01/15/2033	4.950	%	USD	$	2,075,000	$	2,086,330	$	2,108,947
	INVITATION HOMES OPERATING PARTNERSHIP LP	02/01/2035	4.875		USD		200,000		192,928		197,760
	IPALCO ENTERPRISES INC.	04/01/2034	5.750		USD		200,000		201,830		204,186
	IQVIA INC.	05/15/2028	5.700		USD		5,000,000		5,039,050		5,159,000
	IQVIA INC.	02/01/2029	6.250		USD		500,000		520,130		527,325
	ITC HOLDINGS CORP.	11/15/2027	3.350		USD		193,000		179,100		190,914

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	JABIL INC.	01/15/2030	3.600	USD	579,000	506,956	562,035
	JACKSON FINANCIAL INC.	06/08/2027	5.170	USD	483,000	476,548	489,062
	JACOBS ENGINEERING GROUP INC.	08/18/2028	6.350	USD	2,900,000	2,898,521	3,051,873
	JB HUNT TRANSPORT SERVICES, INC.	03/15/2030	4.900	USD	200,000	202,800	204,432
	JBS USA LUX S.A.	04/01/2033	5.750	USD	1,317,000	1,230,856	1,376,252
	JD.COM, INC.	01/14/2030	3.375	USD	241,000	211,888	234,618
	JEFFERIES FINANCIAL GROUP INC.	07/21/2028	5.875	USD	2,633,000	2,618,722	2,736,714
	JEFFERIES FINANCIAL GROUP INC.	10/15/2031	2.625	USD	821,000	635,381	728,391
	JETBLUE 2020-1 CLASS A PASS THROUGH TRUST	11/15/2032	4.000	USD	167,919	148,061	159,993
	JOHN DEERE CAPITAL CORPORATION	09/08/2027	2.800	USD	9,013,000	8,224,827	8,868,251
	JOHN DEERE CAPITAL CORPORATION	09/15/2027	4.150	USD	4,591,000	4,437,575	4,627,131
	JOHN DEERE CAPITAL CORPORATION	01/07/2028	4.650	USD	2,370,000	2,412,968	2,411,428
	JOHN DEERE CAPITAL CORPORATION	07/14/2028	4.950	USD	28,990,000	28,946,805	29,780,557
	JOHN DEERE CAPITAL CORPORATION	04/18/2029	3.350	USD	2,896,000	2,641,371	2,843,438
	JOHN DEERE CAPITAL CORPORATION	07/18/2029	2.800	USD	5,041,000	4,425,305	4,851,509
	JOHN DEERE CAPITAL CORPORATION	03/07/2031	4.900	USD	15,200,000	15,175,226	15,698,256
	JOHN DEERE CAPITAL CORPORATION	09/08/2031	4.400	USD	500,000	485,945	505,405
	JOHN DEERE CAPITAL CORPORATION	09/15/2032	4.350	USD	465,000	444,055	466,841
	JOHN DEERE CAPITAL CORPORATION	09/08/2033	5.150	USD	824,000	793,888	865,274
	JOHN DEERE CAPITAL CORPORATION	06/12/2034	5.050	USD	200,000	200,130	206,662
	JOHNSON & JOHNSON	03/01/2027	4.500	USD	5,720,000	5,778,573	5,779,088
	JOHNSON & JOHNSON	09/01/2027	0.950	USD	465,000	395,551	445,303
	JOHNSON & JOHNSON	01/15/2028	2.900	USD	370,000	365,005	365,164
	JOHNSON & JOHNSON	03/01/2028	4.550	USD	400,000	407,716	407,580
	JOHNSON & JOHNSON	06/01/2029	4.800	USD	700,000	697,389	723,051
	JOHNSON & JOHNSON	03/01/2030	4.700	USD	1,090,000	1,126,090	1,123,954
	JOHNSON & JOHNSON	09/01/2030	1.300	USD	1,373,000	1,143,605	1,225,540
	JOHNSON & JOHNSON	06/01/2031	4.900	USD	300,000	305,907	313,575
	JOHNSON & JOHNSON	12/05/2033	4.375	USD	17,000,000	16,785,955	17,269,960
	JOHNSON & JOHNSON	06/01/2034	4.950	USD	500,000	510,374	525,675
	JOHNSON & JOHNSON	03/01/2035	5.000	USD	2,850,000	2,846,381	2,973,804
	JOHNSON & JOHNSON	03/03/2037	3.625	USD	11,092,000	9,744,393	10,104,812
	JOHNSON CONTROLS INTERNATIONAL PLC	09/16/2031	2.000	USD	483,000	378,198	425,895
	JOHNSON CONTROLS INTERNATIONAL PLC	12/01/2032	4.900	USD	8,000,000	7,821,992	8,168,480
*	JPMORGAN CHASE & COMPANY	06/15/2026	3.200	USD	5,791,000	5,412,492	5,773,743
*	JPMORGAN CHASE & COMPANY	02/01/2028	3.782	USD	11,895,000	11,145,803	11,869,069
*	JPMORGAN CHASE & COMPANY	02/24/2028	2.947	USD	2,414,000	2,180,748	2,384,742
*	JPMORGAN CHASE & COMPANY	07/25/2028	4.851	USD	2,414,000	2,349,959	2,445,334
*	JPMORGAN CHASE & COMPANY	01/24/2029	4.915	USD	1,800,000	1,824,246	1,834,056
*	JPMORGAN CHASE & COMPANY	06/01/2029	2.069	USD	2,414,000	2,024,987	2,305,756
*	JPMORGAN CHASE & COMPANY	06/14/2030	4.565	USD	3,000,000	2,854,485	3,037,080
*	JPMORGAN CHASE & COMPANY	09/01/2030	8.750	USD	1,207,000	1,365,346	1,422,727
*	JPMORGAN CHASE & COMPANY	10/22/2030	4.603	USD	5,000,000	4,956,000	5,074,200
*	JPMORGAN CHASE & COMPANY	01/24/2031	5.140	USD	4,780,000	4,787,620	4,944,623
*	JPMORGAN CHASE & COMPANY	04/22/2031	2.522	USD	7,930,000	6,578,710	7,393,456
*	JPMORGAN CHASE & COMPANY	10/22/2031	4.255	USD	960,000	957,523	958,234
*	JPMORGAN CHASE & COMPANY	04/22/2032	2.580	USD	9,915,000	8,052,554	9,070,738
*	JPMORGAN CHASE & COMPANY	11/08/2032	2.545	USD	9,915,000	7,930,657	8,957,905
*	JPMORGAN CHASE & COMPANY	04/26/2033	4.586	USD	483,000	448,480	485,884
*	JPMORGAN CHASE & COMPANY	07/25/2033	4.912	USD	15,643,000	14,942,486	15,968,218
*	JPMORGAN CHASE & COMPANY	09/14/2033	5.717	USD	2,620,000	2,595,629	2,773,296
*	JPMORGAN CHASE & COMPANY	07/22/2035	5.294	USD	2,500,000	2,516,600	2,583,450
*	JPMORGAN CHASE & COMPANY	10/22/2035	4.946	USD	1,800,000	1,780,216	1,821,708
*	JPMORGAN CHASE & COMPANY	04/22/2036	5.572	USD	420,000	438,875	441,802
*	JPMORGAN CHASE & COMPANY	07/23/2036	5.576	USD	2,175,000	2,189,628	2,254,431
*	JPMORGAN CHASE & COMPANY	10/22/2036	4.810	USD	1,765,000	1,765,000	1,756,051
	JUNIPER NETWORKS, INC.	12/10/2030	2.000	USD	283,000	216,936	250,421
	KELLANOVA	06/01/2030	2.100	USD	665,000	538,429	609,020
	KEMPER CORPORATION	02/23/2032	3.800	USD	183,000	153,345	168,962
	KENNAMETAL INC.	03/01/2031	2.800	USD	145,000	115,029	132,745
	KENVUE INC.	03/22/2028	5.050	USD	500,000	514,170	510,940
	KENVUE INC.	03/22/2033	4.900	USD	450,000	461,120	459,851
	KEURIG DR PEPPER INC.	04/15/2029	3.950	USD	965,000	887,999	954,597
	KEURIG DR PEPPER INC.	04/15/2032	4.050	USD	183,000	163,767	176,189
	KEURIG DR PEPPER INC.	03/15/2034	5.300	USD	300,000	293,547	306,594
	KEURIG DR PEPPER INC.	05/15/2035	5.150	USD	200,000	195,168	200,818
	KEYCORP	04/06/2027	2.250	USD	395,000	327,131	386,116
	KEYCORP	10/01/2029	2.550	USD	2,000,000	1,798,220	1,889,200
	KEYCORP	04/04/2031	5.121	USD	1,636,000	1,636,000	1,681,334
	KEYSIGHT TECHNOLOGIES, INC.	10/30/2029	3.000	USD	150,000	134,157	143,892
	KEYSIGHT TECHNOLOGIES, INC.	10/15/2034	4.950	USD	300,000	289,038	302,736
	KILROY REALTY LP	11/15/2032	2.500	USD	483,000	338,687	403,237
	KIMBERLY-CLARK CORPORATION	09/15/2027	1.050	USD	1,148,000	970,595	1,097,832
	KIMCO REALTY OP LLC	04/01/2027	3.800	USD	1,585,000	1,476,538	1,583,399
	KIMCO REALTY OP LLC	03/01/2028	1.900	USD	2,863,000	2,408,902	2,750,999
	KIMCO REALTY OP LLC	04/01/2032	3.200	USD	483,000	399,887	449,200
	KIMCO REALTY OP, LLC	03/01/2034	6.400	USD	2,505,000	2,624,667	2,767,148
	KIMCO REALTY OP, LLC	03/01/2035	4.850	USD	100,000	97,448	99,744
*	KINDER MORGAN, INC.	06/01/2030	5.150	USD	2,164,000	2,161,187	2,239,653
*	KINDER MORGAN, INC.	02/15/2031	2.000	USD	965,000	743,502	862,401
*	KINDER MORGAN, INC.	06/01/2033	5.200	USD	579,000	535,708	596,642
*	KINDER MORGAN, INC.	02/01/2034	5.400	USD	600,000	595,902	620,556
*	KINDER MORGAN, INC.	06/01/2035	5.850	USD	200,000	206,294	212,094
	KINROSS GOLD CORP.	07/15/2033	6.250	USD	250,000	258,360	273,173
	KITE REALTY GROUP, LP	03/01/2034	5.500	USD	200,000	193,084	206,774
	KKR & CO., INC.	08/07/2035	5.100	USD	300,000	298,917	300,576
	KLA CORPORATION	03/15/2029	4.100	USD	12,000,000	11,616,240	12,034,800
	KLA CORPORATION	07/15/2032	4.650	USD	483,000	467,776	490,815
	KRAFT HEINZ FOODS COMPANY	05/15/2027	3.875	USD	1,448,000	1,369,229	1,444,308
	KRAFT HEINZ FOODS COMPANY	03/15/2035	5.400	USD	200,000	201,930	205,816
	KYNDRYL HOLDINGS INC.	02/20/2034	6.350 %	USD	$ 100,000	$ 106,423	$ 106,185
	L3HARRIS TECHNOLOGIES INC.	06/15/2028	4.400	USD	965,000	927,076	972,450
	L3HARRIS TECHNOLOGIES INC.	01/15/2031	1.800	USD	2,500,000	2,046,871	2,208,500
	L3HARRIS TECHNOLOGIES INC.	07/31/2033	5.400	USD	483,000	484,521	503,837
	L3HARRIS TECHNOLOGIES INC.	06/01/2034	5.350	USD	200,000	200,018	207,386
	LABORATORY CORPORATION OF AMERICA HOLDINGS	12/01/2029	2.950	USD	5,000,000	4,492,200	4,764,400
	LABORATORY CORPORATION OF AMERICA HOLDINGS	04/01/2030	4.350	USD	600,000	584,202	601,392
	LABORATORY CORPORATION OF AMERICA HOLDINGS	06/01/2031	2.700	USD	183,000	151,611	168,064
	LAM RESEARCH CORPORATION	03/15/2029	4.000	USD	4,681,000	4,409,338	4,684,464
	LAM RESEARCH CORPORATION	06/15/2030	1.900	USD	324,000	261,916	295,060
	LAS VEGAS SANDS CORPORATION	08/15/2029	6.000	USD	300,000	299,577	313,335
	LAS VEGAS SANDS CORPORATION	06/14/2030	6.000	USD	1,780,000	1,778,024	1,867,220

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	LAS VEGAS SANDS CORPORATION	08/15/2034	6.200	USD	300,000	296,781	315,792
	LAZARD GROUP LLC	03/11/2029	4.375	USD	483,000	440,250	484,217
	LEAR CORPORATION	01/15/2032	2.600	USD	283,000	214,104	251,850
	LEGGETT & PLATT, INCORPORATED	03/15/2029	4.400	USD	241,000	227,181	238,445
	LEIDOS, INC.	05/15/2030	4.375	USD	483,000	437,341	482,961
	LEIDOS, INC.	03/15/2033	5.750	USD	100,000	100,032	106,108
	LEIDOS, INC.	03/15/2035	5.500	USD	100,000	101,013	104,176
	LENNAR CORPORATION	07/30/2030	5.200	USD	19,200,000	19,195,136	19,752,576
	LENNOX INTERNATIONAL INC.	09/15/2028	5.500	USD	241,000	235,334	248,789
	LINCOLN NATIONAL CORPORATION	03/01/2032	3.400	USD	424,000	348,746	393,298
*	LINDE INC.	08/10/2030	1.100	USD	483,000	370,603	424,282
	LKQ CORPORATION	06/15/2033	6.250	USD	200,000	208,498	214,466
	LLOYDS BANKING GROUP PLC	01/11/2027	3.750	USD	1,000,000	929,932	998,490
	LLOYDS BANKING GROUP PLC	03/18/2028	3.750	USD	1,931,000	1,780,917	1,924,145
	LLOYDS BANKING GROUP PLC	03/22/2028	4.375	USD	29,867,000	28,068,687	30,058,447
	LLOYDS BANKING GROUP PLC	08/16/2028	4.550	USD	1,000,000	978,190	1,012,830
	LLOYDS BANKING GROUP PLC	11/07/2028	3.574	USD	5,750,000	5,516,493	5,705,208
	LLOYDS BANKING GROUP PLC	11/26/2028	5.087	USD	2,520,000	2,520,000	2,568,308
	LLOYDS BANKING GROUP PLC	08/11/2033	4.976	USD	483,000	447,178	491,752
	LLOYDS BANKING GROUP PLC	11/15/2033	7.953	USD	483,000	524,836	562,753
	LLOYDS BANKING GROUP PLC	11/26/2035	5.590	USD	400,000	406,880	418,904
	LLOYDS BANKING GROUP PLC	06/13/2036	6.068	USD	200,000	204,534	210,746
	LOCKHEED MARTIN CORPORATION	01/15/2026	3.550	USD	10,272,000	9,933,213	10,270,870
	LOCKHEED MARTIN CORPORATION	05/15/2028	4.450	USD	500,000	503,205	506,145
	LOCKHEED MARTIN CORPORATION	02/15/2029	4.500	USD	500,000	498,715	508,110
	LOCKHEED MARTIN CORPORATION	08/15/2030	4.400	USD	380,000	383,458	383,975
	LOCKHEED MARTIN CORPORATION	01/15/2033	5.250	USD	483,000	490,986	508,309
	LOCKHEED MARTIN CORPORATION	02/15/2034	4.750	USD	200,000	192,108	203,168
	LOCKHEED MARTIN CORPORATION	08/15/2034	4.800	USD	200,000	195,060	202,432
	LOCKHEED MARTIN CORPORATION	03/01/2035	3.600	USD	9,013,000	7,946,556	8,334,231
	LOCKHEED MARTIN CORPORATION	05/15/2036	4.500	USD	14,013,000	13,487,244	13,754,180
	LOEWS CORPORATION	05/15/2030	3.200	USD	200,000	186,190	191,498
	LOUISIANA LOCAL GOVERNMENT ENVIRONMENTAL FACILITIES	02/01/2033	4.145	USD	200,000	194,818	200,156
	LOWE'S COMPANIES, INC.	04/15/2026	2.500	USD	16,000,000	14,689,078	15,935,200
	LOWE'S COMPANIES, INC.	04/01/2027	3.350	USD	500,000	465,791	496,455
	LOWE'S COMPANIES, INC.	09/15/2028	1.700	USD	365,000	302,845	344,027
	LOWE'S COMPANIES, INC.	10/15/2030	1.700	USD	15,308,000	11,873,666	13,607,740
	LOWE'S COMPANIES, INC.	04/01/2032	3.750	USD	12,540,000	11,055,278	12,033,384
	LOWE'S COMPANIES, INC.	04/15/2033	5.000	USD	15,183,000	14,557,821	15,568,496
	LOWE'S COMPANIES, INC.	10/15/2035	4.850	USD	600,000	596,376	596,748
	LPL HOLDINGS INC.	05/20/2027	5.700	USD	500,000	500,235	509,635
	LPL HOLDINGS INC.	11/17/2028	6.750	USD	3,825,000	3,838,549	4,083,417
	LPL HOLDINGS INC.	03/15/2035	5.650	USD	300,000	298,254	308,043
	LPL HOLDINGS INC.	06/15/2035	5.750	USD	300,000	310,266	309,240
	LXP INDUSTRIAL TRUST	09/15/2030	2.700	USD	200,000	184,134	183,596
	LYB INTERNATIONAL FINANCE II B.V.	03/02/2027	3.500	USD	10,649,000	9,890,265	10,595,436
	LYB INTERNATIONAL FINANCE III, LLC	10/01/2030	2.250	USD	483,000	384,017	430,802
	LYB INTERNATIONAL FINANCE III, LLC	05/15/2035	6.150	USD	300,000	302,781	307,938
	M&T BANK CORPORATION	03/13/2032	6.082	USD	1,300,000	1,339,508	1,383,200
	MAGNA INTERNATIONAL INC.	03/21/2033	5.500	USD	338,000	343,381	354,579
	MAIN STREET CAPITAL CORPORATION	03/01/2029	6.950	USD	200,000	203,392	208,922
	MANULIFE FINANCIAL CORP.	03/04/2026	4.150	USD	5,440,000	5,291,316	5,440,653
	MANULIFE FINANCIAL CORP.	03/16/2032	3.703	USD	483,000	430,638	463,627
*	MARATHON PETROLEUM CORPORATION	12/15/2026	5.125	USD	9,890,000	9,746,963	9,964,076
*	MARATHON PETROLEUM CORPORATION	03/01/2035	5.700	USD	300,000	295,479	309,285
	MAREX GROUP PLC	05/08/2028	5.829	USD	300,000	300,804	304,938
	MARKEL CORPORATION	09/17/2029	3.350	USD	241,000	218,560	233,428
	MARRIOTT INTERNATIONAL, INC.	10/15/2027	5.000	USD	2,468,000	2,431,679	2,510,104
	MARRIOTT INTERNATIONAL, INC.	04/15/2029	4.900	USD	200,000	187,888	204,634
	MARRIOTT INTERNATIONAL, INC.	04/15/2031	2.850	USD	765,000	626,242	710,111
	MARRIOTT INTERNATIONAL, INC.	04/15/2032	5.100	USD	500,000	497,555	515,610
	MARRIOTT INTERNATIONAL, INC.	10/15/2032	3.500	USD	3,965,000	3,360,190	3,708,465
	MARRIOTT INTERNATIONAL, INC.	05/15/2034	5.300	USD	400,000	387,804	413,212
	MARRIOTT INTERNATIONAL, INC.	10/15/2035	5.250	USD	190,000	193,029	192,899
	MARSH & MCLENNAN COMPANIES, INC.	11/08/2027	4.550	USD	1,000,000	999,580	1,011,960
	MARSH & MCLENNAN COMPANIES, INC.	11/15/2030	2.250	USD	300,000	255,987	274,167
	MARSH & MCLENNAN COMPANIES, INC.	11/01/2032	5.750	USD	9,851,000	10,157,422	10,565,887
	MARSH & MCLENNAN COMPANIES, INC.	03/15/2035	5.000	USD	2,665,000	2,659,266	2,706,014
	MARTIN MARIETTA MATERIALS, INC.	07/15/2031	2.400	USD	483,000	382,721	436,202
	MARVELL TECHNOLOGY, INC.	09/15/2033	5.950	USD	500,000	518,310	535,640
	MASCO CORPORATION	11/15/2027	3.500	USD	795,000	735,047	786,963
	MASCO CORPORATION	02/15/2028	1.500	USD	1,923,000	1,609,381	1,820,619
	MASTEC, INC.	06/15/2029	5.900	USD	1,110,000	1,110,289	1,157,197
	MASTERCARD INCORPORATED	03/26/2030	3.350	USD	10,822,000	9,889,175	10,578,289
	MASTERCARD INCORPORATED	11/18/2031	2.000	USD	283,000	226,961	252,419
	MASTERCARD INCORPORATED	01/15/2032	4.350	USD	600,000	581,676	603,936
	MASTERCARD INCORPORATED	03/09/2033	4.850	USD	700,000	698,810	720,762
	MASTERCARD INCORPORATED	05/09/2034	4.875	USD	300,000	292,536	308,055
	MCCORMICK & COMPANY, INCORPORATED	04/15/2033	4.950	USD	300,000	296,562	305,295
	MCCORMICK & COMPANY, INCORPORATED	10/15/2034	4.700	USD	200,000	192,488	197,622
	MCDONALD'S CORPORATION	07/01/2027	3.500	USD	500,000	468,951	497,380
	MCDONALD'S CORPORATION	08/14/2028	4.800	USD	18,000,000	17,993,700	18,387,000
	MCDONALD'S CORPORATION	09/01/2029	2.625	USD	483,000	417,338	460,792
	MCDONALD'S CORPORATION	03/01/2030	2.125	USD	14,500,000	12,669,071	13,402,785
	MCDONALD'S CORPORATION	07/01/2030	3.600 %	USD	$ 200,000	$ 182,862	$ 196,424
	MCDONALD'S CORPORATION	09/09/2032	4.600	USD	383,000	367,277	390,514
	MCDONALD'S CORPORATION	08/14/2033	4.950	USD	145,000	143,840	149,782
	MCDONALD'S CORPORATION	03/03/2035	4.950	USD	300,000	297,669	304,017
	MCKESSON CORPORATION	07/15/2028	4.900	USD	20,500,000	20,461,995	21,001,840
	MCKESSON CORPORATION	05/30/2032	4.950	USD	500,000	498,750	514,555
	MEDTRONIC GLOBAL HOLDINGS S.C.A.	03/30/2033	4.500	USD	683,000	662,116	685,377
	MERCEDES-BENZ FINANCE NORTH AMERICA LLC	01/18/2031	8.500	USD	7,291,000	8,966,999	8,642,095
	MERCK & CO., INC.	12/10/2028	1.900	USD	600,000	511,172	569,136
	MERCK & CO., INC.	06/24/2030	1.450	USD	821,000	652,187	734,696
	MERCK & CO., INC.	12/10/2031	2.150	USD	965,000	780,510	860,384
	MERCK & CO., INC.	05/17/2033	4.500	USD	12,784,000	12,772,750	12,924,240
	MERCK & CO., INC.	09/15/2035	4.950	USD	5,025,000	5,042,944	5,111,882
	MERCK & CO., INC.	12/04/2035	4.750	USD	1,030,000	1,026,756	1,028,671
	MERITAGE HOMES CORPORATION	03/15/2035	5.650	USD	150,000	147,087	153,549
	META PLATFORMS, INC.	08/15/2027	3.500	USD	1,062,000	998,567	1,059,993
	META PLATFORMS, INC.	05/15/2030	4.800	USD	2,130,000	2,200,780	2,194,986
	META PLATFORMS, INC.	11/15/2030	4.200	USD	10,751,000	10,745,929	10,787,876

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	META PLATFORMS, INC.	08/15/2031	4.550	USD	1,200,000	1,214,652	1,222,332
	META PLATFORMS, INC.	08/15/2032	3.850	USD	275,000	247,561	267,105
	META PLATFORMS, INC.	11/15/2032	4.600	USD	10,500,000	10,536,750	10,598,595
	META PLATFORMS, INC.	05/15/2033	4.950	USD	483,000	475,151	498,021
	META PLATFORMS, INC.	11/15/2035	4.875	USD	7,750,000	7,767,160	7,752,635
	METLIFE, INC.	03/23/2030	4.550	USD	724,000	706,216	739,588
	METLIFE, INC.	07/15/2033	5.375	USD	200,000	205,224	211,128
	METLIFE, INC.	06/15/2034	6.375	USD	13,363,000	14,809,182	14,975,112
	METLIFE, INC.	12/15/2034	5.300	USD	300,000	300,228	312,600
	METLIFE, INC.	06/15/2035	5.700	USD	14,093,000	14,688,631	15,077,819
	METLIFE, INC.	03/15/2055	6.350	USD	200,000	205,112	210,896
	MICROCHIP TECHNOLOGY INC.	03/15/2029	5.050	USD	300,000	300,576	306,087
	MICROCHIP TECHNOLOGY INC.	02/15/2030	5.050	USD	300,000	298,296	306,309
	MICRON TECHNOLOGY, INC.	01/15/2031	5.300	USD	500,000	500,700	518,310
	MICRON TECHNOLOGY, INC.	09/15/2033	5.875	USD	200,000	207,536	212,736
	MICRON TECHNOLOGY, INC.	01/15/2035	5.800	USD	16,200,000	16,403,958	17,100,720
	MICRON TECHNOLOGY, INC.	11/01/2035	6.050	USD	700,000	751,268	748,447
	MICROSOFT CORPORATION	08/08/2026	2.400	USD	5,304,000	4,884,431	5,265,016
	MICROSOFT CORPORATION	02/06/2027	3.300	USD	3,523,000	3,416,277	3,509,683
	MICROSOFT CORPORATION	09/15/2030	1.350	USD	500,000	430,040	448,650
	MICROSOFT CORPORATION	02/12/2035	3.500	USD	780,000	733,535	736,538
	MID-AMERICA APARTMENTS, LP	02/15/2031	1.700	USD	300,000	242,277	263,013
	MID-AMERICA APARTMENTS, LP	02/15/2032	5.300	USD	200,000	208,210	209,022
	MID-AMERICA APARTMENTS, LP	01/15/2033	4.650	USD	7,050,000	7,004,457	7,050,494
	MID-AMERICA APARTMENTS, LP	03/01/2035	4.950	USD	100,000	98,978	100,921
	MIDAMERICAN ENERGY COMPANY	10/15/2036	5.800	USD	1,190,000	1,218,822	1,283,701
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/13/2026	2.757	USD	11,000,000	10,004,609	10,911,010
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/20/2028	5.017	USD	865,000	841,956	877,854
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/13/2028	5.354	USD	1,800,000	1,776,216	1,840,788
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/18/2029	3.195	USD	1,448,000	1,264,609	1,401,172
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	01/16/2031	5.197	USD	10,085,000	10,106,900	10,410,846
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	02/22/2031	5.475	USD	1,562,000	1,562,112	1,630,119
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	07/20/2033	5.133	USD	265,000	253,881	272,507
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/13/2033	5.472	USD	965,000	947,612	1,012,198
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	01/16/2036	5.574	USD	500,000	504,230	524,205
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	04/24/2036	5.615	USD	200,000	201,666	210,122
	MITSUBISHI UFJ FINANCIAL GROUP, INC.	09/12/2036	5.188	USD	220,000	224,752	223,920
	MIZUHO FINANCIAL GROUP, INC.	09/13/2028	5.414	USD	483,000	478,589	494,756
	MIZUHO FINANCIAL GROUP, INC.	05/27/2029	5.667	USD	724,000	728,648	750,585
	MIZUHO FINANCIAL GROUP, INC.	07/06/2029	5.778	USD	6,510,000	6,568,604	6,772,613
	MIZUHO FINANCIAL GROUP, INC.	05/27/2031	5.739	USD	600,000	618,210	632,286
	MIZUHO FINANCIAL GROUP, INC.	09/13/2031	2.564	USD	883,000	686,122	791,689
	MIZUHO FINANCIAL GROUP, INC.	09/13/2033	5.669	USD	965,000	962,432	1,024,405
	MIZUHO FINANCIAL GROUP, INC.	05/13/2036	5.422	USD	200,000	198,584	207,682
	MIZUHO FINANCIAL GROUP, INC.	07/08/2036	5.323	USD	800,000	802,848	823,728
	MOHAWK INDUSTRIES INC.	05/15/2030	3.625	USD	241,000	215,440	233,722
	MONDELEZ INTERNATIONAL, INC.	03/17/2027	2.625	USD	11,153,000	10,121,303	10,983,586
	MONDELEZ INTERNATIONAL, INC.	03/17/2032	3.000	USD	483,000	421,688	443,698
	MONDELEZ INTERNATIONAL, INC.	05/06/2035	5.125	USD	300,000	293,595	306,960
	MOODY'S CORPORATION	08/08/2032	4.250	USD	283,000	260,087	279,632
	MOODY'S CORPORATION	08/05/2034	5.000	USD	200,000	203,058	204,280
	MORGAN STANLEY	01/27/2026	3.875	USD	3,597,000	3,444,458	3,596,532
	MORGAN STANLEY	07/27/2026	3.125	USD	24,906,000	23,077,271	24,795,168
	MORGAN STANLEY	01/21/2028	2.475	USD	1,448,000	1,288,296	1,424,484
	MORGAN STANLEY	04/20/2028	4.210	USD	2,414,000	2,287,195	2,419,745
	MORGAN STANLEY	10/18/2028	6.296	USD	2,414,000	2,472,509	2,508,122
	MORGAN STANLEY	04/12/2029	4.994	USD	2,400,000	2,430,792	2,448,288
	MORGAN STANLEY	10/18/2030	4.654	USD	9,440,000	9,555,001	9,560,360
	MORGAN STANLEY	01/22/2031	2.699	USD	8,018,000	7,159,676	7,526,817
	MORGAN STANLEY	10/22/2031	4.356	USD	1,360,000	1,356,627	1,356,845
	MORGAN STANLEY	10/20/2032	2.511	USD	11,895,000	9,442,314	10,680,402
	MORGAN STANLEY	07/20/2033	4.889	USD	3,379,000	3,186,059	3,433,301
	MORGAN STANLEY	10/18/2033	6.342	USD	16,663,000	17,528,947	18,283,643
	MORGAN STANLEY	07/21/2034	5.424	USD	965,000	963,446	1,005,491
	MORGAN STANLEY	07/19/2035	5.320	USD	2,000,000	2,002,520	2,063,120
	MORGAN STANLEY	01/18/2036	5.587	USD	800,000	807,952	837,584
	MORGAN STANLEY	04/17/2036	5.664	USD	1,885,000	1,885,000	1,982,549
	MORGAN STANLEY	10/22/2036	4.892	USD	3,300,000	3,294,920	3,278,121
	MORGAN STANLEY DIRECT LENDING FUND	05/17/2029	6.150	USD	300,000	304,557	308,250
	MOTOROLA SOLUTIONS, INC.	08/15/2030	4.850	USD	1,150,000	1,148,873	1,174,139
	MOTOROLA SOLUTIONS, INC.	05/24/2031	2.750	USD	4,190,000	3,578,190	3,837,663
	MOTOROLA SOLUTIONS, INC.	06/01/2032	5.600	USD	483,000	469,407	508,754
	MOTOROLA SOLUTIONS, INC.	04/15/2034	5.400	USD	300,000	293,778	310,392
	MOTOROLA SOLUTIONS, INC.	08/15/2035	5.550	USD	200,000	208,682	208,286
	MPLX LP	03/01/2027	4.125	USD	14,317,000	13,553,270	14,323,586
	MPLX LP	12/01/2027	4.250	USD	1,150,000	1,107,002	1,153,312
	MPLX LP	03/15/2028	4.000	USD	3,175,000	2,960,756	3,169,190
	MPLX LP	09/01/2032	4.950	USD	1,248,000	1,166,714	1,258,184
	MPLX LP	01/15/2033	5.000 %	USD	$ 2,455,000	$ 2,428,879	$ 2,467,521
	MPLX LP	06/01/2034	5.500	USD	1,925,000	1,902,833	1,967,389
	MPLX LP	09/15/2035	5.400	USD	360,000	362,664	363,276
	MSCI INC.	09/01/2035	5.250	USD	490,000	494,418	494,518
	NASDAQ, INC.	01/15/2031	1.650	USD	483,000	365,343	428,455
	NASDAQ, INC.	02/15/2034	5.550	USD	262,000	257,918	275,566
	NATIONAL AUSTRALIA BANK LTD.	07/12/2026	2.500	USD	10,822,000	9,938,047	10,742,567
	NATIONAL FUEL GAS COMPANY	03/15/2035	5.950	USD	200,000	200,982	209,448
	NATIONAL GRID PLC	06/12/2028	5.602	USD	300,000	308,205	309,837
	NATIONAL GRID PLC	06/12/2033	5.809	USD	338,000	344,185	360,017
	NATIONAL HEALTH INVESTORS, INC.	02/01/2033	5.350	USD	200,000	198,556	199,772
	NATIONAL RURAL UTILITIES COOP. FINANCE CORP.	03/15/2028	4.800	USD	5,765,000	5,763,104	5,872,344
	NATIONAL RURAL UTILITIES COOP. FINANCE CORP.	02/07/2029	4.850	USD	14,000,000	14,143,450	14,332,360
	NATIONAL RURAL UTILITIES COOP. FINANCE CORP.	06/15/2029	5.150	USD	300,000	297,318	310,479
	NATIONAL RURAL UTILITIES COOP. FINANCE CORP.	02/07/2031	5.000	USD	300,000	304,557	310,131
	NATIONAL RURAL UTILITIES COOP. FINANCE CORP.	04/15/2032	2.750	USD	848,000	694,210	765,905
	NATWEST GROUP PLC	04/05/2026	4.800	USD	35,569,000	34,411,058	35,657,567
	NATWEST GROUP PLC	09/30/2028	5.516	USD	1,448,000	1,429,919	1,485,069
	NATWEST GROUP PLC	05/23/2031	5.115	USD	200,000	202,980	205,434
	NATWEST GROUP PLC	03/02/2034	6.016	USD	483,000	491,052	518,877
	NATWEST GROUP PLC	06/01/2034	6.475	USD	600,000	619,134	630,378
	NATWEST GROUP PLC	03/01/2035	5.778	USD	450,000	460,715	476,726
	NETAPP, INC.	06/22/2027	2.375	USD	483,000	432,330	472,190
	NETAPP, INC.	03/17/2032	5.500	USD	1,490,000	1,490,000	1,551,954

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY		PRINCIPAL		COST		CURRENT VALUE
	NETAPP, INC.	03/17/2035	5.700		USD		150,000		153,374		157,322
	NETFLIX, INC.	08/15/2034	4.900		USD		800,000		797,082		819,792
	NEVADA POWER COMPANY	05/01/2030	2.400		USD		2,245,000		1,883,376		2,076,535
	NEWMONT CORP. / NEWCREST FINANCE PTY., LTD.	03/15/2034	5.350		USD		300,000		301,872		314,046
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	01/15/2027	1.875		USD		32,500,000		28,464,874		31,815,225
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	07/15/2027	4.625		USD		2,771,000		2,682,662		2,801,121
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	06/15/2028	1.900		USD		965,000		812,400		919,732
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	02/28/2030	5.000		USD		1,207,000		1,174,785		1,245,033
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	07/15/2032	5.000		USD		1,448,000		1,386,506		1,485,170
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	03/15/2034	5.250		USD		700,000		692,279		718,991
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	03/15/2035	5.450		USD		4,895,000		4,928,993		5,074,744
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	08/15/2055	6.500		USD		400,000		419,000		421,420
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	08/15/2055	6.375		USD		600,000		603,858		619,344
	NEXTERA ENERGY CAPITAL HOLDINGS, INC.	03/15/2082	3.800		USD		483,000		415,380		472,268
	NIKE, INC.	03/27/2030	2.850		USD		565,000		499,060		539,321
	NISOURCE INC.	03/30/2028	5.250		USD		14,170,000		14,192,899		14,532,327
	NISOURCE INC.	07/01/2029	5.200		USD		1,520,000		1,516,930		1,568,351
	NISOURCE INC.	09/01/2029	2.950		USD		5,000,000		4,551,365		4,801,050
	NISOURCE INC.	05/01/2030	3.600		USD		14,961,000		13,298,437		14,548,376
	NISOURCE INC.	02/15/2031	1.700		USD		665,000		503,368		584,296
	NISOURCE INC.	06/30/2033	5.400		USD		338,000		315,232		351,121
	NISOURCE INC.	04/01/2034	5.350		USD		200,000		197,476		206,586
	NISOURCE INC.	07/15/2035	5.350		USD		600,000		609,720		614,490
	NNN REIT, INC.	04/15/2030	2.500		USD		338,000		282,064		313,921
	NNN REIT, INC.	10/15/2033	5.600		USD		300,000		298,719		313,857
	NOMURA HOLDINGS, INC.	01/22/2027	2.329		USD		3,252,000		2,865,090		3,194,862
	NOMURA HOLDINGS, INC.	07/12/2028	6.070		USD		3,470,000		3,470,000		3,619,973
	NOMURA HOLDINGS, INC.	07/06/2029	5.605		USD		965,000		942,380		1,003,822
	NOMURA HOLDINGS, INC.	07/14/2031	2.608		USD		1,500,000		1,256,880		1,356,930
	NOMURA HOLDINGS, INC.	06/29/2035	5.491		USD		300,000		312,351		309,645
	NORDIC INVESTMENT BANK	09/08/2027	3.375		USD		483,000		461,883		481,300
	NORDIC INVESTMENT BANK	02/28/2029	4.250		USD		2,700,000		2,679,600		2,749,248
	NORDSON CORPORATION	09/15/2028	5.600		USD		915,000		914,799		947,418
	NORDSON CORPORATION	12/15/2029	4.500		USD		300,000		295,218		302,235
	NORDSON CORPORATION	09/15/2033	5.800		USD		100,000		95,385		105,946
	NORFOLK SOUTHERN CORPORATION	03/15/2032	3.000		USD		965,000		809,834		890,849
	NORFOLK SOUTHERN CORPORATION	03/15/2034	5.550		USD		543,000		542,919		573,598
	NORTHERN STATES POWER COMPANY (MINNESOTA)	04/01/2031	2.250		USD		200,000		165,614		181,698
	NORTHROP GRUMMAN CORPORATION	01/15/2028	3.250		USD		15,000,000		14,034,450		14,810,550
	NORTHROP GRUMMAN CORPORATION	05/01/2030	4.400		USD		965,000		916,543		973,975
	NORTHROP GRUMMAN CORPORATION	06/01/2034	4.900		USD		100,000		97,771		101,566
	NORTHROP GRUMMAN CORPORATION	07/15/2035	5.250		USD		300,000		304,521		311,376
	NOVARTIS CAPITAL CORPORATION	08/14/2030	2.200		USD		12,242,000		10,333,549		11,331,195
	NOVARTIS CAPITAL CORPORATION	09/18/2031	4.000		USD		700,000		674,632		697,228
	NOVARTIS CAPITAL CORPORATION	11/05/2032	4.300		USD		4,000,000		3,976,360		3,986,400
	NOVARTIS CAPITAL CORPORATION	11/05/2035	4.600		USD		1,970,000		1,974,452		1,956,289
	NSTAR ELECTRIC COMPANY	06/01/2034	5.400		USD		1,220,000		1,219,096		1,266,702
	NSTAR ELECTRIC COMPANY	03/01/2035	5.200		USD		600,000		593,552		613,608
	NUCOR CORPORATION	05/23/2027	4.300		USD		965,000		928,775		971,147
	NUCOR CORPORATION	06/01/2035	5.100		USD		200,000		200,558		204,752
	NUTRIEN LTD.	03/27/2028	4.900		USD		3,045,000		3,045,096		3,100,632
	NUTRIEN LTD.	03/12/2032	5.250		USD		2,065,000		2,059,755		2,130,275
	NUTRIEN LTD.	06/21/2034	5.400		USD		300,000		297,597		310,029
	NVENT FINANCE S.A.R.L.	05/15/2033	5.650		USD		183,000		176,981		191,171
	NVIDIA CORPORATION	06/15/2031	2.000		USD		783,000		640,827		705,522
	NVR, INC.	05/15/2030	3.000		USD		241,000		206,236		228,292
	NXP B.V.	05/01/2030	3.400		USD		965,000		830,349		931,418
	NXP B.V.	01/15/2033	5.000		USD		210,000		203,219		213,688
	NXP B.V.	08/19/2035	5.250		USD		300,000		305,982		304,983
	OAKTREE SPECIALTY LENDING CORPORATION	02/15/2029	7.100		USD		241,000		230,432		248,526
	OAKTREE STRATEGIC CREDIT FUND	11/14/2028	8.400		USD		200,000		215,496		215,434
	OCCIDENTAL PETROLEUM CORPORATION	08/01/2029	5.200		USD		500,000		507,375		512,390
	OCCIDENTAL PETROLEUM CORPORATION	08/15/2029	3.500		USD		2,000,000		1,922,320		1,930,020
	OCCIDENTAL PETROLEUM CORPORATION	09/01/2030	6.625		USD		1,448,000		1,513,160		1,558,801
	OCCIDENTAL PETROLEUM CORPORATION	10/01/2034	5.550		USD		250,000		246,068		255,073
	OGE ENERGY CORPORATION	05/15/2029	5.450		USD		1,075,000		1,073,592		1,114,227
	OHIO POWER COMPANY	04/01/2030	2.600		USD		483,000		422,451		451,117
	OHIO POWER COMPANY	06/01/2033	5.000		USD		3,225,000		3,210,718		3,270,956
	OKLAHOMA GAS AND ELECTRIC CO.	04/01/2030	3.250		USD		483,000		432,198		463,743
	OLD REPUBLIC INTERNATIONAL CORPORATION	03/28/2034	5.750		USD		250,000		246,110		260,138
	OMEGA HEALTHCARE INVESTORS, INC.	02/01/2031	3.375		USD		665,000		520,254		621,489
	OMNICOM GROUP INC.	08/01/2031	2.600		USD		8,049,000		6,575,772		7,310,826
	ONCOR ELECTRIC DELIVERY COMPANY LLC	05/15/2030	2.750	%	USD	$	600,000	$	544,776	$	565,764
	ONCOR ELECTRIC DELIVERY COMPANY LLC	09/15/2032	4.550		USD		145,000		138,188		145,126
	ONCOR ELECTRIC DELIVERY COMPANY LLC	11/15/2033	5.650		USD		400,000		415,502		425,480
	ONE GAS, INC.	09/01/2032	4.250		USD		345,000		326,575		340,218
	ONEOK, INC.	07/15/2028	4.550		USD		3,166,000		2,993,092		3,194,589
	ONEOK, INC.	11/01/2028	5.650		USD		869,000		857,190		902,821
	ONEOK, INC.	03/15/2029	4.350		USD		2,775,000		2,569,483		2,785,268
	ONEOK, INC.	06/01/2030	3.250		USD		338,000		295,233		322,013
	ONEOK, INC.	11/15/2032	6.100		USD		565,000		564,318		605,511
	ONEOK, INC.	09/01/2033	6.050		USD		2,140,000		2,176,256		2,279,549
	ONEOK, INC.	09/01/2034	5.650		USD		200,000		207,410		207,096
	ONEOK, INC.	11/01/2034	5.050		USD		300,000		291,708		297,978
	ONEOK, INC.	10/15/2035	5.400		USD		2,855,000		2,848,549		2,890,802
	ORACLE CORPORATION	04/01/2027	2.800		USD		148,000		133,533		145,080
	ORACLE CORPORATION	05/06/2028	4.500		USD		965,000		927,288		965,154
	ORACLE CORPORATION	08/03/2028	4.800		USD		8,000,000		8,048,000		8,042,960
	ORACLE CORPORATION	11/09/2029	6.150		USD		483,000		496,779		504,629
	ORACLE CORPORATION	04/01/2030	2.950		USD		11,642,000		9,896,388		10,759,769
	ORACLE CORPORATION	05/06/2030	4.650		USD		2,300,000		2,268,497		2,281,945
	ORACLE CORPORATION	03/25/2031	2.875		USD		483,000		397,373		433,700
	ORACLE CORPORATION	02/03/2032	5.250		USD		2,985,000		2,981,592		2,988,164
	ORACLE CORPORATION	11/09/2032	6.250		USD		19,334,000		20,059,970		20,207,897
	ORACLE CORPORATION	09/27/2034	4.700		USD		150,000		144,797		139,481
	ORACLE CORPORATION	08/03/2035	5.500		USD		300,000		309,153		294,600
	ORACLE CORPORATION	09/26/2035	5.200		USD		1,640,000		1,602,490		1,574,958
	ORACLE CORPORATION	07/15/2036	3.850		USD		2,775,000		2,263,155		2,322,564
	O'REILLY AUTOMOTIVE INC.	03/15/2031	1.750		USD		300,000		248,745		263,115
	O'REILLY AUTOMOTIVE INC.	06/15/2032	4.700		USD		400,000		378,912		404,104
	ORIX CORPORATION	02/25/2035	5.400		USD		500,000		519,115		516,810
	OSHKOSH CORPORATION	03/01/2030	3.100		USD		145,000		125,711		137,779

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	OTIS WORLDWIDE CORPORATION	04/05/2027	2.293	USD	500,000	447,327	489,840
	OTIS WORLDWIDE CORPORATION	08/16/2028	5.250	USD	2,235,000	2,226,954	2,303,972
	OTIS WORLDWIDE CORPORATION	11/19/2031	5.125	USD	300,000	303,738	311,445
	OVINTIV INC.	01/01/2026	5.375	USD	1,000,000	991,380	1,000,000
	OVINTIV INC.	07/15/2033	6.250	USD	300,000	311,763	318,705
*	OWENS CORNING	08/15/2029	3.950	USD	1,948,000	1,788,361	1,933,546
*	OWENS CORNING	06/01/2030	3.875	USD	483,000	435,284	474,654
	PACCAR FINANCIAL CORPORATION	03/03/2028	4.550	USD	7,000,000	6,995,730	7,116,760
	PACCAR FINANCIAL CORPORATION	05/08/2030	4.550	USD	3,000,000	2,995,350	3,057,900
	PACCAR FINANCIAL CORPORATION	03/22/2034	5.000	USD	400,000	402,408	414,424
	PACIFIC GAS & ELECTRIC COMPANY	06/04/2028	5.000	USD	200,000	200,498	203,550
	PACIFIC GAS & ELECTRIC COMPANY	01/15/2029	6.100	USD	724,000	707,971	757,738
	PACIFIC GAS & ELECTRIC COMPANY	03/01/2029	4.200	USD	965,000	862,653	959,808
	PACIFIC GAS & ELECTRIC COMPANY	05/15/2029	5.550	USD	300,000	303,357	309,696
	PACIFIC GAS & ELECTRIC COMPANY	07/01/2030	4.550	USD	400,000	375,112	398,600
	PACIFIC GAS & ELECTRIC COMPANY	01/15/2033	6.150	USD	965,000	946,838	1,025,409
	PACIFIC GAS & ELECTRIC COMPANY	03/01/2035	5.700	USD	200,000	205,976	205,978
	PACIFIC GAS & ELECTRIC COMPANY	08/15/2035	6.000	USD	300,000	310,920	315,441
	PACIFIC GAS & ELECTRIC COMPANY	02/15/2044	4.750	USD	5,550,000	4,330,244	4,702,848
	PACIFICORP	09/15/2030	2.700	USD	1,190,000	965,233	1,093,955
	PACIFICORP	02/15/2031	5.300	USD	300,000	303,321	308,946
	PACIFICORP	02/15/2034	5.450	USD	300,000	301,744	305,004
	PACIFICORP	01/15/2039	6.000	USD	1,450,000	1,485,496	1,477,449
	PACKAGING CORPORATION OF AMERICA	12/01/2033	5.700	USD	250,000	265,283	264,275
	PARAMOUNT GLOBAL	07/30/2030	7.875	USD	965,000	1,033,883	1,044,699
	PARAMOUNT GLOBAL	05/19/2032	4.200	USD	200,000	180,458	181,036
	PARKER-HANNIFIN CORPORATION	09/15/2027	4.250	USD	1,200,000	1,143,199	1,207,284
	PARTNERRE FINANCE B LLC	07/02/2029	3.700	USD	200,000	190,574	195,284
	PAYCHEX, INC.	04/15/2035	5.600	USD	3,045,000	3,040,666	3,193,170
	PAYPAL HOLDINGS, INC.	10/01/2026	2.650	USD	19,804,000	18,123,003	19,637,646
	PAYPAL HOLDINGS, INC.	06/01/2027	3.900	USD	9,978,000	9,554,162	9,998,355
	PAYPAL HOLDINGS, INC.	06/01/2032	4.400	USD	10,735,000	10,059,722	10,736,718
	PAYPAL HOLDINGS, INC.	06/01/2034	5.150	USD	300,000	298,395	308,187
	PAYPAL HOLDINGS, INC.	04/01/2035	5.100	USD	150,000	150,198	152,997
	PECO ENERGY COMPANY	06/15/2033	4.900	USD	241,000	237,199	246,683
	PECO ENERGY COMPANY	09/15/2035	4.875	USD	4,910,000	4,902,428	4,964,206
	PENTAIR FINANCE S.A.R.L.	07/15/2032	5.900	USD	193,000	194,069	205,059
	PEPSICO, INC.	11/10/2026	5.125	USD	14,944,000	14,955,005	15,101,061
	PEPSICO, INC.	02/18/2028	3.600	USD	965,000	915,734	963,138
	PEPSICO, INC.	07/17/2029	4.500	USD	300,000	306,807	306,138
	PEPSICO, INC.	10/21/2031	1.950	USD	12,665,000	10,185,267	11,279,576
	PEPSICO, INC.	07/18/2032	3.900	USD	1,448,000	1,351,396	1,425,324
	PEPSICO, INC.	07/23/2032	4.650	USD	5,000,000	4,998,500	5,104,950
	PEPSICO, INC.	02/07/2035	5.000	USD	300,000	301,953	309,309
	PEPSICO, INC.	07/23/2035	5.000	USD	1,980,000	2,000,450	2,026,688
	PFIZER INC.	06/03/2026	2.750	USD	10,642,000	9,980,332	10,594,111
	PFIZER INC.	03/15/2029	3.450	USD	100,000	92,667	98,885
	PFIZER INC.	05/28/2030	1.700	USD	300,000	243,500	271,908
	PFIZER INC.	08/18/2031	1.750	USD	500,000	394,983	442,205
	PFIZER INVESTMENT ENTERPRISES PTE. LTD.	05/19/2030	4.650	USD	3,379,000	3,355,144	3,448,675
	PFIZER INVESTMENT ENTERPRISES PTE. LTD.	05/19/2033	4.750	USD	2,952,000	2,947,572	2,988,930
	PHILIP MORRIS INTERNATIONAL INC.	11/17/2027	5.125	USD	1,448,000	1,436,061	1,479,668
	PHILIP MORRIS INTERNATIONAL INC.	02/15/2028	4.875	USD	1,035,000	1,003,464	1,055,120
	PHILIP MORRIS INTERNATIONAL INC.	09/07/2028	5.250	USD	1,675,000	1,656,307	1,729,856
	PHILIP MORRIS INTERNATIONAL INC.	11/01/2029	4.625	USD	3,500,000	3,475,200	3,562,300
	PHILIP MORRIS INTERNATIONAL INC.	11/17/2029	5.625	USD	965,000	973,372	1,015,190
	PHILIP MORRIS INTERNATIONAL INC.	02/15/2030	5.125	USD	1,689,000	1,655,037	1,747,389
	PHILIP MORRIS INTERNATIONAL INC.	04/30/2030	4.375	USD	1,007,000	989,589	1,014,351
	PHILIP MORRIS INTERNATIONAL INC.	02/13/2031	5.125	USD	1,325,000	1,305,880	1,374,224
	PHILIP MORRIS INTERNATIONAL INC.	10/29/2032	4.250	USD	3,070,000	3,031,410	3,025,393
	PHILIP MORRIS INTERNATIONAL INC.	02/13/2034	5.250	USD	800,000	782,752	828,536
	PHILIP MORRIS INTERNATIONAL INC.	04/30/2035	4.875	USD	300,000	289,017	301,569
	PHILLIPS 66	12/15/2030	2.150	USD	1,690,000	1,515,423	1,517,029
	PHILLIPS 66	11/15/2034	4.650	USD	15,823,000	14,688,261	15,531,066
	PHILLIPS 66 COMPANY	12/01/2027	4.950	USD	7,015,000	7,005,078	7,128,573
	PHILLIPS 66 COMPANY	12/15/2029	3.150	USD	1,207,000	1,061,569	1,159,541
	PHILLIPS 66 COMPANY	06/15/2031	5.250 %	USD	$ 4,750,000	$ 4,818,793	$ 4,942,280
	PHILLIPS 66 COMPANY	06/30/2033	5.300	USD	200,000	201,326	206,628
	PHILLIPS 66 COMPANY	03/15/2035	4.950	USD	200,000	189,996	199,166
	PHILLIPS EDISON GROCERY CENTER OPERATING PARTNERSHIP I, LP	08/15/2032	5.250	USD	2,730,000	2,725,414	2,793,582
	PHILLIPS EDISON GROCERY CENTER OPERATING PARTNERSHIP I, LP	07/15/2034	5.750	USD	250,000	254,250	261,885
	PIEDMONT NATURAL GAS COMPANY, INC.	06/01/2029	3.500	USD	2,835,000	2,636,663	2,774,104
	PIEDMONT NATURAL GAS COMPANY, INC.	06/15/2033	5.400	USD	441,000	439,817	458,794
	PIEDMONT OPERATING PARTNERSHIP, LP	07/15/2029	6.875	USD	400,000	425,872	424,792
	PILGRIM'S PRIDE CORPORATION	04/15/2031	4.250	USD	1,684,000	1,439,192	1,644,039
	PILGRIM'S PRIDE CORPORATION	03/01/2032	3.500	USD	1,555,000	1,232,338	1,439,106
	PILGRIM'S PRIDE CORPORATION	07/01/2033	6.250	USD	2,540,000	2,531,912	2,714,854
	PINNACLE FINANCIAL PARTNERS IN	11/01/2030	6.168	USD	300,000	305,664	311,652
	PIONEER NATURAL RESOURCES COMPANY	08/15/2030	1.900	USD	2,300,000	2,059,742	2,084,973
	PIONEER NATURAL RESOURCES COMPANY	01/15/2031	2.150	USD	4,168,000	3,484,766	3,784,002
	PLAINS ALL AMERICAN PIPELINE LP	09/15/2030	3.800	USD	400,000	345,987	388,356
	PLAINS ALL AMERICAN PIPELINE LP	09/15/2034	5.700	USD	200,000	208,768	206,606
	PLAINS ALL AMERICAN PIPELINE LP	06/15/2035	5.950	USD	200,000	204,848	208,778
	POLARIS INC.	03/01/2031	5.600	USD	665,000	664,608	672,441
	POTOMAC ELECTRIC POWER CO.	03/15/2034	5.200	USD	300,000	303,408	308,589
	PPG INDUSTRIES, INC.	03/15/2028	3.750	USD	300,000	293,595	299,394
	PPL CAPITAL FUNDING, INC.	04/15/2030	4.125	USD	724,000	672,314	719,692
	PPL CAPITAL FUNDING, INC.	09/01/2034	5.250	USD	300,000	300,102	307,884
	PRIMERICA, INC.	11/19/2031	2.800	USD	150,000	125,439	136,320
	PRINCIPAL FINANCIAL GROUP INC.	06/15/2030	2.125	USD	483,000	391,213	440,375
	PROLOGIS, LP	04/15/2027	2.125	USD	13,450,000	12,025,490	13,164,995
	PROLOGIS, LP	06/15/2028	4.875	USD	15,000,000	14,908,350	15,361,800
	PROLOGIS, LP	09/15/2028	4.000	USD	1,931,000	1,838,096	1,935,345
	PROLOGIS, LP	11/15/2029	2.875	USD	300,000	270,675	287,049
	PROLOGIS, LP	01/15/2032	2.250	USD	3,005,000	2,513,442	2,662,761
	PROLOGIS, LP	01/15/2033	4.625	USD	11,717,000	11,235,426	11,844,364
	PROLOGIS, LP	06/15/2033	4.750	USD	338,000	325,203	341,434
	PROLOGIS, LP	03/15/2034	5.000	USD	15,200,000	15,126,482	15,505,368
	PROLOGIS, LP	05/15/2035	5.250	USD	200,000	201,996	206,936
	PRUDENTIAL FINANCIAL INC.	09/01/2052	6.000	USD	1,448,000	1,397,074	1,491,918
	PRUDENTIAL FUNDING (ASIA) PLC	03/24/2032	3.625	USD	483,000	425,986	458,169
	PUBLIC SERVICE COMPANY OF COLORADO	06/01/2032	4.100	USD	1,110,000	1,037,193	1,088,788

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	PUBLIC SERVICE COMPANY OF COLORADO	05/15/2034	5.350	USD	1,940,000	1,935,169	1,997,017
	PUBLIC SERVICE COMPANY OF COLORADO	09/15/2035	5.150	USD	4,740,000	4,732,399	4,813,233
	PUBLIC SERVICE COMPANY OF OKLAHOMA	01/15/2035	5.200	USD	200,000	194,394	202,610
	PUBLIC SERVICE COMPANY OF OKLAHOMA	01/15/2036	5.450	USD	2,500,000	2,497,900	2,569,050
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	03/15/2032	3.100	USD	965,000	833,303	895,424
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	03/15/2033	4.650	USD	2,775,000	2,803,277	2,794,314
	PUBLIC SERVICE ELECTRIC AND GAS COMPANY	03/01/2035	5.050	USD	300,000	301,140	307,134
	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	11/15/2027	5.850	USD	10,035,000	10,231,847	10,346,486
	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	03/15/2030	4.900	USD	1,475,000	1,472,979	1,509,486
	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	08/15/2030	1.600	USD	400,000	318,764	354,868
	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	11/15/2031	2.450	USD	13,519,000	10,755,866	12,103,155
	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	10/15/2033	6.125	USD	200,000	212,732	215,582
	PUBLIC STORAGE	11/09/2028	1.950	USD	1,448,000	1,221,999	1,371,777
	PUBLIC STORAGE	05/01/2029	3.385	USD	7,240,000	6,855,149	7,097,010
	PUBLIC STORAGE	08/01/2033	5.100	USD	19,300,000	19,267,061	20,017,574
	PUBLIC STORAGE	07/01/2035	5.000	USD	300,000	297,075	305,439
	PUGET ENERGY, INC.	06/15/2028	2.379	USD	483,000	422,412	462,424
	PUGET ENERGY, INC.	03/15/2032	4.224	USD	300,000	278,283	287,994
	PULTEGROUP, INC.	01/15/2027	5.000	USD	64,000	63,882	64,475
	QORVO, INC.	10/15/2029	4.375	USD	200,000	187,426	197,082
	QUALCOMM INCORPORATED	05/20/2028	1.300	USD	483,000	404,558	455,889
	QUALCOMM INCORPORATED	05/20/2030	2.150	USD	11,732,000	9,817,606	10,813,971
	QUALCOMM INCORPORATED	05/20/2032	4.250	USD	765,000	726,666	765,298
	QUALCOMM INCORPORATED	05/20/2035	5.000	USD	400,000	395,852	407,160
	QUALCOMM INCORPORATED	05/20/2035	4.650	USD	21,763,000	21,301,807	21,891,837
	QUANTA SERVICES, INC.	01/15/2031	4.500	USD	4,420,000	4,421,624	4,427,823
	QUEST DIAGNOSTICS INCORPORATED	12/15/2027	4.600	USD	500,000	503,780	506,100
	QUEST DIAGNOSTICS INCORPORATED	06/30/2029	4.200	USD	241,000	236,110	241,848
	QUEST DIAGNOSTICS INCORPORATED	06/30/2031	2.800	USD	483,000	402,461	444,582
	QUEST DIAGNOSTICS INCORPORATED	11/30/2033	6.400	USD	3,800,000	3,797,986	4,213,288
	RADIAN GROUP INC.	05/15/2029	6.200	USD	250,000	254,310	262,223
	RALPH LAUREN CORPORATION	06/15/2030	2.950	USD	150,000	131,967	142,730
	RALPH LAUREN CORPORATION	06/15/2032	5.000	USD	100,000	101,448	102,888
	RAYMOND JAMES FINANCIAL, INC.	04/01/2030	4.650	USD	241,000	230,176	245,490
	RAYMOND JAMES FINANCIAL, INC.	09/11/2035	4.900	USD	200,000	198,488	199,224
	REALTY INCOME CORPORATION	03/15/2028	2.100	USD	6,624,000	5,588,603	6,361,822
	REALTY INCOME CORPORATION	12/15/2028	4.700	USD	953,000	934,207	971,936
	REALTY INCOME CORPORATION	12/15/2029	3.100	USD	965,000	842,530	929,594
	REALTY INCOME CORPORATION	03/15/2030	4.850	USD	483,000	462,559	496,374
	REALTY INCOME CORPORATION	02/15/2032	2.700	USD	683,000	531,315	617,644
	REALTY INCOME CORPORATION	10/13/2032	5.625	USD	15,483,000	15,682,854	16,434,121
	REALTY INCOME CORPORATION	12/15/2032	2.850	USD	970,000	790,516	871,332
	REALTY INCOME CORPORATION	04/15/2035	5.125	USD	1,595,000	1,570,314	1,625,608
	REGAL REXNORD CORPORATION	02/15/2030	6.300	USD	800,000	816,264	848,520
	REGENCY CENTERS, LP	06/15/2030	3.700	USD	338,000	299,529	331,825
	REGENCY CENTERS, LP	01/15/2035	5.100	USD	4,217,000	4,204,722	4,278,568
	REGENERON PHARMACEUTICALS, INC.	09/15/2030	1.750	USD	483,000	373,570	431,256
	REGIONS FINANCIAL CORPORATION	06/06/2030	5.722	USD	300,000	304,041	312,951
	REGIONS FINANCIAL CORPORATION	09/06/2035	5.502	USD	200,000	199,128	206,370
	REINSURANCE GROUP OF AMERICA, INC.	06/15/2030	3.150	USD	483,000	410,597	457,237
	REINSURANCE GROUP OF AMERICA, INC.	09/15/2034	5.750	USD	200,000	204,022	209,024
	REINSURANCE GROUP OF AMERICA, INC.	09/15/2055	6.650	USD	190,000	199,428	196,369
	RELX CAPITAL INC.	05/22/2030	3.000	USD	7,500,000	6,430,176	7,142,175
	RELX CAPITAL INC.	05/20/2032	4.750	USD	283,000	268,778	287,573
	RELX CAPITAL INC.	03/27/2035	5.250	USD	300,000	300,021	310,239
	RENAISSANCERE HOLDINGS LTD.	04/15/2029	3.600	USD	241,000	219,524	235,792
	RENAISSANCERE HOLDINGS LTD.	06/05/2033	5.750	USD	100,000	100,779	104,704
	RENAISSANCERE HOLDINGS LTD.	04/01/2035	5.800	USD	100,000	102,699	104,508
	REPUBLIC SERVICES, INC.	04/01/2029	4.875	USD	483,000	463,149	495,230
	REPUBLIC SERVICES, INC.	03/01/2030	2.300	USD	300,000	255,006	279,069
	REPUBLIC SERVICES, INC.	02/15/2032	1.750 %	USD	$ 665,000	$ 505,567	$ 574,427
	REPUBLIC SERVICES, INC.	12/15/2033	5.000	USD	100,000	98,495	103,587
	REPUBLIC SERVICES, INC.	03/15/2035	5.150	USD	300,000	300,879	310,272
	REVVITY INC.	09/15/2028	1.900	USD	483,000	399,305	454,382
	REXFORD INDUSTRIAL REALTY LP	09/01/2031	2.150	USD	5,040,000	4,147,169	4,419,425
	RIO TINTO FINANCE (USA) PLC	03/09/2033	5.000	USD	588,000	604,810	604,758
	RIO TINTO FINANCE (USA) PLC	03/14/2035	5.250	USD	800,000	794,136	825,848
	ROCKWELL AUTOMATION, INC.	08/15/2031	1.750	USD	241,000	191,159	211,294
	ROGERS COMMUNICATIONS INC.	03/15/2032	3.800	USD	965,000	824,911	910,661
	ROGERS COMMUNICATIONS INC.	02/15/2034	5.300	USD	400,000	391,952	403,816
	ROLLINS, INC.	02/24/2035	5.250	USD	120,000	120,018	122,737
	ROPER TECHNOLOGIES, INC.	09/15/2027	1.400	USD	483,000	408,035	462,516
	ROPER TECHNOLOGIES, INC.	02/15/2031	1.750	USD	500,000	404,635	439,065
	ROPER TECHNOLOGIES, INC.	02/15/2032	4.750	USD	200,000	200,480	202,472
	ROPER TECHNOLOGIES, INC.	10/15/2034	4.900	USD	300,000	289,695	299,886
	ROSS STORES, INC.	04/15/2031	1.875	USD	241,000	187,500	212,451
	ROYAL BANK OF CANADA	05/04/2027	3.625	USD	965,000	906,922	963,591
	ROYAL BANK OF CANADA	11/01/2027	6.000	USD	18,965,000	19,413,226	19,691,928
	ROYAL BANK OF CANADA	01/12/2028	4.900	USD	724,000	711,169	738,639
	ROYAL BANK OF CANADA	08/01/2028	5.200	USD	40,965,000	40,942,759	42,246,795
	ROYAL BANK OF CANADA	02/01/2029	4.950	USD	4,700,000	4,728,036	4,827,558
	ROYAL BANK OF CANADA	08/02/2030	4.969	USD	300,000	301,239	307,491
	ROYAL BANK OF CANADA	02/04/2031	5.153	USD	500,000	505,885	515,275
	ROYAL BANK OF CANADA	05/04/2032	3.875	USD	11,583,000	10,724,006	11,268,290
	ROYAL BANK OF CANADA	02/01/2033	5.000	USD	483,000	482,618	498,205
	ROYAL BANK OF CANADA	02/01/2034	5.150	USD	16,300,000	16,269,619	17,020,460
	ROYAL BANK OF CANADA	08/24/2085	6.750	USD	2,870,000	2,870,000	2,978,400
	ROYAL CARIBBEAN CRUISES LTD.	10/15/2027	7.500	USD	2,150,000	2,269,540	2,271,604
	ROYALTY PHARMA PLC	09/02/2029	5.150	USD	650,000	651,554	668,512
	ROYALTY PHARMA PLC	09/02/2030	2.200	USD	300,000	249,888	272,217
	RPM INTERNATIONAL INC.	01/15/2032	2.950	USD	200,000	174,810	181,546
	RTX CORPORATION	11/16/2028	4.125	USD	40,220,000	38,461,351	40,368,412
	RTX CORPORATION	03/15/2031	6.000	USD	500,000	515,015	538,995
	RTX CORPORATION	03/15/2032	2.375	USD	13,382,000	10,746,775	11,940,223
	RTX CORPORATION	02/27/2033	5.150	USD	628,000	647,631	649,559
	RYDER SYSTEM, INC.	09/01/2026	1.750	USD	5,600,000	4,999,960	5,516,168
	RYDER SYSTEM, INC.	06/15/2027	4.300	USD	965,000	922,809	968,773
	RYDER SYSTEM, INC.	06/01/2028	5.250	USD	4,928,000	4,921,643	5,060,169
	RYDER SYSTEM, INC.	06/15/2030	4.850	USD	200,000	201,750	204,248
	RYDER SYSTEM, INC.	12/01/2030	4.300	USD	499,000	497,832	497,288
	RYDER SYSTEM, INC.	12/01/2033	6.600	USD	200,000	211,328	223,358
	S&P GLOBAL INC.	03/01/2032	2.900	USD	1,300,000	1,117,935	1,200,303

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	SABINE PASS LIQUEFACTION LLC	05/15/2030	4.500	USD	848,000	789,872	852,248
	SABRA HEALTH CARE LP	12/01/2031	3.200	USD	200,000	163,578	183,210
	SAFEHOLD GL HOLDINGS LLC	04/01/2034	6.100	USD	300,000	295,308	318,408
	SALESFORCE.COM, INC.	07/15/2028	1.500	USD	965,000	815,017	914,608
	SALESFORCE.COM, INC.	07/15/2031	1.950	USD	8,163,000	6,501,928	7,267,356
	SAN DIEGO GAS & ELECTRIC COMPANY	08/15/2028	4.950	USD	5,995,000	5,969,222	6,146,134
	SAN DIEGO GAS & ELECTRIC COMPANY	03/15/2032	3.000	USD	300,000	256,929	276,126
	SAN DIEGO GAS & ELECTRIC COMPANY	04/15/2035	5.400	USD	200,000	202,026	207,360
	SANDS CHINA LTD.	03/08/2029	2.850	USD	200,000	165,562	189,496
	SANDS CHINA LTD.	08/08/2031	3.250	USD	579,000	461,405	534,249
	SANOFI S.A.	06/19/2028	3.625	USD	483,000	456,231	482,189
	SANTANDER HOLDINGS USA, INC.	07/13/2027	4.400	USD	500,000	477,490	501,455
	SANTANDER HOLDINGS USA, INC.	01/09/2030	6.174	USD	400,000	410,000	417,140
	SANTANDER HOLDINGS USA, INC.	05/31/2035	6.342	USD	600,000	614,226	644,580
	SANTANDER UK GROUP HOLDINGS PLC	01/11/2028	2.469	USD	483,000	421,246	474,678
	SANTANDER UK GROUP HOLDINGS PLC	09/11/2030	4.858	USD	500,000	493,485	506,230
	SANTANDER UK GROUP HOLDINGS PLC	04/15/2031	5.694	USD	500,000	505,440	521,665
	SCHLUMBERGER INVESTMENT S.A.	06/26/2030	2.650	USD	483,000	412,557	453,585
	SCHLUMBERGER INVESTMENT S.A.	06/01/2034	5.000	USD	7,400,000	7,276,568	7,493,314
	SEKISUI HOUSE US INC.	01/15/2031	2.500	USD	193,000	150,086	171,722
	SELECTIVE INSURANCE GROUP, INC.	04/15/2035	5.900	USD	100,000	101,867	104,967
	SEMPRA ENERGY	04/01/2029	3.700	USD	1,448,000	1,306,459	1,426,135
	SEMPRA ENERGY	04/01/2055	6.625	USD	600,000	607,554	605,364
	SERVICENOW, INC.	09/01/2030	1.400	USD	283,000	214,116	249,569
	SHELL FINANCE U.S., INC.	11/06/2030	4.125	USD	3,400,000	3,397,381	3,402,652
	SHELL FINANCE US INC.	05/11/2035	4.125	USD	16,103,000	15,595,779	15,490,925
	SHELL INTERNATIONAL FINANCE B.V.	05/10/2026	2.875	USD	20,535,000	19,097,020	20,470,520
	SHELL INTERNATIONAL FINANCE B.V.	09/12/2026	2.500	USD	7,500,000	6,831,259	7,436,250
	SHELL INTERNATIONAL FINANCE B.V.	04/06/2030	2.750	USD	1,300,000	1,133,871	1,236,261
	SHIRE ACQUISITIONS INVESTMENTS IRELAND D.A.C.	09/23/2026	3.200	USD	1,124,000	1,040,739	1,117,200
	SIMON PROPERTY GROUP, LP	01/15/2027	1.375	USD	465,000	402,908	453,054
	SIMON PROPERTY GROUP, LP	09/13/2029	2.450	USD	24,741,000	20,521,736	23,403,502
	SIMON PROPERTY GROUP, LP	01/15/2032	2.250	USD	400,000	333,328	353,236
	SIMON PROPERTY GROUP, LP	02/01/2032	2.650	USD	965,000	770,117	869,581
	SIMON PROPERTY GROUP, LP	01/15/2034	6.250	USD	13,800,000	14,697,552	15,167,580
	SIMON PROPERTY GROUP, LP	09/26/2034	4.750	USD	200,000	200,068	199,380
	SIMON PROPERTY GROUP, LP	10/01/2035	5.125	USD	190,000	193,118	193,200
	SIXTH STREET LENDING PARTNERS	01/15/2030	5.750	USD	500,000	495,260	506,995
	SIXTH STREET SPECIALTY LENDING, INC.	03/01/2029	6.125	USD	250,000	249,198	258,243
	SKYWORKS SOLUTIONS, INC.	06/01/2031	3.000	USD	200,000	169,976	181,480
	SMITH & NEPHEW PLC	03/20/2034	5.400	USD	500,000	497,920	517,420
	SMURFIT KAPPA TREASURY UNLIMITED COMPANY	04/03/2034	5.438	USD	200,000	204,222	207,208
	SOLVENTUM CORPORATION	03/01/2029	5.400	USD	2,361,000	2,442,940	2,446,799
	SOLVENTUM CORPORATION	03/13/2031	5.450	USD	1,000,000	1,023,000	1,043,660
	SONOCO PRODUCTS COMPANY	09/01/2029	4.600	USD	600,000	588,858	605,160
	SONOCO PRODUCTS COMPANY	02/01/2032	2.850	USD	145,000	117,856	130,960
	SOUTHERN CALIFORNIA EDISON COMPANY	11/01/2027	5.850	USD	483,000	491,663	496,369
	SOUTHERN CALIFORNIA EDISON COMPANY	03/01/2028	5.300	USD	700,000	708,085	714,910
	SOUTHERN CALIFORNIA EDISON COMPANY	06/01/2029	5.150	USD	300,000	297,174	306,846
	SOUTHERN CALIFORNIA EDISON COMPANY	06/01/2030	2.250	USD	3,965,000	3,252,595	3,600,101
	SOUTHERN CALIFORNIA EDISON COMPANY	06/01/2031	5.450	USD	485,000	484,753	502,285
	SOUTHERN CALIFORNIA EDISON COMPANY	11/01/2032	5.950	USD	483,000	498,915	511,637
	SOUTHERN CALIFORNIA EDISON COMPANY	01/15/2034	6.000	USD	14,250,000	14,812,705	14,983,163
	SOUTHERN CALIFORNIA EDISON COMPANY	06/01/2034	5.200	USD	200,000	196,722	201,192
	SOUTHERN CALIFORNIA EDISON COMPANY	03/01/2035	5.450 %	USD	$ 400,000	$ 395,808	$ 406,276
	SOUTHERN CALIFORNIA GAS COMPANY	09/01/2034	5.050	USD	2,480,000	2,467,947	2,526,227
	SOUTHERN CALIFORNIA GAS COMPANY	06/15/2035	5.450	USD	550,000	574,211	573,452
	SOUTHERN COMPANY GAS CAPITAL	09/15/2032	5.150	USD	241,000	235,756	247,779
	SOUTHERN COMPANY GAS CAPITAL	09/15/2033	5.750	USD	241,000	230,225	255,737
	SOUTHERN COMPANY GAS CAPITAL	09/15/2034	4.950	USD	100,000	98,368	100,429
	SOUTHERN COPPER CORPORATION	07/27/2035	7.500	USD	1,468,000	1,683,077	1,729,715
	SOUTHWEST AIRLINES CO.	06/15/2027	5.125	USD	4,930,000	4,848,441	4,992,710
	SOUTHWEST AIRLINES CO.	11/15/2035	5.250	USD	200,000	196,818	196,116
	SOUTHWEST GAS CORPORATION	03/15/2032	4.050	USD	434,000	391,116	419,240
	SOUTHWESTERN PUBLIC SERVICE COMPANY	05/15/2035	5.300	USD	6,800,000	6,984,650	6,957,352
	SPIRE MISSOURI INC.	02/15/2033	4.800	USD	97,000	94,054	97,702
	SPIRE MISSOURI INC.	08/15/2034	5.150	USD	100,000	100,896	102,652
	SPRINT CAPITAL CORPORATION	11/15/2028	6.875	USD	6,910,000	7,361,407	7,417,470
	STANLEY BLACK & DECKER, INC.	05/15/2032	3.000	USD	300,000	238,406	271,944
	STARBUCKS CORPORATION	02/08/2027	4.850	USD	700,000	700,028	706,279
	STARBUCKS CORPORATION	03/12/2027	2.000	USD	965,000	855,694	942,824
	STARBUCKS CORPORATION	08/15/2029	3.550	USD	20,483,000	18,650,176	20,121,680
	STARBUCKS CORPORATION	11/15/2030	2.550	USD	2,600,000	2,410,096	2,405,312
	STARBUCKS CORPORATION	02/14/2032	3.000	USD	483,000	406,961	445,625
	STARBUCKS CORPORATION	05/15/2035	5.400	USD	200,000	198,850	208,368
	STATE STREET CORPORATION	02/07/2028	2.203	USD	965,000	864,081	947,553
	STATE STREET CORPORATION	02/20/2029	4.530	USD	400,000	397,544	405,224
	STATE STREET CORPORATION	01/24/2030	2.400	USD	1,000,000	870,150	942,780
	STATE STREET CORPORATION	04/24/2030	4.834	USD	8,345,000	8,345,000	8,599,022
	STATE STREET CORPORATION	10/22/2032	4.675	USD	400,000	396,156	407,812
	STATE STREET CORPORATION	08/04/2033	4.164	USD	16,878,000	15,432,946	16,575,715
	STATE STREET CORPORATION	01/26/2034	4.821	USD	300,000	294,276	304,395
	STATE STREET CORPORATION	02/28/2036	5.146	USD	2,790,000	2,790,000	2,861,536
	STATE STREET CORPORATION	10/23/2036	4.784	USD	2,645,000	2,644,356	2,636,457
*	STEEL DYNAMICS, INC.	08/15/2034	5.375	USD	250,000	251,910	259,413
*	STEEL DYNAMICS, INC.	05/15/2035	5.250	USD	2,850,000	2,818,538	2,919,654
	STERIS IRISH FINCO UNLIMITED COMPANY	03/15/2031	2.700	USD	241,000	197,058	222,571
	STIFEL FINANCIAL CORP.	05/15/2030	4.000	USD	338,000	286,864	331,037
	STORE CAPITAL CORPORATION	12/01/2031	2.700	USD	483,000	349,076	427,073
	STRYKER CORPORATION	09/11/2029	4.250	USD	500,000	492,255	503,025
	STRYKER CORPORATION	06/15/2030	1.950	USD	5,462,000	4,849,803	4,963,374
	STRYKER CORPORATION	02/10/2035	5.200	USD	400,000	404,412	411,616
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	09/17/2026	1.402	USD	6,960,000	5,984,003	6,838,061
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/13/2028	5.520	USD	2,896,000	2,875,822	2,984,444
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	09/17/2028	1.902	USD	30,965,000	25,419,024	29,260,377
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	04/15/2030	5.240	USD	6,200,000	6,200,000	6,435,538
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	01/12/2031	1.710	USD	383,000	290,060	337,232
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/09/2031	5.424	USD	700,000	711,816	733,348
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	09/17/2031	2.222	USD	465,000	359,600	413,711
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/13/2033	5.776	USD	483,000	490,549	515,733
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	09/14/2033	5.808	USD	1,000,000	1,044,370	1,074,860
	SUMITOMO MITSUI FINANCIAL GROUP, INC.	07/08/2036	5.246	USD	300,000	301,419	308,091

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY		PRINCIPAL		COST		CURRENT VALUE
	SUN COMMUNITIES OPERATING LP	11/01/2028	2.300		USD		965,000		810,030		918,564
	SUN COMMUNITIES OPERATING LP	04/15/2032	4.200		USD		4,629,000		4,485,732		4,499,527
	SUZANO AUSTRIA GMBH	09/15/2028	2.500		USD		1,931,000		1,624,734		1,827,711
	SYNCHRONY FINANCIAL	07/29/2029	5.019		USD		550,000		550,000		557,101
	SYNCHRONY FINANCIAL	08/02/2030	5.935		USD		700,000		713,657		729,911
	SYNCHRONY FINANCIAL	10/28/2031	2.875		USD		100,000		75,003		89,808
	SYNOPSYS, INC.	04/01/2028	4.650		USD		14,918,000		15,002,964		15,121,929
	SYNOPSYS, INC.	04/01/2035	5.150		USD		800,000		803,296		814,672
	SYSCO CORPORATION	07/15/2026	3.300		USD		5,342,000		4,986,527		5,323,250
	SYSCO CORPORATION	07/15/2027	3.250		USD		15,000,000		13,768,778		14,853,150
	SYSCO CORPORATION	12/14/2031	2.450		USD		965,000		769,149		865,817
	SYSTEM ENERGY RESOURCES INC.	04/15/2028	6.000		USD		300,000		311,115		311,352
	TAKEDA PHARMACEUTICAL CO., LTD.	03/31/2030	2.050		USD		1,448,000		1,174,180		1,324,268
	TAKEDA PHARMACEUTICAL CO., LTD.	07/09/2040	3.025		USD		1,250,000		943,063		959,313
	TAKEDA U.S. FINANCING, INC.	07/07/2035	5.200		USD		9,500,000		9,466,180		9,694,180
	TAKE-TWO INTERACTIVE SOFTWARE, INC.	04/14/2027	3.700		USD		483,000		453,655		481,102
	TAKE-TWO INTERACTIVE SOFTWARE, INC.	04/14/2032	4.000		USD		241,000		217,534		233,881
	TAMPA ELECTRIC COMPANY	03/01/2029	4.900		USD		2,570,000		2,568,252		2,625,461
	TAMPA ELECTRIC COMPANY	03/15/2031	2.400		USD		193,000		157,044		175,964
	TAMPA ELECTRIC COMPANY	03/01/2035	5.150		USD		130,000		128,764		132,051
	TANGER PROPERTIES LIMITED PARTNERSHIP	09/01/2031	2.750		USD		200,000		161,280		181,226
	TAPESTRY, INC.	03/15/2032	3.050		USD		241,000		192,663		219,925
	TAPESTRY, INC.	03/11/2035	5.500		USD		200,000		195,880		204,864
	TARGA RESOURCES CORP.	03/01/2029	6.150		USD		500,000		520,465		526,630
	TARGA RESOURCES CORP.	02/01/2033	4.200		USD		1,280,000		1,158,720		1,227,469
	TARGA RESOURCES CORP.	03/15/2033	6.125		USD		3,955,000		3,970,615		4,238,138
	TARGA RESOURCES CORP.	03/30/2034	6.500		USD		800,000		859,772		874,504
	TARGA RESOURCES CORP.	02/15/2035	5.500		USD		4,421,000		4,415,282		4,536,609
	TARGA RESOURCES CORP.	07/30/2036	5.400		USD		900,000		899,280		903,339
	TARGA RESOURCES PARTNERS LP	02/01/2031	4.875		USD		1,585,000		1,475,080		1,595,635
	TARGET CORPORATION	04/15/2026	2.500		USD		10,642,000		9,957,717		10,601,135
	TARGET CORPORATION	01/15/2027	1.950		USD		965,000		865,668		947,727
	TARGET CORPORATION	02/15/2030	2.350		USD		11,642,000		9,852,437		10,902,617
	TARGET CORPORATION	09/15/2030	2.650		USD		300,000		269,955		281,664
	TARGET CORPORATION	01/15/2033	4.400		USD		145,000		138,724		145,200
	TARGET CORPORATION	04/15/2035	5.000		USD		500,000		504,780		507,425
	TD SYNNEX CORPORATION	01/17/2029	4.300		USD		2,605,000		2,602,708		2,601,666
	TD SYNNEX CORPORATION	04/12/2034	6.100		USD		100,000		100,001		105,838
	TD SYNNEX CORPORATION	10/10/2035	5.300		USD		200,000		199,406		198,628
	TELEDYNE FLIR LLC	08/01/2030	2.500		USD		186,000		150,430		172,184
	TELEDYNE TECHNOLOGIES INCORPORATED	04/01/2028	2.250		USD		500,000		430,207		480,905
	TELEFONICA EMISIONES S.A.U.	03/08/2027	4.103		USD		448,000		422,977		447,646
	TELUS CORPORATION	05/13/2032	3.400		USD		483,000		408,132		446,350
	TENCENT MUSIC ENTERTAINMENT GROUP	09/03/2030	2.000		USD		200,000		161,340		180,896
	TEXAS INSTRUMENTS INC.	02/08/2034	4.850		USD		20,146,000		20,128,728		20,696,389
	TEXAS INSTRUMENTS INC.	05/23/2035	5.100		USD		100,000		101,507		103,074
	TEXTRON INC.	03/15/2031	2.450		USD		579,000		470,664		525,350
	TEXTRON INC.	03/15/2036	4.950		USD		620,000		619,882		617,012
	THE AES CORPORATION	01/15/2031	2.450	%	USD	$	483,000	$	381,381	$	438,236
	THE ALLSTATE CORPORATION	12/15/2026	3.280		USD		14,015,000		13,103,983		13,940,721
	THE ALLSTATE CORPORATION	12/15/2030	1.450		USD		483,000		367,739		421,606
	THE ALLSTATE CORPORATION	03/30/2033	5.250		USD		200,000		204,534		208,482
	THE ASIAN INFRASTRUCTURE INVESTMENT BANK	01/18/2028	4.000		USD		2,414,000		2,352,430		2,433,481
	THE ASIAN INFRASTRUCTURE INVESTMENT BANK	03/13/2034	4.250		USD		1,500,000		1,459,290		1,515,240
*	THE BANK OF NEW YORK MELLON CORPORATION	06/13/2028	3.992		USD		965,000		922,265		965,483
*	THE BANK OF NEW YORK MELLON CORPORATION	04/26/2029	3.850		USD		500,000		473,815		501,520
*	THE BANK OF NEW YORK MELLON CORPORATION	07/26/2030	4.596		USD		965,000		927,083		982,640
*	THE BANK OF NEW YORK MELLON CORPORATION	01/28/2031	1.650		USD		500,000		405,975		442,705
*	THE BANK OF NEW YORK MELLON CORPORATION	02/11/2031	4.942		USD		2,520,000		2,590,963		2,593,307
*	THE BANK OF NEW YORK MELLON CORPORATION	07/22/2032	5.060		USD		500,000		503,215		518,870
*	THE BANK OF NEW YORK MELLON CORPORATION	10/25/2033	5.834		USD		14,458,000		14,998,030		15,610,013
*	THE BANK OF NEW YORK MELLON CORPORATION	04/26/2034	4.967		USD		483,000		484,208		493,307
*	THE BANK OF NEW YORK MELLON CORPORATION	11/20/2035	5.225		USD		300,000		304,479		311,334
*	THE BANK OF NEW YORK MELLON CORPORATION	06/06/2036	5.316		USD		7,955,000		8,110,717		8,256,892
	THE BANK OF NOVA SCOTIA	08/03/2026	2.700		USD		12,000,000		10,930,639		11,910,240
	THE BANK OF NOVA SCOTIA	02/02/2027	1.950		USD		483,000		428,839		473,475
	THE BANK OF NOVA SCOTIA	03/11/2027	2.951		USD		965,000		881,222		954,703
	THE BANK OF NOVA SCOTIA	08/01/2029	5.450		USD		17,070,000		17,035,689		17,779,771
	THE BANK OF NOVA SCOTIA	02/01/2030	4.850		USD		724,000		699,478		741,390
	THE BANK OF NOVA SCOTIA	11/10/2032	4.740		USD		300,000		295,635		303,660
	THE BANK OF NOVA SCOTIA	02/01/2034	5.650		USD		300,000		306,534		319,089
	THE BANK OF NOVA SCOTIA	05/04/2037	4.588		USD		483,000		419,775		470,901
	THE BOEING COMPANY	02/01/2027	2.700		USD		5,955,000		5,423,959		5,868,712
	THE BOEING COMPANY	02/01/2028	3.250		USD		948,000		855,360		932,007
	THE BOEING COMPANY	02/01/2030	2.950		USD		2,380,000		2,245,316		2,258,263
	THE BOEING COMPANY	05/01/2030	5.150		USD		1,180,000		1,138,499		1,213,654
	THE BOEING COMPANY	05/01/2031	6.388		USD		1,300,000		1,380,031		1,411,839
	THE BOEING COMPANY	05/01/2034	3.600		USD		1,400,000		1,097,558		1,274,546
	THE BOEING COMPANY	03/01/2035	3.300		USD		1,064,000		771,142		925,680
	THE BOEING COMPANY	03/01/2039	3.500		USD		970,000		794,488		793,576
	THE CAMPBELL SOUP COMPANY	03/19/2027	5.200		USD		4,600,000		4,650,186		4,660,306
	THE CAMPBELL SOUP COMPANY	03/21/2034	5.400		USD		500,000		503,750		509,950
	THE CAMPBELL SOUP COMPANY	03/23/2035	4.750		USD		100,000		95,757		96,905
	THE CARLYLE GROUP INC.	09/19/2035	5.050		USD		430,000		427,609		425,128
*	THE CHARLES SCHWAB CORPORATION	05/13/2026	1.150		USD		10,082,000		8,877,697		9,982,692
*	THE CHARLES SCHWAB CORPORATION	03/03/2027	2.450		USD		9,812,000		8,855,444		9,658,148
*	THE CHARLES SCHWAB CORPORATION	03/20/2028	2.000		USD		5,041,000		4,375,146		4,849,896
*	THE CHARLES SCHWAB CORPORATION	10/01/2029	2.750		USD		1,689,000		1,457,625		1,608,857
*	THE CHARLES SCHWAB CORPORATION	03/22/2030	4.625		USD		483,000		465,438		493,805
*	THE CHARLES SCHWAB CORPORATION	12/01/2031	1.950		USD		11,343,000		8,813,561		9,941,799
*	THE CHARLES SCHWAB CORPORATION	03/03/2032	2.900		USD		338,000		258,722		310,139
*	THE CHARLES SCHWAB CORPORATION	11/14/2036	4.914		USD		700,000		701,995		697,200
	THE CIGNA GROUP	10/15/2028	4.375		USD		10,999,000		10,506,332		11,101,841
	THE CIGNA GROUP	05/15/2029	5.000		USD		1,000,000		994,230		1,027,660
	THE CIGNA GROUP	09/15/2030	4.500		USD		250,000		251,510		251,945
	THE CIGNA GROUP	03/15/2031	2.375		USD		14,557,000		11,855,974		13,186,750
	THE CIGNA GROUP	03/15/2033	5.400		USD		765,000		788,057		797,696
	THE CIGNA GROUP	03/15/2040	3.200		USD		965,000		736,372		763,865
	THE CLOROX COMPANY	05/01/2029	4.400		USD		565,000		539,521		571,814
	THE COCA-COLA COMPANY	06/01/2027	1.450		USD		1,448,000		1,266,416		1,405,313
	THE COCA-COLA COMPANY	03/05/2028	1.500		USD		848,000		731,043		810,247
	THE COCA-COLA COMPANY	03/05/2031	2.000		USD		1,365,000		1,158,881		1,238,110

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	THE COCA-COLA COMPANY	05/13/2034	5.000	USD	15,000,000	14,954,550	15,649,200
	THE COCA-COLA COMPANY	08/14/2034	4.650	USD	300,000	303,813	306,777
	THE CONNECTICUT LIGHT AND POWER COMPANY	01/01/2029	4.650	USD	700,000	697,991	713,643
	THE DOW CHEMICAL COMPANY	11/30/2028	4.800	USD	965,000	942,865	979,321
	THE DOW CHEMICAL COMPANY	11/15/2030	2.100	USD	15,322,000	12,340,369	13,574,986
	THE DOW CHEMICAL COMPANY	02/15/2034	5.150	USD	200,000	193,398	198,856
	THE DOW CHEMICAL COMPANY	03/15/2035	5.350	USD	200,000	199,044	198,582
	THE ESTEE LAUDER COMPANIES, INC.	03/15/2031	1.950	USD	524,000	425,968	467,874
	THE ESTEE LAUDER COMPANIES, INC.	02/14/2034	5.000	USD	300,000	298,233	304,941
	THE GOLDMAN SACHS GROUP, INC.	01/26/2027	3.850	USD	42,400,000	39,999,761	42,366,504
	THE GOLDMAN SACHS GROUP, INC.	10/21/2027	1.948	USD	5,131,000	4,479,051	5,044,543
	THE GOLDMAN SACHS GROUP, INC.	02/24/2028	2.640	USD	2,414,000	2,153,928	2,376,559
	THE GOLDMAN SACHS GROUP, INC.	03/15/2028	3.615	USD	2,414,000	2,235,144	2,400,892
	THE GOLDMAN SACHS GROUP, INC.	05/01/2029	4.223	USD	1,931,000	1,799,166	1,935,499
	THE GOLDMAN SACHS GROUP, INC.	02/07/2030	2.600	USD	4,388,000	3,665,731	4,126,387
	THE GOLDMAN SACHS GROUP, INC.	03/15/2030	3.800	USD	44,207,000	40,648,717	43,546,547
	THE GOLDMAN SACHS GROUP, INC.	10/21/2031	4.369	USD	2,070,000	2,062,569	2,067,413
	THE GOLDMAN SACHS GROUP, INC.	01/27/2032	1.992	USD	14,805,000	12,208,671	13,163,570
	THE GOLDMAN SACHS GROUP, INC.	04/22/2032	2.615	USD	7,930,000	6,401,586	7,237,394
	THE GOLDMAN SACHS GROUP, INC.	07/21/2032	2.383	USD	403,000	314,358	361,322
	THE GOLDMAN SACHS GROUP, INC.	02/15/2033	6.125	USD	241,000	253,542	263,907
	THE GOLDMAN SACHS GROUP, INC.	02/24/2033	3.102	USD	3,379,000	2,767,473	3,117,567
	THE GOLDMAN SACHS GROUP, INC.	07/23/2035	5.330	USD	5,000,000	5,056,560	5,146,250
	THE GOLDMAN SACHS GROUP, INC.	10/23/2035	5.016	USD	400,000	391,368	402,832
	THE GOLDMAN SACHS GROUP, INC.	01/28/2036	5.536	USD	1,300,000	1,308,287	1,352,507
	THE HARTFORD FINANCIAL SERVICES GROUP, INC.	08/19/2029	2.800	USD	483,000	413,729	462,047
	THE HERSHEY COMPANY	06/01/2030	1.700	USD	483,000	390,231	436,154
	THE HERSHEY COMPANY	02/24/2035	5.100	USD	300,000	304,104	309,027
	THE HOME DEPOT, INC.	04/15/2027	2.875	USD	500,000	462,852	494,720
	THE HOME DEPOT, INC.	09/15/2028	1.500	USD	848,000	712,492	800,275
	THE HOME DEPOT, INC.	06/15/2029	2.950	USD	27,793,000	24,613,979	26,918,910
	THE HOME DEPOT, INC.	03/15/2031	1.375	USD	483,000	380,430	419,688
	THE HOME DEPOT, INC.	09/15/2032	4.500	USD	755,000	722,448	765,147
	THE HOME DEPOT, INC.	06/25/2034	4.950	USD	800,000	797,872	819,880
	THE HOME DEPOT, INC.	09/15/2035	4.650	USD	200,000	199,094	198,672
	THE HOME DEPOT, INC.	12/16/2036	5.875	USD	18,282,000	19,964,452	19,870,706
	THE INTERPUBLIC GROUP OF COMPANIES, INC.	03/01/2031	2.400	USD	483,000	388,887	417,177
	THE J.M. SMUCKER COMPANY	12/15/2027	3.375	USD	9,013,000	8,281,619	8,926,475
	THE J.M. SMUCKER COMPANY	11/15/2028	5.900	USD	400,000	421,380	419,248
	THE J.M. SMUCKER COMPANY	03/15/2030	2.375	USD	483,000	402,127	449,064
	THE J.M. SMUCKER COMPANY	11/15/2033	6.200	USD	150,000	160,286	162,825
	THE KROGER CO.	10/15/2026	2.650	USD	15,000,000	13,718,198	14,848,950
	THE KROGER CO.	01/15/2031	1.700 %	USD	$ 565,000	$ 426,626	$ 498,313
	THE KROGER CO.	09/15/2034	5.000	USD	500,000	486,255	503,615
	THE MOSAIC COMPANY	11/15/2028	5.375	USD	500,000	512,035	515,560
	THE PNC FINANCIAL SERVICES GROUP, INC.	07/23/2026	2.600	USD	12,339,000	11,312,318	12,252,997
	THE PNC FINANCIAL SERVICES GROUP, INC.	08/13/2026	1.150	USD	1,026,000	893,829	1,008,835
	THE PNC FINANCIAL SERVICES GROUP, INC.	05/19/2027	3.150	USD	22,360,000	20,661,858	22,152,723
	THE PNC FINANCIAL SERVICES GROUP, INC.	12/02/2028	5.354	USD	965,000	965,096	989,530
	THE PNC FINANCIAL SERVICES GROUP, INC.	06/12/2029	5.582	USD	3,378,000	3,373,748	3,504,810
	THE PNC FINANCIAL SERVICES GROUP, INC.	01/22/2030	2.550	USD	1,748,000	1,414,007	1,646,319
	THE PNC FINANCIAL SERVICES GROUP, INC.	05/14/2030	5.492	USD	400,000	407,708	416,760
	THE PNC FINANCIAL SERVICES GROUP, INC.	10/21/2032	4.812	USD	400,000	396,516	407,488
	THE PNC FINANCIAL SERVICES GROUP, INC.	06/06/2033	4.626	USD	483,000	446,216	479,286
	THE PNC FINANCIAL SERVICES GROUP, INC.	10/28/2033	6.037	USD	965,000	995,429	1,043,657
	THE PNC FINANCIAL SERVICES GROUP, INC.	01/24/2034	5.068	USD	483,000	464,102	494,887
	THE PNC FINANCIAL SERVICES GROUP, INC.	07/23/2035	5.401	USD	200,000	202,474	207,220
	THE PNC FINANCIAL SERVICES GROUP, INC.	01/29/2036	5.575	USD	100,000	100,236	104,524
	THE PNC FINANCIAL SERVICES GROUP, INC.	07/21/2036	5.373	USD	1,090,000	1,104,532	1,123,398
	THE PROCTER & GAMBLE COMPANY	11/03/2026	2.450	USD	5,100,000	4,669,033	5,043,951
	THE PROCTER & GAMBLE COMPANY	02/01/2027	1.900	USD	483,000	437,159	474,292
	THE PROCTER & GAMBLE COMPANY	01/29/2029	4.350	USD	500,000	508,910	509,660
	THE PROCTER & GAMBLE COMPANY	04/23/2031	1.950	USD	483,000	398,985	436,825
	THE PROCTER & GAMBLE COMPANY	02/01/2032	2.300	USD	1,248,000	1,044,957	1,141,196
	THE PROCTER & GAMBLE COMPANY	11/03/2035	4.350	USD	800,000	795,760	792,048
	THE PROGRESSIVE CORPORATION	06/15/2033	4.950	USD	200,000	203,998	205,364
	THE SHERWIN-WILLIAMS COMPANY	08/15/2029	2.950	USD	724,000	649,175	694,113
	THE SOUTHERN COMPANY	03/15/2028	1.750	USD	250,000	209,265	238,150
	THE SOUTHERN COMPANY	06/15/2028	4.850	USD	483,000	475,716	491,853
	THE SOUTHERN COMPANY	03/15/2029	5.500	USD	15,110,000	15,109,849	15,694,908
	THE SOUTHERN COMPANY	10/15/2032	5.700	USD	965,000	972,364	1,023,653
	THE SOUTHERN COMPANY	06/15/2033	5.200	USD	145,000	141,026	149,189
	THE SOUTHERN COMPANY	03/15/2055	6.375	USD	800,000	819,984	834,944
	THE TIMKEN COMPANY	04/01/2032	4.125	USD	193,000	172,330	185,652
	THE TJX COMPANIES, INC.	09/15/2026	2.250	USD	10,912,000	9,962,226	10,801,789
	THE TJX COMPANIES, INC.	05/15/2031	1.600	USD	383,000	298,014	336,711
	THE TORONTO-DOMINION BANK	07/17/2026	5.532	USD	1,700,000	1,721,998	1,713,872
	THE TORONTO-DOMINION BANK	12/11/2026	5.264	USD	10,100,000	10,217,968	10,224,634
	THE TORONTO-DOMINION BANK	03/10/2027	2.800	USD	483,000	439,197	476,847
	THE TORONTO-DOMINION BANK	04/05/2027	4.980	USD	1,200,000	1,204,680	1,215,336
	THE TORONTO-DOMINION BANK	06/08/2027	4.108	USD	965,000	920,928	967,847
	THE TORONTO-DOMINION BANK	09/15/2027	4.693	USD	27,965,000	27,197,969	28,333,299
	THE TORONTO-DOMINION BANK	01/10/2028	5.156	USD	25,000,000	24,983,750	25,572,750
	THE TORONTO-DOMINION BANK	01/30/2032	5.298	USD	13,610,000	13,610,000	14,228,847
	THE TORONTO-DOMINION BANK	03/10/2032	3.200	USD	3,640,000	3,101,972	3,396,921
	THE TORONTO-DOMINION BANK	06/08/2032	4.456	USD	965,000	903,081	964,691
	THE TORONTO-DOMINION BANK	10/15/2035	4.928	USD	1,685,000	1,688,520	1,689,381
	THE TORONTO-DOMINION BANK	07/31/2084	7.250	USD	2,295,000	2,295,000	2,410,691
	THE TRAVELERS COMPANIES, INC.	07/24/2035	5.050	USD	730,000	734,094	742,753
	THE TRUSTEES OF PRINCETON UNIVERSITY	07/01/2030	4.647	USD	2,910,000	2,983,119	2,980,102
	THE WALT DISNEY COMPANY	01/13/2028	2.200	USD	483,000	426,479	469,022
	THE WALT DISNEY COMPANY	09/01/2029	2.000	USD	1,067,000	884,538	998,445
	THE WALT DISNEY COMPANY	01/13/2031	2.650	USD	1,948,000	1,666,419	1,823,016
	THE WALT DISNEY COMPANY	12/15/2034	6.200	USD	7,443,000	8,081,126	8,370,323
	THE WALT DISNEY COMPANY	12/15/2035	6.400	USD	10,561,000	12,234,698	11,953,890
	THE WILLIAMS COMPANIES, INC.	06/15/2027	3.750	USD	20,765,000	19,410,470	20,687,962
	THE WILLIAMS COMPANIES, INC.	03/15/2029	4.900	USD	200,000	199,848	204,298
	THE WILLIAMS COMPANIES, INC.	11/15/2030	3.500	USD	3,965,000	3,466,172	3,807,233
	THE WILLIAMS COMPANIES, INC.	03/15/2031	2.600	USD	500,000	426,155	456,985
	THE WILLIAMS COMPANIES, INC.	08/15/2032	4.650	USD	1,348,000	1,247,710	1,352,785
	THE WILLIAMS COMPANIES, INC.	03/15/2035	5.600	USD	2,470,000	2,468,386	2,573,271
	THERMO FISHER SCIENTIFIC INC.	12/05/2026	5.000	USD	9,612,000	9,605,368	9,706,774

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE		PRINCIPAL CURRENCY		PRINCIPAL		COST		CURRENT VALUE
	THERMO FISHER SCIENTIFIC INC.	11/21/2027	4.800		USD		483,000		481,253		491,573
	THERMO FISHER SCIENTIFIC INC.	10/15/2028	1.750		USD		965,000		809,916		911,259
	THERMO FISHER SCIENTIFIC INC.	08/10/2030	4.977		USD		12,470,000		12,801,373		12,944,982
	THERMO FISHER SCIENTIFIC INC.	10/15/2031	2.000		USD		15,930,000		13,426,192		14,230,110
	THERMO FISHER SCIENTIFIC INC.	08/10/2033	5.086		USD		483,000		468,273		502,151
	THERMO FISHER SCIENTIFIC INC.	10/07/2035	4.794		USD		800,000		803,992		804,000
	T-MOBILE USA, INC.	04/15/2027	3.750		USD		4,400,000		4,108,556		4,386,712
	T-MOBILE USA, INC.	03/15/2028	4.950		USD		297,000		297,939		302,679
	T-MOBILE USA, INC.	03/15/2029	2.400		USD		2,655,000		2,257,101		2,516,144
	T-MOBILE USA, INC.	04/15/2030	3.875		USD		1,448,000		1,304,737		1,425,455
	T-MOBILE USA, INC.	02/15/2031	2.550		USD		15,330,000		13,168,284		14,016,679
	T-MOBILE USA, INC.	03/15/2032	2.700		USD		2,014,000		1,618,560		1,813,023
	T-MOBILE USA, INC.	01/15/2033	4.625		USD		500,000		499,425		497,955
	T-MOBILE USA, INC.	01/15/2034	5.750		USD		300,000		315,069		318,324
	T-MOBILE USA, INC.	04/15/2034	5.150		USD		6,720,000		6,691,209		6,881,011
	T-MOBILE USA, INC.	01/15/2035	4.700		USD		4,065,000		4,060,691		4,001,220
	T-MOBILE USA, INC.	05/15/2035	5.300		USD		300,000		297,546		308,109
	T-MOBILE USA, INC.	02/15/2041	3.000		USD		2,000,000		1,441,420		1,494,440
	TOLL BROTHERS FINANCE CORPORATION	03/15/2027	4.875		USD		3,080,000		2,935,415		3,104,116
	TOLL BROTHERS FINANCE CORPORATION	11/01/2029	3.800		USD		200,000		178,208		196,858
	TOLL BROTHERS FINANCE CORPORATION	06/15/2035	5.600		USD		120,000		120,482		124,399
	TOTALENERGIES CAPITAL INTERNATIONAL S.A.	02/19/2029	3.455		USD		665,000		611,295		655,231
	TOTALENERGIES CAPITAL S.A.	04/05/2034	5.150		USD		400,000		396,456		415,952
	TOTALENERGIES CAPITAL S.A.	09/10/2034	4.724		USD		200,000		202,004		202,098
*	TOYOTA MOTOR CORPORATION	07/13/2033	5.123		USD		1,100,000		1,171,566		1,144,594
*	TOYOTA MOTOR CREDIT CORPORATION	09/20/2027	4.550		USD		14,438,000		14,119,344		14,619,774
*	TOYOTA MOTOR CREDIT CORPORATION	11/10/2027	5.450		USD		5,760,000		5,858,199		5,932,512
*	TOYOTA MOTOR CREDIT CORPORATION	04/06/2028	1.900		USD		5,131,000		4,429,658		4,920,680
*	TOYOTA MOTOR CREDIT CORPORATION	06/29/2029	4.450		USD		965,000		937,854		977,892
*	TOYOTA MOTOR CREDIT CORPORATION	05/15/2030	4.800		USD		3,060,000		3,059,732		3,142,039
*	TOYOTA MOTOR CREDIT CORPORATION	01/10/2031	1.650		USD		12,453,000		9,869,040		11,014,679
*	TOYOTA MOTOR CREDIT CORPORATION	03/21/2031	5.100		USD		300,000		302,961		311,928
*	TOYOTA MOTOR CREDIT CORPORATION	10/10/2031	4.600		USD		800,000		784,079		812,800
*	TOYOTA MOTOR CREDIT CORPORATION	01/12/2033	4.700		USD		483,000		470,303		489,839
	TPG OPERATING GROUP II, LP	03/05/2034	5.875		USD		200,000		196,380		209,120
	TRACTOR SUPPLY COMPANY	05/15/2033	5.250		USD		241,000		238,127		249,568
	TRANE TECHNOLOGIES FINANCING LIMITED	03/03/2033	5.250	%	USD	$	200,000	$	197,688	$	208,692
	TRANE TECHNOLOGIES FINANCING LIMITED	06/13/2034	5.100		USD		150,000		150,504		153,806
	TRANSCANADA PIPELINES LIMITED	04/15/2030	4.100		USD		1,000,000		951,875		989,390
	TRANSCANADA PIPELINES LIMITED	03/01/2034	4.625		USD		16,183,000		14,654,792		15,792,342
	TRIMBLE INC.	03/15/2033	6.100		USD		183,000		183,267		197,353
	TRITON CONTAINER INTERNATIONAL LTD.	03/15/2032	3.250		USD		241,000		185,022		219,038
	TRUIST FINANCIAL CORPORATION	08/03/2027	1.125		USD		10,494,000		8,943,032		10,053,462
	TRUIST FINANCIAL CORPORATION	06/06/2028	4.123		USD		965,000		920,564		967,567
	TRUIST FINANCIAL CORPORATION	06/07/2029	1.887		USD		483,000		405,345		458,995
	TRUIST FINANCIAL CORPORATION	06/05/2030	1.950		USD		400,000		322,904		363,648
	TRUIST FINANCIAL CORPORATION	08/05/2032	5.153		USD		800,000		803,752		826,784
	TRUIST FINANCIAL CORPORATION	10/28/2033	6.123		USD		12,603,000		13,117,276		13,636,068
	TRUIST FINANCIAL CORPORATION	01/26/2034	5.122		USD		603,000		582,743		615,307
	TRUIST FINANCIAL CORPORATION	06/08/2034	5.867		USD		708,000		709,647		754,544
	TSMC ARIZONA CORPORATION	04/22/2027	3.875		USD		483,000		462,470		483,000
	TSMC ARIZONA CORPORATION	04/22/2029	4.125		USD		483,000		459,820		484,835
	TSMC ARIZONA CORPORATION	04/22/2032	4.250		USD		2,455,000		2,336,686		2,463,543
	TUCSON ELECTRIC POWER COMPANY	05/15/2032	3.250		USD		283,000		252,306		263,705
	TUCSON ELECTRIC POWER COMPANY	09/15/2034	5.200		USD		2,210,000		2,206,552		2,262,775
	TYCO ELECTRONICS GROUP S.A.	02/04/2032	2.500		USD		283,000		232,647		254,001
	TYCO ELECTRONICS GROUP S.A.	05/09/2035	5.000		USD		100,000		99,005		101,440
	TYSON FOODS, INC.	03/15/2034	5.700		USD		600,000		611,553		633,780
	U.S. BANCORP	01/27/2028	2.215		USD		483,000		431,568		474,451
	U.S. BANCORP	07/22/2028	4.548		USD		10,880,000		10,570,588		10,971,718
	U.S. BANCORP	02/01/2029	4.653		USD		1,062,000		1,032,837		1,075,689
	U.S. BANCORP	06/12/2029	5.775		USD		1,300,000		1,351,220		1,351,636
	U.S. BANCORP	07/30/2029	3.000		USD		483,000		421,696		465,356
	U.S. BANCORP	07/22/2030	1.375		USD		200,000		161,656		177,338
	U.S. BANCORP	07/23/2030	5.100		USD		300,000		301,074		309,195
	U.S. BANCORP	07/22/2033	4.967		USD		483,000		458,446		487,308
	U.S. BANCORP	06/12/2034	5.836		USD		724,000		729,806		773,782
	U.S. BANCORP	01/23/2035	5.678		USD		400,000		414,076		423,160
	U.S. BANCORP	02/12/2036	5.424		USD		500,000		504,655		520,545
	UBER TECHNOLOGIES, INC.	01/15/2030	4.300		USD		10,800,000		10,512,504		10,867,500
	UBER TECHNOLOGIES, INC.	09/15/2034	4.800		USD		500,000		501,390		499,890
	UBER TECHNOLOGIES, INC.	09/15/2035	4.800		USD		5,505,000		5,485,580		5,476,209
	UBS AG / LONDON	09/11/2028	5.650		USD		800,000		806,320		835,344
	UDR, INC.	08/01/2032	2.100		USD		665,000		496,731		569,287
	UNILEVER CAPITAL CORP.	09/08/2028	4.875		USD		400,000		410,308		410,792
	UNILEVER CAPITAL CORP.	09/14/2030	1.375		USD		1,448,000		1,130,033		1,287,243
	UNILEVER CAPITAL CORP.	08/12/2031	1.750		USD		4,550,000		3,587,078		4,016,058
	UNION ELECTRIC COMPANY	04/15/2035	5.250		USD		200,000		203,452		206,288
	UNION PACIFIC CORPORATION	02/05/2027	2.150		USD		965,000		869,104		947,929
	UNION PACIFIC CORPORATION	04/15/2027	3.000		USD		22,835,000		21,130,907		22,613,272
	UNION PACIFIC CORPORATION	09/10/2028	3.950		USD		4,681,000		4,446,716		4,692,375
	UNION PACIFIC CORPORATION	02/05/2030	2.400		USD		1,569,000		1,325,104		1,469,729
	UNION PACIFIC CORPORATION	02/01/2035	3.375		USD		3,500,000		3,206,525		3,166,380
	UNION PACIFIC CORPORATION	02/20/2035	5.100		USD		300,000		306,243		310,209
	UNITED AIRLINES 2019-1 CLASS AA PASS THROUGH TRUST	02/25/2033	4.150		USD		761,351		727,242		748,157
	UNITED PARCEL SERVICE, INC.	04/01/2030	4.450		USD		965,000		939,143		982,997
	UNITED PARCEL SERVICE, INC.	05/22/2034	5.150		USD		150,000		148,007		156,042
	UNITED PARCEL SERVICE, INC.	05/14/2035	5.250		USD		300,000		304,662		311,571
	UNITEDHEALTH GROUP INCORPORATED	01/15/2027	3.450		USD		10,362,000		9,817,202		10,321,899
	UNITEDHEALTH GROUP INCORPORATED	05/15/2027	3.700		USD		248,000		235,809		247,578
	UNITEDHEALTH GROUP INCORPORATED	04/15/2029	4.700		USD		300,000		299,922		306,093
	UNITEDHEALTH GROUP INCORPORATED	01/15/2030	4.800		USD		5,185,000		5,257,858		5,314,158
	UNITEDHEALTH GROUP INCORPORATED	02/15/2030	5.300		USD		2,896,000		2,924,196		3,019,601
	UNITEDHEALTH GROUP INCORPORATED	05/15/2031	2.300		USD		9,337,000		7,676,142		8,427,483
	UNITEDHEALTH GROUP INCORPORATED	04/15/2033	4.500		USD		949,000		876,806		945,128
	UNITEDHEALTH GROUP INCORPORATED	04/15/2034	5.000		USD		200,000		194,312		203,620
	UNITEDHEALTH GROUP INCORPORATED	06/15/2035	5.300		USD		500,000		505,753		518,870
	UNITEDHEALTH GROUP INCORPORATED	07/15/2035	4.625		USD		18,434,000		17,684,580		18,203,022
	UNITEDHEALTH GROUP INCORPORATED	05/15/2040	2.750		USD		7,095,000		5,171,910		5,322,314
	UNIVERSAL HEALTH SERVICES, INC.	10/15/2030	2.650		USD		260,000		236,171		237,292
	UNUM GROUP	12/15/2035	5.250		USD		3,850,000		3,812,189		3,828,633
	UNUM GROUP	06/15/2054	6.000		USD		1,395,000		1,376,739		1,381,301

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	UTAH ACQUISITION SUB INC.	06/15/2026	3.950	USD	3,166,000	3,099,625	3,158,908
	VALE OVERSEAS LIMITED	07/08/2030	3.750	USD	483,000	419,508	465,018
	VALE OVERSEAS LIMITED	06/12/2033	6.125	USD	441,000	448,110	472,068
	VALERO ENERGY CORPORATION	02/15/2030	5.150	USD	7,047,000	7,034,597	7,259,185
	VALERO ENERGY CORPORATION	12/01/2031	2.800	USD	665,000	538,067	606,706
	VALERO ENERGY PARTNERS LP	03/15/2028	4.500	USD	1,985,000	1,909,155	1,999,133
	VENTAS REALTY, LP	01/15/2030	3.000	USD	1,110,000	943,445	1,056,875
	VENTAS REALTY, LP	07/01/2034	5.625	USD	4,466,000	4,364,399	4,674,964
	VENTAS REALTY, LP	02/15/2036	5.000	USD	4,040,000	4,020,204	4,024,446
	VERALTO CORPORATION	09/18/2028	5.350	USD	700,000	714,182	722,071
	VERISIGN, INC.	06/15/2031	2.700	USD	283,000	226,847	257,505
	VERISK ANALYTICS, INC.	03/15/2029	4.125	USD	362,000	331,975	361,479
	VERISK ANALYTICS, INC.	06/05/2034	5.250	USD	150,000	148,742	153,851
	VERISK ANALYTICS, INC.	03/15/2035	5.250	USD	100,000	100,082	101,946
	VERIZON COMMUNICATIONS INC.	03/22/2028	2.100	USD	8,364,000	7,487,405	8,032,451
	VERIZON COMMUNICATIONS INC.	12/03/2029	4.016	USD	7,298,000	6,977,884	7,248,884
	VERIZON COMMUNICATIONS INC.	10/30/2030	1.680	USD	14,589,000	11,272,705	12,949,196
	VERIZON COMMUNICATIONS INC.	01/20/2031	1.750	USD	16,160,000	13,192,558	14,233,566
	VERIZON COMMUNICATIONS INC.	03/15/2032	2.355	USD	5,441,000	4,251,857	4,802,118
	VERIZON COMMUNICATIONS INC.	01/15/2033	4.750	USD	2,190,000	2,183,627	2,192,606
	VERIZON COMMUNICATIONS INC.	05/09/2033	5.050	USD	965,000	936,520	991,489
	VERIZON COMMUNICATIONS INC.	08/10/2033	4.500	USD	16,000,000	15,467,040	15,772,640
	VERIZON COMMUNICATIONS INC.	11/01/2034	4.400	USD	21,214,000	19,208,045	20,509,907
	VERIZON COMMUNICATIONS INC.	02/15/2035	4.780	USD	400,000	391,084	394,548
	VERIZON COMMUNICATIONS INC.	04/02/2035	5.250	USD	800,000	805,256	815,056
	VIATRIS INC.	06/22/2027	2.300	USD	3,792,000	3,286,069	3,683,852
	VIATRIS INC.	06/22/2030	2.700	USD	765,000	602,817	699,776
	VIATRIS INC.	06/22/2040	3.850	USD	2,335,000	1,789,661	1,795,265
	VICI PROPERTIES LP	04/01/2028	4.750	USD	800,000	800,000	808,656
	VICI PROPERTIES LP	02/15/2030	4.950	USD	200,000	190,690	202,564
	VICI PROPERTIES LP	05/15/2032	5.125 %	USD	$ 6,690,000	$ 6,674,624	$ 6,746,062
	VIPER ENERGY PARTNERS LLC	08/01/2035	5.700	USD	330,000	337,201	336,775
	VIRGINIA ELECTRIC AND POWER COMPANY	05/15/2027	3.750	USD	3,383,000	3,193,063	3,376,843
	VIRGINIA ELECTRIC AND POWER COMPANY	11/15/2031	2.300	USD	9,013,000	7,225,786	8,023,012
	VIRGINIA ELECTRIC AND POWER COMPANY	03/30/2032	2.400	USD	1,448,000	1,159,751	1,289,241
	VIRGINIA ELECTRIC AND POWER COMPANY	08/15/2033	5.300	USD	241,000	238,843	250,305
	VIRGINIA ELECTRIC AND POWER COMPANY	03/15/2035	5.150	USD	400,000	392,558	407,728
	VISA INC.	09/15/2027	2.750	USD	1,000,000	915,777	988,070
	VISA INC.	02/15/2031	1.100	USD	1,000,000	788,600	872,640
	VISA INC.	12/14/2035	4.150	USD	11,300,000	10,528,581	11,023,489
	VMWARE LLC	08/15/2031	2.200	USD	765,000	576,165	680,628
	VODAFONE GROUP PLC	05/30/2028	4.375	USD	500,000	503,735	507,755
	VONTIER CORPORATION	04/01/2031	2.950	USD	338,000	268,260	310,581
	VOYA FINANCIAL, INC.	09/20/2034	5.000	USD	2,300,000	2,281,687	2,286,775
*	VULCAN MATERIALS COMPANY	06/01/2030	3.500	USD	241,000	215,953	233,666
*	VULCAN MATERIALS COMPANY	12/01/2034	5.350	USD	200,000	200,354	207,650
	W.P. CAREY INC.	10/01/2026	4.250	USD	2,975,000	2,851,182	2,978,600
	W.P. CAREY INC.	07/15/2029	3.850	USD	434,000	392,564	428,193
	W.P. CAREY INC.	02/01/2032	2.450	USD	1,669,000	1,295,561	1,473,877
	W.P. CAREY INC.	06/30/2034	5.375	USD	3,575,000	3,534,219	3,700,060
	W.W. GRAINGER, INC.	09/15/2034	4.450	USD	200,000	194,858	198,572
	WALMART INC.	04/28/2027	4.100	USD	2,000,000	2,011,080	2,013,960
	WALMART INC.	09/09/2027	3.950	USD	1,619,000	1,568,842	1,628,325
	WALMART INC.	06/26/2028	3.700	USD	330,000	330,911	330,710
	WALMART INC.	09/22/2028	1.500	USD	200,000	168,628	189,182
	WALMART INC.	04/15/2030	4.000	USD	783,000	772,486	790,352
	WALMART INC.	04/28/2030	4.350	USD	1,040,000	1,056,702	1,057,857
	WALMART INC.	09/09/2032	4.150	USD	865,000	827,443	871,635
	WALMART INC.	09/01/2035	5.250	USD	36,158,000	37,667,805	38,318,802
	WASTE CONNECTIONS, INC.	06/01/2032	3.200	USD	965,000	819,062	899,274
	WASTE MANAGEMENT INC.	11/15/2027	3.150	USD	19,345,000	17,742,654	19,122,146
	WASTE MANAGEMENT INC.	03/15/2028	4.500	USD	1,100,000	1,097,536	1,114,927
	WASTE MANAGEMENT INC.	02/15/2030	4.625	USD	500,000	486,040	509,805
	WASTE MANAGEMENT INC.	04/15/2032	4.150	USD	11,327,000	10,570,688	11,241,594
	WASTE MANAGEMENT INC.	03/15/2035	4.950	USD	300,000	297,783	305,238
	WEBSTER FINANCIAL CORPORATION	03/25/2029	4.100	USD	97,000	85,764	95,607
	WEC ENERGY GROUP, INC.	09/12/2026	5.600	USD	3,491,000	3,490,441	3,525,980
	WEC ENERGY GROUP, INC.	10/15/2027	1.375	USD	14,225,000	11,975,153	13,598,531
	WEIBO CORPORATION	07/08/2030	3.375	USD	483,000	386,419	458,662
	WELLS FARGO & COMPANY	04/22/2026	3.000	USD	14,450,000	13,380,498	14,410,407
	WELLS FARGO & COMPANY	10/23/2026	3.000	USD	36,833,000	33,736,131	36,566,329
	WELLS FARGO & COMPANY	01/24/2028	4.900	USD	2,000,000	2,001,760	2,017,000
	WELLS FARGO & COMPANY	03/24/2028	3.526	USD	12,329,000	11,408,510	12,250,094
	WELLS FARGO & COMPANY	04/22/2028	5.707	USD	1,000,000	1,016,730	1,020,860
	WELLS FARGO & COMPANY	06/02/2028	2.393	USD	7,344,000	6,491,868	7,176,557
	WELLS FARGO & COMPANY	07/25/2028	4.808	USD	2,414,000	2,343,644	2,441,423
	WELLS FARGO & COMPANY	01/24/2029	4.150	USD	26,959,000	25,633,817	27,036,372
	WELLS FARGO & COMPANY	04/23/2029	4.970	USD	4,700,000	4,700,000	4,789,018
	WELLS FARGO & COMPANY	11/15/2029	7.950	USD	1,448,000	1,534,880	1,620,790
	WELLS FARGO & COMPANY	01/23/2030	5.198	USD	100,000	101,528	103,060
	WELLS FARGO & COMPANY	02/11/2031	2.572	USD	1,931,000	1,600,356	1,804,983
	WELLS FARGO & COMPANY	04/04/2031	4.478	USD	965,000	928,899	972,160
	WELLS FARGO & COMPANY	07/25/2034	5.557	USD	1,593,000	1,598,082	1,672,746
	WELLS FARGO & COMPANY	10/23/2034	6.491	USD	500,000	546,705	554,325
	WELLS FARGO & COMPANY	12/03/2035	5.211	USD	500,000	512,995	511,690
	WELLS FARGO & COMPANY	04/23/2036	5.605	USD	500,000	508,980	525,050
	WELLS FARGO & COMPANY	09/15/2036	4.892	USD	2,090,000	2,086,761	2,088,161
	WELLTOWER OP LLC	04/15/2028	4.250	USD	2,965,000	2,800,013	2,986,081
	WELLTOWER OP LLC	01/15/2029	2.050	USD	2,186,000	1,867,434	2,061,813
	WELLTOWER OP LLC	07/01/2030	4.500	USD	4,590,000	4,574,394	4,644,667
	WESTERN DIGITAL CORPORATION	02/01/2029	2.850	USD	300,000	232,564	287,124
	WESTERN MIDSTREAM OPERATING, LP	08/15/2028	4.750	USD	2,604,000	2,434,740	2,635,534
	WESTERN MIDSTREAM OPERATING, LP	01/15/2029	6.350	USD	1,290,000	1,287,239	1,358,422
	WESTERN MIDSTREAM OPERATING, LP	02/01/2030	4.050	USD	386,000	348,546	378,481
	WESTERN MIDSTREAM OPERATING, LP	04/01/2033	6.150	USD	300,000	309,939	318,078
	WESTERN MIDSTREAM OPERATING, LP	11/15/2034	5.450	USD	4,700,000	4,684,515	4,741,313
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP.	09/15/2028	4.700	USD	483,000	463,769	489,018
	WESTINGHOUSE AIR BRAKE TECHNOLOGIES CORP.	05/29/2035	5.500	USD	400,000	399,088	417,772
	WESTPAC BANKING CORPORATION	08/26/2027	4.043	USD	965,000	929,255	970,163
	WESTPAC BANKING CORPORATION	11/18/2027	5.457	USD	25,398,000	25,630,410	26,183,052
	WESTPAC BANKING CORPORATION	11/20/2028	1.953	USD	965,000	819,167	915,872
	WESTPAC BANKING CORPORATION	04/16/2029	5.050	USD	300,000	304,590	310,353

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
CORPORATE DEBT SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	MATURITY	INTEREST RATE	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
	WESTPAC BANKING CORPORATION	08/10/2033	5.405	USD	1,000,000	950,029	1,034,950
	WESTPAC BANKING CORPORATION	11/20/2035	5.618	USD	250,000	253,325	258,673
	WEYERHAEUSER COMPANY	05/15/2026	4.750	USD	1,984,000	1,977,492	1,988,067
	WEYERHAEUSER COMPANY	04/15/2030	4.000	USD	965,000	870,895	952,609
	WILLIS NORTH AMERICA INC.	06/15/2027	4.650	USD	965,000	927,814	972,681
	WISCONSIN ELECTRIC POWER CO.	05/15/2029	5.000	USD	200,000	200,862	206,274
	WISCONSIN ELECTRIC POWER CO.	10/01/2034	4.600	USD	500,000	484,663	496,495
	WISCONSIN POWER AND LIGHT COMPANY	09/16/2031	1.950	USD	300,000	247,326	263,202
	WISCONSIN POWER AND LIGHT COMPANY	09/01/2032	3.950	USD	579,000	522,332	558,521
	WOODSIDE FINANCE LTD.	09/12/2034	5.100	USD	300,000	298,605	297,192
	WOODSIDE FINANCE LTD.	05/19/2035	6.000	USD	500,000	509,180	521,660
	WORKDAY, INC.	04/01/2029	3.700	USD	565,000	513,187	557,333
	WRKCO INC.	03/15/2029	4.900	USD	1,207,000	1,160,687	1,229,836
	XCEL ENERGY INC.	03/21/2028	4.750	USD	400,000	403,160	405,300
	XCEL ENERGY INC.	08/15/2033	5.450	USD	241,000	237,351	249,059
	XYLEM INC.	01/30/2031	2.250	USD	290,000	238,200	263,361
	ZIMMER BIOMET HOLDINGS, INC.	12/01/2028	5.350	USD	700,000	722,302	723,723
	ZIMMER BIOMET HOLDINGS, INC.	02/19/2035	5.500	USD	400,000	408,656	415,592
	ZOETIS INC.	05/15/2030	2.000	USD	5,950,000	4,865,017	5,448,356
	ZOETIS INC.	11/16/2032	5.600	USD	300,000	303,378	319,166
	TOTAL SFA CORPORATE DEBT					$ 6,628,570,012	$ 6,992,022,762
	TOTAL CORPORATE DEBT					$ 7,691,223,902	$ 8,057,594,548

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
EQUITY SECURITIES
DECEMBER 31, 2025

NOTES	IDENTITY OF ISSUE	NUMBER OF SHARES	COST	CURRENT VALUE
	LEGACY			
	COMMON STOCK			
	ACC CLAIMS HOLDINGS LLC	10,649,798	$ -	$ 42,599
	ALAPIS HOLDING INDUSTRIAL & COMMERCIAL SA OF PHARMACEUTICAL CHEMICAL PRODUCTS	1,230	58,563	-
	CENGAGE LEARNING HOLDINGS II INC.	22,777	837,055	535,260
	CITYMAINSTREET TECHNOLOGIES GROUP HOLDINGS INC.	100	1	-
	EDUCATION MANAGEMENT CORPORATION	7,126,794	7	224,822
	IPAYMENT HOLDINGS INC.	237,112	-	23,711
	NMC HEALTH PLC	663	31,276	-
	RENTECH, INC. - WARRANTS	18,800	-	18,800
	STAR TRIBUNE HOLDINGS CORPORATION	9,966	1	1
	TIANHE CHEMICALS GROUP LTD	6,470,000	1,392,856	972,557
	TOTAL LEGACY COMMON STOCK		$ 2,319,759	$ 1,817,750
	TOTAL EQUITY SECURITIES		$ 2,319,759	$ 1,817,750

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
OTHER INVESTMENTS
DECEMBER 31, 2025

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	NUMBER OF SHARES	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
LEGACY							
NON-U.S. GOVERNMENT SECURITIES							
CHILE	01/31/2052	4.000 %		USD	$ 305,000	$ 244,915	$ 241,545
MEXICO	02/12/2034	3.500		USD	7,500,000	6,178,125	6,483,750
MEXICO	01/23/2046	4.600		USD	6,775,000	5,384,770	5,318,375
PERU	8/8/2054	5.875		USD	500,000	501,250	494,775
PHILIPPINES	03/01/2041	3.700		USD	695,000.00	585,132	580,103
URUGUAY	6/18/2050	5.100		USD	855,000	809,685	806,008
TOTAL NON-U.S. GOVERNMENT SECURITIES						13,703,877	13,924,556
SECURITIES PURCHASED UNDER AGREEMENT TO RESELL							
CREDIT AGRICOLE S.A.	01/02/2026	3.800 %		USD	$ 17,676,967	$ 17,676,967	$ 17,676,967
CREDIT AGRICOLE S.A.	01/02/2026	3.810		USD	3,727,806	3,727,806	3,727,806
DEUTSCHE BANK SECURITIES INC.	01/02/2026	3.800		USD	2,373,263	2,373,263	2,373,263
DEUTSCHE BANK SECURITIES INC.	01/02/2026	3.840		USD	15,381,811	15,381,811	15,381,811
FUTURES CASH COLLATERAL		0.000		USD	220,000	220,000	220,000
MERRILL LYNCH WEALTH MANAGEMENT	01/02/2026	3.820		USD	10,577,517	10,577,517	10,577,517
MIZUHO SECURITIES USA LLC	01/02/2026	3.820		USD	10,147,121	10,147,121	10,147,121
NATWEST GROUP PLC	01/02/2026	3.850		USD	6,183,009	6,183,009	6,183,009
RBC CAPITAL MARKETS, LLC	01/02/2026	3.740		USD	9,891,208	9,891,208	9,891,208
SOCIETE GENERALE S.A.	01/02/2026	3.810		USD	14,540,599	14,540,599	14,540,599
TOTAL SECURITIES PURCHASED UNDER AGREEMENT TO RESELL						90,719,301	90,719,301
CASH COLLATERAL							
TBA COLLATERAL - CITI BANK			26,000			(26,000)	(26,000)
TOTAL CASH COLLATERAL						(26,000)	(26,000)
FUTURES CONTRACTS - LONG							
U.S. ULTRA BOND			44,013			-	(74,052,270)
U.S. 5YR TREASURY NOTES FUTURE			596			-	214,188
U.S. 10YR ULTRA FUTURE			78			-	24,446
TOTAL FUTURES CONTRACTS - LONG						-	(73,813,636)
TOTAL FUTURES CONTRACTS						-	(73,813,636)
TRUST IN DISSOLUTION						$ 30,268	$ 30,268
TOTAL LEGACY OTHER INVESTMENTS						$ 104,427,446	$ 30,834,489
SFA							
NON-U.S. GOVERNMENT SECURITIES							
AUSTRIA	01/18/2029	4.125 %		USD	$ 300,000	$ 291,861	$ 304,209
AUSTRIA	01/24/2030	4.500		USD	1,000,000	1,016,530	1,028,480
CANADA	05/19/2027	3.100		USD	3,379,000	3,172,546	3,352,711
CANADA	05/25/2027	3.000		USD	1,450,000	1,363,759	1,438,255
CANADA	06/08/2027	3.250		USD	483,000	470,616	479,730
CANADA	02/14/2028	3.875		USD	485,000	482,245	487,915
CANADA	04/13/2028	3.625		USD	1,448,000	1,429,248	1,446,494
CANADA	04/26/2028	3.750		USD	465,000	460,889	467,162
CANADA	10/25/2028	1.500		USD	965,000	834,807	908,596
CANADA	02/13/2029	4.125		USD	600,000	583,734	608,844
CANADA	04/03/2029	4.500		USD	1,300,000	1,330,264	1,330,732
CANADA	04/24/2029	4.900		USD	1,500,000	1,498,875	1,554,480
CANADA	04/30/2029	4.625		USD	400,000	403,196	412,628
CANADA	06/26/2029	4.500		USD	200,000	199,258	204,942
CANADA	03/18/2030	4.000		USD	4,110,000	4,146,953	4,156,484
CANADA	06/20/2030	4.000		USD	200,000	200,974	202,060
CANADA	07/22/2030	1.300		USD	483,000	401,914	431,845
CANADA	01/21/2032	2.125		USD	1,448,000	1,204,043	1,294,932
CANADA	09/08/2033	4.500		USD	500,000	481,585	506,990
CANADA	01/24/2034	4.500		USD	500,000	481,200	506,280
CANADA	04/24/2034	5.050		USD	300,000	307,758	314,361
CANADA	05/31/2034	4.900		USD	200,000	201,430	206,552
CANADA	06/05/2034	4.750		USD	300,000	308,550	313,668
CANADA	06/12/2034	4.750		USD	450,000	447,840	461,237
CANADA	09/05/2034	4.250		USD	500,000	484,395	494,655
CANADA	06/11/2035	4.800		USD	1,500,000	1,509,735	1,533,360
CANADA	06/11/2035	4.850		USD	900,000	911,093	927,603
CANADA	08/28/2035	4.625		USD	400,000	401,496	403,996
CHILE	01/31/2027	2.750		USD	2,896,000	2,651,196	2,850,272
CHILE	01/22/2029	4.850		USD	400,000	406,452	408,440
CHILE	01/31/2034	3.500		USD	800,000	682,720	735,160
GERMANY	05/20/2027	3.000		USD	3,379,000	3,185,947	3,354,232
GERMANY	02/15/2028	3.750		USD	3,862,000	3,754,990	3,878,336
GERMANY	09/03/2030	0.875		USD	1,931,000	1,505,613	1,694,897
GERMANY	10/29/2030	4.750		USD	2,000,000	2,002,540	2,088,300
GERMANY	07/15/2033	4.125		USD	965,000	968,599	971,977
GERMANY	02/28/2034	4.375		USD	1,000,000	1,010,110	1,020,230
INDONESIA	09/20/2032	4.650		USD	931,000	902,813	936,065
INDONESIA	01/11/2033	4.850		USD	1,689,000	1,694,308	1,703,221
INDONESIA	01/15/2035	5.600		USD	500,000	512,250	528,715
ISRAEL	01/15/2030	2.500		USD	483,000	418,739	448,234
ISRAEL	07/03/2030	2.750		USD	965,000	849,962	897,566
ISRAEL	01/17/2033	4.500		USD	283,000	272,728	277,213
ISRAEL	03/12/2034	5.500		USD	700,000	665,833	724,857
ISRAEL	02/19/2035	5.625		USD	800,000	791,000	835,432
ITALY	10/17/2029	2.875		USD	800,000	713,192	769,096
JAPAN	05/23/2028	4.000		USD	1,448,000	1,408,194	1,454,530
JAPAN	02/16/2029	2.125		USD	3,620,000	3,141,581	3,448,195
KOREA	01/11/2028	5.000		USD	965,000	972,402	988,604
KOREA	01/14/2035	5.250		USD	1,500,000	1,543,050	1,598,940
MEXICO	02/09/2028	5.400		USD	965,000	965,263	985,748
MEXICO	04/22/2029	4.500		USD	1,448,000	1,368,872	1,453,792
MEXICO	05/07/2029	5.000		USD	1,300,000	1,276,800	1,320,800
MEXICO	05/13/2030	6.000		USD	500,000	518,500	524,000
MEXICO	05/24/2031	2.659		USD	2,896,000	2,325,919	2,577,440
MEXICO	02/09/2035	6.350		USD	800,000	802,192	838,400
MEXICO	09/22/2035	5.625		USD	1,500,000	1,489,125	1,479,000
MEXICO	05/13/2037	6.875		USD	2,285,000	2,275,723	2,438,095
PANAMA	03/01/2031	7.500		USD	400,000	414,980	443,440

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR
OTHER INVESTMENTS
DECEMBER 31, 2025

IDENTITY OF ISSUE	MATURITY	INTEREST RATE	NUMBER OF SHARES	PRINCIPAL CURRENCY	PRINCIPAL	COST	CURRENT VALUE
PANAMA	09/29/2032	2.252 %		USD	$ 1,931,000	$ 1,429,362	$ 1,595,199
PERU	12/01/2032	1.862		USD	1,448,000	1,048,352	1,194,166
PERU	01/15/2034	3.000		USD	800,000	634,720	695,880
PHILIPPINES	10/13/2027	5.170		USD	1,448,000	1,459,787	1,476,395
PHILIPPINES	03/05/2030	4.375		USD	600,000	591,540	607,584
PHILIPPINES	09/29/2032	3.556		USD	2,414,000	2,139,896	2,277,271
PHILIPPINES	02/04/2035	5.500		USD	500,000	513,030	529,010
POLAND	11/16/2027	5.500		USD	1,448,000	1,477,221	1,490,238
POLAND	03/18/2029	4.625		USD	1,600,000	1,599,072	1,631,872
POLAND	11/16/2032	5.750		USD	483,000	504,300	517,916
POLAND	02/12/2035	5.375		USD	1,000,000	1,000,650	1,038,070
SOUTH KOREA	02/03/2028	4.625		USD	200,000	202,314	203,558
SOUTH KOREA	10/15/2031	1.750		USD	750,000	605,502	668,325
SOUTH KOREA	10/25/2031	2.000		USD	1,200,000	1,017,900	1,078,152
SOUTH KOREA	02/15/2033	4.375		USD	400,000	371,760	401,140
SOUTH KOREA	10/23/2033	5.625		USD	300,000	317,199	325,350
SWEDEN	09/13/2027	3.750		USD	700,000	695,520	701,568
SWEDEN	02/01/2029	4.250		USD	300,000	303,273	305,055
SWEDEN	10/04/2030	4.875		USD	500,000	498,725	522,825
URUGUAY	01/23/2031	4.375		USD	965,422	922,850	977,682
TOTAL NON-U.S. GOVERNMENT SECURITIES						83,851,360	87,689,684
SECURITIES PURCHASED UNDER AGREEMENT TO RESELL							
CREDIT AGRICOLE S.A.	1/2/2026	3.800 %		USD	$ 52,984,464	$ 52,984,464	$ 52,984,464
CREDIT AGRICOLE S.A.	1/2/2026	3.810		USD	11,383,595	11,383,595	11,383,595
DEUTSCHE BANK SECURITIES INC.	1/2/2026	3.800		USD	7,238,820	7,238,820	7,238,820
DEUTSCHE BANK SECURITIES INC.	1/2/2026	3.840		USD	46,056,254	46,056,254	46,056,254
MERRILL LYNCH WEALTH MANAGEMENT	1/2/2026	3.820		USD	31,805,301	31,805,301	31,805,301
MIZUHO SECURITIES USA LLC	1/2/2026	3.820		USD	30,382,535	30,382,535	30,382,535
NATWEST GROUP PLC	1/2/2026	3.850		USD	18,513,182	18,513,182	18,513,182
RBC CAPITAL MARKETS, LLC	1/2/2026	3.740		USD	27,252,981	27,252,981	27,252,981
SOCIETE GENERALE S.A.	1/2/2026	3.810		USD	43,583,602	43,583,602	43,583,602
TOTAL SECURITIES PURCHASED UNDER AGREEMENT TO RESELL						269,200,734	269,200,734
TOTAL SFA OTHER INVESTMENTS						$ 353,052,094	$ 356,890,418
TOTAL OTHER INVESTMENTS						$ 457,479,540	$ 387,724,907
TOTAL ASSETS HELD FOR INVESTMENT PURPOSES						$ 35,928,370,938	$ 37,005,943,061

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE H, PART IV, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2025

IDENTITY OF ISSUE	DESCRIPTION	AMOUNT OF PURCHASES	AMOUNT OF SALES	NUMBER OF TRANSACTIONS	NET REALIZED GAIN(LOSS)
LEGACY					
BNY MELLON CASH RESERVE 0.100% 12/31/2049 DD 06/26/97	CASH RESERVE	$ 1,007,751,489	$ 1,043,051,677	213	$ -
C STIF 0.109% 12/31/2049 DD 12/31/95	INTEREST-BEARING CASH	5,291,981,240	5,313,416,777	967	-
U.S. TREASURY BONDS	2.500% 02/15/2045 DD 02/15/15	264,770,430	162,509,180	14	(10,637,695)
U.S. TREASURY BONDS	3.375% 05/15/2044 DD 05/15/14	216,739,773	131,074,455	10	(7,679,521)
U.S. TREASURY BONDS	4.625% 05/15/2044 DD 05/15/24	461,032,969	33,744,922	13	(1,823,828)
SFA					
CS SFA PROP FUND	VAR RT 12/31/2049 DD 10/01/22	$ 6,653,126,326	$ 6,507,703,608	1,190	$ -

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE R, LINE 13D - COLLECTIVE BARGAINING AGREEMENT EXPIRATION DATE
DECEMBER 31, 2025

Bimbo Bakeries USA, Inc.
75-2491201

CBA EXPIRATION DATES	ACCOUNTS
04/04/26	2
04/11/26	1
05/16/26	1
05/30/26	2
06/12/26	1
09/09/26	1
10/10/26	1
04/24/27	1
05/15/27	2
06/19/27	3
06/26/27	1
08/14/27	1
01/01/28	1
04/22/28	1
05/20/28	1
05/27/28	1
10/07/28	2
10/14/28	2
01/07/29	1
02/03/29	1
03/24/29	3
04/07/29	1
05/12/29	1
05/25/29	1
05/26/29	1
08/18/29	1
10/06/29	3
03/30/30	2
04/13/30	2
06/15/30	2
10/20/30	1
11/09/30	4
11/26/30	1

Prairie Farms Dairy, Inc.
37-0811846

CBA EXPIRATION DATES	ACCOUNTS
08/31/23	1
08/15/25	1
08/31/25	1
02/15/26	1
03/31/26	1
04/30/26	1
08/15/26	1
09/30/26	1
03/28/27	1
04/30/27	1
10/31/27	1
12/31/27	6
07/31/28	3
03/31/29	1

Hiland Dairy Foods Company, LLC
43-1180401

CBA EXPIRATION DATES	ACCOUNTS
04/30/26	1
08/31/26	1
03/28/27	1
08/14/27	7
05/31/28	1
01/31/29	1
05/31/29	2

RCS Transportation LLC
20-2646999

CBA EXPIRATION DATES	ACCOUNTS
05/31/21	1
08/31/25	7

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 AND PN: 001
SCHEDULE R, LINE 13E - INFORMATION ON CONTRIBUTION RATES AND BASE UNITS
DECEMBER 31, 2025

ABF Freight System, Inc.
71-0249444

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$74.80	DAILY	87
$71.95	DAILY	6

Bimbo Bakeries USA, Inc.
75-2491201

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$114.40	WEEKLY	1
$150.40	WEEKLY	1
$158.50	WEEKLY	1
$172.10	WEEKLY	1
$196.90	WEEKLY	1
$204.80	WEEKLY	1
	$211.70 / Week or $44.30 / Day	2
$219.90	WEEKLY	1
$220.20	WEEKLY	1
$229.00	WEEKLY	1
$239.70	WEEKLY	1
$297.10	WEEKLY	8
$297.30	WEEKLY	5
$309.00	WEEKLY	1
$309.20	WEEKLY	5
	$309.20 / Week or $64.00 / Day	1
	$309.80 / Week or $64.30 / Day	1
	$309.80 / Week or $68.40 / Day	1
$321.40	WEEKLY	2
	$321.40 / Week or $66.50 / Day	1
$321.60	WEEKLY	2
	$321.60 / Week or $66.60 / Day	1
$322.20	WEEKLY	4
	$322.20 / Week or $66.90 / Day	2
$338.00	WEEKLY	2
	$338.00 / Week or $68.40 / Day	2

Associated Wholesale Grocers, Inc.
48-0614866

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
	$339.73 / Week or $169.87 / Week	3
$339.73	WEEKLY	1

Prairie Farms Dairy, Inc.
37-0811846

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$195.50	WEEKLY	1
$221.20	WEEKLY	1
$285.00	WEEKLY	1
$285.70	WEEKLY	1
$297.30	WEEKLY	2
$297.90	WEEKLY	6
$309.20	WEEKLY	2
$309.80	WEEKLY	1
$320.60	WEEKLY	1
$321.40	WEEKLY	1
$321.60	WEEKLY	3
$338.00	WEEKLY	1

Hiland Dairy Foods Company, LLC
43-1180401

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$321.40	WEEKLY	1
$338.00	WEEKLY	1
$321.60	WEEKLY	8
$305.60	WEEKLY	1
$320.59	WEEKLY	1
$297.30	WEEKLY	2

RCS Transportation LLC
20-2646999

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$219.90	WEEKLY	1
$68.40	DAILY	7

Spartan Stores Distribution, LLC
38-0593940

CONTRIBUTION RATE	BASE UNIT MEASURE	ACCOUNTS
$338.00	WEEKLY	1
$169.00	WEEKLY	1

Schedule of active participant data

(Schedule MB, Line 8b(2))

The participant data (counts and average monthly accrued benefits) in the chart below is for the year ended December 31, 2024.

Pension Credits

Age	Total	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 & over
Under 25	1,548	434	1,088	26	—	—	—	—	—	—	—
	$192	$68	$232	$616	—	—	—	—	—	—	—
25 - 29	2,307	361	1,535	401	10	—	—	—	—	—	—
	$348	$69	$291	$793	—	—	—	—	—	—	—
30 - 34	3,066	351	1,684	765	256	10	—	—	—	—	—
	$514	$71	$298	$884	$1,381	—	—	—	—	—	—
35 - 39	3,339	332	1,544	838	435	185	5	—	—	—	—
	$665	$68	$306	$908	$1,472	$1,707	—	—	—	—	—
40 - 44	3,466	253	1,316	851	481	384	170	11	—	—	—
	$897	$74	$317	$920	$1,494	$1,924	$2,331	—	—	—	—
45 - 49	3,843	207	1,179	841	551	457	398	204	6	—	—
	$1,157	$78	$329	$929	$1,501	$1,930	$2,385	$2,877	—	—	—
50 - 54	4,626	203	1,051	838	668	524	594	532	205	11	—
	$1,509	$75	$337	$944	$1,527	$2,027	$2,493	$2,930	$3,200	—	—
55 - 59	5,305	142	871	750	659	591	637	805	542	305	3
	$1,939	$74	$347	$925	$1,532	$2,045	$2,501	$3,085	$3,363	$3,773	—
60 - 64	4,451	69	514	566	558	523	531	632	491	442	125
	$2,132	$73	$350	$922	$1,483	$2,023	$2,461	$2,901	$3,317	$3,787	$3,622
65 - 69	1,231	23	192	170	175	150	117	124	92	90	98
	$1,947	$89	$350	$889	$1,448	$2,035	$2,278	$2,788	$3,398	$3,843	$3,538
70 & over	166	9	43	26	14	11	16	7	9	11	20
	$1,735	—	$297	$795	—	—	—	—	—	—	$3,599
Unknown	153	33	75	41	4	—	—	—	—	—	—
	$519	$55	$443	$971	—	—	—	—	—	—	—
Total	**33,501**	**2,417**	**11,092**	**6,113**	**3,811**	**2,835**	**2,468**	**2,315**	**1,345**	**859**	**246**
	$1,253	**$72**	**$309**	**$908**	**$1,494**	**$1,979**	**$2,446**	**$2,965**	**$3,324**	**$3,778**	**$3,660**

Segal

Statement of actuarial assumptions, methods and models

(Schedule MB, Line 6)

Rationale for demographic and noneconomic assumptions

The information and analysis used in selecting each demographic assumption that has a significant effect on this actuarial valuation is shown in a detailed actuarial experience study (Review of Demographic Plan Experience for Five-Year Period from January 1, 2015 Through December 31, 2019). Current data is reviewed with each annual valuation. Based on professional judgment, assumptions for future mortality improvement, future employer default rates, and assumptions applicable to inactive vested participants (as noted), were updated in a prior valuation.

Decrements

Rates of Retirement: Table A. The retirement assumption consists of age-based rates at which active and inactive participants are assumed to retire and commence benefits under the Plan. The retirement assumption applies only to participants who are eligible to commence benefits under the Plan.

Rates of Withdrawal Prior to Retirement: Table B. The withdrawal assumption consists of rates at which active participants are assumed to terminate from covered employment. The rates under the withdrawal assumption are based on service.

Rates of Disability: Table C. The disability assumption consists of age-based rates at which participants become disabled and collect disability retirement benefits from the Plan, which are available through age 62. This assumption applies only to participants who are eligible for a disability benefit under the Plan, and it determines when disabled annuitant life mortality rates apply in the valuation.

Rates of Mortality:

- **Non-Annuitant Lives:** For males, Pri-2012 Blue Collar Employee Male table with generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Employee Female table with generational projection using Scale MP-2021 from 2012.
- **Healthy Retiree Lives:** For males, Pri-2012 Blue Collar Retiree Male table with rates increased by 11%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Retiree Female table with rates increased by 4%, and generational projection using Scale MP-2021 from 2012.
- **Contingent Survivor Lives:** These tables apply upon the death of the corresponding participant. For males, Pri-2012 Blue Collar Contingent Survivor Male table with generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Blue Collar Contingent Survivor Female table with rates increased by 9%, and generational projection using Scale MP-2021 from 2012.
- **Disabled Lives:** For males, Pri-2012 Disabled Retiree Male table with rates increased by 23%, and generational projection using Scale MP-2021 from 2012. For females, Pri-2012 Disabled Retiree Female table with generational projection using Scale MP-2021 from 2012.

The adjusted underlying tables with the generational projection to the ages of participants as of the measurement date reasonably reflect the mortality experience of the Plan as of the measurement date. These adjusted mortality tables were then projected to future years using Scale MP-2021 to reflect future mortality improvement.

Note: The rates described above are rates of decrement, not probability rates. Probability rates at a given age are calculated by considering all applicable rates of decrement at that age.

Table A: Retirement (%)

Age	Active Participant Primary Schedule Service < 20	Active Participant Primary Schedule Service >= 20	Active Participants Default/Distressed/ RPW Schedule Service < 20	Active Participants Default/Distressed/ RPW Schedule Service >= 20	Non-UPS Inactive Vested Participants Service < 20	Non-UPS Inactive Vested Participants Service >= 20	Inactive Vested Participants UPS Retirees[1]	Inactive Vested Participants UPS Non-Retirees[2]
57	2.0	11.0	1.0	3.0	7.0	15.0	0.0	20.0
58	1.0	7.0	1.0	2.0	3.0	6.0	0.0	10.0
59	2.0	8.0	2.0	3.0	4.0	7.0	0.0	10.0
60	3.0	9.0	2.0	4.0	5.0	9.0	0.0	10.0
61	8.0	18.0	4.0	12.0	8.0	13.0	0.0	13.0
62	15.0	33.0	11.0	24.0	14.0	22.0	0.0	25.0
63	12.0	22.0	8.0	16.0	8.0	15.0	0.0	13.0
64	17.0	24.0	13.0	22.0	14.0	20.0	0.0	17.0
65	28.0	33.0	26.0	30.0	25.0	35.0	100.0	30.0
66	28.0	33.0	26.0	26.0	14.0	24.0	100.0	13.0
67	23.0	26.0	18.0	18.0	8.0	15.0	100.0	9.0
68	21.0	26.0	17.0	17.0	6.0	13.0	100.0	7.0
69	14.0	23.0	11.0	11.0	6.0	11.0	100.0	5.0
70	26.0	26.0	13.0	13.0	6.0	15.0	100.0	5.0
71	100.0	100.0	100.0	100.0	17.0	38.0	100.0	100.0
72	100.0	100.0	100.0	100.0	3.0	3.0	100.0	100.0
73-75	100.0	100.0	100.0	100.0	2.0	2.0	100.0	100.0
76-85	100.0	100.0	100.0	100.0	1.0	1.0	100.0	100.0

[1] These rates pertain to commencement of benefits under the Central States Plan, assuming the participant has already commenced benefits under the UPS/IBT Full-Time Employee Pension Plan (the "UPS Plan")

[2] These rates apply to when UPS inactive vested participants are assumed to commence benefits from the UPS Plan

Table B: Withdrawals[1] (%)

Years of Participation Service	Withdrawal Rate	Years of Participation Service	Withdrawal Rate
< 1	29.0	12	10.0
1	29.0	13	10.0
2	23.0	14	10.0
3	18.0	15	9.0
4	16.0	16	9.0
5	15.0	17	8.0
6	15.0	18	7.0
7	15.0	19	7.0
8	13.0	20	7.0
9	11.0	21	7.0
10	11.0	22	7.0
11	10.0	23 & over	6.0

[1] Withdrawal rates apply to all active participants who are not eligible for immediate commencement of a retirement benefit under the Plan

Table C: Disability (%)

Age	Rate of Disability	Age	Rate of Disability	Age	Rate of Disability
30 and under	0.00	41	0.02	52	0.11
31	0.00	42	0.02	53	0.15
32	0.01	43	0.02	54	0.21
33	0.01	44	0.02	55	0.20
34	0.01	45	0.02	56	0.13
35	0.01	46	0.02	57	0.11
36	0.01	47	0.02	58	0.03
37	0.01	48	0.02	59	0.03
38	0.01	49	0.02	60	0.03
39	0.01	50	0.06	61	0.03
40	0.01	51	0.11	62	0.03

Table D: Mortality[1]

Age	Healthy Male[2]	Healthy Female[2]	Contingent Survivor Male	Contingent Survivor Female	Disabled Male	Disabled Female
20	0.07%	0.02%	1.61%	0.77%	1.37%	0.34%
25	0.08%	0.03%	1.77%	0.84%	1.47%	0.48%
30	0.09%	0.04%	2.06%	0.93%	1.78%	0.58%
35	0.11%	0.05%	2.25%	0.96%	2.28%	0.81%
40	0.12%	0.07%	2.10%	0.84%	2.58%	1.07%
45	0.13%	0.09%	1.72%	0.69%	2.78%	1.33%
50	0.17%	0.12%	1.45%	0.62%	2.48%	1.22%
55	0.26%	0.19%	1.59%	0.85%	2.52%	1.40%
60	1.03%	0.75%	2.05%	1.21%	2.89%	1.74%
65	1.42%	1.08%	2.60%	1.61%	3.54%	2.05%
70	2.14%	1.51%	3.21%	2.11%	4.54%	2.52%
75	3.32%	2.39%	4.23%	3.06%	6.40%	3.54%
80	5.70%	4.10%	6.09%	4.76%	9.85%	5.57%
85	9.99%	7.31%	9.38%	7.85%	15.52%	9.26%
90	17.26%	12.99%	15.34%	13.61%	23.73%	15.42%

Description of weighted average retirement age

Age 64, determined as follows: The weighted average retirement age for each participant is calculated as the sum of the product of each potential current or future retirement age times the probability of surviving from current age to that age and then retiring at that age, assuming no other decrements. The overall weighted retirement age is the average of the individual retirement ages based on all the active participants included in the January 1, 2025 actuarial valuation.

[1] Rates above are sample rates in 2025. Rates are projected on a generational basis after 2025 using Scale MP-2021.
[2] Employee rates shown for ages 20-55 and retiree rates shown for ages 60-90

Future benefit accruals

One year of service per year.

The future benefit accruals were based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Frequency of employer contributions

For active participants, based on the units of contributions during the most recent Plan Year, as follows:

Assumed Weeks Worked	Assumed Days Worked	Assumed Hours Worked
50	240	1,900

Unknown data for participants

Same as those exhibited by participants with similar known characteristics. If not specified, participants are assumed to be male. The Fund Office adjusted for missing birth dates by assuming that participants were born 30 years prior to participation date.

Definition of active participants

Active participants are defined as those reported as Active by the Fund Office excluding those who have retired as of the valuation date. All actives have earned one year of vesting service in the most recent plan year.

Exclusion of inactive vested participants

Inactive participants over age 85 are excluded from the valuation, based on an assumption that they will not ultimately apply for a pension or respond to inquiries by the Fund Office. This assumption does not apply to those UPS participants that became inactive vested participants as a result of UPS's withdrawal.

Deceased inactive vested participants

75% of inactive vested participants reported with a date of death are assumed to be married at their time of death. Based on assumed survival of spouses from their assumed average age as of the participants' death to the average age at valuation, 85% of these participants' spouses are assumed to survive and claim a survivor benefit if provided under the Plan. Therefore, 63.75% (75% x 85%) of these deceased participants are assumed to have a surviving spouse.

Surviving spouses are assumed to be the opposite sex of the deceased participant. Females are assumed to be two years younger than their male spouses.

Surviving spouses are assumed to receive a 50% qualified surviving spouse annuity at the earliest possible commencement date (no later than the participant's normal retirement date). If applicable, the surviving spouse is assumed to be paid retroactive payments consistent with the Fund's policy.

Percent married

75% of active and inactive vested participants are assumed to be married.

Age and sex of spouse

Spouses are assumed to be the opposite sex of participants. Females are assumed to be 2 years younger than their male spouses.

Post-NRA retirements

95% of benefits paid to inactive vested participants retiring after age 65 are assumed to be ineligible for retroactive payments or adjustments due to post-NRA commencement.

This assumption is based on historical and current demographic data, adjusted to reflect estimated future experience and professional judgment.

Benefit election

Active and inactive vested participants are assumed to elect optional forms of payment as shown in the table below:

Unmarried Single Life[1]	Married Single Life[1]	Married 50% Joint & Survivor	Married 75% Joint & Survivor
25%	40%	20%	15%

Net investment return

4.75%

The net investment return assumption is a long-term estimate derived from historical data, current and recent market expectations, and professional judgment. Since the Plan's target asset allocation includes over 75% of the asset portfolio in a cash-matched fixed income strategy with the balance in other fixed income and alternative investments to match the overall duration of assets and liabilities, a single interest rate was developed based on the prevailing market yields as of the valuation date of the underlying target asset portfolio, as provided by BlackRock.

Annual administrative expenses

$51,600,000 for the year beginning January 1, 2025 (equivalent to $50,323,592 payable at the beginning of the year).

The annual administrative expenses were based on the expense budget for the current year as of January 1, 2025.

Actuarial value of assets

At market value

Actuarial cost method

Unit Credit Actuarial Cost Method. Normal Cost and Actuarial Accrued Liability are calculated on an individual basis and are allocated by service.

[1] A death benefit is payable to the beneficiaries of participants who are covered under the Primary Schedule of the Rehabilitation Plan, who elect a single life annuity, and who die within 60 months of commencing benefits. For married participants, the death benefit is the balance of 60 monthly payments; for single participants, the death benefit is a single payment of $1,000.

Benefit class

Plan participants are assumed to remain in their current Benefit Class until termination or retirement.

Benefits valued

Unless otherwise indicated, includes all benefits summarized in Exhibit L.

Current liability assumptions

- **Interest:** 4.01%, within the permissible range prescribed under IRC Section 431(c)(6)(E)
- **Mortality:** Mortality prescribed under IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1): Pri-2012 employee and retiree mortality tables, projected generationally using Scale 2024 Adjusted MP-2021.

Actuarial models

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are prepared to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible Enrolled Actuary.

Summary of plan provisions

(Schedule MB, Line 6)

This exhibit summarizes the major provisions of the Plan included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

Plan year

January 1 through December 31

Pension credit year

January 1 through December 31

Plan status

Ongoing plan

Participation

Employee is eligible to participate when at least 20 weeks of contributions have been made on his or her behalf in the first year of employment or in any calendar year thereafter (for Benefit Classes 15A through 18+, need 20 weeks or 75 days of contributions).

Contributions

Employers made hourly, daily, or weekly contributions on behalf of their employees, as established by a collective bargaining agreement. These contribution rates are a factor in determining Benefit Class. Minimum contribution rates vary by several factors, including Benefit Class and year of last contract.

The average annual contribution rate per participant, based on the assumptions regarding frequency, is $13,808.

Service credit

Sum of Contributory Credit and Non-Contributory Credit

Contributory credit

Credit is based on contributions made by employer on employee's behalf. Contributory Credit is earned on a calendar year basis according to the following schedule:

Benefit Classes 1 – 14:

- **0 – 19 weeks contributed:** No Credit
- **20 – 39 weeks contributed:** Number of weeks divided by 40
- **40 or more weeks contributed:** 1 year credit

Benefit Classes 15A – 18+:

- **0 – 19 weeks contributed:** No Credit
- **20 – 39 weeks contributed:** Number of weeks divided by 40
- **40 or more weeks contributed:** 1 year credit

Or

- **74 days contributed:** No Credit
- **75 – 179 days contributed:** Number of days divided by 180
- **180 or more days contributed:** 1 year credit

Non-contributory credit

Employee can earn Non-Contributory Credit if he or she became a Participant prior to April 1, 1985, and if he or she worked for a Teamster type organization prior to becoming a participant in this plan. Up to one year of Non-Contributory Credit can be given for each year of Contributory Credit.

Reemployment

If a pensioner or disabled Participant returns to work, benefit payments may be suspended pursuant to the terms of the Plan. Benefit may have to be re-calculated if he or she earns additional credit.

Vesting service

A Participant earns one year of Vesting Service for each calendar year during which the employer makes at least 20 weeks of contribution on his or her behalf (20 weeks or 75 days for Benefit Classes 15A through 18+). A Participant becomes vested upon earning five years of vesting service.

Break in service

A one-year break is a calendar year with less than 10 weeks of Contributory Credit, Non-Contributory Credit, or Vesting Service.

A Break in Service occurs when a non-vested Participant has the greater of a) five consecutive one-year breaks, or b) a number of consecutive one-year breaks equal to the number of years of Vesting Service prior to the one-year breaks.

Retirement benefits

A Participant receives the best of the following benefit types at retirement:

- Twenty-Year Service Pension
- Contribution-Based Pension
- Contributory Credit Pension

Twenty-year service pension

This benefit is earned by combining Contributory Credit and Non-Contributory Credit, and at least one-half of the total Credit must be Contributory.

This Benefit is based on Benefit Class and age at retirement as follows:

Benefit Class	Age 57 Monthly Amount	Age 58 Monthly Amount	Age 59 Monthly Amount	Age 60-64 Monthly Amount	Age 65 Monthly Amount
1	$60	$60	$60	$60	$60
2	90	90	90	90	90
2A	125	125	125	125	125
3	140	140	140	170	170
3A	170	170	170	210	210
4	225	225	225	275	275
5	260	260	260	315	315
6	285	285	285	350	350
7	330	330	330	400	400
8	365	365	365	445	445
9	400	400	400	485	485
10	435	435	435	530	530
11	490	490	490	595	595
12	575	575	575	675	675
13	600	600	600	725	725
14	625	625	625	775	775
15	700	750	800	900	900
16	700	750	800	900	1,100
17A&B	700	750	800	900	1,100
18&18+	700	750	800	900	1,100

- **Eligibility:**
  - Attain age 50 while an active plan participant with 20 years of Credit, or
  - 30 years of Credit, regardless of age.
- **Amount:** Monthly pension benefit is based on chart above using age on the earlier of retirement date or date of termination. Benefit is reduced by .5% for each month retirement age precedes age 57.

Deferred pension (special provision)

- **Eligibility:**
  - Attain age 57 while an active plan participant with 20 years of Credit, or
  - 20 years of Contributory Credit, regardless of age, with at least 20 weeks under Schedule B of the Benefit Class Rate Chart, or
  - Attain age 50 while an active plan participant with 20 years of Contributory Credit.
- **Amount:** Monthly pension benefit is based on previous chart using age at retirement (not age at termination). This special Deferred Pension allows a participant to terminate employment, but delay retirement to a later date to receive a greater benefit. This benefit is reduced .5% for each month retirement age precedes age 57. This benefit is not payable prior to age 50.

Contribution-based pension

- **Eligibility:** Five years of Vesting Service.
- **Amount:** This monthly pension benefit is payable, unreduced, at the earlier of age 65 and age 62 with 20 years of Credit, and is equal to (a) + (b) + (c):
  - (a) 1% of all employer contributions paid on the Participant's behalf on or after January 1, 2004;
  - (b) 2% of all employer contributions paid on the Participant's behalf on or after January 1, 1986 through December 31, 2003;
  - (c) Pre-1986 credit is determined using a formula as defined in the January 1, 1985 Pension Plan.
- This benefit can be taken early, with a reduction of .5% for each month retirement date precedes age 65, or age 62 with 20 years of Credit if earlier.

Contributory pension

- **Eligibility (must meet any of the following):**
  - 30 years of Contributory Credit, with at least ½ year of Contributory Credit earned prior to January 1, 2004 and Contribution being made under Schedule B of the Benefit Class Rate Chart;
  - At least age 57 with at least 20 years of Contributory Credit and Benefit Class 16 or higher;
  - At least age 57 with at least 25 years of Contributory Credit and Benefit Class 15C or higher;
  - At least age 60 with at least 25 years of Contributory Credit and Benefit Class 15A or higher;
  - 25 years of Contributory Credit and Benefit Class 17A, 18, or 18+;
  - At least age 55 with at least 25 years of Contributory Credit and Benefit Class 17B;
  - At least age 50 with at least 20 years of Contributory Credit and Benefit Class 18 or 18+
- **Amount:** The sum of (a) and (b), where:
  - (a) 1% of Contributions paid on participant's behalf on or after January 1, 2004 (payable monthly and reduced .5% per month for retirement prior to 62);
  - (b) a percentage (determined by taking years of Contributory Credit as of December 31, 2003 divided by the total years of Contributory Credit, capped at the minimum years needed for the applicable benefit amount) of the amount, payable monthly, taken from the following charts (age used in chart should be age at date of termination).
- **For Benefit Classes 1 – 14:** Use age 60 amount from Twenty-Year Service Pension Chart
- **For Benefit Class 15A:**

Age	25 Years	30 Years
Any	$0	$1,000
60-61	950	1,050
62-64	1,050	1,125
65+	1,125	1,250

- **For Benefit Class 15B:**

Age	25 Years	30 Years
Any	$0	$1,000
60-61	1,000	1,100
62-64	1,100	1,250
65+	1,250	1,500

- **For Benefit Class 15C (Phase I):**

Age	25 Years	30 Years
Any	$0	$1,000
57-59	900	1,125
60-61	1,125	1,350
62-64	1,225	1,500
65+	1,375	1,750

- **For Benefit Class 15C (Phase II):**

Age	25 Years	30 Years
Any	$0	$1,000
57-59	1,000	1,250
60-61	1,250	1,600
62-64	1,350	1,750
65+	1,500	2,000

- **For Benefit Class 16:**

Age	20 Years	25 Years	30 Years
Any	$0	$0	$2,000
57	900	1,200	2,000
58	950	1,300	2,000
59	1,000	1,400	2,000
60	1,050	1,500	2,000
61	1,100	1,600	2,100
62	1,200	1,700	2,200
63	1,300	1,800	2,300
64	1,400	1,900	2,400
65+	1,500	2,000	2,500

- **Contributory Credit Pensions Under Benefit Class 17A:**

Age	25 Years of Contrib. Service	26 Years of Contrib. Service	27 Years of Contrib. Service	28 Years of Contrib. Service	29 Years of Contrib. Service	30 Years of Contrib. Service	31 Years of Contrib. Service	32 Years of Contrib. Service	33 Years of Contrib. Service	34 Years of Contrib. Service	35+ Years of Contrib. Service
Any Age	$1,500	$1,500	$1,500	$1,500	$1,500	$2,000	$2,100	$2,200	$2,300	$2,400	$2,500
56	1,500	1,600	1,600	1,600	1,600	2,000	2,100	2,200	2,300	2,400	2,500
57	1,500	1,600	1,700	1,700	1,700	2,000	2,100	2,200	2,300	2,400	2,500
58	1,500	1,600	1,700	1,800	1,800	2,000	2,100	2,200	2,300	2,400	2,500
59	1,500	1,600	1,700	1,800	1,900	2,000	2,100	2,200	2,300	2,400	2,500
60	1,500	1,600	1,700	1,800	1,900	2,000	2,100	2,200	2,300	2,400	2,500
61	1,600	1,600	1,700	1,800	1,900	2,100	2,100	2,200	2,300	2,400	2,500
62	1,700	1,700	1,700	1,800	1,900	2,200	2,200	2,200	2,300	2,400	2,500
63	1,800	1,800	1,800	1,800	1,900	2,300	2,300	2,300	2,300	2,400	2,500
64	1,900	1,900	1,900	1,900	1,900	2,400	2,400	2,400	2,400	2,400	2,500
65 & Up	2,000	2,000	2,000	2,000	2,000	2,500	2,500	2,500	2,500	2,500	2,500

- **Contributory Credit Pensions Under Benefit Class 17B:**

Age	25 Years of Contrib. Service	26 Years of Contrib. Service	27 Years of Contrib. Service	28 Years of Contrib. Service	29 Years of Contrib. Service	30 Years of Contrib. Service	31 Years of Contrib. Service	32 Years of Contrib. Service	33 Years of Contrib. Service	34 Years of Contrib. Service	35+ Years of Contrib. Service
Any Age	-	-	-	-	-	$2,500	$2,600	$2,700	$2,800	$2,900	$3,000
55	$1,500	$1,500	$1,500	$1,500	$1,500	2,500	2,600	2,700	2,800	2,900	3,000
56	1,500	1,600	1,600	1,600	1,600	2,500	2,600	2,700	2,800	2,900	3,000
57	1,500	1,600	1,700	1,700	1,700	2,500	2,600	2,700	2,800	2,900	3,000
58	1,500	1,600	1,700	1,800	1,800	2,500	2,600	2,700	2,800	2,900	3,000
59	1,500	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
60	1,500	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
61	1,600	1,600	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
62	1,700	1,700	1,700	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
63	1,800	1,800	1,800	1,800	1,900	2,500	2,600	2,700	2,800	2,900	3,000
64	1,900	1,900	1,900	1,900	1,900	2,500	2,600	2,700	2,800	2,900	3,000
65 & Up	2,000	2,000	2,000	2,000	2,000	2,500	2,600	2,700	2,800	2,900	3,000

- **Contributory Credit Pensions Under Benefit Class 18:**

Age	20-24 Years of Contrib. Service	25 Years of Contrib. Service	26 Years of Contrib. Service	27 Years of Contrib. Service	28 Years of Contrib. Service	29 Years of Contrib. Service	30 Years of Contrib. Service	31 Years of Contrib. Service	32 Years of Contrib. Service	33 Years of Contrib. Service	34 Years of Contrib. Service	35+ Years of Contrib. Service
Any Age	-	$2,000	$2,100	$2,200	$2,300	$2,400	$3,000	$3,100	$3,200	$3,300	$3,400	$3,500
50	$650	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
51	700	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
52	750	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
53	800	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
54	850	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
55	900	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
56	950	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
57	1,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
58	1,050	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
59	1,100	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
60	1,150	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
61	1,200	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
62	1,300	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
63	1,400	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
64	1,500	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
65 & Up	2,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500

- **Contributory Credit Pensions Under Benefit Class 18 Plus:**

Age	20-24 Years of Contrib. Service	25 Years of Contrib. Service	26 Years of Contrib. Service	27 Years of Contrib. Service	28 Years of Contrib. Service	29 Years of Contrib. Service	30 Years of Contrib. Service	31 Years of Contrib. Service	32 Years of Contrib. Service	33 Years of Contrib. Service	34 Years of Contrib. Service	35+ Years of Contrib. Service
Any Age	-	$2,000	$2,100	$2,200	$2,300	$2,400	$3,000	$3,100	$3,200	$3,300	$3,400	$3,500
50	$650	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
51	700	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
52	750	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
53	800	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
54	850	2,000	2,100	2,200	2,300	2,400	3,000	3,100	3,200	3,300	3,400	3,500
55	900	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
56	950	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
57	1,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
58	1,050	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
59	1,100	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
60	1,150	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
61	1,200	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
62	1,300	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
63	1,400	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
64	1,500	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500
65 & Up	2,000	2,500	2,600	2,700	2,800	2,900	3,000	3,100	3,200	3,300	3,400	3,500

Disability pension

- **Eligibility:** Under age 62 with 10 years of credited service and Benefit Class 4 or higher
- **Amount:** For Benefit Class 18: $650 per month plus $50 for each year that the age at time of disability exceeded age 50 with a maximum benefit of $1,000. For other Benefit Classes: $265 per month until death or recovery from disability. At age 65, a disabled participant may elect to receive a normal retirement benefit instead.

Vesting

- **Eligibility:** 5 years of vesting service
- **Amount:** Vested participants retiring after January 1, 1987 will get a Contribution-Based Pension. The Vested Pension is only for those retiring on or before January 1, 1987.

Pre-retirement death benefits

- **50% Surviving Spouse Benefit:**
  - **Eligibility:** Married and either a vested participant or eligible for an immediate pension.
  - **Amount:** 50% of the pension that would have been payable under the Joint and 50% Surviving Spouse option.
- **60-Month Survivor Benefit:**
  - **Eligibility:** Active participant with 20 years of credited service, married or with dependent children, and Benefit Class 4 or higher.
  - **Amount:** 60 months' pension equal to the greater of $160 per month or the pension the deceased participant could have received under the lifetime with limited surviving spouse payment option.
- **Lump-Sum Death Benefit:**
  - **Eligibility:** Active participant with 10 years of credited service.
  - **Amount:** $4,000 under Schedule B, $2,000 under Schedule A, or $10,000 under Benefit Class 18 but not more than 50% of the contributions made for the participant. Survivor eligible for more than one death benefit must elect which one to receive if not covered under Benefit Class 18.
- **Disability Death Benefit:**
  - **Eligibility:** Receiving a disability pension.
  - **Amount:** $1,000 unless the surviving spouse elects to receive the 50% Surviving Spouse Benefit described above.
- **Lump-Sum Disability Benefit:**
  - **Eligibility:** Age 45 with 10 years of credited service and not eligible for the disability pension.
  - **Amount:** $3,000 under Schedule B or $2,000 under Schedule A, but not more than 50% of the contributions made for the participant.

Optional forms of benefits

- **For single participants:**
  - Single Life Annuity for members of Benefit Classes 4 and higher, with a $1,000 death benefit
  - Single Life Annuity for members of Benefit Classes below 4 and a benefit based on 20 years of Credit, with a $1,000 death benefit
- **For married participants:**
  - 50% Joint and Survivor Pension (QJSA) with pop-up provision, reduced from the single life annuity
  - 75% Joint and Survivor Pension (QOSA) with pop-up provision, reduced form the single life annuity
  - Single Life Annuity for members of Benefit Classes 4 and higher with at least 20 years of Credit, with 60 months of payments guaranteed or, if the spouse does not survive to the pensioner's death, a $1,000 death benefit
  - Single Life Annuity for members of Benefit Classes below 4 and a benefit based on 20 years of Credit, with a $1,000 death benefit upon the pensioner's death and a $500 death benefit upon the spouse's death

Benefit transfer

Effective January 1, 2008, the responsibility to pay all benefits to non-retired UPS participants as of January 1, 2008 other than the Contribution-Based Pension Accrued Benefit payable at age 65 was transferred to the UPS/IBT Full-Time Pension Plan.

Summary of plan changes under Rehabilitation Plan

Primary Schedule: Except for plan withdrawals, preserves all current benefit provisions. Annually compounded contribution increases were required effective immediately after the expiration of the Collective Bargaining Agreements in effect on March 26, 2008. For 2008 agreements, the increases were 8% for the first five years, 6% for the next three years, and 4% per year thereafter. Effective for retirements on or after July 1, 2011, participants will not be granted a retirement date prior to age 57, and effective June 1, 2011, required contributions will be limited to $348 per week for each participant covered by the National Automobile Transporter Agreement and $342 per week for all other participants. Effective April 3, 2023, contribution rates under certain Collective Bargaining Agreements are deemed to be in compliance with the Primary Schedule without the need for additional annual rate increases. Any employer that qualifies as a New Employer under Section 2.2(b) of Appendix E of the Plan is not required to make additional contribution rate increases otherwise required by the Rehabilitation Plan as of the date it qualifies as a New Employer.

Default Schedule: Adjustable Benefits are eliminated or reduced to the maximum extent permitted by law for employees of contributing employers subject to the Default Schedule. Adjustable Benefits include the Twenty-Year Service Pension, the Contributory Credit Pension, all disability benefits not yet in pay status, and before retirement death benefits other than the 50% surviving spouse benefit. Effective for retirements on or after July 1, 2011, the early retirement reductions in the Default Schedule are based on actuarially equivalent factors rather than 6% per year from 65 and may not commence prior to age 57. Annually compounded contribution increases of 4% were required effective immediately after the expiration of the Collective Bargaining Agreements in effect on March 26, 2008. Any employer that qualifies as a New Employer under Section 2.2(b) of Appendix E of the Plan is not required to make additional contribution rate increases otherwise required by the Rehabilitation Plan as of the date it qualifies as a New Employer.

Rehabilitation Plan Withdrawals: When a contributing employer is no longer required to make employer contributions to the Pension Fund under one or more of its Collective Bargaining Agreements as a result of actions by members of a Bargaining Unit, its representatives, or the contributing employer; the participants of that employer that have not yet commenced benefits shall be subject to the Adjustable Benefit reductions of the Default Schedule.

Distressed Employer Schedule: Adjustable Benefits are eliminated or reduced to the maximum extent permitted by law for employees of contributing employers subject to the Distressed Employer Schedule, except for any participant that has achieved a minimum age of 55 and accrued a minimum of 25 years of Contributory Credit as of the date of the Distressed Employer's termination of participation in the Fund provided that the retirement is not prior to age 62. Adjustable Benefits include the Twenty-Year Service Pension, the Contributory Credit Pension, all disability benefits not yet in pay status, and before retirement death benefits other than the 50% surviving spouse benefit. Early retirement reductions are based on actuarially equivalent factors effective for retirements on or after July 1, 2011.

Changes in plan provisions

The following plan provision was changed and is reflected in this valuation:

During the plan year ended December 31, 2024, 11 active participants and 23 inactive vested participants were first reported to be covered under the Default Schedule, Distressed Employer Schedule, or were subject to Adjustable Benefit reductions as a result of a Rehabilitation Plan Withdrawal. As participants become subject to these schedules, their changes in benefits are treated as a plan change.

SCHEDULE MB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
CENTRAL STATES, SOUTHEAST & SOUTHWEST AREAS PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
TRUSTEES OF CENTRAL STATES, SE AND SW AREAS PENSION FUND

D Employer Identification Number (EIN)
36-6044243

E Type of plan: **(1)** [X] Multiemployer Defined Benefit **(2)** [ ] Money Purchase (see instructions)

1a	Enter the valuation date: Month 01 Day 01 Year 2025		
b	Assets		
	(1) Current value of assets	**1b(1)**	5,938,770,504
	(2) Actuarial value of assets for funding standard account	**1b(2)**	5,938,770,504
c	**(1)** Accrued liability for plan using immediate gain methods	**1c(1)**	37,737,312,831
	(2) Information for plans using spread gain methods:		
	(a) Unfunded liability for methods with bases	**1c(2)(a)**	
	(b) Accrued liability under entry age normal method	**1c(2)(b)**	
	(c) Normal cost under entry age normal method	**1c(2)(c)**	
	(3) Accrued liability under unit credit cost method	**1c(3)**	37,737,312,831
d	Information on current liabilities of the plan:		
	(1) Amount excluded from current liability attributable to pre-participation service (see instructions)	**1d(1)**	
	(2) "RPA '94" information:		
	(a) Current liability	**1d(2)(a)**	42,668,150,131
	(b) Expected increase in current liability due to benefits accruing during the plan year	**1d(2)(b)**	322,129,637
	(c) Expected release from "RPA '94" current liability for the plan year	**1d(2)(c)**	2,880,383,434
	(3) Expected plan disbursements for the plan year	**1d(3)**	2,931,983,434

Statement by Enrolled Actuary

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

SIGN HERE AF Aldwin Frias — 9/9/2026

Signature of actuary — Date

Aldwin Frias, FSA, FCA, MAAA — 2606687

Type or print name of actuary — Most recent enrollment number

SEGAL — 212-251-5000

Firm name — Telephone number (including area code)

66 Hudson Blvd, E, 20th floor
New York NY 10001-2192

Address of the firm

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

2 Operational information as of beginning of this plan year:

a Current value of assets (see instructions)		**2a**	7,260,882,046
b "RPA '94" current liability/participant count breakdown:		**(1)** Number of participants	**(2)** Current liability
(1) For retired participants and beneficiaries receiving payment		184,334	28,619,506,603
(2) For terminated vested participants		109,584	9,659,073,420
(3) For active participants:			
(a) Non-vested benefits			206,252,243
(b) Vested benefits			4,183,317,865
(c) Total active		33,501	4,389,570,108
(4) Total		327,419	42,668,150,131
c If the percentage resulting from dividing line 2a by line 2b(4), column (2), is less than 70%, enter such percentage		**2c**	17.01 %

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

(a) Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**(c)** Amount paid by employees	**(a)** Date (MM/DD/YYYY)	**(b)** Amount paid by employer(s)	**c)** Amount paid by employees
07/01/2025	419,548,270	0			
07/01/2025	88,571,232	0			

k Has a change been made in funding method for this plan year? ☐ Yes ☒ No

l If line k is "Yes," was the change made pursuant to Revenue Procedure 2000-40 or other automatic approval? ☐ Yes ☐ No

m If line k is "Yes," and line l is "No," enter the date (MM/DD/YYYY) of the ruling letter (individual or class) approving the change in funding method — **5m**

6 Checklist of certain actuarial assumptions:

a Interest rate for "RPA '94" current liability — **6a**: 4.01 %

		Pre-retirement	Post-retirement
b Rates specified in insurance or annuity contracts		☐ Yes ☐ No ☒ N/A	☐ Yes ☐ No ☒ N/A
c Mortality table code for valuation purposes:			
(1) Males	**6c(1)**	9P	A
(2) Females	**6c(2)**	9FP	A
d Valuation liability interest rate	**6d**	4.75 %	4.75 %
e Salary scale	**6e**	% ☒ N/A	
f Withdrawal liability interest rate:			
(1) Type of interest rate	**6f(1)**	☐ Single rate ☒ ERISA 4044 ☐ Other ☐ N/A	
(2) If "Single rate" is checked in (1), enter applicable single rate	**6f(2)**	%	
g Estimated investment return on actuarial value of assets for year ending on the valuation date	**6g**	-13.0 %	
h Estimated investment return on current value of assets for year ending on the valuation date	**6h**	-13.0 %	
i Expense load included in normal cost reported in line 9b	**6i**	☐ N/A	
(1) If expense load is described as a percentage of normal cost, enter the assumed percentage	**6i(1)**	%	
(2) If expense load is a dollar amount that varies from year to year, enter the dollar amount included in line 9b	**6i(2)**	50,323,592	
(3) If neither (1) nor (2) describes the expense load, check the box	**6i(3)**	☐	

7 New amortization bases established in the current plan year:

(1) Type of base	**(2)** Initial balance	**(3)** Amortization Charge/Credit
1	-1,692,167,046	-153,015,735
3	-139,787	-12,640
4	-2,909,243,904	-263,071,010

8 Miscellaneous information:

a If a waiver of a funding deficiency has been approved for this plan year, enter the date (MM/DD/YYYY) of the ruling letter granting the approval — **8a**

b Demographic, benefit, and contribution information

(1) Is the plan required to provide a projection of expected benefit payments? (See instructions) If "Yes," see instructions for required attachment. ☒ Yes ☐ No

(2) Is the plan required to provide a Schedule of Active Participant Data? (See instructions). ☒ Yes ☐ No

(3) Is the plan required to provide a projection of employer contributions and withdrawal liability payments? (See instructions) If "Yes," attach a schedule. ☒ Yes ☐ No

c Are any of the plan's amortization bases operating under an extension of time under section 412(e) (as in effect prior to 2008) or section 431(d) of the Code? ☐ Yes ☒ No

d If line c is "Yes," provide the following additional information:

(1) Was an extension granted automatic approval under section 431(d)(1) of the Code? ☐ Yes ☐ No

(2) If line 8d(1) is "Yes," enter the number of years by which the amortization period was extended — **8d(2)**

(3) Was an extension approved by the Internal Revenue Service under section 412(e) (as in effect prior to 2008) or 431(d)(2) of the Code? ☐ Yes ☐ No

(4) If line 8d(3) is "Yes," enter number of years by which the amortization period was extended (not including the number of years in line (2)) — **8d(4)**

(5) If line 8d(3) is "Yes," enter the date of the ruling letter approving the extension — **8d(5)**

(6) If line 8d(3) is "Yes," is the amortization base eligible for amortization using interest rates applicable under section 6621(b) of the Code for years beginning after 2007? ☐ Yes ☐ No

e If box 5h is checked or the plan received an amortization extension for this plan year under Code section 431(d), enter the difference between the amount necessary to satisfy the plan's minimum funding standard for this plan year and the amount that would have been necessary without using the shortfall method or extending the amortization period(s).		**8e**	
9 Funding standard account statement for this plan year:			
Charges to funding standard account:			
a Prior year funding deficiency, if any		**9a**	31,843,967,035
b Employer's normal cost for plan year as of valuation date		**9b**	318,987,345
c Amortization charges as of valuation date:		Outstanding balance	
(1) All bases except funding waivers and certain bases for which the amortization period has been extended	**9c(1)**	20,976,396,074	3,346,531,126
(2) Funding waivers	**9c(2)**		
(3) Certain bases for which the amortization period has been extended	**9c(3)**		
d Interest as applicable on lines 9a, 9b, and 9c		**9d**	1,686,700,562
e Total charges. Add lines 9a through 9d		**9e**	37,196,186,068
Credits to funding standard account:			
f Prior year credit balance, if any		**9f**	0
g Employer contributions. Total from column (b) of line 3		**9g**	508,119,502
		Outstanding balance	
h Amortization credits as of valuation date	**9h**	21,021,820,782	2,288,596,540
i Interest as applicable to end of plan year on lines 9f, 9g, and 9h		**9i**	120,776,174
j Full funding limitation (FFL) and credits:			
(1) ERISA FFL (accrued liability FFL)	**9j(1)**	30,540,209,650	
(2) "RPA '94" override (90% current liability FFL)	**9j(2)**	31,373,255,899	
(3) FFL credit		**9j(3)**	3,425,625,293
k (1) Waived funding deficiency		**9k(1)**	0
(2) Other credits		**9k(2)**	0
l Total credits. Add lines 9f through 9i, 9j(3), 9k(1), and 9k(2)		**9l**	6,343,117,509
m Credit balance: If line 9l is greater than line 9e, enter the difference		**9m**	
n Funding deficiency: If line 9e is greater than line 9l, enter the difference		**9n**	30,853,068,559
o Current year's accumulated reconciliation account:			
(1) Due to waived funding deficiency accumulated prior to the current plan year		**9o(1)**	0
(2) Due to amortization bases extended and amortized using the interest rate under section 6621(b) of the Code:			
(a) Reconciliation outstanding balance as of valuation date		**9o(2)(a)**	0
(b) Reconciliation amount (line 9c(3) balance minus line 9o(2)(a))		**9o(2)(b)**	0
(3) Total as of valuation date		**9o(3)**	0
10 Contribution necessary to avoid an accumulated funding deficiency. (see instructions.)		**10**	30,853,068,559
11 Has a change been made in the actuarial assumptions for the current plan year? If "Yes," see instructions			☒ Yes ☐ No

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/2/2025	19,248.03		19,248.03	1/6/2025	459.95		459.95	1/13/2025	7,442.93		7,442.93
1/2/2025	1,317.53		1,317.53	1/6/2025	2,086.69		2,086.69	1/13/2025	4,671.09		4,671.09
1/2/2025	4,318.26		4,318.26	1/6/2025	2,300.90		2,300.90	1/13/2025	694.55		694.55
1/2/2025	445.57		445.57	1/6/2025	212,803.25		212,803.25	1/13/2025	1,556.27		1,556.27
1/2/2025	4,856.69		4,856.69	1/6/2025	15,000.00		15,000.00	1/14/2025	52,705.32		52,705.32
1/2/2025	34,368.44		34,368.44	1/6/2025	573.42		573.42	1/14/2025	4,772.25		4,772.25
1/2/2025	1,040.12		1,040.12	1/6/2025	4,772.25		4,772.25	1/15/2025	877.59		877.59
1/2/2025	3,571,816.52		3,571,816.52	1/6/2025	1,480.64		1,480.64	1/15/2025	1,095.83		1,095.83
1/2/2025	1,591.76		1,591.76	1/7/2025	7,399.82		7,399.82	1/15/2025	1,213.56		1,213.56
1/2/2025	19,650.02		19,650.02	1/7/2025	1,915.51		1,915.51	1/15/2025	6,577.54		6,577.54
1/2/2025	1,616.61		1,616.61	1/7/2025	2,787.26		2,787.26	1/15/2025	9,301.05		9,301.05
1/2/2025	625,263.21		625,263.21	1/7/2025	12,501.01		12,501.01	1/15/2025	24,589.74		24,589.74
1/2/2025	18,084.44		18,084.44	1/7/2025	30,367.30		30,367.30	1/15/2025	3,832.85		3,832.85
1/2/2025	384,607.82		384,607.82	1/7/2025	1,747.95		1,747.95	1/16/2025	13,000.00		13,000.00
1/2/2025	336,397.00		336,397.00	1/8/2025	2,871.70		2,871.70	1/16/2025	9,652.46		9,652.46
1/2/2025	4,591.92		4,591.92	1/8/2025	2,201.42		2,201.42	1/17/2025	29,467.58		29,467.58
1/2/2025	16,163.00		16,163.00	1/8/2025	12,791.26		12,791.26	1/17/2025	1,928.12		1,928.12
1/2/2025	7,710.57		7,710.57	1/8/2025	2,836.68		2,836.68	1/17/2025	38,167.77		38,167.77
1/2/2025	12,474.08		12,474.08	1/8/2025	49,895.00		49,895.00	1/17/2025	4,027.19		4,027.19
1/2/2025	2,430.57		2,430.57	1/9/2025	233.89		233.89	1/17/2025	15,625.04		15,625.04
1/2/2025	36,027.14		36,027.14	1/9/2025	1,136.85		1,136.85	1/17/2025	843.56		843.56
1/2/2025	111,409.84		111,409.84	1/9/2025		702,979.16	702,979.16	1/17/2025	14,216.37		14,216.37
1/2/2025	877.55		877.55	1/9/2025		547,020.84	547,020.84	1/17/2025	3,915.46		3,915.46
1/2/2025	152,129.97		152,129.97	1/9/2025	1,500.50		1,500.50	1/17/2025	1,418.04		1,418.04
1/2/2025	151,520.80		151,520.80	1/9/2025	20,111.27		20,111.27	1/17/2025	4,191.52		4,191.52
1/2/2025	4,631.94		4,631.94	1/9/2025	1,707.70		1,707.70	1/21/2025	2,781.92		2,781.92
1/3/2025	15,701.14		15,701.14	1/9/2025	27,098.54		27,098.54	1/21/2025	31,066.12		31,066.12
1/3/2025	131,940.55		131,940.55	1/10/2025	4,254.38		4,254.38	1/21/2025	1,377.87		1,377.87
1/3/2025	1,278.49		1,278.49	1/10/2025	503.45		503.45	1/21/2025	4,887.11		4,887.11
1/3/2025	2,016.74		2,016.74	1/10/2025	4,684.26		4,684.26	1/21/2025	2,652.46		2,652.46
1/3/2025	85,969.56		85,969.56	1/10/2025	2,333.32		2,333.32	1/21/2025	63,065.91		63,065.91
1/3/2025	15,172.30		15,172.30	1/10/2025	32,205.60		32,205.60	1/21/2025	52,185.93		52,185.93
1/3/2025	1,305.70		1,305.70	1/10/2025	49,976.85		49,976.85	1/21/2025	7,907.33		7,907.33
1/3/2025	9,573.58		9,573.58	1/13/2025	17,799.48		17,799.48	1/21/2025	5,553.16		5,553.16
1/3/2025	18,202.25		18,202.25	1/13/2025	991.77		991.77	1/21/2025	763.16		763.16
1/6/2025	8,185.84		8,185.84	1/13/2025	9,358.90		9,358.90	1/21/2025	5,934.90		5,934.90
1/6/2025	2,255.72		2,255.72	1/13/2025	158.33		158.33	1/21/2025	1,339.10		1,339.10
1/6/2025	5,114.91		5,114.91	1/13/2025	18,040.24		18,040.24	1/21/2025	12,501.01		12,501.01
1/6/2025	135,544.64		135,544.64	1/13/2025	1,352.01		1,352.01	1/22/2025	15,701.14		15,701.14

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/22/2025	63,363.66		63,363.66	1/27/2025	6,767.70		6,767.70	1/30/2025	1,781.48		1,781.48
1/22/2025	36,053.00		36,053.00	1/27/2025	39,833.71		39,833.71	1/30/2025	2,223.28		2,223.28
1/22/2025	1,123.54		1,123.54	1/27/2025	64,716.31		64,716.31	1/30/2025	349,568.98		349,568.98
1/22/2025	27,795.20		27,795.20	1/27/2025	1,154.77		1,154.77	1/30/2025	7,772.14		7,772.14
1/22/2025	36,204.80		36,204.80	1/27/2025	4,670.80		4,670.80	1/30/2025	18,084.44		18,084.44
1/22/2025	38,930.71		38,930.71	1/28/2025	2,201.42		2,201.42	1/30/2025	3,572.00		3,572.00
1/22/2025	3,591.70		3,591.70	1/28/2025	1,349.00		1,349.00	1/30/2025	40,721.83		40,721.83
1/22/2025	7,429.38		7,429.38	1/28/2025	1,640.33		1,640.33	1/30/2025	90,984.92		90,984.92
1/23/2025	11,448.02		11,448.02	1/28/2025	46,440.51		46,440.51	1/30/2025	43,223.19		43,223.19
1/23/2025	691.46		691.46	1/28/2025	12,791.26		12,791.26	1/30/2025	109,399.15		109,399.15
1/23/2025	81,137.97		81,137.97	1/28/2025	7,284.73		7,284.73	1/30/2025	2,285.85		2,285.85
1/23/2025	2,727.29		2,727.29	1/28/2025	1,900.48		1,900.48	1/30/2025	938.91		938.91
1/23/2025	2,846.06		2,846.06	1/28/2025	1,288.63		1,288.63	1/30/2025	42,041.04		42,041.04
1/23/2025	38,495.86		38,495.86	1/28/2025	795.39		795.39	1/30/2025	4,491.31		4,491.31
1/23/2025	2,406.78		2,406.78	1/28/2025	11,672.42		11,672.42	1/30/2025	1,896.53		1,896.53
1/23/2025	3,177.12		3,177.12	1/28/2025	1,482.95		1,482.95	1/30/2025	1,480.64		1,480.64
1/23/2025	984.11		984.11	1/28/2025	22,765.73		22,765.73	1/31/2025	792.17		792.17
1/23/2025	2,988.45		2,988.45	1/29/2025	630.03		630.03	1/31/2025	42,212.04		42,212.04
1/23/2025	2,988.45		2,988.45	1/29/2025	1,377.87		1,377.87	1/31/2025	50,736.80		50,736.80
1/24/2025	22,838.70		22,838.70	1/29/2025	18,998.77		18,998.77	1/31/2025	3,684.22		3,684.22
1/24/2025	13,218.03		13,218.03	1/29/2025	1,181.67		1,181.67	1/31/2025	45,054.64		45,054.64
1/24/2025	13,803.97		13,803.97	1/29/2025	4,784.56		4,784.56	1/31/2025	1,540.76		1,540.76
1/24/2025	19,557.47		19,557.47	1/29/2025	14,486.06		14,486.06	1/31/2025	951.56		951.56
1/24/2025	4,205.09		4,205.09	1/29/2025	3,859.50		3,859.50	1/31/2025	6,330.61		6,330.61
1/24/2025	1,162.67		1,162.67	1/29/2025	6,240.80		6,240.80	1/31/2025	5,043.60		5,043.60
1/24/2025	7,446.85		7,446.85	1/29/2025	10,186.93		10,186.93	1/31/2025	14,837.03		14,837.03
1/24/2025	5,749.98		5,749.98	1/29/2025	13,472.14		13,472.14	1/31/2025	46,911.53		46,911.53
1/24/2025	4,021.15		4,021.15	1/29/2025	10,047.47		10,047.47	1/31/2025	1,591.76		1,591.76
1/24/2025	14,339.90		14,339.90	1/29/2025	16,163.00		16,163.00	1/31/2025	1,305.70		1,305.70
1/24/2025	113.52		113.52	1/29/2025		300,000.00	300,000.00	1/31/2025	1,053.45		1,053.45
1/24/2025	3,244.21		3,244.21	1/29/2025	7,400.00		7,400.00	1/31/2025	625,263.21		625,263.21
1/24/2025	12,905.75		12,905.75	1/29/2025	25,272.92		25,272.92	1/31/2025	2,089.47		2,089.47
1/24/2025	7,836.24		7,836.24	1/29/2025	115,835.08		115,835.08	1/31/2025	47,901.00		47,901.00
1/24/2025	5,683.80		5,683.80	1/29/2025	6,366.64		6,366.64	1/31/2025	59.57		59.57
1/27/2025	12,675.79		12,675.79	1/29/2025	15,125.08		15,125.08	1/31/2025	3,526.74		3,526.74
1/27/2025	2,316.81		2,316.81	1/29/2025	2,063.07		2,063.07	1/31/2025	39,190.34		39,190.34
1/27/2025	1,012.39		1,012.39	1/30/2025	2,964.20		2,964.20	1/31/2025	3,625.20		3,625.20
1/27/2025	15,172.30		15,172.30	1/30/2025	13,060.35		13,060.35	1/31/2025	28,584.21		28,584.21
1/27/2025	5,454.72		5,454.72	1/30/2025	18,759.64		18,759.64	1/31/2025	212,803.25		212,803.25

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
1/31/2025	11,299.29		11,299.29	2/3/2025	4,631.94		4,631.94	2/11/2025	32,205.60		32,205.60
1/31/2025	3,012.11		3,012.11	2/3/2025	175,199.80		175,199.80	2/11/2025	49,976.85		49,976.85
1/31/2025	111,409.84		111,409.84	2/4/2025	131,940.55		131,940.55	2/12/2025	2,255.72		2,255.72
1/31/2025	2,230.30		2,230.30	2/4/2025	1,278.49		1,278.49	2/12/2025	2,836.68		2,836.68
1/31/2025	332,709.64		332,709.64	2/4/2025	5,114.91		5,114.91	2/12/2025	3,748.25		3,748.25
1/31/2025	347,529.18		347,529.18	2/4/2025	6,155.68		6,155.68	2/12/2025	1,556.27		1,556.27
1/31/2025	20,586.43		20,586.43	2/4/2025	2,102.23		2,102.23	2/13/2025	2,871.70		2,871.70
1/31/2025	152,129.97		152,129.97	2/4/2025	85,969.56		85,969.56	2/13/2025	2,280.82		2,280.82
1/31/2025	151,520.80		151,520.80	2/4/2025	1,915.51		1,915.51	2/13/2025	6,577.54		6,577.54
1/31/2025	34,931.65		34,931.65	2/4/2025	19,149.16		19,149.16	2/13/2025	1,779.03		1,779.03
1/31/2025	1,148,903.18		1,148,903.18	2/4/2025	714.07		714.07	2/13/2025	2,370.49		2,370.49
1/31/2025	1,226,064.97		1,226,064.97	2/4/2025	6,981.17		6,981.17	2/13/2025	4,191.52		4,191.52
1/31/2025	694.55		694.55	2/4/2025	2,787.26		2,787.26	2/13/2025	9,301.05		9,301.05
2/3/2025	19,248.03		19,248.03	2/4/2025	14,339.90		14,339.90	2/13/2025	6,366.64		6,366.64
2/3/2025	1,317.53		1,317.53	2/4/2025	30,367.30		30,367.30	2/14/2025	4,254.38		4,254.38
2/3/2025	1,914.41		1,914.41	2/4/2025	1,791.36		1,791.36	2/14/2025	19,557.47		19,557.47
2/3/2025	49,750.00		49,750.00	2/5/2025	8,185.84		8,185.84	2/14/2025	2,089.47		2,089.47
2/3/2025	3,589.88		3,589.88	2/5/2025	2,846.06		2,846.06	2/14/2025	52,705.32		52,705.32
2/3/2025	4,318.26		4,318.26	2/5/2025	8,904.61		8,904.61	2/18/2025	2,727.29		2,727.29
2/3/2025	4,856.69		4,856.69	2/5/2025	2,086.69		2,086.69	2/18/2025	2,823.80		2,823.80
2/3/2025	34,368.44		34,368.44	2/6/2025	445.57		445.57	2/18/2025	5,454.72		5,454.72
2/3/2025	2,327.06		2,327.06	2/6/2025	135,544.64		135,544.64	2/18/2025	7,399.82		7,399.82
2/3/2025	1,852.42		1,852.42	2/6/2025	3,777.92		3,777.92	2/18/2025	18,040.24		18,040.24
2/3/2025	920.07		920.07	2/6/2025	2,430.57		2,430.57	2/18/2025	4,671.09		4,671.09
2/3/2025	19,650.02		19,650.02	2/6/2025	15,000.00		15,000.00	2/18/2025	5,553.16		5,553.16
2/3/2025	1,616.61		1,616.61	2/6/2025	573.42		573.42	2/18/2025	694.55		694.55
2/3/2025	704.61		704.61	2/7/2025	445.60		445.60	2/18/2025	24,589.74		24,589.74
2/3/2025	384,607.82		384,607.82	2/10/2025	991.77		991.77	2/18/2025	877.55		877.55
2/3/2025	336,397.00		336,397.00	2/10/2025	4,684.26		4,684.26	2/18/2025	3,832.85		3,832.85
2/3/2025	9,573.58		9,573.58	2/10/2025	1,500.50		1,500.50	2/18/2025	1,480.64		1,480.64
2/3/2025	4,591.92		4,591.92	2/10/2025	459.95		459.95	2/19/2025	8,899.74		8,899.74
2/3/2025	7,710.57		7,710.57	2/10/2025	4,501.06		4,501.06	2/19/2025	1,123.54		1,123.54
2/3/2025	12,474.08		12,474.08	2/11/2025	1,377.87		1,377.87	2/19/2025	4,027.19		4,027.19
2/3/2025	36,027.14		36,027.14	2/11/2025	2,823.80		2,823.80	2/19/2025	233.89		233.89
2/3/2025	9,490.95		9,490.95	2/11/2025	1,136.85		1,136.85	2/19/2025	14,216.37		14,216.37
2/3/2025	55,540.80		55,540.80	2/11/2025	2,333.32		2,333.32	2/19/2025	38,930.71		38,930.71
2/3/2025	18,202.25		18,202.25	2/11/2025	20,111.27		20,111.27	2/19/2025	1,288.63		1,288.63
2/3/2025	877.55		877.55	2/11/2025	1,899.22		1,899.22	2/19/2025	3,915.46		3,915.46
2/3/2025	1,665.87		1,665.87	2/11/2025	27,098.54		27,098.54	2/19/2025	13,000.00		13,000.00

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2/19/2025	7,446.85		7,446.85	2/25/2025	1,154.77		1,154.77	2/28/2025	1,640.33		1,640.33
2/19/2025	5,934.90		5,934.90	2/25/2025	22,765.73		22,765.73	2/28/2025	22,838.70		22,838.70
2/20/2025	31,066.12		31,066.12	2/26/2025	29,467.58		29,467.58	2/28/2025	42,212.04		42,212.04
2/20/2025	691.46		691.46	2/26/2025	630.03		630.03	2/28/2025	50,736.80		50,736.80
2/20/2025	158.33		158.33	2/26/2025	4,205.09		4,205.09	2/28/2025	18,998.77		18,998.77
2/20/2025	27,795.20		27,795.20	2/26/2025	2,327.06		2,327.06	2/28/2025	1,540.76		1,540.76
2/20/2025	36,204.80		36,204.80	2/26/2025	1,852.42		1,852.42	2/28/2025	7,284.73		7,284.73
2/20/2025	15,625.04		15,625.04	2/26/2025	920.07		920.07	2/28/2025	3,859.50		3,859.50
2/20/2025	3,591.70		3,591.70	2/26/2025	1,181.67		1,181.67	2/28/2025	6,240.80		6,240.80
2/20/2025	763.16		763.16	2/26/2025	4,784.56		4,784.56	2/28/2025	951.56		951.56
2/21/2025	1,928.12		1,928.12	2/26/2025	10,186.93		10,186.93	2/28/2025	6,330.61		6,330.61
2/21/2025	13,803.97		13,803.97	2/26/2025	13,472.14		13,472.14	2/28/2025	5,043.60		5,043.60
2/21/2025	4,033.48		4,033.48	2/26/2025	1,915.51		1,915.51	2/28/2025	14,837.03		14,837.03
2/21/2025	14,486.06		14,486.06	2/26/2025	39,833.71		39,833.71	2/28/2025	1,162.67		1,162.67
2/21/2025	843.56		843.56	2/26/2025	64,716.31		64,716.31	2/28/2025	46,911.53		46,911.53
2/21/2025	63,065.91		63,065.91	2/26/2025	115,835.08		115,835.08	2/28/2025	7,772.14		7,772.14
2/21/2025	7,907.33		7,907.33	2/26/2025	4,772.25		4,772.25	2/28/2025	1,053.45		1,053.45
2/21/2025	1,418.04		1,418.04	2/27/2025	13,060.35		13,060.35	2/28/2025	625,263.21		625,263.21
2/21/2025	9,652.46		9,652.46	2/27/2025	18,759.64		18,759.64	2/28/2025	47,901.00		47,901.00
2/21/2025	10,173.50		10,173.50	2/27/2025	46,440.51		46,440.51	2/28/2025	3,526.74		3,526.74
2/21/2025	7,836.24		7,836.24	2/27/2025	12,791.26		12,791.26	2/28/2025	6,767.70		6,767.70
2/24/2025	63,363.66		63,363.66	2/27/2025	8.95		8.95	2/28/2025	3,748.25		3,748.25
2/24/2025	81,137.97		81,137.97	2/27/2025	1,755.18		1,755.18	2/28/2025	43,223.19		43,223.19
2/24/2025	36,053.00		36,053.00	2/27/2025	2,191.66		2,191.66	2/28/2025	4,191.52		4,191.52
2/24/2025	36.54		36.54	2/27/2025	2,418.17		2,418.17	2/28/2025	109,399.15		109,399.15
2/24/2025	2,652.46		2,652.46	2/27/2025	349,568.98		349,568.98	2/28/2025	28,584.21		28,584.21
2/24/2025	795.39		795.39	2/27/2025	1,900.48		1,900.48	2/28/2025	7,400.00		7,400.00
2/24/2025	4,021.15		4,021.15	2/27/2025	25,272.92		25,272.92	2/28/2025	212,803.25		212,803.25
2/24/2025	12,501.01		12,501.01	2/27/2025	2,787.26		2,787.26	2/28/2025	2,285.65		2,285.65
2/24/2025	3,244.21		3,244.21	2/27/2025	9,490.95		9,490.95	2/28/2025	11,299.29		11,299.29
2/24/2025	12,905.75		12,905.75	2/27/2025	55,540.80		55,540.80	2/28/2025	111,409.84		111,409.84
2/25/2025	11,448.02		11,448.02	2/27/2025	11,672.42		11,672.42	2/28/2025	2,230.30		2,230.30
2/25/2025	13,218.03		13,218.03	2/27/2025	1,339.10		1,339.10	2/28/2025	332,709.64		332,709.64
2/25/2025	1,012.39		1,012.39	2/27/2025	7,429.38		7,429.38	2/28/2025	347,529.18		347,529.18
2/25/2025	38,495.86		38,495.86	2/27/2025	42,041.04		42,041.04	2/28/2025	20,586.43		20,586.43
2/25/2025	2,406.78		2,406.78	2/27/2025	2,063.07		2,063.07	2/28/2025	152,129.97		152,129.97
2/25/2025	3,177.12		3,177.12	2/28/2025	12,675.79		12,675.79	2/28/2025	151,520.80		151,520.80
2/25/2025	91,272.57		91,272.57	2/28/2025	15,701.14		15,701.14	2/28/2025	34,931.65		34,931.65
2/25/2025	16,163.00		16,163.00	2/28/2025	792.17		792.17	2/28/2025	1,148,903.18		1,148,903.18

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
2/28/2025	1,226,064.97		1,226,064.97	3/4/2025	6,155.68		6,155.68	3/10/2025	8,631.06		8,631.06
2/28/2025	5,683.80		5,683.80	3/4/2025	85,969.56		85,969.56	3/10/2025	6,981.17		6,981.17
2/28/2025	7,580.80		7,580.80	3/4/2025	18,084.44		18,084.44	3/10/2025	2,430.57		2,430.57
2/28/2025	13,663.90		13,663.90	3/4/2025	9,573.58		9,573.58	3/10/2025	1,556.27		1,556.27
2/28/2025	(2,089.47)		(2,089.47)	3/4/2025	1,482.95		1,482.95	3/10/2025	27,098.54		27,098.54
3/3/2025	445.60		445.60	3/4/2025	30,367.30		30,367.30	3/10/2025	1,665.87		1,665.87
3/3/2025	19,248.03		19,248.03	3/4/2025	4,491.31		4,491.31	3/11/2025	991.77		991.77
3/3/2025	953.43		953.43	3/5/2025	8,185.84		8,185.84	3/11/2025	2,316.81		2,316.81
3/3/2025	49,750.00		49,750.00	3/5/2025	4,091.20		4,091.20	3/11/2025	1,377.87		1,377.87
3/3/2025	4,318.26		4,318.26	3/5/2025	1,040.12		1,040.12	3/11/2025	1,779.03		1,779.03
3/3/2025	503.45		503.45	3/5/2025	1,591.76		1,591.76	3/11/2025	2,220.26		2,220.26
3/3/2025	34,368.44		34,368.44	3/5/2025	8,904.61		8,904.61	3/11/2025	3,012.11		3,012.11
3/3/2025	45,054.64		45,054.64	3/5/2025	14,339.90		14,339.90	3/11/2025	853.85		853.85
3/3/2025	19,650.02		19,650.02	3/5/2025	1,896.53		1,896.53	3/11/2025	32,205.60		32,205.60
3/3/2025	1,616.61		1,616.61	3/5/2025	4,670.80		4,670.80	3/11/2025	49,976.85		49,976.85
3/3/2025	2,089.47		2,089.47	3/6/2025	135,544.64		135,544.64	3/12/2025	2,201.42		2,201.42
3/3/2025	704.61		704.61	3/6/2025	15,172.30		15,172.30	3/12/2025	4,684.26		4,684.26
3/3/2025	384,607.82		384,607.82	3/6/2025		852,271.68	852,271.68	3/12/2025	1,352.01		1,352.01
3/3/2025	10,047.47		10,047.47	3/6/2025	1,305.70		1,305.70	3/12/2025	2,086.69		2,086.69
3/3/2025	336,397.00		336,397.00	3/6/2025	7,399.82		7,399.82	3/12/2025	694.55		694.55
3/3/2025	4,591.92		4,591.92	3/6/2025	6,577.54		6,577.54	3/12/2025	1,480.64		1,480.64
3/3/2025	40,721.83		40,721.83	3/6/2025	3,625.20		3,625.20	3/12/2025	5,683.80		5,683.80
3/3/2025	91,272.57		91,272.57	3/6/2025	1,177.18		1,177.18	3/13/2025	1,135.83		1,135.83
3/3/2025	19,149.16		19,149.16	3/6/2025	1,177.18		1,177.18	3/13/2025	4,887.11		4,887.11
3/3/2025	7,710.57		7,710.57	3/6/2025	15,000.00		15,000.00	3/13/2025	2,836.68		2,836.68
3/3/2025	12,474.08		12,474.08	3/6/2025	573.42		573.42	3/13/2025	1,968.20		1,968.20
3/3/2025	5,749.98		5,749.98	3/6/2025	1,791.36		1,791.36	3/13/2025	4,671.09		4,671.09
3/3/2025	18,202.25		18,202.25	3/6/2025	877.55		877.55	3/14/2025	8,899.74		8,899.74
3/3/2025	938.91		938.91	3/6/2025	4,631.94		4,631.94	3/14/2025	4,254.38		4,254.38
3/3/2025	15,125.08		15,125.08	3/7/2025	9,358.90		9,358.90	3/14/2025	1,928.12		1,928.12
3/4/2025	2,781.92		2,781.92	3/7/2025	9,358.90		9,358.90	3/14/2025	233.89		233.89
3/4/2025	1,317.53		1,317.53	3/10/2025	2,871.70		2,871.70	3/14/2025	2,333.32		2,333.32
3/4/2025	2,255.72		2,255.72	3/10/2025	1,349.00		1,349.00	3/14/2025	52,705.32		52,705.32
3/4/2025	2,223.28		2,223.28	3/10/2025	2,823.80		2,823.80	3/14/2025	1,418.04		1,418.04
3/4/2025	131,940.55		131,940.55	3/10/2025	1,136.85		1,136.85	3/17/2025	890.74		890.74
3/4/2025	4,856.69		4,856.69	3/10/2025	2,846.06		2,846.06	3/17/2025	2,316.81		2,316.81
3/4/2025	1,278.49		1,278.49	3/10/2025	1,500.50		1,500.50	3/17/2025	158.33		158.33
3/4/2025	5,114.91		5,114.91	3/10/2025	459.95		459.95	3/17/2025	19,557.47		19,557.47
3/4/2025	4,887.11		4,887.11	3/10/2025	2,370.49		2,370.49	3/17/2025	4,027.19		4,027.19

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/17/2025	843.56		843.56	3/21/2025	5,951.46		5,951.46	3/27/2025	13,060.35		13,060.35
3/17/2025	1,288.63		1,288.63	3/21/2025	7,836.24		7,836.24	3/27/2025	18,759.64		18,759.64
3/17/2025	52,185.93		52,185.93	3/24/2025	63,363.66		63,363.66	3/27/2025	22,838.70		22,838.70
3/17/2025	5,553.16		5,553.16	3/24/2025	503.45		503.45	3/27/2025	630.03		630.03
3/17/2025	9,301.05		9,301.05	3/24/2025	81,137.97		81,137.97	3/27/2025	1,181.67		1,181.67
3/17/2025	1,165.30		1,165.30	3/24/2025	36,053.00		36,053.00	3/27/2025	4,784.56		4,784.56
3/17/2025	6,366.64		6,366.64	3/24/2025	3,713.39		3,713.39	3/27/2025	6,155.68		6,155.68
3/17/2025	3,832.85		3,832.85	3/24/2025	2,327.06		2,327.06	3/27/2025	14,486.06		14,486.06
3/18/2025	691.46		691.46	3/24/2025	1,852.42		1,852.42	3/27/2025	349,568.98		349,568.98
3/18/2025	2,727.29		2,727.29	3/24/2025	920.07		920.07	3/27/2025	1,900.48		1,900.48
3/18/2025	3,915.46		3,915.46	3/24/2025	2,875,200.00		2,875,200.00	3/27/2025	49,895.00		49,895.00
3/18/2025	3,177.12		3,177.12	3/24/2025	4,021.15		4,021.15	3/27/2025	10,047.47		10,047.47
3/18/2025	20,111.27		20,111.27	3/24/2025	9,490.95		9,490.95	3/27/2025	1,352.01		1,352.01
3/18/2025	949.61		949.61	3/24/2025	55,540.80		55,540.80	3/27/2025	8,904.61		8,904.61
3/18/2025	24,589.74		24,589.74	3/25/2025	11,448.02		11,448.02	3/27/2025	7,400.00		7,400.00
3/19/2025	1,349.00		1,349.00	3/25/2025	13,218.03		13,218.03	3/27/2025	853.85		853.85
3/19/2025	13,803.97		13,803.97	3/25/2025	1,012.39		1,012.39	3/28/2025	1,640.33		1,640.33
3/19/2025	14,216.37		14,216.37	3/25/2025	2,652.46		2,652.46	3/28/2025	18,998.77		18,998.77
3/19/2025	38,930.71		38,930.71	3/25/2025	20,941.80		20,941.80	3/28/2025	45,054.64		45,054.64
3/19/2025	4,191.52		4,191.52	3/25/2025	38,495.86		38,495.86	3/28/2025	7,284.73		7,284.73
3/19/2025	763.16		763.16	3/25/2025	2,406.78		2,406.78	3/28/2025	10,186.93		10,186.93
3/20/2025	31,066.12		31,066.12	3/25/2025	13,000.00		13,000.00	3/28/2025	13,472.14		13,472.14
3/20/2025	27,795.20		27,795.20	3/25/2025	1,154.77		1,154.77	3/28/2025	6,330.61		6,330.61
3/20/2025	36,204.80		36,204.80	3/25/2025	1,339.10		1,339.10	3/28/2025	1,162.67		1,162.67
3/20/2025	12,201.88		12,201.88	3/25/2025	1,791.36		1,791.36	3/28/2025	7,772.14		7,772.14
3/20/2025	18,040.24		18,040.24	3/25/2025	3,244.21		3,244.21	3/28/2025	1,053.45		1,053.45
3/20/2025	6,981.17		6,981.17	3/25/2025	12,905.75		12,905.75	3/28/2025	25,272.92		25,272.92
3/20/2025	9,652.46		9,652.46	3/25/2025	22,765.73		22,765.73	3/28/2025	11,672.42		11,672.42
3/20/2025	5,934.90		5,934.90	3/26/2025	12,675.79		12,675.79	3/28/2025	42,041.04		42,041.04
3/20/2025	4,670.80		4,670.80	3/26/2025	1,123.54		1,123.54	3/28/2025	2,063.07		2,063.07
3/21/2025	15,701.14		15,701.14	3/26/2025	12,791.26		12,791.26	3/31/2025	42,212.04		42,212.04
3/21/2025	29,467.58		29,467.58	3/26/2025	39,833.71		39,833.71	3/31/2025	50,736.80		50,736.80
3/21/2025	2,016.74		2,016.74	3/26/2025	16,163.00		16,163.00	3/31/2025	38,169.77		38,169.77
3/21/2025	877.59		877.59	3/26/2025	19,149.16		19,149.16	3/31/2025	3,684.22		3,684.22
3/21/2025	1,095.83		1,095.83	3/26/2025	43,223.19		43,223.19	3/31/2025	1,540.76		1,540.76
3/21/2025	1,213.56		1,213.56	3/26/2025	2,285.85		2,285.85	3/31/2025	3,859.50		3,859.50
3/21/2025	63,065.91		63,065.91	3/26/2025	64,716.31		64,716.31	3/31/2025	6,240.80		6,240.80
3/21/2025	7,907.33		7,907.33	3/26/2025	7,429.38		7,429.38	3/31/2025	3,526.74		3,526.74
3/21/2025	7,446.85		7,446.85	3/26/2025	115,835.08		115,835.08	3/31/2025	5,749.98		5,749.98

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
3/31/2025	109,399.15		109,399.15	4/1/2025	714.07		714.07	4/3/2025	2,787.26		2,787.26
3/31/2025	111,409.84		111,409.84	4/1/2025	720.13		720.13	4/3/2025	30,367.30		30,367.30
3/31/2025	2,230.30		2,230.30	4/1/2025	28,584.21		28,584.21	4/4/2025	5,114.91		5,114.91
3/31/2025	332,709.64		332,709.64	4/1/2025	36,027.14		36,027.14	4/4/2025	6,100.94		6,100.94
3/31/2025	347,529.18		347,529.18	4/1/2025	212,803.25		212,803.25	4/4/2025	14,339.90		14,339.90
3/31/2025	20,586.43		20,586.43	4/1/2025	11,299.29		11,299.29	4/4/2025	4,631.94		4,631.94
3/31/2025	15,125.08		15,125.08	4/1/2025	853.85		853.85	4/4/2025	1,480.64		1,480.64
3/31/2025	34,931.65		34,931.65	4/1/2025	18,202.25		18,202.25	4/7/2025	135,544.64		135,544.64
3/31/2025	1,148,903.18		1,148,903.18	4/1/2025	1,482.95		1,482.95	4/7/2025	459.95		459.95
3/31/2025	1,226,064.97		1,226,064.97	4/1/2025	12,501.01		12,501.01	4/7/2025	2,220.26		2,220.26
3/31/2025	(315,000.00)		(315,000.00)	4/1/2025	938.91		938.91	4/7/2025	2,086.69		2,086.69
4/1/2025	445.60		445.60	4/1/2025	10,173.50		10,173.50	4/7/2025	15,000.00		15,000.00
4/1/2025	2,781.92		2,781.92	4/1/2025	1,665.87		1,665.87	4/7/2025	573.42		573.42
4/1/2025	792.17		792.17	4/1/2025	152,129.97		152,129.97	4/7/2025	27,098.54		27,098.54
4/1/2025	49,750.00		49,750.00	4/1/2025	151,520.80		151,520.80	4/8/2025	2,871.70		2,871.70
4/1/2025	4,318.26		4,318.26	4/1/2025	4,491.31		4,491.31	4/8/2025	2,201.42		2,201.42
4/1/2025	46,440.51		46,440.51	4/1/2025	1,896.53		1,896.53	4/8/2025	9,358.90		9,358.90
4/1/2025	4,856.69		4,856.69	4/2/2025	1,317.53		1,317.53	4/8/2025	3,589.88		3,589.88
4/1/2025	34,368.44		34,368.44	4/2/2025	890.74		890.74	4/8/2025	1,377.87		1,377.87
4/1/2025	951.56		951.56	4/2/2025	2,255.72		2,255.72	4/8/2025	2,823.80		2,823.80
4/1/2025	5,043.60		5,043.60	4/2/2025	131,940.55		131,940.55	4/8/2025	1,136.85		1,136.85
4/1/2025	14,837.03		14,837.03	4/2/2025	1,278.49		1,278.49	4/8/2025	1,779.03		1,779.03
4/1/2025	46,911.52		46,911.52	4/2/2025	1,040.12		1,040.12	4/8/2025	1,556.27		1,556.27
4/1/2025	1,591.76		1,591.76	4/2/2025	15,625.04		15,625.04	4/9/2025	991.77		991.77
4/1/2025	19,650.02		19,650.02	4/2/2025	85,969.56		85,969.56	4/9/2025		399,125.00	399,125.00
4/1/2025	1,616.61		1,616.61	4/2/2025	15,172.30		15,172.30	4/9/2025	4,684.26		4,684.26
4/1/2025	625,263.21		625,263.21	4/2/2025	1,305.70		1,305.70	4/9/2025	2,836.68		2,836.68
4/1/2025	2,089.47		2,089.47	4/2/2025	18,084.44		18,084.44	4/9/2025	6,577.54		6,577.54
4/1/2025	47,901.00		47,901.00	4/2/2025	11,732.38		11,732.38	4/9/2025	9,301.05		9,301.05
4/1/2025	7,399.82		7,399.82	4/2/2025	1,501.92		1,501.92	4/9/2025	877.55		877.55
4/1/2025	704.61		704.61	4/2/2025	1,452.56		1,452.56	4/9/2025	32,205.60		32,205.60
4/1/2025	384,607.82		384,607.82	4/2/2025	795.39		795.39	4/9/2025	49,976.85		49,976.85
4/1/2025	336,397.00		336,397.00	4/2/2025	3,748.25		3,748.25	4/10/2025	4,254.38		4,254.38
4/1/2025	9,573.58		9,573.58	4/2/2025	2,430.57		2,430.57	4/10/2025	200.00		200.00
4/1/2025	4,591.92		4,591.92	4/2/2025	4,926.03		4,926.03	4/10/2025	1,500.50		1,500.50
4/1/2025	40,721.83		40,721.83	4/3/2025	8,185.84		8,185.84	4/10/2025	20,111.27		20,111.27
4/1/2025	7,710.57		7,710.57	4/3/2025	2,846.06		2,846.06	4/10/2025	4,671.09		4,671.09
4/1/2025	12,474.08		12,474.08	4/3/2025	1,915.51		1,915.51	4/10/2025	694.55		694.55
4/1/2025	3,591.70		3,591.70	4/3/2025	6,767.70		6,767.70	4/10/2025	3,012.11		3,012.11

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
4/11/2025	4,205.09		4,205.09	4/21/2025	10,173.50		10,173.50	4/25/2025	91,272.57		91,272.57
4/11/2025	2,333.32		2,333.32	4/22/2025	11,448.02		11,448.02	4/25/2025	7,446.85		7,446.85
4/11/2025	26,038.22		26,038.22	4/22/2025	63,363.66		63,363.66	4/25/2025	5,749.98		5,749.98
4/11/2025	6,366.64		6,366.64	4/22/2025	691.46		691.46	4/25/2025	64,716.31		64,716.31
4/14/2025	1,928.12		1,928.12	4/22/2025	36,053.00		36,053.00	4/25/2025	1,154.77		1,154.77
4/14/2025	2,316.81		2,316.81	4/22/2025	1,123.54		1,123.54	4/25/2025	3,244.21		3,244.21
4/14/2025	52,705.32		52,705.32	4/22/2025	4,205.09		4,205.09	4/25/2025	7,836.24		7,836.24
4/14/2025	2,370.49		2,370.49	4/22/2025	63,065.91		63,065.91	4/28/2025	12,675.79		12,675.79
4/14/2025	1,418.04		1,418.04	4/22/2025	2,406.78		2,406.78	4/28/2025	15,701.14		15,701.14
4/14/2025	9,554.50		9,554.50	4/22/2025	763.16		763.16	4/28/2025	960.98		960.98
4/15/2025	8,899.74		8,899.74	4/22/2025	2,285.85		2,285.85	4/28/2025	131,940.55		131,940.55
4/15/2025	3,177.12		3,177.12	4/23/2025	2,781.92		2,781.92	4/28/2025	630.03		630.03
4/15/2025	984.11		984.11	4/23/2025	1,349.00		1,349.00	4/28/2025	45,054.64		45,054.64
4/15/2025	3,832.85		3,832.85	4/23/2025	14,486.06		14,486.06	4/28/2025	1,181.67		1,181.67
4/16/2025	2,727.29		2,727.29	4/23/2025	38,930.71		38,930.71	4/28/2025	4,784.56		4,784.56
4/16/2025	233.89		233.89	4/23/2025	2,354.36		2,354.36	4/28/2025	7,284.73		7,284.73
4/16/2025	5,553.16		5,553.16	4/23/2025	7,429.38		7,429.38	4/28/2025	15,625.04		15,625.04
4/16/2025	24,589.74		24,589.74	4/24/2025	13,060.35		13,060.35	4/28/2025	18,084.44		18,084.44
4/17/2025	158.33		158.33	4/24/2025	18,759.64		18,759.64	4/28/2025	2,089.47		2,089.47
4/17/2025	4,887.11		4,887.11	4/24/2025	22,838.70		22,838.70	4/28/2025	11,732.38		11,732.38
4/17/2025	843.56		843.56	4/24/2025	81,137.97		81,137.97	4/28/2025	39,833.71		39,833.71
4/17/2025	1,352.01		1,352.01	4/24/2025	349,568.98		349,568.98	4/28/2025	2,370.49		2,370.49
4/17/2025	3,625.20		3,625.20	4/24/2025	38,495.86		38,495.86	4/28/2025	7,400.00		7,400.00
4/17/2025	4,670.80		4,670.80	4/24/2025	3,591.70		3,591.70	4/28/2025	25,272.92		25,272.92
4/17/2025	5,683.80		5,683.80	4/24/2025	9,652.46		9,652.46	4/28/2025	9,490.95		9,490.95
4/18/2025	29,467.58		29,467.58	4/24/2025	4,021.15		4,021.15	4/28/2025	55,540.80		55,540.80
4/18/2025	27,795.20		27,795.20	4/24/2025	5,934.90		5,934.90	4/28/2025	1,339.10		1,339.10
4/18/2025	36,204.80		36,204.80	4/24/2025	12,905.75		12,905.75	4/28/2025	12,501.01		12,501.01
4/18/2025	13,803.97		13,803.97	4/25/2025	445.60		445.60	4/28/2025	1,791.36		1,791.36
4/18/2025	19,557.47		19,557.47	4/25/2025	1,640.33		1,640.33	4/28/2025	938.91		938.91
4/18/2025	14,216.37		14,216.37	4/25/2025	13,218.03		13,218.03	4/28/2025	22,765.73		22,765.73
4/18/2025	3,915.46		3,915.46	4/25/2025	1,012.39		1,012.39	4/28/2025	2,063.07		2,063.07
4/18/2025	13,000.00		13,000.00	4/25/2025	2,016.74		2,016.74	4/29/2025	46,440.51		46,440.51
4/18/2025	18,040.24		18,040.24	4/25/2025	12,791.26		12,791.26	4/29/2025	18,998.77		18,998.77
4/21/2025	31,066.12		31,066.12	4/25/2025	6,330.61		6,330.61	4/29/2025	4,684.26		4,684.26
4/21/2025	4,027.19		4,027.19	4/25/2025	1,162.67		1,162.67	4/29/2025	6,155.68		6,155.68
4/21/2025	2,652.46		2,652.46	4/25/2025	1,053.45		1,053.45	4/29/2025	3,859.50		3,859.50
4/21/2025	91,272.57		91,272.57	4/25/2025	6,767.70		6,767.70	4/29/2025	6,240.80		6,240.80
4/21/2025	7,907.33		7,907.33	4/25/2025	40,721.83		40,721.83	4/29/2025	1,900.48		1,900.48

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
4/29/2025	15,172.30		15,172.30	4/30/2025	(99,594.50)		(99,594.50)	5/1/2025	36,027.14		36,027.14
4/29/2025	1,288.63		1,288.63	4/30/2025	(226,669.30)		(226,669.30)	5/1/2025	2,787.26		2,787.26
4/29/2025	2,846.06		2,846.06	4/30/2025	(129,734.10)		(129,734.10)	5/1/2025	212,803.25		212,803.25
4/29/2025	1,305.70		1,305.70	4/30/2025	(2,760.90)		(2,760.90)	5/1/2025	11,299.29		11,299.29
4/29/2025	7,399.82		7,399.82	4/30/2025	(23,464.76)		(23,464.76)	5/1/2025	1,665.87		1,665.87
4/29/2025	704.61		704.61	4/30/2025	(314.61)		(314.61)	5/1/2025	152,129.97		152,129.97
4/29/2025	19,149.16		19,149.16	4/30/2025	(348.51)		(348.51)	5/1/2025	151,520.80		151,520.80
4/29/2025	714.07		714.07	4/30/2025	(1,654.95)		(1,654.95)	5/1/2025	4,491.31		4,491.31
4/29/2025	949.61		949.61	4/30/2025	(37,214.65)		(37,214.65)	5/2/2025	1,317.53		1,317.53
4/29/2025	11,672.42		11,672.42	4/30/2025	(2,916,764.40)		(2,916,764.40)	5/2/2025	2,255.72		2,255.72
4/29/2025	853.85		853.85	4/30/2025	(3,046,683.20)		(3,046,683.20)	5/2/2025	1,278.49		1,278.49
4/29/2025	1,482.95		1,482.95	4/30/2025	(475,392.32)		(475,392.32)	5/2/2025	2,327.06		2,327.06
4/29/2025	877.55		877.55	4/30/2025	(473,488.73)		(473,488.73)	5/2/2025	1,852.42		1,852.42
4/29/2025	42,041.04		42,041.04	4/30/2025	(55,074.60)		(55,074.60)	5/2/2025	920.07		920.07
4/29/2025	1,896.53		1,896.53	4/30/2025	(11,254,086.25)		(11,254,086.25)	5/2/2025	85,969.56		85,969.56
4/29/2025	15,125.08		15,125.08	4/30/2025	(12,009,924.85)		(12,009,924.85)	5/2/2025	5,043.60		5,043.60
4/30/2025	49,750.00		49,750.00	5/1/2025	792.17		792.17	5/2/2025	47,901.00		47,901.00
4/30/2025	42,212.04		42,212.04	5/1/2025	890.74		890.74	5/2/2025	1,915.51		1,915.51
4/30/2025	50,736.80		50,736.80	5/1/2025	4,318.26		4,318.26	5/2/2025	7,442.93		7,442.93
4/30/2025	1,540.76		1,540.76	5/1/2025	4,856.69		4,856.69	5/2/2025	14,339.90		14,339.90
4/30/2025	10,186.93		10,186.93	5/1/2025	34,368.44		34,368.44	5/5/2025	8,185.84		8,185.84
4/30/2025	13,472.14		13,472.14	5/1/2025	3,684.22		3,684.22	5/5/2025	953.43		953.43
4/30/2025	7,772.14		7,772.14	5/1/2025	951.56		951.56	5/5/2025	5,114.91		5,114.91
4/30/2025	3,526.74		3,526.74	5/1/2025	14,837.03		14,837.03	5/5/2025	1,040.12		1,040.12
4/30/2025	16,163.00		16,163.00	5/1/2025	46,911.53		46,911.53	5/5/2025	2,086.69		2,086.69
4/30/2025	4,191.52		4,191.52	5/1/2025	1,591.76		1,591.76	5/5/2025	27,098.54		27,098.54
4/30/2025	109,399.15		109,399.15	5/1/2025	19,650.02		19,650.02	5/5/2025	1,480.64		1,480.64
4/30/2025	714.07		714.07	5/1/2025	1,616.61		1,616.61	5/6/2025	3,625.20		3,625.20
4/30/2025	111,409.84		111,409.84	5/1/2025	625,263.21		625,263.21	5/6/2025	18,202.25		18,202.25
4/30/2025	2,230.30		2,230.30	5/1/2025	384,607.82		384,607.82	5/6/2025	30,367.30		30,367.30
4/30/2025	332,709.64		332,709.64	5/1/2025	10,047.47		10,047.47	5/7/2025	2,871.70		2,871.70
4/30/2025	347,529.18		347,529.18	5/1/2025	336,397.00		336,397.00	5/7/2025	2,836.68		2,836.68
4/30/2025	20,586.43		20,586.43	5/1/2025	9,573.58		9,573.58	5/7/2025	2,823.80		2,823.80
4/30/2025	115,835.08		115,835.08	5/1/2025	4,591.92		4,591.92	5/7/2025	135,544.64		135,544.64
4/30/2025	34,931.65		34,931.65	5/1/2025	7,710.57		7,710.57	5/7/2025	459.95		459.95
4/30/2025	1,148,903.18		1,148,903.18	5/1/2025	12,474.08		12,474.08	5/7/2025	32,500.00		32,500.00
4/30/2025	1,226,064.97		1,226,064.97	5/1/2025	795.39		795.39	5/7/2025	573.42		573.42
4/30/2025	(60,597.00)		(60,597.00)	5/1/2025	43,223.19		43,223.19	5/7/2025	4,631.94		4,631.94
4/30/2025	(13,766.08)		(13,766.08)	5/1/2025	28,584.21		28,584.21	5/8/2025	991.77		991.77

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
5/8/2025	2,201.42		2,201.42	5/15/2025	4,772.25		4,772.25	5/22/2025	4,027.19		4,027.19
5/8/2025	9,358.90		9,358.90	5/15/2025	3,832.85		3,832.85	5/22/2025	2,652.46		2,652.46
5/8/2025	6,100.94		6,100.94	5/16/2025	19,557.47		19,557.47	5/22/2025	2,406.78		2,406.78
5/8/2025	1,136.85		1,136.85	5/16/2025	3,915.46		3,915.46	5/22/2025	40,721.83		40,721.83
5/8/2025	1,500.50		1,500.50	5/16/2025	6,577.54		6,577.54	5/22/2025	91,272.57		91,272.57
5/8/2025	1,352.01		1,352.01	5/16/2025	6,366.64		6,366.64	5/22/2025	4,191.52		4,191.52
5/9/2025	2,223.28		2,223.28	5/19/2025	445.60		445.60	5/22/2025	7,429.38		7,429.38
5/9/2025	2,333.32		2,333.32	5/19/2025	4,254.38		4,254.38	5/22/2025	12,905.75		12,905.75
5/9/2025	694.55		694.55	5/19/2025	843.56		843.56	5/23/2025	29,467.58		29,467.58
5/9/2025	32,205.60		32,205.60	5/19/2025	14,216.37		14,216.37	5/23/2025	13,218.03		13,218.03
5/9/2025	49,976.85		49,976.85	5/19/2025	13,000.00		13,000.00	5/23/2025	15,625.04		15,625.04
5/12/2025	2,316.81		2,316.81	5/19/2025	9,301.05		9,301.05	5/23/2025	6,330.61		6,330.61
5/12/2025	1,377.87		1,377.87	5/19/2025	24,589.74		24,589.74	5/23/2025	38,495.86		38,495.86
5/12/2025	877.59		877.59	5/20/2025	11,448.02		11,448.02	5/23/2025	39,833.71		39,833.71
5/12/2025	1,086.32		1,086.32	5/20/2025	31,066.12		31,066.12	5/23/2025	1,177.18		1,177.18
5/12/2025	9.51		9.51	5/20/2025	691.46		691.46	5/23/2025	7,836.24		7,836.24
5/12/2025	10.53		10.53	5/20/2025	1,362.98		1,362.98	5/27/2025	13,060.35		13,060.35
5/12/2025	1,203.03		1,203.03	5/20/2025	27,795.20		27,795.20	5/27/2025	18,759.64		18,759.64
5/12/2025	2,220.26		2,220.26	5/20/2025	36,204.80		36,204.80	5/27/2025	1,349.00		1,349.00
5/12/2025	6,981.18		6,981.18	5/20/2025	63,065.91		63,065.91	5/27/2025	1,012.39		1,012.39
5/12/2025	8,904.61		8,904.61	5/20/2025	3,177.12		3,177.12	5/27/2025	2,016.74		2,016.74
5/12/2025	2,430.57		2,430.57	5/20/2025	20,111.27		20,111.27	5/27/2025	12,791.26		12,791.26
5/12/2025	4,671.09		4,671.09	5/20/2025	2,370.49		2,370.49	5/27/2025	4,887.11		4,887.11
5/13/2025	1,779.03		1,779.03	5/20/2025	3,777.92		3,777.92	5/27/2025	1,181.67		1,181.67
5/13/2025	1,501.92		1,501.92	5/20/2025	4,670.80		4,670.80	5/27/2025	4,784.56		4,784.56
5/13/2025	1,452.56		1,452.56	5/21/2025	349,568.98		349,568.98	5/27/2025	2,727.29		2,727.29
5/13/2025	1,556.27		1,556.27	5/21/2025	38,930.71		38,930.71	5/27/2025	14,486.06		14,486.06
5/14/2025	8,899.74		8,899.74	5/21/2025	18,040.24		18,040.24	5/27/2025	5,749.98		5,749.98
5/14/2025	158.33		158.33	5/21/2025	7,907.33		7,907.33	5/27/2025	4,021.15		4,021.15
5/14/2025	233.89		233.89	5/21/2025	7,446.85		7,446.85	5/27/2025	5,553.16		5,553.16
5/14/2025	52,705.32		52,705.32	5/21/2025	763.16		763.16	5/27/2025	1,154.77		1,154.77
5/14/2025	949.61		949.61	5/21/2025	5,934.90		5,934.90	5/27/2025	1,339.10		1,339.10
5/14/2025	9,652.46		9,652.46	5/21/2025	115,835.08		115,835.08	5/27/2025	12,501.01		12,501.01
5/15/2025	1,928.12		1,928.12	5/22/2025	953.43		953.43	5/27/2025	5,683.80		5,683.80
5/15/2025	13,803.97		13,803.97	5/22/2025	63,363.66		63,363.66	5/28/2025	2,781.92		2,781.92
5/15/2025	7,442.93		7,442.93	5/22/2025	3,589.88		3,589.88	5/28/2025	630.03		630.03
5/15/2025	1,418.04		1,418.04	5/22/2025	81,137.97		81,137.97	5/28/2025	4,205.09		4,205.09
5/15/2025	984.15		984.15	5/22/2025	36,053.00		36,053.00	5/28/2025	7,284.73		7,284.73
5/15/2025	3,012.11		3,012.11	5/22/2025	1,123.54		1,123.54	5/28/2025	10,186.93		10,186.93

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
5/28/2025	13,472.14		13,472.14	5/29/2025	792.17		792.17	5/30/2025	(314.61)		(314.61)
5/28/2025	1,288.63		1,288.63	5/30/2025	42,212.04		42,212.04	5/30/2025	(348.51)		(348.51)
5/28/2025	10,047.47		10,047.47	5/30/2025	45,054.64		45,054.64	5/30/2025	(221.71)		(221.71)
5/28/2025	16,163.00		16,163.00	5/30/2025	2,327.06		2,327.06	5/30/2025	(53,032.08)		(53,032.08)
5/28/2025	795.39		795.39	5/30/2025	1,852.42		1,852.42	5/30/2025	(55,394.24)		(55,394.24)
5/28/2025	9,490.95		9,490.95	5/30/2025	920.07		920.07	5/30/2025	(73,137.28)		(73,137.28)
5/28/2025	55,540.80		55,540.80	5/30/2025	1,540.76		1,540.76	5/30/2025	(72,844.42)		(72,844.42)
5/28/2025	877.55		877.55	5/30/2025	5,043.60		5,043.60	5/30/2025	(2,039.80)		(2,039.80)
5/28/2025	22,765.73		22,765.73	5/30/2025	14,837.03		14,837.03	5/30/2025	(205,555.93)		(205,555.93)
5/28/2025	2,063.07		2,063.07	5/30/2025	46,911.53		46,911.53	5/30/2025	(218,232.74)		(218,232.74)
5/29/2025	12,675.79		12,675.79	5/30/2025	1,591.76		1,591.76	6/2/2025	19,248.03		19,248.03
5/29/2025	38,496.06		38,496.06	5/30/2025	7,772.14		7,772.14	6/2/2025	1,317.53		1,317.53
5/29/2025	22,838.70		22,838.70	5/30/2025	1,053.45		1,053.45	6/2/2025	1,640.33		1,640.33
5/29/2025	46,440.51		46,440.51	5/30/2025	47,901.00		47,901.00	6/2/2025	2,255.72		2,255.72
5/29/2025	18,998.77		18,998.77	5/30/2025	3,526.74		3,526.74	6/2/2025	4,318.26		4,318.26
5/29/2025	3,684.22		3,684.22	5/30/2025	6,767.70		6,767.70	6/2/2025	50,736.80		50,736.80
5/29/2025	4,684.26		4,684.26	5/30/2025	3,625.20		3,625.20	6/2/2025	4,856.69		4,856.69
5/29/2025	6,155.68		6,155.68	5/30/2025	109,399.15		109,399.15	6/2/2025	34,368.44		34,368.44
5/29/2025	3,859.50		3,859.50	5/30/2025	714.07		714.07	6/2/2025	1,040.12		1,040.12
5/29/2025	6,240.80		6,240.80	5/30/2025	8,904.61		8,904.61	6/2/2025	951.56		951.56
5/29/2025	1,900.48		1,900.48	5/30/2025	28,584.21		28,584.21	6/2/2025	19,650.02		19,650.02
5/29/2025	15,172.30		15,172.30	5/30/2025	14,339.90		14,339.90	6/2/2025	1,616.61		1,616.61
5/29/2025	1,305.70		1,305.70	5/30/2025	212,803.25		212,803.25	6/2/2025	625,263.21		625,263.21
5/29/2025	2,089.47		2,089.47	5/30/2025	11,299.29		11,299.29	6/2/2025	704.61		704.61
5/29/2025	514.35		514.35	5/30/2025	111,409.84		111,409.84	6/2/2025	384,607.82		384,607.82
5/29/2025	19,149.16		19,149.16	5/30/2025	3,244.21		3,244.21	6/2/2025	336,397.00		336,397.00
5/29/2025	3,591.70		3,591.70	5/30/2025	332,709.64		332,709.64	6/2/2025	4,591.92		4,591.92
5/29/2025	43,223.19		43,223.19	5/30/2025	347,529.18		347,529.18	6/2/2025	7,710.57		7,710.57
5/29/2025	7,400.00		7,400.00	5/30/2025	152,129.97		152,129.97	6/2/2025	12,474.08		12,474.08
5/29/2025	25,272.92		25,272.92	5/30/2025	151,520.80		151,520.80	6/2/2025	3,748.25		3,748.25
5/29/2025	2,787.26		2,787.26	5/30/2025	34,931.65		34,931.65	6/2/2025	6,981.17		6,981.17
5/29/2025	11,672.42		11,672.42	5/30/2025	1,148,903.18		1,148,903.18	6/2/2025	2,086.69		2,086.69
5/29/2025	853.85		853.85	5/30/2025	1,226,064.97		1,226,064.97	6/2/2025	36,027.14		36,027.14
5/29/2025	1,482.95		1,482.95	5/30/2025	(5,049.75)		(5,049.75)	6/2/2025	64,716.31		64,716.31
5/29/2025	2,230.30		2,230.30	5/30/2025	(860.38)		(860.38)	6/2/2025	1,791.36		1,791.36
5/29/2025	938.91		938.91	5/30/2025	(3,983.78)		(3,983.78)	6/2/2025	20,267.09		20,267.09
5/29/2025	42,041.04		42,041.04	5/30/2025	(4,121.26)		(4,121.26)	6/2/2025	20,586.43		20,586.43
5/29/2025	4,491.31		4,491.31	5/30/2025	(4,324.47)		(4,324.47)	6/3/2025	49,750.00		49,750.00
5/29/2025	15,125.08		15,125.08	5/30/2025	(566.12)		(566.12)	6/3/2025	131,940.55		131,940.55

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
6/3/2025	1,278.49		1,278.49	6/10/2025	1,779.03		1,779.03	6/18/2025	1,165.30		1,165.30
6/3/2025	85,969.56		85,969.56	6/10/2025	1,501.92		1,501.92	6/20/2025	31,066.12		31,066.12
6/3/2025	135,544.64		135,544.64	6/10/2025	1,452.56		1,452.56	6/20/2025	4,254.38		4,254.38
6/3/2025	1,162.67		1,162.67	6/10/2025	9,652.46		9,652.46	6/20/2025	29,467.58		29,467.58
6/3/2025	1,500.50		1,500.50	6/10/2025	27,098.54		27,098.54	6/20/2025	27,795.20		27,795.20
6/3/2025	18,084.44		18,084.44	6/10/2025	32,205.60		32,205.60	6/20/2025	36,204.80		36,204.80
6/3/2025	1,915.51		1,915.51	6/10/2025	49,976.85		49,976.85	6/20/2025	13,803.97		13,803.97
6/3/2025	9,573.58		9,573.58	6/10/2025	1,480.64		1,480.64	6/20/2025	843.56		843.56
6/3/2025	2,285.85		2,285.85	6/11/2025	6,577.54		6,577.54	6/20/2025	6,330.61		6,330.61
6/3/2025	32,500.00		32,500.00	6/11/2025	9,301.05		9,301.05	6/20/2025	3,915.46		3,915.46
6/3/2025	1,896.53		1,896.53	6/11/2025	5,683.80		5,683.80	6/20/2025	63,065.91		63,065.91
6/4/2025	8,185.84		8,185.84	6/12/2025	2,333.32		2,333.32	6/20/2025	2,370.49		2,370.49
6/4/2025	15,701.14		15,701.14	6/12/2025	20,111.27		20,111.27	6/20/2025	763.16		763.16
6/4/2025	5,114.91		5,114.91	6/12/2025	984.09		984.09	6/20/2025	4,772.25		4,772.25
6/4/2025	1,665.87		1,665.87	6/12/2025	4,671.09		4,671.09	6/23/2025	445.60		445.60
6/5/2025	9,358.90		9,358.90	6/12/2025	694.55		694.55	6/23/2025	11,448.02		11,448.02
6/5/2025	6,100.94		6,100.94	6/13/2025	19,557.47		19,557.47	6/23/2025	953.43		953.43
6/5/2025	7,399.82		7,399.82	6/13/2025	52,705.32		52,705.32	6/23/2025	63,363.66		63,363.66
6/5/2025	1,178.08		1,178.08	6/13/2025	8,631.06		8,631.06	6/23/2025	2,259.89		2,259.89
6/5/2025	2,430.57		2,430.57	6/13/2025	5,951.46		5,951.46	6/23/2025	158.33		158.33
6/5/2025	30,367.30		30,367.30	6/16/2025	1,928.12		1,928.12	6/23/2025	36,053.00		36,053.00
6/5/2025	4,631.94		4,631.94	6/16/2025	2,316.81		2,316.81	6/23/2025	1,288.63		1,288.63
6/6/2025	877.59		877.59	6/16/2025	2,727.29		2,727.29	6/23/2025	7,907.33		7,907.33
6/6/2025	1,095.83		1,095.83	6/16/2025	1,284.49		1,284.49	6/23/2025	12,501.01		12,501.01
6/6/2025	1,213.56		1,213.56	6/16/2025	13,000.00		13,000.00	6/23/2025	7,836.24		7,836.24
6/6/2025	4,926.03		4,926.03	6/16/2025	1,418.04		1,418.04	6/24/2025	691.46		691.46
6/9/2025	991.77		991.77	6/16/2025	2,220.26		2,220.26	6/24/2025	1,123.54		1,123.54
6/9/2025	2,871.70		2,871.70	6/16/2025	3,832.85		3,832.85	6/24/2025	12,791.26		12,791.26
6/9/2025	2,201.42		2,201.42	6/17/2025	4,027.19		4,027.19	6/24/2025	4,887.11		4,887.11
6/9/2025	890.74		890.74	6/17/2025		345,000.00	345,000.00	6/24/2025	2,652.46		2,652.46
6/9/2025	1,377.87		1,377.87	6/17/2025	24,589.74		24,589.74	6/24/2025	20,941.80		20,941.80
6/9/2025	2,836.68		2,836.68	6/17/2025	4,670.80		4,670.80	6/24/2025	2,406.78		2,406.78
6/9/2025	2,823.80		2,823.80	6/18/2025	14,216.37		14,216.37	6/24/2025	18,040.24		18,040.24
6/9/2025	1,136.85		1,136.85	6/18/2025	38,930.71		38,930.71	6/24/2025	1,915.51		1,915.51
6/9/2025	2,846.06		2,846.06	6/18/2025	25,934.16		25,934.16	6/24/2025	3,177.12		3,177.12
6/9/2025	459.95		459.95	6/18/2025	1,352.01		1,352.01	6/24/2025	4,021.15		4,021.15
6/9/2025	573.42		573.42	6/18/2025	40,721.83		40,721.83	6/24/2025	9,490.95		9,490.95
6/9/2025	1,556.27		1,556.27	6/18/2025	91,272.57		91,272.57	6/24/2025	1,482.95		1,482.95
6/10/2025	233.89		233.89	6/18/2025	5,553.16		5,553.16	6/24/2025		77,028.48	77,028.48

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
6/24/2025	7,429.38		7,429.38	6/27/2025	45,054.64		45,054.64	6/30/2025	944,283.43		944,283.43
6/24/2025	12,905.75		12,905.75	6/27/2025	1,181.76		1,181.76	6/30/2025	1,007,702.70		1,007,702.70
6/25/2025	1,349.00		1,349.00	6/27/2025	4,784.56		4,784.56	6/30/2025	(7,888.03)		(7,888.03)
6/25/2025	13,218.03		13,218.03	6/27/2025	648.98		648.98	6/30/2025	(12,396.89)		(12,396.89)
6/25/2025	1,012.39		1,012.39	6/27/2025	7,284.73		7,284.73	6/30/2025	(33,834.30)		(33,834.30)
6/25/2025	1,040.12		1,040.12	6/27/2025	1,162.67		1,162.67	6/30/2025	(33,698.82)		(33,698.82)
6/25/2025	14,486.06		14,486.06	6/27/2025	1,053.45		1,053.45	6/30/2025	(2,501,203.61)		(2,501,203.61)
6/25/2025	38,495.86		38,495.86	6/27/2025	25,272.92		25,272.92	6/30/2025	(2,661,142.63)		(2,661,142.63)
6/25/2025	7,446.85		7,446.85	6/27/2025	11,672.42		11,672.42	6/30/2025	(650,977.27)		(650,977.27)
6/25/2025	64,716.31		64,716.31	6/27/2025	2,285.85		2,285.85	6/30/2025	(675,139.12)		(675,139.12)
6/25/2025	1,154.77		1,154.77	6/27/2025	42,041.04		42,041.04	6/30/2025	(51,619.00)		(51,619.00)
6/25/2025	1,339.10		1,339.10	6/30/2025	2,781.92		2,781.92	7/1/2025	19,248.03		19,248.03
6/25/2025	115,835.08		115,835.08	6/30/2025	15,701.14		15,701.14	7/1/2025	792.17		792.17
6/26/2025	13,060.35		13,060.35	6/30/2025	49,750.00		49,750.00	7/1/2025	2,255.72		2,255.72
6/26/2025	18,759.64		18,759.64	6/30/2025	1,640.33		1,640.33	7/1/2025	4,318.26		4,318.26
6/26/2025	22,838.70		22,838.70	6/30/2025	2,223.28		2,223.28	7/1/2025	4,856.69		4,856.69
6/26/2025	81,137.97		81,137.97	6/30/2025	42,212.04		42,212.04	7/1/2025	34,368.44		34,368.44
6/26/2025	2,327.06		2,327.06	6/30/2025	50,736.80		50,736.80	7/1/2025	6,155.68		6,155.68
6/26/2025	1,852.42		1,852.42	6/30/2025	3,684.22		3,684.22	7/1/2025	951.56		951.56
6/26/2025	920.07		920.07	6/30/2025	1,540.76		1,540.76	7/1/2025	5,043.60		5,043.60
6/26/2025	4,684.26		4,684.26	6/30/2025	3,859.50		3,859.50	7/1/2025	14,837.03		14,837.03
6/26/2025	349,568.98		349,568.98	6/30/2025	6,240.80		6,240.80	7/1/2025	15,172.30		15,172.30
6/26/2025	1,284.49		1,284.49	6/30/2025	7,772.14		7,772.14	7/1/2025	46,911.53		46,911.53
6/26/2025	1,900.48		1,900.48	6/30/2025	1,305.70		1,305.70	7/1/2025	1,591.76		1,591.76
6/26/2025	9,573.58		9,573.58	6/30/2025	2,089.47		2,089.47	7/1/2025	19,650.02		19,650.02
6/26/2025	39,833.71		39,833.71	6/30/2025	47,901.00		47,901.00	7/1/2025	1,616.61		1,616.61
6/26/2025	5,749.98		5,749.98	6/30/2025	3,526.74		3,526.74	7/1/2025	625,263.21		625,263.21
6/26/2025	795.39		795.39	6/30/2025	3,591.70		3,591.70	7/1/2025	18,084.44		18,084.44
6/26/2025	4,191.52		4,191.52	6/30/2025	3,748.25		3,748.25	7/1/2025	384,607.82		384,607.82
6/26/2025	8,904.61		8,904.61	6/30/2025	109,399.15		109,399.15	7/1/2025	10,047.47		10,047.47
6/26/2025	7,400.00		7,400.00	6/30/2025	111,409.84		111,409.84	7/1/2025	336,397.00		336,397.00
6/26/2025	5,934.90		5,934.90	6/30/2025	938.91		938.91	7/1/2025	4,591.92		4,591.92
6/26/2025	2,230.30		2,230.30	6/30/2025	279,677.56		279,677.56	7/1/2025	6,767.70		6,767.70
6/26/2025	3,244.21		3,244.21	6/30/2025	292,134.94		292,134.94	7/1/2025	7,710.57		7,710.57
6/26/2025	6,366.64		6,366.64	6/30/2025	20,586.43		20,586.43	7/1/2025	12,474.08		12,474.08
6/26/2025	22,765.73		22,765.73	6/30/2025	115,561.33		115,561.33	7/1/2025	28,584.21		28,584.21
6/27/2025	630.03		630.03	6/30/2025	115,098.59		115,098.59	7/1/2025	36,027.14		36,027.14
6/27/2025	15,014.99		15,014.99	6/30/2025	34,931.65		34,931.65	7/1/2025	2,787.26		2,787.26
6/27/2025	2,016.74		2,016.74	6/30/2025	2,063.07		2,063.07	7/1/2025	14,339.90		14,339.90

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/1/2025	212,803.25		212,803.25	7/8/2025	30,367.30		30,367.30	7/15/2025	3,832.85		3,832.85
7/1/2025	32,500.00		32,500.00	7/8/2025	1,480.64		1,480.64	7/16/2025	2,223.28		2,223.28
7/1/2025	11,299.29		11,299.29	7/9/2025	2,871.70		2,871.70	7/16/2025	38,167.77		38,167.77
7/1/2025	853.85		853.85	7/9/2025	135,544.64		135,544.64	7/16/2025	2,370.49		2,370.49
7/1/2025	14,080.99		14,080.99	7/9/2025	13,000.00		13,000.00	7/16/2025	9,652.46		9,652.46
7/1/2025	3,474.41		3,474.41	7/9/2025	3,625.20		3,625.20	7/16/2025	10,093.59		10,093.59
7/1/2025	15,125.08		15,125.08	7/10/2025	2,201.42		2,201.42	7/17/2025	8,899.74		8,899.74
7/2/2025	1,317.53		1,317.53	7/10/2025	4,254.38		4,254.38	7/17/2025	46,440.51		46,440.51
7/2/2025	890.74		890.74	7/10/2025	1,928.12		1,928.12	7/17/2025	13,803.97		13,803.97
7/2/2025	131,940.55		131,940.55	7/10/2025	2,836.68		2,836.68	7/17/2025	4,887.11		4,887.11
7/2/2025	1,278.49		1,278.49	7/10/2025	1,779.03		1,779.03	7/17/2025	4,027.19		4,027.19
7/2/2025	1,040.12		1,040.12	7/10/2025	1,418.04		1,418.04	7/17/2025	5,553.16		5,553.16
7/2/2025	10,186.93		10,186.93	7/10/2025	1,177.18		1,177.18	7/17/2025	4,772.25		4,772.25
7/2/2025	13,472.14		13,472.14	7/10/2025	694.55		694.55	7/18/2025	29,467.58		29,467.58
7/2/2025	85,969.56		85,969.56	7/10/2025	32,205.60		32,205.60	7/18/2025	27,795.20		27,795.20
7/2/2025	1,178.08		1,178.08	7/10/2025	49,976.85		49,976.85	7/18/2025	36,204.80		36,204.80
7/2/2025	16,163.00		16,163.00	7/11/2025	233.89		233.89	7/18/2025	19,557.47		19,557.47
7/2/2025	43,223.19		43,223.19	7/11/2025	2,823.80		2,823.80	7/18/2025	2,727.29		2,727.29
7/2/2025	714.07		714.07	7/11/2025	1,136.85		1,136.85	7/18/2025	843.56		843.56
7/2/2025	949.61		949.61	7/11/2025	4,671.09		4,671.09	7/18/2025	14,216.37		14,216.37
7/2/2025	2,086.69		2,086.69	7/11/2025	55,540.80		55,540.80	7/21/2025	31,066.12		31,066.12
7/2/2025	877.55		877.55	7/14/2025	12,675.79		12,675.79	7/21/2025	2,316.81		2,316.81
7/2/2025	1,665.87		1,665.87	7/14/2025	991.77		991.77	7/21/2025	1,012.39		1,012.39
7/3/2025	8,185.84		8,185.84	7/14/2025	6,577.54		6,577.54	7/21/2025	2,652.46		2,652.46
7/3/2025	6,100.94		6,100.94	7/14/2025	2,333.32		2,333.32	7/21/2025	3,915.46		3,915.46
7/7/2025	9,358.90		9,358.90	7/14/2025	52,705.32		52,705.32	7/21/2025	40,721.83		40,721.83
7/7/2025	5,114.91		5,114.91	7/14/2025	27,098.54		27,098.54	7/21/2025	91,272.57		91,272.57
7/7/2025	49,895.00		49,895.00	7/14/2025	6,366.64		6,366.64	7/21/2025	7,907.33		7,907.33
7/7/2025	459.95		459.95	7/15/2025	8,899.74		8,899.74	7/21/2025	3,271.08		3,271.08
7/7/2025	2,430.57		2,430.57	7/15/2025	691.46		691.46	7/21/2025	1,339.10		1,339.10
7/7/2025	1,896.53		1,896.53	7/15/2025	1,377.87		1,377.87	7/22/2025		235,413.35	235,413.35
7/7/2025	4,631.94		4,631.94	7/15/2025	877.59		877.59	7/22/2025	63,363.66		63,363.66
7/8/2025	1,500.50		1,500.50	7/15/2025	1,095.83		1,095.83	7/22/2025	36,053.00		36,053.00
7/8/2025	7,399.82		7,399.82	7/15/2025	1,213.56		1,213.56	7/22/2025	14,486.06		14,486.06
7/8/2025	704.61		704.61	7/15/2025	20,111.27		20,111.27	7/22/2025	63,065.91		63,065.91
7/8/2025	1,350.00		1,350.00	7/15/2025	230.38		230.38	7/22/2025	2,406.78		2,406.78
7/8/2025	2,220.26		2,220.26	7/15/2025	44.01		44.01	7/22/2025	3,177.12		3,177.12
7/8/2025	6,981.17		6,981.17	7/15/2025	1,002.31		1,002.31	7/22/2025	9,490.95		9,490.95
7/8/2025	573.42		573.42	7/15/2025	24,589.74		24,589.74	7/22/2025	55,540.80		55,540.80

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
7/22/2025	763.16		763.16	7/25/2025	1,053.45		1,053.45	7/30/2025	18,084.44		18,084.44
7/22/2025	5,683.80		5,683.80	7/25/2025	6,767.70		6,767.70	7/30/2025	2,089.47		2,089.47
7/23/2025	445.60		445.60	7/25/2025	3,591.70		3,591.70	7/30/2025	47,901.00		47,901.00
7/23/2025	1,349.00		1,349.00	7/25/2025	1,177.18		1,177.18	7/30/2025	16,163.00		16,163.00
7/23/2025	953.43		953.43	7/25/2025	1,154.77		1,154.77	7/30/2025	109,399.15		109,399.15
7/23/2025	158.33		158.33	7/25/2025	7,836.24		7,836.24	7/30/2025	714.07		714.07
7/23/2025	1,123.54		1,123.54	7/28/2025	11,448.02		11,448.02	7/30/2025	1,556.27		1,556.27
7/23/2025	12,791.26		12,791.26	7/28/2025	3,589.88		3,589.88	7/30/2025	42,041.04		42,041.04
7/23/2025	4,205.09		4,205.09	7/28/2025	131,940.55		131,940.55	7/30/2025	115,835.08		115,835.08
7/23/2025	38,930.71		38,930.71	7/28/2025	3,684.22		3,684.22	7/30/2025	2,063.07		2,063.07
7/23/2025	1,288.63		1,288.63	7/28/2025	7,284.73		7,284.73	7/31/2025	42,212.04		42,212.04
7/23/2025	13,715.77		13,715.77	7/28/2025	10,047.47		10,047.47	7/31/2025	50,736.80		50,736.80
7/23/2025	52,185.93		52,185.93	7/28/2025	39,833.71		39,833.71	7/31/2025	45,054.64		45,054.64
7/23/2025	7,446.85		7,446.85	7/28/2025	3,748.25		3,748.25	7/31/2025	349,568.98		349,568.98
7/23/2025	4,191.52		4,191.52	7/28/2025	64,716.31		64,716.31	7/31/2025	15,172.30		15,172.30
7/23/2025	5,934.90		5,934.90	7/28/2025	12,501.01		12,501.01	7/31/2025	704.61		704.61
7/23/2025	7,429.38		7,429.38	7/28/2025	2,230.30		2,230.30	7/31/2025	1,352.01		1,352.01
7/24/2025	13,060.35		13,060.35	7/28/2025	22,765.73		22,765.73	7/31/2025	3,625.20		3,625.20
7/24/2025	13,709.89		13,709.89	7/29/2025	1,135.83		1,135.83	7/31/2025	795.39		795.39
7/24/2025	22,838.70		22,838.70	7/29/2025	630.03		630.03	7/31/2025	8,904.61		8,904.61
7/24/2025	81,137.97		81,137.97	7/29/2025	46,440.51		46,440.51	7/31/2025	2,086.69		2,086.69
7/24/2025	4,205.09		4,205.09	7/29/2025	15,014.99		15,014.99	7/31/2025	2,787.26		2,787.26
7/24/2025	38,495.86		38,495.86	7/29/2025	1,540.76		1,540.76	7/31/2025	111,409.84		111,409.84
7/24/2025	1,178.08		1,178.08	7/29/2025	3,859.50		3,859.50	7/31/2025	279,677.56		279,677.56
7/24/2025	38,298.32		38,298.32	7/29/2025	6,240.80		6,240.80	7/31/2025	292,134.94		292,134.94
7/24/2025	5,749.98		5,749.98	7/29/2025	1,284.49		1,284.49	7/31/2025	20,586.43		20,586.43
7/24/2025	43,223.19		43,223.19	7/29/2025	7,399.82		7,399.82	7/31/2025	115,561.33		115,561.33
7/24/2025	4,021.15		4,021.15	7/29/2025	7,400.00		7,400.00	7/31/2025	115,098.59		115,098.59
7/24/2025	3,244.21		3,244.21	7/29/2025	25,272.92		25,272.92	7/31/2025	34,931.65		34,931.65
7/24/2025	12,905.75		12,905.75	7/29/2025	11,672.42		11,672.42	7/31/2025	944,283.43		944,283.43
7/25/2025	2,781.92		2,781.92	7/29/2025	853.85		853.85	7/31/2025	1,007,702.70		1,007,702.70
7/25/2025	1,640.33		1,640.33	7/29/2025	1,482.95		1,482.95	7/31/2025	14,113.50		14,113.50
7/25/2025	13,218.03		13,218.03	7/29/2025	877.55		877.55	8/1/2025	19,248.03		19,248.03
7/25/2025	2,016.74		2,016.74	7/29/2025	15,125.08		15,125.08	8/1/2025	792.17		792.17
7/25/2025	1,181.67		1,181.67	7/30/2025	15,701.14		15,701.14	8/1/2025	2,255.72		2,255.72
7/25/2025	4,784.56		4,784.56	7/30/2025	4,684.26		4,684.26	8/1/2025	4,318.26		4,318.26
7/25/2025	15,625.04		15,625.04	7/30/2025	10,186.93		10,186.93	8/1/2025	4,856.69		4,856.69
7/25/2025	1,162.67		1,162.67	7/30/2025	13,472.14		13,472.14	8/1/2025	34,368.44		34,368.44
7/25/2025	2,846.06		2,846.06	7/30/2025	7,772.14		7,772.14	8/1/2025	2,327.06		2,327.06

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
8/1/2025	1,852.42		1,852.42	8/5/2025	9,358.90		9,358.90	8/12/2025	20,111.27		20,111.27
8/1/2025	920.07		920.07	8/5/2025	6,155.68		6,155.68	8/12/2025	1,104.05		1,104.05
8/1/2025	648.98		648.98	8/5/2025	1,900.48		1,900.48	8/12/2025	32,205.60		32,205.60
8/1/2025	1,040.12		1,040.12	8/5/2025	1,500.50		1,500.50	8/12/2025	49,976.85		49,976.85
8/1/2025	951.56		951.56	8/5/2025	459.95		459.95	8/13/2025	4,671.09		4,671.09
8/1/2025	6,330.61		6,330.61	8/5/2025	1,915.51		1,915.51	8/13/2025	1,556.27		1,556.27
8/1/2025	5,043.60		5,043.60	8/5/2025	9,573.58		9,573.58	8/13/2025	1,339.10		1,339.10
8/1/2025	14,837.03		14,837.03	8/5/2025	2,220.26		2,220.26	8/14/2025	4,254.38		4,254.38
8/1/2025	46,911.53		46,911.53	8/5/2025	30,367.30		30,367.30	8/14/2025	1,928.12		1,928.12
8/1/2025	19,650.02		19,650.02	8/6/2025	2,871.70		2,871.70	8/14/2025	233.89		233.89
8/1/2025	1,616.61		1,616.61	8/6/2025	2,316.81		2,316.81	8/14/2025	1,178.08		1,178.08
8/1/2025	384,607.82		384,607.82	8/6/2025	135,544.64		135,544.64	8/14/2025	6,577.54		6,577.54
8/1/2025	336,397.00		336,397.00	8/6/2025	2,430.57		2,430.57	8/14/2025	52,705.32		52,705.32
8/1/2025	4,591.92		4,591.92	8/6/2025	27,098.54		27,098.54	8/14/2025	1,418.04		1,418.04
8/1/2025	7,710.57		7,710.57	8/6/2025	1,480.64		1,480.64	8/14/2025	1,002.31		1,002.31
8/1/2025	12,474.08		12,474.08	8/7/2025	991.77		991.77	8/14/2025	9,652.46		9,652.46
8/1/2025	949.61		949.61	8/7/2025	890.74		890.74	8/15/2025	19,557.47		19,557.47
8/1/2025	36,027.14		36,027.14	8/7/2025	6,100.94		6,100.94	8/15/2025	2,727.29		2,727.29
8/1/2025	212,803.25		212,803.25	8/7/2025	1,352.01		1,352.01	8/15/2025	13,000.00		13,000.00
8/1/2025	2,285.85		2,285.85	8/7/2025	1,187.31		1,187.31	8/15/2025	5,553.16		5,553.16
8/1/2025	11,299.29		11,299.29	8/7/2025	6,990.36		6,990.36	8/15/2025	18,602.10		18,602.10
8/1/2025	14,080.99		14,080.99	8/7/2025	3,474.41		3,474.41	8/15/2025	4,772.25		4,772.25
8/1/2025	938.91		938.91	8/8/2025	12,675.79		12,675.79	8/15/2025	3,832.85		3,832.85
8/1/2025	1,896.53		1,896.53	8/8/2025	877.59		877.59	8/15/2025	5,683.80		5,683.80
8/4/2025	1,317.53		1,317.53	8/8/2025	1,095.83		1,095.83	8/18/2025	843.56		843.56
8/4/2025	49,750.00		49,750.00	8/8/2025	1,213.56		1,213.56	8/18/2025	3,915.46		3,915.46
8/4/2025	1,278.49		1,278.49	8/8/2025	2,836.68		2,836.68	8/18/2025	2,846.06		2,846.06
8/4/2025	5,114.91		5,114.91	8/8/2025	1,136.85		1,136.85	8/18/2025	13,715.77		13,715.77
8/4/2025	85,969.56		85,969.56	8/8/2025	573.42		573.42	8/18/2025	40,721.83		40,721.83
8/4/2025	1,591.76		1,591.76	8/8/2025	10,093.59		10,093.59	8/18/2025	91,272.57		91,272.57
8/4/2025	1,305.70		1,305.70	8/11/2025	2,201.42		2,201.42	8/18/2025	4,670.80		4,670.80
8/4/2025	625,263.21		625,263.21	8/11/2025	1,377.87		1,377.87	8/19/2025	691.46		691.46
8/4/2025	6,981.17		6,981.17	8/11/2025	2,823.80		2,823.80	8/19/2025	1,123.54		1,123.54
8/4/2025	14,339.90		14,339.90	8/11/2025	2,333.32		2,333.32	8/19/2025	14,216.37		14,216.37
8/4/2025	32,500.00		32,500.00	8/11/2025	4,926.03		4,926.03	8/19/2025	3,177.12		3,177.12
8/4/2025	1,665.87		1,665.87	8/11/2025	694.55		694.55	8/19/2025	9,490.95		9,490.95
8/4/2025	1,165.30		1,165.30	8/11/2025	6,366.64		6,366.64	8/19/2025	24,589.74		24,589.74
8/4/2025	4,670.80		4,670.80	8/12/2025	8,899.74		8,899.74	8/19/2025		154,000.00	154,000.00
8/4/2025	4,631.94		4,631.94	8/12/2025	1,779.03		1,779.03	8/19/2025	12,905.75		12,905.75

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
8/20/2025	8,251.93		8,251.93	8/26/2025	2,781.92		2,781.92	8/29/2025	6,240.80		6,240.80
8/20/2025	1,349.00		1,349.00	8/26/2025	2,016.74		2,016.74	8/29/2025	6,330.61		6,330.61
8/20/2025	31,066.12		31,066.12	8/26/2025	1,900.48		1,900.48	8/29/2025	14,837.03		14,837.03
8/20/2025	27,795.20		27,795.20	8/26/2025	63,065.91		63,065.91	8/29/2025	46,911.53		46,911.53
8/20/2025	36,204.80		36,204.80	8/26/2025	39,833.71		39,833.71	8/29/2025	1,591.76		1,591.76
8/20/2025	38,930.71		38,930.71	8/26/2025	3,591.70		3,591.70	8/29/2025	7,772.14		7,772.14
8/20/2025	763.16		763.16	8/27/2025	4,684.26		4,684.26	8/29/2025	1,053.45		1,053.45
8/20/2025	5,934.90		5,934.90	8/27/2025	16,163.00		16,163.00	8/29/2025	625,263.21		625,263.21
8/20/2025	13,709.89		13,709.89	8/27/2025	43,223.19		43,223.19	8/29/2025	6,767.70		6,767.70
8/21/2025	158.33		158.33	8/27/2025	25,272.92		25,272.92	8/29/2025	14,944.78		14,944.78
8/21/2025	13,803.97		13,803.97	8/27/2025	51,561.96		51,561.96	8/29/2025	5,749.98		5,749.98
8/21/2025	4,205.09		4,205.09	8/27/2025	1,896.53		1,896.53	8/29/2025	28,584.21		28,584.21
8/21/2025	4,027.19		4,027.19	8/27/2025	115,835.08		115,835.08	8/29/2025	7,400.00		7,400.00
8/21/2025	2,652.46		2,652.46	8/27/2025	2,063.07		2,063.07	8/29/2025	14,339.90		14,339.90
8/21/2025	1,288.63		1,288.63	8/28/2025	13,060.35		13,060.35	8/29/2025	212,803.25		212,803.25
8/21/2025	2,406.78		2,406.78	8/28/2025	630.03		630.03	8/29/2025	11,299.29		11,299.29
8/21/2025	7,907.33		7,907.33	8/28/2025	2,327.06		2,327.06	8/29/2025	2,311.82		2,311.82
8/22/2025	63,363.66		63,363.66	8/28/2025	1,852.42		1,852.42	8/29/2025	111,409.84		111,409.84
8/22/2025	29,467.58		29,467.58	8/28/2025	920.07		920.07	8/29/2025	64,716.31		64,716.31
8/22/2025	503.45		503.45	8/28/2025	4,887.11		4,887.11	8/29/2025	279,677.56		279,677.56
8/22/2025	3,020.70		3,020.70	8/28/2025	7,284.73		7,284.73	8/29/2025	292,134.94		292,134.94
8/22/2025	36,053.00		36,053.00	8/28/2025	349,568.98		349,568.98	8/29/2025	115,561.33		115,561.33
8/22/2025	3,244.21		3,244.21	8/28/2025	10,047.47		10,047.47	8/29/2025	115,098.59		115,098.59
8/22/2025	7,836.24		7,836.24	8/28/2025	109,399.15		109,399.15	8/29/2025	15,125.08		15,125.08
8/25/2025	445.60		445.60	8/28/2025	11,672.42		11,672.42	8/29/2025	34,931.65		34,931.65
8/25/2025	11,448.02		11,448.02	8/28/2025	2,285.85		2,285.85	8/29/2025	22,765.73		22,765.73
8/25/2025	953.43		953.43	8/28/2025	2,230.30		2,230.30	8/29/2025	89,152.69		89,152.69
8/25/2025	13,218.03		13,218.03	8/28/2025	7,429.38		7,429.38	8/29/2025	944,283.43		944,283.43
8/25/2025	81,137.97		81,137.97	8/28/2025	42,041.04		42,041.04	8/29/2025	1,007,702.70		1,007,702.70
8/25/2025	12,791.26		12,791.26	8/28/2025	108,067.20		108,067.20	8/29/2025	(2,099,114.34)		(2,099,114.34)
8/25/2025	14,486.06		14,486.06	8/28/2025	3,474.41		3,474.41	8/29/2025	15,625.04		15,625.04
8/25/2025	1,162.67		1,162.67	8/28/2025	3,516,828.77		3,516,828.77	9/2/2025	19,248.03		19,248.03
8/25/2025	38,495.86		38,495.86	8/29/2025	2,255.72		2,255.72	9/2/2025	15,701.14		15,701.14
8/25/2025	19,149.16		19,149.16	8/29/2025	22,838.70		22,838.70	9/2/2025	792.17		792.17
8/25/2025	7,446.85		7,446.85	8/29/2025	42,212.04		42,212.04	9/2/2025	1,640.33		1,640.33
8/25/2025	795.39		795.39	8/29/2025	50,736.80		50,736.80	9/2/2025	2,223.28		2,223.28
8/25/2025	2,370.49		2,370.49	8/29/2025	15,014.99		15,014.99	9/2/2025	4,318.26		4,318.26
8/25/2025	4,021.15		4,021.15	8/29/2025	1,540.76		1,540.76	9/2/2025	1,012.39		1,012.39
8/25/2025	1,154.77		1,154.77	8/29/2025	3,859.50		3,859.50	9/2/2025	4,856.69		4,856.69

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
9/2/2025	34,368.44		34,368.44	9/4/2025	7,399.82		7,399.82	9/11/2025	1,136.85		1,136.85
9/2/2025	45,054.64		45,054.64	9/4/2025	853.85		853.85	9/11/2025	6,577.54		6,577.54
9/2/2025	648.98		648.98	9/4/2025	1,482.95		1,482.95	9/11/2025	704.61		704.61
9/2/2025	10,186.93		10,186.93	9/4/2025	30,367.30		30,367.30	9/11/2025	1,352.01		1,352.01
9/2/2025	13,472.14		13,472.14	9/4/2025	877.55		877.55	9/11/2025	1,779.03		1,779.03
9/2/2025	1,284.49		1,284.49	9/4/2025	10,093.59		10,093.59	9/11/2025	4,671.09		4,671.09
9/2/2025	15,172.30		15,172.30	9/5/2025	890.74		890.74	9/11/2025	694.55		694.55
9/2/2025	19,650.02		19,650.02	9/5/2025	15,625.04		15,625.04	9/11/2025	763.16		763.16
9/2/2025	1,616.61		1,616.61	9/5/2025	2,846.06		2,846.06	9/11/2025	5,934.90		5,934.90
9/2/2025	47,901.00		47,901.00	9/5/2025	18,084.44		18,084.44	9/11/2025	1,556.27		1,556.27
9/2/2025	384,607.82		384,607.82	9/5/2025	459.95		459.95	9/11/2025	9,301.05		9,301.05
9/2/2025	336,397.00		336,397.00	9/5/2025	1,915.51		1,915.51	9/11/2025	27,098.54		27,098.54
9/2/2025	4,591.92		4,591.92	9/5/2025	7,442.93		7,442.93	9/12/2025	4,254.38		4,254.38
9/2/2025	3,625.20		3,625.20	9/5/2025	2,430.57		2,430.57	9/12/2025	19,557.47		19,557.47
9/2/2025	7,710.57		7,710.57	9/5/2025	2,086.69		2,086.69	9/12/2025	39,154.81		39,154.81
9/2/2025	12,474.08		12,474.08	9/8/2025	991.77		991.77	9/12/2025	52,705.32		52,705.32
9/2/2025	714.07		714.07	9/8/2025	2,871.70		2,871.70	9/12/2025	2,220.26		2,220.26
9/2/2025	6,981.17		6,981.17	9/8/2025	2,316.81		2,316.81	9/12/2025	4,191.52		4,191.52
9/2/2025	949.61		949.61	9/8/2025	1,377.87		1,377.87	9/15/2025	2,333.32		2,333.32
9/2/2025	36,027.14		36,027.14	9/8/2025	2,836.68		2,836.68	9/15/2025	8,631.06		8,631.06
9/2/2025	14,080.99		14,080.99	9/8/2025	1,305.70		1,305.70	9/15/2025	32,205.60		32,205.60
9/2/2025	12,501.01		12,501.01	9/8/2025	1,500.50		1,500.50	9/15/2025	49,976.85		49,976.85
9/2/2025	938.91		938.91	9/8/2025	9,573.58		9,573.58	9/15/2025	3,832.85		3,832.85
9/2/2025	20,586.43		20,586.43	9/8/2025	3,748.25		3,748.25	9/16/2025	3,698.01		3,698.01
9/3/2025	1,317.53		1,317.53	9/8/2025	32,500.00		32,500.00	9/16/2025	3,177.12		3,177.12
9/3/2025	9,358.90		9,358.90	9/8/2025	573.42		573.42	9/16/2025	1,043.49		1,043.49
9/3/2025	131,940.55		131,940.55	9/8/2025	1,665.87		1,665.87	9/16/2025	5,553.16		5,553.16
9/3/2025	1,278.49		1,278.49	9/8/2025	1,480.64		1,480.64	9/16/2025	24,589.74		24,589.74
9/3/2025	3,684.22		3,684.22	9/9/2025	691.46		691.46	9/17/2025	1,928.12		1,928.12
9/3/2025	85,969.56		85,969.56	9/9/2025	20,111.27		20,111.27	9/17/2025	877.59		877.59
9/3/2025	2,089.47		2,089.47	9/9/2025	1,187.31		1,187.31	9/17/2025	1,095.83		1,095.83
9/3/2025	8,904.61		8,904.61	9/9/2025	1,104.05		1,104.05	9/17/2025	1,213.56		1,213.56
9/3/2025	4,631.94		4,631.94	9/9/2025		533,869.85	533,869.85	9/17/2025	13,000.00		13,000.00
9/4/2025	12,675.79		12,675.79	9/10/2025	2,201.42		2,201.42	9/17/2025	18,040.24		18,040.24
9/4/2025	5,114.91		5,114.91	9/10/2025		4,736,204.52	4,736,204.52	9/17/2025	1,418.04		1,418.04
9/4/2025	1,040.12		1,040.12	9/10/2025	5,683.80		5,683.80	9/18/2025	8,185.84		8,185.84
9/4/2025	6,100.94		6,100.94	9/11/2025	8,899.74		8,899.74	9/18/2025	13,803.97		13,803.97
9/4/2025	6,155.68		6,155.68	9/11/2025	158.33		158.33	9/18/2025	38,167.77		38,167.77
9/4/2025	135,544.64		135,544.64	9/11/2025	233.89		233.89	9/18/2025	4,205.09		4,205.09

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
9/18/2025	40,721.83		40,721.83	9/24/2025	115,835.08		115,835.08	9/29/2025	1,354.07		1,354.07
9/18/2025	91,272.57		91,272.57	9/25/2025	22,838.70		22,838.70	9/29/2025	3,859.50		3,859.50
9/18/2025	1,339.10		1,339.10	9/25/2025	13,218.03		13,218.03	9/29/2025	6,240.80		6,240.80
9/19/2025	29,467.58		29,467.58	9/25/2025	81,137.97		81,137.97	9/29/2025	3,915.46		3,915.46
9/19/2025	27,795.20		27,795.20	9/25/2025	349,568.98		349,568.98	9/29/2025	20,941.80		20,941.80
9/19/2025	36,204.80		36,204.80	9/25/2025	38,495.86		38,495.86	9/29/2025	47,901.00		47,901.00
9/19/2025	4,027.19		4,027.19	9/25/2025	2,406.78		2,406.78	9/29/2025	11,732.38		11,732.38
9/19/2025	843.56		843.56	9/25/2025	5,749.98		5,749.98	9/29/2025	795.39		795.39
9/19/2025	959.09		959.09	9/25/2025	1,154.77		1,154.77	9/29/2025	109,399.15		109,399.15
9/19/2025	14,216.37		14,216.37	9/25/2025	7,429.38		7,429.38	9/29/2025	25,272.92		25,272.92
9/19/2025	63,065.91		63,065.91	9/25/2025	3,474.41		3,474.41	9/29/2025	11,672.42		11,672.42
9/19/2025	2,370.49		2,370.49	9/25/2025	6,366.64		6,366.64	9/29/2025	64,716.31		64,716.31
9/19/2025	5,951.46		5,951.46	9/25/2025	12,905.75		12,905.75	9/29/2025	42,041.04		42,041.04
9/22/2025	445.60		445.60	9/26/2025	11,448.02		11,448.02	9/29/2025	7,338.51		7,338.51
9/22/2025	31,066.12		31,066.12	9/26/2025	2,016.74		2,016.74	9/29/2025	115,561.33		115,561.33
9/22/2025	63,363.66		63,363.66	9/26/2025	7,284.73		7,284.73	9/29/2025	115,098.59		115,098.59
9/22/2025	36,053.00		36,053.00	9/26/2025	10,186.93		10,186.93	9/29/2025	1,896.53		1,896.53
9/22/2025	14,486.06		14,486.06	9/26/2025	13,472.14		13,472.14	9/29/2025	1,165.30		1,165.30
9/22/2025	1,288.63		1,288.63	9/26/2025	6,330.61		6,330.61	9/30/2025	630.03		630.03
9/22/2025	7,907.33		7,907.33	9/26/2025	1,162.67		1,162.67	9/30/2025	46,440.51		46,440.51
9/22/2025	4,191.52		4,191.52	9/26/2025	1,053.45		1,053.45	9/30/2025	42,212.04		42,212.04
9/22/2025	12,501.01		12,501.01	9/26/2025	704.61		704.61	9/30/2025	50,736.80		50,736.80
9/22/2025	1,625,000.00		1,625,000.00	9/26/2025	6,767.70		6,767.70	9/30/2025	2,327.06		2,327.06
9/23/2025	2,781.92		2,781.92	9/26/2025	39,833.71		39,833.71	9/30/2025	1,852.42		1,852.42
9/23/2025	50,143.85		50,143.85	9/26/2025	3,625.20		3,625.20	9/30/2025	920.07		920.07
9/23/2025	1,012.39		1,012.39	9/26/2025	2,354.36		2,354.36	9/30/2025	4,887.11		4,887.11
9/23/2025	2,652.46		2,652.46	9/26/2025	22,765.73		22,765.73	9/30/2025	1,540.76		1,540.76
9/23/2025	9,652.46		9,652.46	9/26/2025	4,670.80		4,670.80	9/30/2025	6,155.68		6,155.68
9/23/2025	1,482.95		1,482.95	9/26/2025	2,063.07		2,063.07	9/30/2025	1,900.48		1,900.48
9/24/2025	1,349.00		1,349.00	9/26/2025	4,772.25		4,772.25	9/30/2025	46,911.53		46,911.53
9/24/2025	953.43		953.43	9/26/2025	7,836.24		7,836.24	9/30/2025	7,772.14		7,772.14
9/24/2025	1,123.54		1,123.54	9/29/2025	12,675.79		12,675.79	9/30/2025	10,047.47		10,047.47
9/24/2025	5,083.53		5,083.53	9/29/2025	1,640.33		1,640.33	9/30/2025	500,000.00		500,000.00
9/24/2025	38,930.71		38,930.71	9/29/2025	18,998.77		18,998.77	9/30/2025	853.85		853.85
9/24/2025	1,178.08		1,178.08	9/29/2025	3,684.22		3,684.22	9/30/2025	111,409.84		111,409.84
9/24/2025	7,446.85		7,446.85	9/29/2025	45,054.64		45,054.64	9/30/2025	279,677.56		279,677.56
9/24/2025	3,591.70		3,591.70	9/29/2025	4,684.26		4,684.26	9/30/2025	292,134.94		292,134.94
9/24/2025	4,021.15		4,021.15	9/29/2025	866.43		866.43	9/30/2025	20,586.43		20,586.43
9/24/2025	3,244.21		3,244.21	9/29/2025	663.27		663.27	9/30/2025	15,125.08		15,125.08

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
9/30/2025	34,931.65		34,931.65	10/1/2025	212,803.25		212,803.25	10/7/2025	2,255.72		2,255.72
9/30/2025	89,152.69		89,152.69	10/1/2025	11,299.29		11,299.29	10/7/2025	49,895.00		49,895.00
9/30/2025	944,283.43		944,283.43	10/1/2025	2,311.82		2,311.82	10/7/2025	7,399.82		7,399.82
9/30/2025	1,007,702.70		1,007,702.70	10/1/2025	14,080.99		14,080.99	10/7/2025	459.95		459.95
9/30/2025	(147,031.98)		(147,031.98)	10/1/2025	2,230.30		2,230.30	10/7/2025	1,779.03		1,779.03
9/30/2025	(21,247.65)		(21,247.65)	10/1/2025	938.91		938.91	10/8/2025	2,871.70		2,871.70
9/30/2025	35,470.22		35,470.22	10/2/2025	15,701.14		15,701.14	10/8/2025	9,358.90		9,358.90
9/30/2025	(41,808.90)		(41,808.90)	10/2/2025	1,317.53		1,317.53	10/8/2025	573.42		573.42
10/1/2025	19,248.03		19,248.03	10/2/2025	13,060.35		13,060.35	10/9/2025	6,100.94		6,100.94
10/1/2025	792.17		792.17	10/2/2025	13,709.89		13,709.89	10/9/2025	135,544.64		135,544.64
10/1/2025	4,318.26		4,318.26	10/2/2025	131,940.55		131,940.55	10/9/2025	694.55		694.55
10/1/2025	4,856.69		4,856.69	10/2/2025	46,440.51		46,440.51	10/10/2025	4,254.38		4,254.38
10/1/2025	34,368.44		34,368.44	10/2/2025	1,278.49		1,278.49	10/10/2025	12,791.26		12,791.26
10/1/2025	648.98		648.98	10/2/2025	85,969.56		85,969.56	10/10/2025	2,727.29		2,727.29
10/1/2025	1,040.12		1,040.12	10/2/2025	951.56		951.56	10/10/2025	2,220.26		2,220.26
10/1/2025	1,284.49		1,284.49	10/2/2025	431,280.00		431,280.00	10/10/2025	29,038.58		29,038.58
10/1/2025	5,043.60		5,043.60	10/2/2025	18,084.44		18,084.44	10/10/2025	2,285.85		2,285.85
10/1/2025	14,837.03		14,837.03	10/2/2025	1,178.08		1,178.08	10/10/2025	32,500.00		32,500.00
10/1/2025	15,172.30		15,172.30	10/2/2025	16,163.00		16,163.00	10/14/2025	991.77		991.77
10/1/2025	1,591.76		1,591.76	10/2/2025	7,442.93		7,442.93	10/14/2025	691.46		691.46
10/1/2025	2,846.06		2,846.06	10/2/2025	949.61		949.61	10/14/2025	2,836.68		2,836.68
10/1/2025	19,650.02		19,650.02	10/2/2025	9,490.95		9,490.95	10/14/2025	2,333.32		2,333.32
10/1/2025	1,305.70		1,305.70	10/2/2025	55,540.80		55,540.80	10/14/2025	1,352.01		1,352.01
10/1/2025	1,616.61		1,616.61	10/2/2025	30,367.30		30,367.30	10/14/2025	52,705.32		52,705.32
10/1/2025	625,263.21		625,263.21	10/2/2025	1,665.87		1,665.87	10/14/2025	20,111.27		20,111.27
10/1/2025	2,089.47		2,089.47	10/3/2025	49,750.00		49,750.00	10/14/2025	1,043.50		1,043.50
10/1/2025	2,493.13		2,493.13	10/3/2025	890.74		890.74	10/14/2025	4,671.09		4,671.09
10/1/2025	384,607.82		384,607.82	10/3/2025	6,981.17		6,981.17	10/14/2025	6,366.64		6,366.64
10/1/2025	336,397.00		336,397.00	10/3/2025	4,631.94		4,631.94	10/14/2025	5,683.80		5,683.80
10/1/2025	4,591.92		4,591.92	10/3/2025	1,480.64		1,480.64	10/15/2025	1,006.90		1,006.90
10/1/2025	19,149.16		19,149.16	10/6/2025	3,589.88		3,589.88	10/15/2025	2,279.56		2,279.56
10/1/2025	7,710.57		7,710.57	10/6/2025	2,223.28		2,223.28	10/15/2025	1,012.39		1,012.39
10/1/2025	12,474.08		12,474.08	10/6/2025	1,377.87		1,377.87	10/15/2025	1,136.85		1,136.85
10/1/2025	43,223.19		43,223.19	10/6/2025	5,114.91		5,114.91	10/15/2025	5,553.16		5,553.16
10/1/2025	714.07		714.07	10/6/2025	1,500.50		1,500.50	10/15/2025	1,556.27		1,556.27
10/1/2025	28,584.21		28,584.21	10/6/2025	9,573.58		9,573.58	10/15/2025	10,093.59		10,093.59
10/1/2025	7,400.00		7,400.00	10/6/2025	2,430.57		2,430.57	10/15/2025	3,832.85		3,832.85
10/1/2025	36,027.14		36,027.14	10/6/2025	877.55		877.55	10/16/2025	953.43		953.43
10/1/2025	14,339.90		14,339.90	10/6/2025	27,098.54		27,098.54	10/16/2025		170,000.00	170,000.00

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/16/2025	13,803.97		13,803.97	10/22/2025	14,486.06		14,486.06	10/28/2025	1,900.48		1,900.48
10/16/2025	4,205.09		4,205.09	10/22/2025	2,823.80		2,823.80	10/28/2025	18,084.44		18,084.44
10/16/2025	657.84		657.84	10/22/2025	2,823.80		2,823.80	10/28/2025	1,178.08		1,178.08
10/16/2025	843.56		843.56	10/22/2025	2,652.46		2,652.46	10/28/2025	39,833.71		39,833.71
10/16/2025	3,177.12		3,177.12	10/22/2025	38,930.71		38,930.71	10/28/2025	1,482.95		1,482.95
10/16/2025	4,191.52		4,191.52	10/22/2025	2,406.78		2,406.78	10/29/2025	2,781.92		2,781.92
10/16/2025	2,086.69		2,086.69	10/22/2025	40,721.83		40,721.83	10/29/2025	15,014.99		15,014.99
10/16/2025	32,205.60		32,205.60	10/22/2025	91,272.57		91,272.57	10/29/2025	682.73		682.73
10/16/2025	49,976.85		49,976.85	10/22/2025	7,446.85		7,446.85	10/29/2025	2,267.27		2,267.27
10/17/2025	8,899.74		8,899.74	10/22/2025	3,244.21		3,244.21	10/29/2025	3,859.50		3,859.50
10/17/2025	29,467.58		29,467.58	10/23/2025	11,448.02		11,448.02	10/29/2025	6,240.80		6,240.80
10/17/2025	1,928.12		1,928.12	10/23/2025	22,838.70		22,838.70	10/29/2025	3,966.31		3,966.31
10/17/2025	19,557.47		19,557.47	10/23/2025	46,440.51		46,440.51	10/29/2025	16,163.00		16,163.00
10/17/2025	14,216.37		14,216.37	10/23/2025	81,137.97		81,137.97	10/29/2025	2,370.49		2,370.49
10/17/2025	3,915.46		3,915.46	10/23/2025	38,495.86		38,495.86	10/29/2025	7,400.00		7,400.00
10/17/2025	9,391.30		9,391.30	10/23/2025	3,591.70		3,591.70	10/29/2025	25,272.92		25,272.92
10/17/2025	1,418.04		1,418.04	10/23/2025	9,652.46		9,652.46	10/29/2025	11,672.42		11,672.42
10/20/2025	8,185.84		8,185.84	10/23/2025	2,285.85		2,285.85	10/29/2025	877.55		877.55
10/20/2025	31,066.12		31,066.12	10/23/2025	5,934.90		5,934.90	10/29/2025	115,835.08		115,835.08
10/20/2025	2,223.28		2,223.28	10/23/2025	7,429.38		7,429.38	10/29/2025	15,125.08		15,125.08
10/20/2025	27,795.20		27,795.20	10/24/2025	12,675.79		12,675.79	10/29/2025	2,063.07		2,063.07
10/20/2025	36,204.80		36,204.80	10/24/2025	2,316.81		2,316.81	10/30/2025	2,223.28		2,223.28
10/20/2025	4,027.19		4,027.19	10/24/2025	13,218.03		13,218.03	10/30/2025	503.45		503.45
10/20/2025	233.89		233.89	10/24/2025	158.33		158.33	10/30/2025	1,540.76		1,540.76
10/20/2025	13,000.00		13,000.00	10/24/2025	2,016.74		2,016.74	10/30/2025	6,155.68		6,155.68
10/20/2025	6,577.54		6,577.54	10/24/2025	6,767.70		6,767.70	10/30/2025	328.92		328.92
10/20/2025	6,981.17		6,981.17	10/24/2025	8,904.61		8,904.61	10/30/2025	349,568.98		349,568.98
10/20/2025	9,490.95		9,490.95	10/24/2025	8,975.10		8,975.10	10/30/2025	15,172.30		15,172.30
10/20/2025	51,561.96		51,561.96	10/24/2025	1,177.18		1,177.18	10/30/2025	7,772.14		7,772.14
10/20/2025	9,301.06		9,301.06	10/24/2025	4,021.15		4,021.15	10/30/2025	704.61		704.61
10/20/2025	1,339.10		1,339.10	10/24/2025	7,836.24		7,836.24	10/30/2025	714.07		714.07
10/20/2025	12,905.75		12,905.75	10/27/2025	1,349.00		1,349.00	10/30/2025	2,230.30		2,230.30
10/20/2025	4,670.80		4,670.80	10/27/2025	1,284.49		1,284.49	10/30/2025	938.91		938.91
10/21/2025	63,065.91		63,065.91	10/27/2025	3,625.20		3,625.20	10/30/2025	10,093.59		10,093.59
10/21/2025	7,907.33		7,907.33	10/27/2025	5,749.98		5,749.98	10/30/2025	42,041.04		42,041.04
10/21/2025	763.16		763.16	10/27/2025	1,154.77		1,154.77	10/30/2025	115,561.33		115,561.33
10/21/2025	24,589.74		24,589.74	10/28/2025	15,701.14		15,701.14	10/30/2025	4,484.86		4,484.86
10/22/2025	63,363.66		63,363.66	10/28/2025	630.03		630.03	10/30/2025	445.60		445.60
10/22/2025	36,053.00		36,053.00	10/28/2025	7,284.73		7,284.73	10/31/2025	792.17		792.17

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
10/31/2025	49,750.00		49,750.00	11/3/2025	1,317.53		1,317.53	11/6/2025	13,060.35		13,060.35
10/31/2025	1,640.33		1,640.33	11/3/2025	4,318.26		4,318.26	11/6/2025	2,902.70		2,902.70
10/31/2025	1,123.54		1,123.54	11/3/2025	4,856.69		4,856.69	11/6/2025	6,100.94		6,100.94
10/31/2025	42,212.04		42,212.04	11/3/2025	34,368.44		34,368.44	11/6/2025	7,399.82		7,399.82
10/31/2025	50,736.80		50,736.80	11/3/2025	3,684.22		3,684.22	11/6/2025	459.95		459.95
10/31/2025	45,054.64		45,054.64	11/3/2025	1,755.18		1,755.18	11/6/2025	2,993.59		2,993.59
10/31/2025	2,327.06		2,327.06	11/3/2025	2,191.66		2,191.66	11/6/2025	2,993.59		2,993.59
10/31/2025	1,852.42		1,852.42	11/3/2025	2,427.12		2,427.12	11/6/2025	2,220.26		2,220.26
10/31/2025	920.07		920.07	11/3/2025	648.98		648.98	11/6/2025	32,500.00		32,500.00
10/31/2025	15,625.04		15,625.04	11/3/2025	85,969.56		85,969.56	11/6/2025	1,665.87		1,665.87
10/31/2025	951.56		951.56	11/3/2025	1,162.67		1,162.67	11/6/2025	4,631.94		4,631.94
10/31/2025	6,330.61		6,330.61	11/3/2025	19,650.02		19,650.02	11/7/2025	890.74		890.74
10/31/2025	5,043.60		5,043.60	11/3/2025	384,607.82		384,607.82	11/7/2025	1,352.01		1,352.01
10/31/2025	14,837.03		14,837.03	11/3/2025	10,047.47		10,047.47	11/7/2025	27,098.54		27,098.54
10/31/2025	46,911.53		46,911.53	11/3/2025	336,397.00		336,397.00	11/10/2025	2,871.70		2,871.70
10/31/2025	1,305.70		1,305.70	11/3/2025	4,591.92		4,591.92	11/10/2025	1,136.85		1,136.85
10/31/2025	1,616.61		1,616.61	11/3/2025	7,710.57		7,710.57	11/10/2025	135,544.64		135,544.64
10/31/2025	1,053.45		1,053.45	11/3/2025	12,474.08		12,474.08	11/10/2025	2,846.06		2,846.06
10/31/2025	625,263.21		625,263.21	11/3/2025	43,223.19		43,223.19	11/10/2025	1,500.50		1,500.50
10/31/2025	2,089.47		2,089.47	11/3/2025	2,430.57		2,430.57	11/10/2025	47,901.00		47,901.00
10/31/2025	2,791.55		2,791.55	11/3/2025	36,027.14		36,027.14	11/10/2025	9,240.68		9,240.68
10/31/2025	795.39		795.39	11/3/2025	14,080.99		14,080.99	11/10/2025	7,442.93		7,442.93
10/31/2025	109,399.15		109,399.15	11/3/2025	12,501.01		12,501.01	11/12/2025	8,899.74		8,899.74
10/31/2025	949.61		949.61	11/3/2025	1,896.53		1,896.53	11/12/2025	1,928.12		1,928.12
10/31/2025	28,584.21		28,584.21	11/4/2025	9,358.90		9,358.90	11/12/2025	1,377.87		1,377.87
10/31/2025	14,339.90		14,339.90	11/4/2025	2,255.72		2,255.72	11/12/2025	63,065.91		63,065.91
10/31/2025	212,803.25		212,803.25	11/4/2025	131,940.55		131,940.55	11/12/2025	1,779.03		1,779.03
10/31/2025	11,299.29		11,299.29	11/4/2025	1,278.49		1,278.49	11/12/2025	3,177.12		3,177.12
10/31/2025	2,311.82		2,311.82	11/4/2025	5,114.91		5,114.91	11/12/2025	20,111.27		20,111.27
10/31/2025	111,409.84		111,409.84	11/4/2025	4,887.11		4,887.11	11/12/2025	2,370.49		2,370.49
10/31/2025	279,677.56		279,677.56	11/4/2025	1,040.12		1,040.12	11/12/2025	1,418.04		1,418.04
10/31/2025	292,134.94		292,134.94	11/4/2025	10,186.93		10,186.93	11/12/2025	64,716.31		64,716.31
10/31/2025	20,586.43		20,586.43	11/4/2025	13,472.14		13,472.14	11/12/2025	3,474.41		3,474.41
10/31/2025	34,931.65		34,931.65	11/4/2025	19,149.16		19,149.16	11/12/2025	32,205.60		32,205.60
10/31/2025	22,765.73		22,765.73	11/4/2025	853.85		853.85	11/12/2025	49,976.85		49,976.85
10/31/2025	89,152.69		89,152.69	11/4/2025	30,367.30		30,367.30	11/13/2025	4,684.26		4,684.26
10/31/2025	944,283.43		944,283.43	11/4/2025	4,772.25		4,772.25	11/13/2025	15,000.00		15,000.00
10/31/2025	1,007,702.70		1,007,702.70	11/5/2025	8,185.84		8,185.84	11/13/2025	2,836.68		2,836.68
11/3/2025	19,248.03		19,248.03	11/5/2025	3,748.25		3,748.25	11/13/2025	328.92		328.92

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
11/13/2025	1,178.08		1,178.08	11/20/2025	3,591.70		3,591.70	11/26/2025	704.61		704.61
11/13/2025	1,002.30		1,002.30	11/20/2025	9,652.46		9,652.46	11/26/2025	39,833.71		39,833.71
11/14/2025	4,254.38		4,254.38	11/20/2025	573.42		573.42	11/26/2025	43,223.19		43,223.19
11/14/2025	29,467.58		29,467.58	11/21/2025	445.60		445.60	11/26/2025	2,333.67		2,333.67
11/14/2025	19,557.47		19,557.47	11/21/2025	13,803.97		13,803.97	11/26/2025	1,177.18		1,177.18
11/14/2025	233.89		233.89	11/21/2025	2,016.74		2,016.74	11/26/2025	25,272.92		25,272.92
11/14/2025	2,333.32		2,333.32	11/21/2025	14,486.06		14,486.06	11/26/2025	11,672.42		11,672.42
11/14/2025	4,671.09		4,671.09	11/21/2025	38,930.71		38,930.71	11/26/2025	2,285.85		2,285.85
11/14/2025	694.55		694.55	11/21/2025	13,000.00		13,000.00	11/26/2025	5,934.90		5,934.90
11/17/2025	2,823.80		2,823.80	11/21/2025	6,767.70		6,767.70	11/26/2025	2,230.30		2,230.30
11/17/2025	1,288.63		1,288.63	11/21/2025	7,907.33		7,907.33	11/26/2025	7,429.38		7,429.38
11/17/2025	2,086.69		2,086.69	11/21/2025	12,501.01		12,501.01	11/26/2025	42,041.04		42,041.04
11/17/2025	3,832.85		3,832.85	11/21/2025	12,905.75		12,905.75	11/26/2025	120,046.19		120,046.19
11/18/2025	1,349.00		1,349.00	11/21/2025	7,836.24		7,836.24	11/26/2025	115,835.08		115,835.08
11/18/2025	4,205.09		4,205.09	11/24/2025	63,363.66		63,363.66	11/28/2025	11,448.02		11,448.02
11/18/2025	4,027.19		4,027.19	11/24/2025	81,137.97		81,137.97	11/28/2025	2,781.92		2,781.92
11/18/2025	1,284.49		1,284.49	11/24/2025	36,053.00		36,053.00	11/28/2025	2,255.72		2,255.72
11/18/2025	3,915.46		3,915.46	11/24/2025	13,715.77		13,715.77	11/28/2025	503.45		503.45
11/18/2025	26,342.30		26,342.30	11/24/2025	10,047.47		10,047.47	11/28/2025	1,123.54		1,123.54
11/18/2025		71,048.32	71,048.32	11/24/2025	4,191.52		4,191.52	11/28/2025	42,212.04		42,212.04
11/18/2025	5,553.16		5,553.16	11/24/2025	4,021.15		4,021.15	11/28/2025	50,736.80		50,736.80
11/18/2025	1,556.27		1,556.27	11/24/2025	763.16		763.16	11/28/2025	15,014.99		15,014.99
11/18/2025	1,339.10		1,339.10	11/25/2025	13,218.03		13,218.03	11/28/2025	4,684.26		4,684.26
11/18/2025	24,589.74		24,589.74	11/25/2025	12,791.26		12,791.26	11/28/2025	1,540.76		1,540.76
11/18/2025	1,480.64		1,480.64	11/25/2025	12,791.26		12,791.26	11/28/2025	7,284.73		7,284.73
11/18/2025	5,683.80		5,683.80	11/25/2025	2,327.06		2,327.06	11/28/2025	10,186.93		10,186.93
11/19/2025	2,316.81		2,316.81	11/25/2025	1,852.42		1,852.42	11/28/2025	13,472.14		13,472.14
11/19/2025	843.56		843.56	11/25/2025	920.07		920.07	11/28/2025	349,568.98		349,568.98
11/19/2025	14,216.37		14,216.37	11/25/2025	1,900.48		1,900.48	11/28/2025	2,652.46		2,652.46
11/19/2025	9,301.05		9,301.05	11/25/2025	38,495.86		38,495.86	11/28/2025	46,911.53		46,911.53
11/20/2025	31,066.12		31,066.12	11/25/2025	52,705.32		52,705.32	11/28/2025	7,772.14		7,772.14
11/20/2025	953.43		953.43	11/25/2025	9,490.95		9,490.95	11/28/2025	1,053.45		1,053.45
11/20/2025	691.46		691.46	11/25/2025	55,540.80		55,540.80	11/28/2025	2,791.55		2,791.55
11/20/2025	158.33		158.33	11/25/2025	3,978.84		3,978.84	11/28/2025	109,399.15		109,399.15
11/20/2025	27,795.20		27,795.20	11/25/2025	1,154.77		1,154.77	11/28/2025	28,584.21		28,584.21
11/20/2025	36,204.80		36,204.80	11/26/2025	22,838.70		22,838.70	11/28/2025	14,339.90		14,339.90
11/20/2025	2,406.78		2,406.78	11/26/2025	630.03		630.03	11/28/2025	111,409.84		111,409.84
11/20/2025	40,721.83		40,721.83	11/26/2025	1,012.39		1,012.39	11/28/2025	3,244.21		3,244.21
11/20/2025	91,272.57		91,272.57	11/26/2025	6,330.61		6,330.61	11/28/2025	34,931.65		34,931.65

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
11/28/2025	22,765.73		22,765.73	12/1/2025	14,080.99		14,080.99	12/4/2025	13,060.35		13,060.35
11/28/2025	89,152.69		89,152.69	12/1/2025	938.91		938.91	12/4/2025	13,709.89		13,709.89
11/28/2025	944,283.43		944,283.43	12/1/2025	1,665.87		1,665.87	12/4/2025	5,114.91		5,114.91
11/28/2025	1,007,702.70		1,007,702.70	12/1/2025	20,586.43		20,586.43	12/4/2025	1,040.12		1,040.12
11/28/2025	(190,249.94)		(190,249.94)	12/1/2025	15,125.08		15,125.08	12/4/2025	6,100.94		6,100.94
11/28/2025	15,856.94		15,856.94	12/2/2025		140,508.23	140,508.23	12/4/2025	951.56		951.56
11/28/2025	(5,049.75)		(5,049.75)	12/2/2025	30,346.74		30,346.74	12/4/2025	3,625.20		3,625.20
12/1/2025	12,675.79		12,675.79	12/2/2025	3,589.88		3,589.88	12/4/2025		225,369.41	225,369.41
12/1/2025	19,248.03		19,248.03	12/2/2025	131,940.55		131,940.55	12/4/2025		104,895.25	104,895.25
12/1/2025	792.17		792.17	12/2/2025	1,278.49		1,278.49	12/4/2025	64,716.31		64,716.31
12/1/2025	6,659.56		6,659.56	12/2/2025	3,684.22		3,684.22	12/4/2025	27,098.54		27,098.54
12/1/2025	2,223.28		2,223.28	12/2/2025	4,887.11		4,887.11	12/4/2025	4,631.94		4,631.94
12/1/2025	4,318.26		4,318.26	12/2/2025	6,155.68		6,155.68	12/5/2025	682.73		682.73
12/1/2025	4,856.69		4,856.69	12/2/2025	328.92		328.92	12/5/2025	2,267.27		2,267.27
12/1/2025	34,368.44		34,368.44	12/2/2025	85,969.56		85,969.56	12/5/2025	15,172.30		15,172.30
12/1/2025	45,054.64		45,054.64	12/2/2025	2,089.47		2,089.47	12/5/2025	795.39		795.39
12/1/2025	648.98		648.98	12/2/2025	47,901.00		47,901.00	12/8/2025	2,871.70		2,871.70
12/1/2025	3,859.50		3,859.50	12/2/2025	7,399.82		7,399.82	12/8/2025	682.73		682.73
12/1/2025	6,240.80		6,240.80	12/2/2025	16,163.00		16,163.00	12/8/2025	2,267.27		2,267.27
12/1/2025	5,043.60		5,043.60	12/2/2025	714.07		714.07	12/8/2025	3,183.52		3,183.52
12/1/2025	14,837.03		14,837.03	12/2/2025	949.61		949.61	12/8/2025	459.95		459.95
12/1/2025	1,162.67		1,162.67	12/2/2025	32,500.00		32,500.00	12/8/2025	52,185.93		52,185.93
12/1/2025	19,650.02		19,650.02	12/2/2025	11,299.29		11,299.29	12/9/2025	9,358.90		9,358.90
12/1/2025	1,616.61		1,616.61	12/2/2025	853.85		853.85	12/9/2025	1,640.33		1,640.33
12/1/2025	622,763.21		622,763.21	12/2/2025	1,482.95		1,482.95	12/9/2025	135,544.64		135,544.64
12/1/2025	384,607.82		384,607.82	12/2/2025	30,367.30		30,367.30	12/9/2025	1,500.50		1,500.50
12/1/2025	336,397.00		336,397.00	12/2/2025	3,474.41		3,474.41	12/9/2025	20,111.27		20,111.27
12/1/2025	4,591.92		4,591.92	12/2/2025	2,063.07		2,063.07	12/9/2025	573.42		573.42
12/1/2025	19,149.16		19,149.16	12/2/2025	4,772.25		4,772.25	12/10/2025	1,377.87		1,377.87
12/1/2025	7,442.93		7,442.93	12/3/2025	8,185.84		8,185.84	12/10/2025	1,136.85		1,136.85
12/1/2025	7,710.57		7,710.57	12/3/2025	877.59		877.59	12/10/2025	1,178.08		1,178.08
12/1/2025	12,474.08		12,474.08	12/3/2025	1,095.83		1,095.83	12/10/2025	4,671.09		4,671.09
12/1/2025	5,749.98		5,749.98	12/3/2025	1,213.56		1,213.56	12/10/2025	2,086.69		2,086.69
12/1/2025	6,981.17		6,981.17	12/3/2025	1,305.70		1,305.70	12/10/2025	694.55		694.55
12/1/2025	2,430.57		2,430.57	12/3/2025	18,084.44		18,084.44	12/11/2025	15,701.14		15,701.14
12/1/2025	7,400.00		7,400.00	12/3/2025	704,432.35		704,432.35	12/11/2025	4,254.38		4,254.38
12/1/2025	36,027.14		36,027.14	12/3/2025	877.55		877.55	12/11/2025	890.74		890.74
12/1/2025	212,803.25		212,803.25	12/3/2025	1,896.53		1,896.53	12/11/2025	2,823.80		2,823.80
12/1/2025	2,311.82		2,311.82	12/4/2025	1,317.53		1,317.53	12/11/2025	2,406.78		2,406.78

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
12/12/2025	49,750.00		49,750.00	12/18/2025	763.16		763.16	12/23/2025	52,705.32		52,705.32
12/12/2025	19,557.47		19,557.47	12/18/2025	25,000.00		25,000.00	12/23/2025	19,149.16		19,149.16
12/12/2025	223.89		223.89	12/18/2025	11,299.29		11,299.29	12/23/2025	43,223.19		43,223.19
12/12/2025	1,352.01		1,352.01	12/18/2025	218.43		218.43	12/23/2025	4,191.52		4,191.52
12/12/2025	3,831.02		3,831.02	12/18/2025	13,555.05		13,555.05	12/23/2025	25,272.92		25,272.92
12/12/2025	5,951.46		5,951.46	12/18/2025	4,688.65		4,688.65	12/23/2025	550,000.00		550,000.00
12/12/2025	9,301.05		9,301.05	12/19/2025	27,795.20		27,795.20	12/23/2025	3,474.41		3,474.41
12/12/2025	6,366.64		6,366.64	12/19/2025	36,204.80		36,204.80	12/23/2025	582.65		582.65
12/15/2025	1,928.12		1,928.12	12/19/2025	4,027.19		4,027.19	12/23/2025	4,772.25		4,772.25
12/15/2025	2,316.81		2,316.81	12/19/2025	2,836.68		2,836.68	12/23/2025	1,480.64		1,480.64
12/15/2025	6,577.54		6,577.54	12/19/2025	14,216.37		14,216.37	12/24/2025	1,349.00		1,349.00
12/15/2025	2,333.32		2,333.32	12/19/2025	63,065.91		63,065.91	12/24/2025	13,218.03		13,218.03
12/15/2025	1,418.04		1,418.04	12/19/2025	6,767.70		6,767.70	12/24/2025	38,167.77		38,167.77
12/15/2025	8,631.06		8,631.06	12/19/2025	2,370.49		2,370.49	12/24/2025	682.73		682.73
12/15/2025	1,556.27		1,556.27	12/19/2025	8,969.54		8,969.54	12/24/2025	2,267.27		2,267.27
12/15/2025	1,339.10		1,339.10	12/19/2025		2,319,749.84	2,319,749.84	12/24/2025	14,486.06		14,486.06
12/15/2025	279,677.56		279,677.56	12/19/2025	12,905.75		12,905.75	12/24/2025	15,625.04		15,625.04
12/15/2025	292,134.94		292,134.94	12/19/2025	4,670.80		4,670.80	12/24/2025	38,930.71		38,930.71
12/15/2025	32,205.60		32,205.60	12/22/2025	445.60		445.60	12/24/2025	39,833.71		39,833.71
12/15/2025	49,976.85		49,976.85	12/22/2025	31,066.12		31,066.12	12/24/2025	14,893.70		14,893.70
12/15/2025	3,832.85		3,832.85	12/22/2025	63,363.66		63,363.66	12/24/2025	6,981.17		6,981.17
12/16/2025	691.46		691.46	12/22/2025	1,640.33		1,640.33	12/24/2025	8,904.61		8,904.61
12/16/2025	158.33		158.33	12/22/2025	36,053.00		36,053.00	12/24/2025	1,177.18		1,177.18
12/16/2025	328.92		328.92	12/22/2025	45,054.64		45,054.64	12/24/2025	4,021.15		4,021.15
12/16/2025	843.56		843.56	12/22/2025	2,327.06		2,327.06	12/24/2025	2,285.85		2,285.85
12/16/2025	1,288.63		1,288.63	12/22/2025	1,852.42		1,852.42	12/24/2025	115,835.08		115,835.08
12/16/2025	31,587.14		31,587.14	12/22/2025	920.07		920.07	12/26/2025	2,781.92		2,781.92
12/16/2025	13,000.00		13,000.00	12/22/2025	13,715.77		13,715.77	12/26/2025	953.43		953.43
12/16/2025	1,779.03		1,779.03	12/22/2025	40,721.83		40,721.83	12/26/2025	503.45		503.45
12/16/2025	1,002.34		1,002.34	12/22/2025	91,272.57		91,272.57	12/26/2025	81,137.97		81,137.97
12/16/2025	12,501.01		12,501.01	12/22/2025	7,907.33		7,907.33	12/26/2025	15,014.99		15,014.99
12/16/2025	3,244.21		3,244.21	12/22/2025	5,683.80		5,683.80	12/26/2025	7,284.73		7,284.73
12/16/2025	24,589.74		24,589.74	12/23/2025	11,448.02		11,448.02	12/26/2025	349,568.98		349,568.98
12/17/2025	29,467.58		29,467.58	12/23/2025	13,060.35		13,060.35	12/26/2025	1,284.49		1,284.49
12/17/2025	1,012.39		1,012.39	12/23/2025	13,709.89		13,709.89	12/26/2025	2,652.46		2,652.46
12/17/2025	12,791.26		12,791.26	12/23/2025	22,838.70		22,838.70	12/26/2025	38,495.86		38,495.86
12/17/2025	5,553.16		5,553.16	12/23/2025	13,803.97		13,803.97	12/26/2025	1,053.45		1,053.45
12/18/2025	4,205.09		4,205.09	12/23/2025	7,500.00		7,500.00	12/26/2025	3,591.70		3,591.70
12/18/2025	3,915.46		3,915.46	12/23/2025	10,047.47		10,047.47	12/26/2025	1,154.77		1,154.77

Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts	Payment Date	Periodic Amounts	Lump Sum Amounts	Total Amounts
12/26/2025	7,429.38		7,429.38	12/30/2025	1,665.87		1,665.87
12/26/2025	2,063.07		2,063.07	12/30/2025	120,046.19		120,046.19
12/26/2025	7,836.24		7,836.24	12/30/2025	89,152.69		89,152.69
12/29/2025	1,006.90		1,006.90	12/31/2025	12,675.79		12,675.79
12/29/2025	15,014.99		15,014.99	12/31/2025	42,212.04		42,212.04
12/29/2025	1,040.12		1,040.12	12/31/2025	50,736.80		50,736.80
12/29/2025	8,285.20		8,285.20	12/31/2025	2,801,440.80		2,801,440.80
12/29/2025	3,859.50		3,859.50	12/31/2025	4,684.26		4,684.26
12/29/2025	6,240.80		6,240.80	12/31/2025	1,540.76		1,540.76
12/29/2025	15,625.04		15,625.04	12/31/2025	6,330.61		6,330.61
12/29/2025	1,162.67		1,162.67	12/31/2025	5,043.60		5,043.60
12/29/2025	20,941.80		20,941.80	12/31/2025	14,837.03		14,837.03
12/29/2025	7,442.93		7,442.93	12/31/2025	46,911.53		46,911.53
12/29/2025	5,749.98		5,749.98	12/31/2025	1,591.76		1,591.76
12/29/2025	109,399.15		109,399.15	12/31/2025	1,305.70		1,305.70
12/29/2025	2,333.67		2,333.67	12/31/2025	2,089.47		2,089.47
12/29/2025	9,652.46		9,652.46	12/31/2025	47,901.00		47,901.00
12/29/2025	9,490.95		9,490.95	12/31/2025	2,791.55		2,791.55
12/29/2025	55,540.80		55,540.80	12/31/2025	704.61		704.61
12/29/2025	11,672.42		11,672.42	12/31/2025	16,163.00		16,163.00
12/29/2025	5,934.90		5,934.90	12/31/2025	714.07		714.07
12/30/2025	30,346.74		30,346.74	12/31/2025	28,584.21		28,584.21
12/30/2025	630.03		630.03	12/31/2025	14,339.90		14,339.90
12/30/2025	3,684.22		3,684.22	12/31/2025	212,803.25		212,803.25
12/30/2025	1,900.48		1,900.48	12/31/2025	2,311.82		2,311.82
12/30/2025	2,846.06		2,846.06	12/31/2025	111,409.84		111,409.84
12/30/2025	7,772.14		7,772.14	12/31/2025	279,677.56		279,677.56
12/30/2025	7,399.82		7,399.82	12/31/2025	292,134.94		292,134.94
12/30/2025	3,475.50		3,475.50	12/31/2025	20,586.43		20,586.43
12/30/2025	3,177.12		3,177.12	12/31/2025	34,931.65		34,931.65
12/30/2025	7,400.00		7,400.00	12/31/2025	944,283.43		944,283.43
12/30/2025	286,415.56		286,415.56	12/31/2025	1,007,702.70		1,007,702.70
12/30/2025		200,000.00	200,000.00				
12/30/2025	853.85		853.85				
12/30/2025	1,482.95		1,482.95				
12/30/2025	2,230.30		2,230.30				
12/30/2025	938.91		938.91				
12/30/2025	877.55		877.55				
12/30/2025	42,041.04		42,041.04				

Periodic: **76,456,624.04**

Lump Sum: **12,114,483.93**

Total: **88,571,107.97**

Note: W/L reported on the Schedule H totaled $88,571,231.51, the $123.54 was due to an erroneous transaction. Amount is immaterial.



March 31, 2025

Department of the Treasury
Internal Revenue Service
Employee Plans
CHI-7602 - 25th Floor
230 S. Dearborn Street
Chicago, IL 60604

To Whom It May Concern:

As required by ERISA Section 305 and the Internal Revenue Code (IRC) Section 432, we have completed the actuarial status certification as of January 1, 2025 for the following plan:

Name of Plan:	Central States, Southeast and Southwest Areas Pension Plan
Plan number:	EIN 36-6044243 / PN 001
Plan sponsor:	Board of Trustees, Central States, Southeast and Southwest Areas Pension Plan
Address:	8647 West Higgins Road, Chicago, IL 60631
Phone number:	847.518.9800

As of January 1, 2025, the Plan is in critical status but not declining status. Under IRC Section 432(b)(7), the plan is “deemed to be in critical status” as a result of being approved for Special Financial Assistance (SFA) on December 5, 2022 and receiving its SFA on January 12, 2023. This certification also notifies the IRS that the Plan is making scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards in the rehabilitation plan.

This certification is being filed with the Internal Revenue Service, pursuant to ERISA Section 305(b)(3) and IRC Section 432(b)(3).

If you have any questions on the attached certification, you may contact me at the following:

Segal
66 Hudson Blvd E, 20th floor
New York, NY 10001-2192
Phone number: 212.251.5000

Sincerely,



Aldwin Frias, FSA, FCA, MAAA, EA
Senior Vice President and Actuary
Enrolled Actuary No. 23-06687

Actuarial Status Certification as of January 1, 2025 Under IRC Section 432
March 31, 2025

This is to certify that Segal has prepared an actuarial status certification under Internal Revenue Code Section 432 for the Central States, Southeast and Southwest Areas Pension Plan as of January 1, 2025 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law. This certification may not otherwise be copied or reproduced in any form without the consent of the Board of Trustees and may only be provided to other parties in its entirety.

The measurements shown in this actuarial certification may not be applicable for other purposes. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements (such as the end of an amortization period or additional cost or contribution requirements based on the plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification is based on the January 1, 2024 actuarial valuation, dated December 11, 2024. This certification reflects the changes in the law made by the Multiemployer Pension Reform Act of 2014 (MPRA) and the American Rescue Plan Act of 2021 (ARPA). Additional assumptions required for the projections (including those under MPRA and ARPA), and sources of financial information used are summarized in Exhibit 6.

Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal’s understanding as an actuarial firm. This certification was based on the assumption that the Plan was qualified as a multiemployer plan for the year.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the Plan sponsor.



Aldwin Frias, FSA, FCA, MAAA, EA
EA# 23-06687
Title Senior Vice President and Actuary
Email afrias@segalco.com

Segal

Certificate Contents

Exhibit Number	Certification Contents
1	Status Determination as of January 1, 2025
2	Summary of Actuarial Valuation Projections
3	Funding Standard Account Projections
4	Funding Standard Account — Projected Bases Assumed Established After January 1, 2024
5	Solvency Projection
6	Actuarial Assumptions and Methodology

Actuarial Status Certification Under IRC Section 432

Exhibit 1: Status Determination as of January 1, 2025

Status/Condition	Component Result	Final Result
Critical status:		
1. Initial critical status tests:		
C1. A funding deficiency is projected in four years?	Yes	Yes
C2. a. A funding deficiency is projected in five years,	Yes	
b. **and** the present value of vested benefits for non-actives is more than the present value of vested benefits for actives,	Yes	
c. **and** the normal cost plus interest on the unfunded actuarial accrued liability (unit credit basis) is greater than the contributions for current year?	Yes	Yes
C3. a. A funding deficiency is projected in five years,	Yes	
b. **and** the funded percentage is less than 65%?	Yes	Yes
C4. a. The funded percentage is less than 65%,	Yes	
b. **and** the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years?	Yes	Yes
C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	Yes	Yes
2. Emergence test:		
C6. a. Was in critical status for the immediately preceding plan year,	Yes	
b. **and either** a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
c. **or** insolvency is projected for the current year or any of the 30 succeeding plan years?	No	
Plan did not emerge?		**Yes**

Segal

Status/Condition	Component Result	Final Result
3. In critical status? (If any of C1-C6 is Yes, then Yes)		**Yes**
4. Determination of critical and declining status:		
C7. a. Any of (C1) through (C5) are Yes?	Yes	Yes
b. **and either** insolvency is projected within 15 years using assumptions described in Exhibit 6.B?	No	No
c. **or**		
1) The ratio of inactives to actives is at least 2 to 1,	Yes	
2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	No	No
d. **or**		
1) The funded percentage is less than 80%,	Yes	
2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	No	No
In critical and declining status?		**No**

Status/Condition	Component Result	Final Result
Endangered status:		
E1. a. Is not in critical status,	No	
b. **and** the funded percentage is less than 80%?	N/A	No
E2. a. Is not in critical status,	No	
b. **and** a funding deficiency is projected in seven years?	N/A	No
In endangered status? (Yes when either E1 or E2 is Yes)		**No**
In seriously endangered status? (Yes when BOTH E1 and E2 are Yes)		**No**
Neither critical status nor endangered status:		
Neither critical nor endangered status?		**No**
Deemed critical:		
DC1. a. Received special financial assistance under section 4262 of ERISA,	Yes	
b. **and** the current plan year is ending before or during 2051?	Yes	
Deemed critical status?		**Yes**

This certification also notifies the IRS that the Plan is making scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan. Specifically, as required by the rehabilitation plan, current actuarial projections show that the Plan will emerge from critical status in 2052. These projections are based on reasonable assumptions and the current terms of the rehabilitation plan and its schedules.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2025 (based on projections from the January 1, 2024 valuation certificate):

	Description	Value
1.	**Financial information:**	
a.	Market value of assets[1]	$37,023,030,615
1)	Special Financial Assistance (SFA) assets	31,084,260,111
2)	Non-SFA assets (for IRC 431 purposes)[1]	5,938,770,504
b.	Actuarial value of assets (for IRC 431 purposes)[1]	5,938,770,504
c.	Reasonably anticipated contributions (including anticipated withdrawal liability payments)	
1)	Upcoming year (including $197,113,569 in withdrawal liability payments)	677,867,509
2)	Present value for the next five years (including $741,999,581 in withdrawal liability payments)	2,641,658,062
3)	Present value for the next seven years (including $969,083,038 in withdrawal liability payments)	3,408,009,301
d.	Projected benefit payments	2,872,012,827
e.	Projected administrative expenses (beginning of year)	50,323,592
2.	**Liabilities:**	
a.	Present value of vested benefits for active participants	$3,438,912,812
b.	Present value of vested benefits for non-active participants	33,861,767,485
c.	Total unit credit accrued liability	37,454,446,979
d.	Present value of payments in the next five years:	
1)	Benefit payments	12,682,544,953
2)	Administrative expenses	236,827,081
3)	Total	12,919,372,034
e.	Present value of payments in the next seven years:	
1)	Benefit payments	16,845,200,566
2)	Administrative expenses	323,134,291
3)	Total	17,168,334,857
f.	Unit credit normal cost plus expenses	327,423,015
g.	Ratio of inactive participants to active participants	8.59
3.	**Funded percentage (1.b)/(2.c)**	**15.8%**
4.	**Funding Standard Account:**	
a.	Credit balance/(funding deficiency) as of the end of prior year	($31,843,967,035)
b.	Years to projected funding deficiency	0
5.	Years to projected insolvency	N/A

[1] Excludes withdrawal liability receivable of $1,322,111,542 as of December 31, 2024 and excludes Special Financial Assistance assets in the actuarial value of assets for IRC 431 purposes.

Exhibit 3: Funding Standard Account Projections

The table below presents the **Funding Standard Account projections for the plan years beginning January 1.**

	Description	2024	2025
1.	Credit balance/(funding deficiency) (BOY)	($29,566,777,486)	($31,843,967,035)
2.	Interest on (1)	(1,182,671,099)	(1,512,588,434)
3.	Normal cost	300,381,458	277,099,423
4.	Administrative expenses	47,287,721	50,323,592
5.	Net amortization charges	1,279,898,926	1,032,356,182
6.	Interest on (3), (4) and (5)	65,102,725	64,589,512
7.	Expected contributions (including withdrawal liability payments)	586,423,902	677,867,509
8.	Interest on (7)	11,728,478	16,099,353
9.	**Credit balance/(funding deficiency) (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8)**	**($31,843,967,035)**	**($34,086,957,316)**

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2024

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	01/01/2025	($1,868,355,916)	15	($168,947,773)
Assumption Change	01/01/2025	(3,016,060,673)	15	(272,730,013)

Exhibit 5: Solvency Projections

The tables below present the projected market value of assets (non-Special Financial Assistance) for the plan years beginning January 1, 2024 through 2044.

	Description	2024	2025	2026	2027	2028	2029	2030
1.	Market Value (BOY)	$6,194,022,775	$5,938,770,504	$6,914,779,799	$7,867,953,996	$8,820,188,128	$9,805,356,157	$10,823,428,182
2.	Contributions	455,025,215	480,826,794	442,081,364	416,581,180	398,123,697	380,641,366	364,206,613
3.	Withdrawal liability payments	131,398,687	197,113,569	168,078,084	148,369,039	154,797,315	158,697,886	147,396,961
4.	Benefit payments	0	0	0	0	0	0	0
5.	Administrative expenses	0	0	0	0	0	0	0
6.	Interest earnings	(841,676,173)	298,068,932	343,014,749	387,283,913	432,247,017	478,732,773	526,417,663
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$5,938,770,504	$6,914,779,799	$7,867,953,996	$8,820,188,128	$9,805,356,157	$10,823,428,182	$11,861,449,419
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$5,938,770,504**	**$6,914,779,799**	**$7,867,953,996**	**$8,820,188,128**	**$9,805,356,157**	**$10,823,428,182**	**$11,861,449,419**

	Description	2031	2032	2033	2034	2035	2036	2037
1.	Market Value (BOY)	$11,861,449,419	$12,938,450,894	$14,055,624,580	$15,213,287,174	$16,414,782,102	$17,662,666,740	$18,958,178,484
2.	Contributions	348,825,105	334,336,723	320,629,356	307,722,286	295,553,524	284,096,697	273,288,863
3.	Withdrawal liability payments	152,677,940	156,424,512	157,839,861	159,841,390	161,569,647	161,645,399	160,246,078
4.	Benefit payments	0	0	0	0	0	0	0
5.	Administrative expenses	0	0	0	0	0	0	0
6.	Interest earnings	575,498,430	626,412,451	679,193,377	733,931,252	790,761,467	849,769,648	911,035,541
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$12,938,450,894	$14,055,624,580	$15,213,287,174	$16,414,782,102	$17,662,666,740	$18,958,178,484	$20,302,748,966
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$12,938,450,894**	**$14,055,624,580**	**$15,213,287,174**	**$16,414,782,102**	**$17,662,666,740**	**$18,958,178,484**	**$20,302,748,966**

	Description	2038	2039	2040	2041	2042	2043	2044
1.	Market Value (BOY)	$20,302,748,966	$21,696,403,444	$23,136,958,473	$24,610,273,777	$24,888,103,947	$24,292,540,585	$23,745,346,403
2.	Contributions	263,100,970	253,476,313	244,393,775	235,787,417	227,599,589	219,853,674	212,528,526
3.	Withdrawal liability payments	155,987,797	146,776,547	121,063,906	87,604,812	84,864,305	83,304,346	80,239,779
4.	Benefit payments	0	0	0	1,154,741,054	1,978,304,172	1,893,423,010	1,808,321,744
5.	Administrative expenses	0	0	0	37,226,364	67,314,012	68,157,042	69,012,373
6.	Interest earnings	974,565,711	1,040,302,169	1,107,857,623	1,146,405,359	1,137,590,928	1,111,227,850	1,087,139,120
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$21,696,403,444	$23,136,958,473	$24,610,273,777	$24,888,103,947	$24,292,540,585	$23,745,346,403	$23,247,919,711
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$21,696,403,444**	**$23,136,958,473**	**$24,610,273,777**	**$26,042,845,001**	**$26,270,844,757**	**$25,638,769,413**	**$25,056,241,455**

The tables below present the projected Special Financial Assistance assets for the plan years beginning January 1, 2024 through 2041.

	Description	2024	2025	2026	2027	2028	2029	2030
1.	Market Value (BOY)	$33,945,095,074	$31,084,260,111	$29,562,240,997	$27,978,145,613	$26,334,369,360	$24,632,725,192	$22,876,585,151
2.	SFA repayment	126,656,954	0	0	0	0	0	0
3.	Contributions	0	0	0	0	0	0	0
4.	Withdrawal liability payments	0	0	0	0	0	0	0
5.	Benefit payments	2,863,080,635	2,872,326,844	2,861,537,595	2,845,538,405	2,825,004,837	2,798,500,707	2,766,948,345
6.	Administrative expenses	52,123,673	51,600,000	52,425,782	53,250,600	54,077,783	54,907,237	55,737,374
7.	Interest earnings	181,026,299	1,401,907,730	1,329,867,993	1,255,012,752	1,177,438,452	1,097,267,903	1,014,637,749
8.	Market Value (EOY): (1)-(2)+(3)+(4)-(5)-(6)+(7)	$31,084,260,111	$29,562,240,997	$27,978,145,613	$26,334,369,360	$24,632,725,192	$22,876,585,151	$21,068,537,181
9.	**Available resources: (1)-(2)+(3)+(4)-(6)+(7)**	**$33,947,340,746**	**$32,434,567,841**	**$30,839,683,208**	**$29,179,907,765**	**$27,457,730,029**	**$25,675,085,858**	**$23,835,485,526**

	Description	2031	2032	2033	2034	2035	2036	2037
1.	Market Value (BOY)	$21,068,537,181	$19,209,093,811	$17,304,891,405	$15,359,821,708	$13,378,407,211	$11,364,485,154	$9,321,097,230
2.	SFA repayment	0	0	0	0	0	0	0
3.	Contributions	0	0	0	0	0	0	0
4.	Withdrawal liability payments	0	0	0	0	0	0	0
5.	Benefit payments	2,730,538,830	2,687,278,135	2,638,150,591	2,582,719,577	2,521,861,331	2,456,527,347	2,385,580,129
6.	Administrative expenses	58,524,476	59,307,367	60,089,212	60,871,855	61,656,708	62,445,738	63,239,876
7.	Interest earnings	929,619,936	842,383,096	753,170,106	662,176,935	569,595,982	475,585,161	380,317,993
8.	Market Value (EOY): (1)-(2)+(3)+(4)-(5)-(6)+(7)	$19,209,093,811	$17,304,891,405	$15,359,821,708	$13,378,407,211	$11,364,485,154	$9,321,097,230	$7,252,595,218
9.	**Available resources: (1)-(2)+(3)+(4)-(6)+(7)**	**$21,939,632,641**	**$19,992,169,540**	**$17,997,972,299**	**$15,961,126,788**	**$13,886,346,485**	**$11,777,624,577**	**$9,638,175,347**

	Description	2038	2039	2040	2041
1.	Market Value (BOY)	$7,252,595,218	$5,164,477,254	$3,058,817,409	$936,732,639
2.	SFA repayment	0	0	0	0
3.	Contributions	0	0	0	0
4.	Withdrawal liability payments	0	0	0	0
5.	Benefit payments	2,308,102,342	2,227,687,341	2,145,364,349	907,477,519
6.	Administrative expenses	64,040,214	64,846,827	65,659,828	29,255,120
7.	Interest earnings	284,024,592	186,874,323	88,939,407	0
8.	Market Value (EOY): (1)-(2)+(3)+(4)-(5)-(6)+(7)	$5,164,477,254	$3,058,817,409	$936,732,639	$0
9.	**Available resources: (1)-(2)+(3)+(4)-(6)+(7)**	**$7,472,579,596**	**$5,286,504,750**	**$3,082,096,988**	**$907,477,519**

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2024 actuarial valuation certificate, dated December 11, 2024, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

A. Actuarial assumptions and plan provisions except as modified by Section B

Contribution rates

The changes to contribution rates on and after January 1, 2024 were based on formal commitments by the collective bargaining parties settled before January 1, 2025 based on information provided by the Fund Office.

Special Financial Assistance

On December 5, 2022 the Plan was notified that its application for Special Financial Assistance ("SFA") was approved, and on January 12, 2023 the Fund received $35,764,910,110 in SFA amount. On April 8, 2024, the Plan made a one-time repayment of $126,656,954 related to the results of an independent death audit. Benefit payments and administrative expenses were assumed to be paid from the SFA first, until the SFA is exhausted.

Asset information

The financial information as of December 31, 2024 was based on unaudited financial statements provided by the Fund Office. The market value of assets as of December 31, 2024 excludes receivable withdrawal liability amounts, which are projected to be received in future years as described below.

For projections after that date, the assumed administrative expenses were projected to be $51.6 million for the 2025 Plan Year, based on information from the Fund Office, increased 2.0% per year for the non-PBGC premium portion of assumed expenses, plus the expected PBGC premium increasing to $39 for 2025, 2.0% per year until 2031 when it becomes $52, and 2.0% per year thereafter and adjusted by the percent change in the number of Plan participants each year. Benefit payments were projected based on the January 1, 2024 actuarial valuation. The projected net investment return on Plan assets (both SFA and legacy) was assumed to be 4.75% of the average market value of assets for the 2025 Plan Year and thereafter. Any resulting investment gains or losses are amortized over 15 years in the Funding Standard Account.

Based on information from the Fund Office, there is an additional $31,705,414 in receivable contributions from Yellow Corporation not reflected in the unaudited financial statements. 80% of that amount is assumed to be collected during 2025 and the remaining amount is assumed to be collected during 2026.

Projected industry activity

The projected industry activity assumption takes into account information provided by the plan sponsor as required by Internal Revenue Code Section 432, historical and current contribution levels, projections in employment levels, and professional judgment. Based on this information, starting with the number of active participants included in the January 1, 2024 actuarial valuation, the number of active participants is assumed to decline in aggregate during the 2024 Plan Year to 33,501 total active participants (4,405 from ArcBest Corporation and 29,096 from other contributing employers), based on preliminary census data as of December 31, 2024. For the 2025 Plan year and thereafter, the number of active participants from ArcBest Corporation is assumed to remain level and the number of active participants from other contributing employers is assumed to decline by 4.76% per year. The number of employment units (weeks, days, and hours worked) is assumed to match the assumptions in the January 1, 2024 actuarial valuation.

In addition to projections of industry activity directly linked to the level of ongoing employment, the Fund Office provided input relating to future withdrawal liability payments. Projected withdrawal liability payment amounts from employers that have already withdrawn were provided by the Fund Office on February 28, 2025. The assumption for withdrawal liability payments from possible future withdrawals is based on a percentage of lost contribution income due to withdrawals (payable as lump sum settlements and annual installments) and is fully described in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022, except with the following modifications to reflect the projected decline of the unfunded vested benefits for withdrawal liability purposes to zero by the end of 2037:

- Annual installment payments are assumed to begin in the year following the year of withdrawal and continue for the next 20 years on average for withdrawals during 2024 through 2036, and for 8 years on average for withdrawals during 2037.
- Lump sum settlements (one-time payments) equal to 112.2% of lost contribution income are assumed to be made in the year following the year of withdrawal for withdrawals during 2024 through 2036. Lump sum settlements in 2037 equal 44.88% (112.2% times 8/20) of lost contribution income.
- Zero future withdrawal liability payments are assumed for withdrawals during 2038 and thereafter.

Future normal costs

Based on the assumed industry activity, normal cost and liabilities were determined based on an open group forecast with the number of active participants assumed to change as described above. Demographic profiles for new entrants were developed based on actual experience for new entrants and rehires to the Plan during the period from January 1, 2016 through December 31, 2020.

Detailed descriptions of the new entrant profiles can be found in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022. The assumed contributions are further adjusted to reflect the applicable bargained contribution rate increases before the year of entry.

Assumption changes

The following assumption was changed effective January 1, 2025:

- Consistent with the Plan's post-SFA investment policy, the actuarial interest rate assumption increased from 4.00% to 4.75% in order to reflect the prevailing market yields underlying the Plan's market value of assets as of December 31, 2024.

B. Assumptions for solvency projections

Assumptions for this purpose are the same as shown in Section A with the following exceptions:

- For participants under the Default Schedule based on the January 1, 2024 actuarial valuation, the projections recognize annual contribution rate increases of 4% (per the Rehabilitation Plan) to a maximum of $348 per week for each participant covered by the National Master Automobile Transporters Agreement and $342 per week for all other participants.
- Assumptions with respect to future Rehabilitation Plan Withdrawals (RPW) are as follows:
  - For active participants of employers other than ArcBest Corporation, 20% of withdrawals are due to an RPW.
  - For inactive vested participants who last worked for an employer active as of January 1, 2024, 25% will be subject to a future RPW by the time they commence benefits from the Plan.
- The cash flow timing assumption is as described in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022. In particular, the assumed timing is as follows for various components of cash flows:
  - Contributions: received monthly in the middle of each month
  - Withdrawal liability payments: monthly installments received at the beginning of each month; lump sum settlements received monthly at the end of each month
  - Benefit payments: paid at the beginning of each month
  - Administrative expenses: paid monthly in the middle of each month

Technical issues

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

This document does not constitute legal, tax, accounting or investment advice or create or imply a fiduciary relationship. Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

Actuarial Status Certification as of January 1, 2026 Under IRC Section 432

Segal has prepared this actuarial status certification under Internal Revenue Code Section 432 for the Central States, Southeast and Southwest Areas Pension Plan as of January 1, 2026 in accordance with generally accepted actuarial principles and practices. It has been prepared at the request of the Board of Trustees to assist in administering the Fund and meeting filing and compliance requirements under federal law.

The results shown in this actuarial certification may not be applicable for other purposes. Future results may differ significantly from the results presented in this report due to factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; changes in economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology (such as the end of an amortization period or additional cost or contribution requirements based on the Plan's funded status); differences in statutory interpretation and changes in plan provisions or applicable law.

This certification assumes that the Plan was qualified as a multiemployer plan for the year. This certification is based on the January 1, 2025 actuarial valuation, dated August 18, 2025. Additional assumptions required for the projections, and sources of financial information used are summarized in Exhibit 6. Segal does not practice law and, therefore, cannot and does not provide legal advice. Any statutory interpretation on which this certification is based reflects Segal’s understanding as an actuarial firm.

I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion herein. To the best of my knowledge, the information supplied in this actuarial certification is complete and accurate. In my opinion, the projections are based on reasonable actuarial estimates, assumptions and methods that offer my best estimate of anticipated experience under the Plan and the combined effect of these assumptions is expected to have no significant bias. Furthermore, as required by IRC Section 432(b)(3)(B)(iii), the projected industry activity takes into account information provided by the Plan sponsor.



Aldwin Frias, FSA, FCA, MAAA, EA
EA# 23-06687
Title Senior Vice President and Actuary
Email afrias@segalco.com
March 31, 2026

Segal

Certificate Contents

Exhibit Number	Certification Contents
1	Status Determination as of January 1, 2026
2	Summary of Actuarial Valuation Projections
3	Funding Standard Account Projections
4	Funding Standard Account — Projected Bases Assumed Established After January 1, 2025
5	Solvency Projection
6	Actuarial Assumptions and Methodology

Actuarial Status Certification Under IRC Section 432

Exhibit 1: Status Determination as of January 1, 2026

Status/Condition	Component Result	Final Result
Critical status:		
1. Initial critical status tests:		
C1. A funding deficiency is projected in four years?	Yes	Yes
C2. a. A funding deficiency is projected in five years,	Yes	
b. **and** the present value of vested benefits for non-actives is more than the present value of vested benefits for actives,	Yes	
c. **and** the normal cost plus interest on the unfunded actuarial accrued liability (unit credit basis) is greater than contributions for current year?	Yes	Yes
C3. a. A funding deficiency is projected in five years,	Yes	
b. **and** the funded percentage is less than 65%?	Yes	Yes
C4. a. The funded percentage is less than 65%,	Yes	
b. **and** the present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over seven years?	No	No
C5. The present value of assets plus contributions is less than the present value of benefit payments and administrative expenses over five years?	No	No
2. Emergence test:		
C6. a. Was in critical status for the immediately preceding plan year,	Yes	
b. **and either** a funding deficiency is projected for the plan year or any of the next nine plan years, without regard to the use of the shortfall method but taking into account any extension of amortization periods under ERISA Section 304(d)(2) or ERISA Section 304 as in effect prior to PPA'06,	Yes	
c. **or** insolvency is projected for the current year or any of the 30 succeeding plan years?	No	
Plan did not emerge?		**Yes**

Segal

Status/Condition	Component Result	Final Result
3. In critical status? (If any of C1-C6 is Yes, then Yes)		**Yes**
4. Determination of critical and declining status:		
C7. a. Any of (C1) through (C5) are Yes?	Yes	Yes
b. **and either** insolvency is projected within 15 years using assumptions described in Exhibit 6.B?	No	No
c. **or**		
1) The ratio of inactives to actives is at least 2 to 1,	Yes	
2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	No	No
d. **or**		
1) The funded percentage is less than 80%,	Yes	
2) **and** insolvency is projected within 20 years using assumptions described in Exhibit 6.B?	No	No
In critical and declining status?		**No**

Status/Condition	Component Result	Final Result
Endangered status:		
E1. a. Is not in critical status,	No	
b. **and** the funded percentage is less than 80%?	N/A	No
E2. a. Is not in critical status,	No	
b. **and** a funding deficiency is projected in seven years?	N/A	No
In endangered status? (Yes when either E1 or E2 is Yes)		**No**
In seriously endangered status? (Yes when BOTH E1 and E2 are Yes)		**No**
Neither critical status nor endangered status:		
Neither critical nor endangered status?		**No**
Deemed critical:		
DC1. a. Received special financial assistance under section 4262 of ERISA,	Yes	
b. **and** the current plan year is ending before or during 2051?	Yes	
Deemed critical status?		**Yes**

This certification also notifies the IRS that the Plan is making scheduled progress in meeting the requirements of its rehabilitation plan, based on the annual standards of the rehabilitation plan. Specifically, as required by the rehabilitation plan, current actuarial projections show that the Plan will emerge from critical status in 2052. These projections are based on reasonable assumptions and the current terms of the rehabilitation plan and its schedules.

Exhibit 2: Summary of Actuarial Valuation Projections

The actuarial factors as of January 1, 2026 (based on projections from the January 1, 2025 valuation certificate):

	Description	Value
1.	**Financial information:**	
a.	Market value of assets[1]	$37,177,043,422
1)	Special Financial Assistance (SFA) assets	30,491,602,699
2)	Non-SFA assets (for IRC 431 purposes)[1]	6,685,440,723
b.	Actuarial value of assets (for IRC 431 purposes)[1]	6,685,440,723
c.	Reasonably anticipated contributions (including anticipated withdrawal liability payments)	
1)	Upcoming year (including $221,239,465 in withdrawal liability payments)	666,384,497
2)	Present value for the next five years (including $774,107,904 in withdrawal liability payments)	2,590,810,704
3)	Present value for the next seven years (including $1,010,893,529 in withdrawal liability payments)	3,349,401,185
d.	Projected benefit payments	2,872,551,328
e.	Projected administrative expenses (beginning of year)	52,704,833
2.	**Liabilities:**	
a.	Present value of vested benefits for active participants	$3,521,100,675
b.	Present value of vested benefits for non-active participants	33,708,857,603
c.	Total unit credit accrued liability	37,395,874,017
d.	Present value of payments in the next five years:	
1)	Benefit payments	12,693,404,607
2)	Administrative expenses	248,637,210
3)	Total	12,942,041,817
e.	Present value of payments in the next seven years:	
1)	Benefit payments	16,853,941,945
2)	Administrative expenses	341,057,926
3)	Total	17,194,999,871
3.	**Funded percentage (1.b)/(2.c)**	**17.8%**

[1] Excludes withdrawal liability receivable of $1,161,487,574 as of December 31, 2025 and excludes Special Financial Assistance assets in the actuarial value of assets for IRC 431 purposes.

	Description	Value
4.	**Additional information:**	
a.	Unit credit normal cost plus expenses	$324,540,141
b.	Ratio of inactive participants to active participants	8.72
c.	Funding Standard Account projection	
1)	Credit balance/(funding deficiency) as of the end of prior year	($30,853,068,559)
2)	Years to projected funding deficiency	0
d.	Years to projected insolvency	N/A

Exhibit 3: Funding Standard Account Projections

The table below presents the Funding Standard Account projection for the plan years beginning January 1.

	Description	2025	2026
1.	Credit balance/(funding deficiency) (BOY)	($31,843,967,035)	($30,853,068,559)
2.	Interest on (1)	(1,512,588,434)	(1,419,241,154)
3.	Normal cost	268,663,753	271,835,308
4.	Administrative expenses	50,323,592	52,704,833
5.	Net amortization charges	1,057,934,586	(12,784,684)
6.	Interest on (3), (4) and (5)	65,403,792	14,340,751
7.	Expected contributions (including withdrawal liability payments)	508,119,502	666,384,497
8.	Interest on (7)	12,067,838	15,326,844
9.	Full-funding limit credit	3,425,625,293	2,915,593,678
10.	**Credit balance/(funding deficiency) (EOY): (1) + (2) – (3) – (4) – (5) – (6) + (7) + (8) + (9)**	**($30,853,068,559)**	**($29,001,100,902)**

Exhibit 4: Funding Standard Account — Projected Bases Assumed Established after January 1, 2025

Schedule of Funding Standard Account Bases

Type of Base	Date Established	Base Established	Amortization Period	Amortization Payment
Experience Gain	01/01/2026	($657,413,941)	15	($58,925,326)
Assumption Change	01/01/2026	514,778,676	15	46,140,642

Exhibit 5: Solvency Projections

The tables below present the projected market value of assets (non-Special Financial Assistance) for the plan years beginning January 1, 2025 through 2045.

	Description	2025	2026	2027	2028	2029	2030	2031
1.	Market Value (BOY)	$5,938,770,504	$6,685,440,723	$7,674,594,757	$8,630,112,977	$9,595,046,141	$10,589,108,388	$11,616,130,577
2.	Contributions	419,548,270	445,106,722	422,935,123	402,447,483	383,398,975	365,692,090	349,257,916
3.	Withdrawal liability payments	88,571,232	221,239,465	165,921,126	152,587,483	156,707,946	161,920,281	153,152,352
4.	Benefit payments	0	0	0	0	0	0	0
5.	Administrative expenses	0	0	0	0	0	0	0
6.	Interest earnings	238,550,717	322,807,847	366,661,971	409,898,198	453,955,326	499,409,818	546,063,366
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$6,685,440,723	$7,674,594,757	$8,630,112,977	$9,595,046,141	$10,589,108,388	$11,616,130,577	$12,664,604,211
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$6,685,440,723**	**$7,674,594,757**	**$8,630,112,977**	**$9,595,046,141**	**$10,589,108,388**	**$11,616,130,577**	**$12,664,604,211**

	Description	2032	2033	2034	2035	2036	2037	2038
1.	Market Value (BOY)	$12,664,604,211	$13,749,502,988	$14,871,028,827	$16,032,412,933	$17,236,080,856	$18,483,095,819	$19,774,777,375
2.	Contributions	333,924,361	319,523,843	306,082,137	293,524,145	281,786,344	270,807,828	260,517,147
3.	Withdrawal liability payment	156,935,220	158,348,914	160,314,744	161,976,427	161,959,047	160,509,111	156,294,613
4.	Benefit payments	0	0	0	0	0	0	0
5.	Administrative expenses	0	0	0	0	0	0	0
6.	Interest earnings	594,039,196	643,653,082	694,987,225	748,167,351	803,269,572	860,364,617	919,454,171
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$13,749,502,988	$14,871,028,827	$16,032,412,933	$17,236,080,856	$18,483,095,819	$19,774,777,375	$21,111,043,306
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$13,749,502,988**	**$14,871,028,827**	**$16,032,412,933**	**$17,236,080,856**	**$18,483,095,819**	**$19,774,777,375**	**$21,111,043,306**

	Description	2039	2040	2041	2042	2043	2044	2045
1.	Market Value at (BOY)	$21,111,043,306	$22,489,413,259	$23,895,694,536	$25,042,504,269	$24,399,187,521	$23,803,539,577	$23,258,020,270
2.	Contributions	250,793,329	241,746,308	233,263,072	225,263,734	217,732,477	210,657,900	204,001,896
3.	Withdrawal liability payments	147,103,622	121,497,111	88,324,398	85,671,103	84,375,248	82,597,654	77,206,034
4.	Benefit payments	0	0	265,935,811	1,993,157,567	1,908,063,254	1,822,668,869	1,737,925,607
5.	Administrative expenses	0	0	8,773,228	69,405,342	70,292,632	71,193,485	72,109,198
6.	Interest earnings	980,473,002	1,043,037,858	1,099,931,302	1,108,311,324	1,080,600,217	1,055,087,493	1,031,784,358
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$22,489,413,259	$23,895,694,536	$25,042,504,269	$24,399,187,521	$23,803,539,577	$23,258,020,270	$22,760,977,753
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$22,489,413,259**	**$23,895,694,536**	**$25,308,440,080**	**$26,392,345,088**	**$25,711,602,831**	**$25,080,689,139**	**$24,498,903,360**

The tables below present the projected Special Financial Assistance assets for the plan years beginning January 1, 2025 through 2041.

	Description	2025	2026	2027	2028	2029	2030	2031
1.	Market Value (BOY)	$31,084,260,111	$30,491,602,699	$28,894,926,418	$27,239,288,595	$25,526,323,229	$23,759,346,980	$21,943,047,378
2.	Contributions	0	0	0	0	0	0	0
3.	Withdrawal liability payments	0	0	0	0	0	0	0
4.	Benefit payments	2,862,188,161	2,872,964,485	2,857,978,421	2,838,747,686	2,813,705,276	2,781,664,015	2,745,649,814
5.	Administrative expenses	53,509,690	54,000,000	54,851,888	55,707,177	56,564,186	57,421,206	60,221,056
6.	Interest earnings	2,323,040,439	1,330,288,204	1,257,192,486	1,181,489,497	1,103,293,213	1,022,785,619	940,063,112
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$30,491,602,699	$28,894,926,418	$27,239,288,595	$25,526,323,229	$23,759,346,980	$21,943,047,378	$20,077,239,620
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$33,353,790,860**	**$31,767,890,903**	**$30,097,267,016**	**$28,365,070,915**	**$26,573,052,256**	**$24,724,711,393**	**$22,822,889,434**

	Description	2032	2033	2034	2035	2036	2037	2038
1.	Market Value (BOY)	$20,077,239,620	$18,169,313,285	$16,222,318,655	$14,241,398,115	$12,230,869,802	$10,194,110,036	$8,135,589,759
2.	Contributions	0	0	0	0	0	0	0
3.	Withdrawal liability payments	0	0	0	0	0	0	0
4.	Benefit payments	2,702,187,356	2,653,856,051	2,598,749,476	2,537,903,516	2,472,429,074	2,401,407,991	2,324,310,430
5.	Administrative expenses	61,031,924	61,844,349	62,660,098	63,478,467	64,301,469	65,130,636	65,967,415
6.	Interest earnings	855,292,945	768,705,770	680,489,034	590,853,670	499,970,777	408,018,350	315,215,133
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$18,169,313,285	$16,222,318,655	$14,241,398,115	$12,230,869,802	$10,194,110,036	$8,135,589,759	$6,060,527,047
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$20,871,500,641**	**$18,876,174,706**	**$16,840,147,591**	**$14,768,773,318**	**$12,666,539,110**	**$10,536,997,750**	**$8,384,837,477**

	Description	2039	2040	2041
1.	Market Value (BOY)	$6,060,527,047	$3,972,024,070	$1,871,131,742
2.	Contributions	0	0	0
3.	Withdrawal liability payments	0	0	0
4.	Benefit payments	2,243,434,408	2,160,920,418	1,811,374,459
5.	Administrative expenses	66,812,832	67,667,379	59,757,283
6.	Interest earnings	221,744,263	127,695,469	0
7.	Market Value (EOY): (1)+(2)+(3)-(4)-(5)+(6)	$3,972,024,070	$1,871,131,742	$0
8.	**Available resources: (1)+(2)+(3)-(5)+(6)**	**$6,215,458,478**	**$4,032,052,160**	**$1,811,374,459**

Exhibit 6: Actuarial Assumptions and Methodology

The actuarial assumptions and plan of benefits are as used in the January 1, 2025 actuarial valuation certificate, dated August 18, 2025, except as specifically described below. We also assumed that experience would emerge as projected, except as described below. The calculations are based on a current understanding of the requirements of ERISA Section 305 and IRC Section 432.

A. Actuarial assumptions and plan provisions except as modified by Section B

Contribution rates

The changes to contribution rates on and after January 1, 2025 were based on formal commitments by the collective bargaining parties settled before January 1, 2026 based on information provided by the Fund Office.

Special Financial Assistance

On December 5, 2022 the Plan was notified that its application for Special Financial Assistance ("SFA") was approved, and on January 12, 2023 the Fund received $35,764,910,110 in SFA. On April 8, 2024, the Plan made a one-time repayment of $126,656,954 related to the results of an independent death audit. Benefit payments and administrative expenses were assumed to be paid from the SFA first, until the SFA is exhausted.

Asset information

The financial information as of December 31, 2025 was based on unaudited financial statements provided by the Fund Office. The market value of assets as of December 31, 2025 excludes receivable withdrawal liability amounts, which are projected to be received in future years as described below.

For projections after that date, the assumed administrative expenses were projected to be $54.0 million for the 2026 Plan Year, based on information from the Fund Office, increasing by 2.0% per year for the non-PBGC premium portion of assumed expenses, plus the expected PBGC premium increasing to $40 for 2026, 2.0% per year until 2031 when it becomes $52, and 2.0% per year thereafter and adjusted by the percent change in the number of Plan participants each year. Benefit payments were projected based on the January 1, 2025 actuarial valuation. The projected net investment return on Plan assets (both SFA and legacy) was assumed to be 4.60% of the average market value of assets for the 2026 Plan Year and thereafter. Any resulting investment gains or losses are amortized over 15 years in the Funding Standard Account.

Projected industry activity

The projected industry activity assumption takes into account information provided by the plan sponsor as required by Internal Revenue Code Section 432, historical and current contribution levels, projections in employment levels, and professional judgment. Based on this information, starting with the number of active participants included in the January 1, 2025 actuarial valuation, the number of active participants is assumed to decline in aggregate during the 2025 Plan Year to 32,192 total active participants (4,407 from ArcBest Corporation, 1,593 from Prairie Farms Dairy, and 26,192 from other contributing employers), based on preliminary census data as of December 31, 2025. For the 2026 Plan year and thereafter, the number of active participants from ArcBest Corporation and Prairie Farms Dairy is assumed to remain level and the number of active participants from other contributing employers is assumed to decline by 5.24% per year. The number of employment units (weeks, days, and hours worked) is assumed to match the assumptions in the January 1, 2025 actuarial valuation.

In addition to projections of industry activity directly linked to the level of ongoing employment, the Fund Office provided input relating to future withdrawal liability payments. Projected withdrawal liability payment amounts from employers that have already withdrawn were provided by the Fund Office on March 5, 2026. This includes estimated withdrawal liability payments from Yellow Corporation of $80 million in 2026 and $20 million in 2027. The assumption for withdrawal liability payments from possible future withdrawals is based on a percentage of lost contribution income due to withdrawals (payable as lump sum settlements and annual installments) and is fully described in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022, except with the following modifications to reflect the projected decline of the unfunded vested benefits for withdrawal liability purposes to zero by the end of 2037:

- Annual installment payments are assumed to begin in the year following the year of withdrawal and continue for the next 20 years on average for withdrawals during 2025 through 2036, and for 8 years on average for withdrawals during 2037.
- Lump sum settlements (one-time payments) equal to 112.2% of lost contribution income are assumed to be made in the year following the year of withdrawal for withdrawals during 2025 through 2036. Lump sum settlements in 2037 equal 44.88% (112.2% times 8/20) of lost contribution income.
- Zero future withdrawal liability payments are assumed for withdrawals during 2038 and thereafter.

Future normal costs

Based on the assumed industry activity, normal cost and liabilities were determined based on an open group forecast with the number of active participants assumed to change as described above. Demographic profiles for new entrants were developed based on actual experience for new entrants and rehires to the Plan during the period from January 1, 2016 through December 31, 2020. Detailed descriptions of the new entrant profiles can be found in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022. The assumed contributions are further adjusted to reflect the applicable bargained contribution rate increases before the year of entry.

Assumption changes

The following assumption was changed effective January 1, 2026:

- Consistent with the Plan's post-SFA investment policy, the actuarial interest rate assumption decreased from 4.75% to 4.60% in order to reflect the prevailing market yields underlying the Plan's market value of assets as of December 31, 2025.

B. Assumptions for solvency projections

Assumptions for this purpose are the same as shown in Section A with the following exceptions:

- For participants under the Default Schedule based on the January 1, 2025 actuarial valuation, the projections recognize annual contribution rate increases of 4% (per the Rehabilitation Plan) to a maximum of $348 per week for each participant covered by the National Master Automobile Transporters Agreement and $342 per week for all other participants.
- Assumptions with respect to future Rehabilitation Plan Withdrawals (RPW) are as follows:
  - For active participants of employers other than ArcBest Corporation and Prairie Farms Dairy, 20% of withdrawals are due to an RPW.
  - For inactive vested participants who last worked for an employer active as of January 1, 2025, 25% will be subject to a future RPW by the time they commence benefits from the Plan.
- The cash flow timing assumption is as described in the Plan's application for SFA that was submitted on August 12, 2022 and approved on December 5, 2022. In particular, the assumed timing is as follows for various components of cash flows:
  - Contributions: received monthly in the middle of each month
  - Withdrawal liability payments: monthly installments received at the beginning of each month; lump sum settlements received monthly at the end of each month
  - Benefit payments: paid at the beginning of each month
  - Administrative expenses: paid monthly in the middle of each month

Technical issues

Segal valuation results are based on proprietary actuarial modeling software. The actuarial valuation models generate a comprehensive set of liability and cost calculations that are presented to meet regulatory, legislative and client requirements. Deterministic cost projections are based on a proprietary forecasting model. Our Actuarial Technology and Systems unit, comprised of both actuaries and programmers, is responsible for the initial development and maintenance of these models. The models have a modular structure that allows for a high degree of accuracy, flexibility and user control. The client team programs the assumptions and the plan provisions, validates the models, and reviews test lives and results, under the supervision of the responsible actuary.

This document does not constitute legal, tax, accounting or investment advice or create or imply a fiduciary relationship. Any statutory interpretation on which the certification is based reflects Segal's understanding as an actuarial firm. Due to the complexity of the statute and the significance of its ramifications, Segal recommends that the Board of Trustees consult with legal counsel when making any decisions regarding compliance with ERISA and the Internal Revenue Code.

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	$19,435,265	$161,341,900	$2,792,440,929	$2,973,218,094
2026	53,970,249	141,640,059	2,676,069,551	2,871,679,859
2027	86,407,225	209,661,615	2,557,464,905	2,853,533,745
2028	117,373,828	275,093,105	2,437,108,912	2,829,575,845
2029	145,199,111	337,968,152	2,315,291,136	2,798,458,399
2030	169,130,011	395,908,926	2,193,664,454	2,758,703,391
2031	190,517,781	450,230,807	2,072,880,204	2,713,628,792
2032	209,533,113	498,066,545	1,952,585,055	2,660,184,713
2033	226,127,827	541,906,189	1,833,046,612	2,601,080,628
2034	240,675,943	578,916,598	1,714,911,252	2,534,503,793
2035	252,849,528	610,584,241	1,598,486,276	2,461,920,045
2036	263,042,370	637,049,238	1,484,272,803	2,384,364,411
2037	271,317,258	657,031,571	1,372,617,720	2,300,966,549
2038	277,714,887	669,719,945	1,263,882,909	2,211,317,741
2039	282,449,485	677,177,662	1,158,364,330	2,117,991,477
2040	285,781,863	680,508,228	1,056,408,885	2,022,698,976
2041	287,827,085	680,306,361	958,336,744	1,926,470,190
2042	288,606,876	676,274,812	864,433,595	1,829,315,283
2043	288,066,752	668,505,482	774,972,457	1,731,544,691
2044	286,368,364	657,280,201	690,218,286	1,633,866,851
2045	283,545,366	642,932,793	610,402,728	1,536,880,887
2046	279,582,103	626,007,466	535,749,177	1,441,338,746

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2047	$274,630,464	$606,550,813	$466,452,941	$1,347,634,218
2048	268,741,185	584,782,374	402,663,392	1,256,186,951
2049	261,888,937	560,918,400	344,479,734	1,167,287,071
2050	254,205,023	535,215,005	291,946,629	1,081,366,657
2051	245,765,588	507,799,656	245,031,307	998,596,551
2052	236,613,115	478,991,319	203,617,744	919,222,178
2053	226,826,387	449,103,259	167,502,667	843,432,313
2054	216,523,646	418,451,679	136,400,261	771,375,586
2055	205,825,396	387,403,874	109,953,408	703,182,678
2056	194,821,907	356,326,553	87,751,714	638,900,174
2057	183,639,078	325,605,009	69,350,652	578,594,739
2058	172,394,949	295,566,405	54,292,122	522,253,476
2059	161,205,861	266,586,981	42,122,602	469,915,444
2060	150,225,274	238,930,863	32,407,585	421,563,722
2061	139,522,844	212,813,709	24,743,214	377,079,767
2062	129,196,691	188,424,648	18,764,187	336,385,526
2063	119,292,432	165,890,525	14,148,458	299,331,415
2064	109,865,426	145,264,186	10,618,995	265,748,607
2065	100,948,236	126,568,006	7,942,832	235,459,074
2066	92,553,326	109,772,812	5,928,274	208,254,412
2067	84,680,182	94,808,694	4,420,693	183,909,569
2068	77,334,614	81,578,462	3,297,579	162,210,655

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2069	$70,507,918	$69,963,601	$2,463,398	$142,934,917
2070	64,169,389	59,825,854	1,844,750	125,839,993
2071	58,302,529	51,025,631	1,385,954	110,714,114
2072	52,875,126	43,421,739	1,045,237	97,342,102
2073	47,862,549	36,878,177	791,553	85,532,279
2074	43,237,294	31,262,292	602,002	75,101,588

This assumes the following:

- No additional benefits will be accrued.
- Experience is in line with valuation assumptions.
- No new entrants are covered by the Plan.
- Benefits are paid in the form assumed with valuation.

Schedule MB, Line 8b(3) - Schedule of Projection of Employer Contributions and Withdrawal Liability Payments

Plan Year	Employer Contributions	Withdrawal Liability Payments	Total
2025	$480,753,940	$197,113,569	$677,867,509
2026	441,897,139	168,073,858	609,970,997
2027	416,271,843	148,356,733	564,628,576
2028	397,706,502	154,773,650	552,480,152
2029	380,119,220	158,661,072	538,780,292
2030	363,577,526	147,344,759	510,922,285
2031	348,087,504	152,607,896	500,695,400
2032	333,513,376	156,334,146	489,847,522
2033	319,730,267	157,728,070	477,458,337
2034	306,774,271	159,706,842	466,481,113

Note: Projected employer contributions and withdrawal liability payments shown above are based on the assumptions used for the Funding Standard Account projection as described in the Actuarial Certification of Plan Status as of January 1, 2025, dated March 31, 2025.

Segal

Schedule of FSA Bases (Charges) (Schedule MB, Line 9c)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/1996	$21,438,355	1	$21,438,355
Plan Amendment	01/01/1997	47,046,276	2	24,068,852
Plan Amendment	01/01/1998	188,054,013	3	65,615,083
Plan Amendment	01/01/1999	241,487,588	4	64,637,046
Plan Amendment	01/01/2000	147,431,483	5	32,284,455
Plan Amendment	01/01/2001	94,904,772	6	17,707,565
Plan Amendment	01/01/2002	89,105,265	7	14,567,953
Plan Amendment	01/01/2003	45,947,242	8	6,718,253
Change in Assumptions	01/01/2003	681,322,626	8	99,620,724
Change in Assumptions	01/01/2006	1,026,117,086	11	116,388,002
Change in Assumptions	01/01/2007	1,745,349,460	12	185,348,925
Experience Loss	01/01/2011	105,995,473	1	105,995,473
Experience Loss	01/01/2012	269,132,469	2	137,688,040
Change in Assumptions	01/01/2013	103,421,342	3	36,085,377
Experience Loss	01/01/2013	341,193,815	3	119,048,033
Change in Assumptions	01/01/2016	1,968,160,262	6	367,224,162
Change in Assumptions	01/01/2017	1,291,131,869	7	211,089,087
Change in Assumptions	01/01/2018	7,477,514,451	8	1,093,337,249
Experience Loss	01/01/2019	134,624,557	9	17,880,716
Change in Assumptions	01/01/2020	4,534,263,604	10	553,794,789
Experience Loss	01/01/2023	4,794,106	13	479,912
Change in Asset Method	01/01/2024	417,959,960	9	55,513,075
Total		**$20,976,396,074**		**$3,346,531,126**

Schedule of FSA Bases (Credits) (Schedule MB, Line 9h)

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Plan Amendment	01/01/2004	$125,895,143	9	$16,721,282
Change in Assumptions	01/01/2004	242,738,168	9	32,240,271
Plan Amendment	01/01/2011	1,099,060	1	1,099,060
Change in Assumptions	01/01/2011	21,957,186	1	21,957,186
Plan Amendment	07/01/2011	72,474,499	1.5	48,874,661
Plan Amendment	01/01/2012	30,124,255	2	15,411,554
Plan Amendment	01/01/2013	7,565,124	3	2,639,594
Plan Amendment	01/01/2014	7,241,225	4	1,938,201
Experience Gain	01/01/2014	418,756,589	4	112,085,218
Change in Assumptions	01/01/2015	2,374,072	5	519,873
Plan Amendment	01/01/2015	5,358,801	5	1,173,467
Experience Gain	01/01/2015	269,072,317	5	58,921,289
Plan Amendment	01/01/2016	14,806,585	6	2,762,649
Experience Gain	01/01/2016	118,880,532	6	22,181,021
Plan Amendment	01/01/2017	6,211,352	7	1,015,503
Experience Gain	01/01/2017	209,662,376	7	34,278,016
Plan Amendment	01/01/2018	25,268,675	8	3,694,701
Experience Gain	01/01/2018	179,527,809	8	26,249,958
Plan Amendment	01/01/2019	43,490,717	9	5,776,399
Plan Amendment	01/01/2020	48,321,040	10	5,901,717
Experience Gain	01/01/2020	57,943,772	10	7,076,995
Plan Amendment	01/01/2021	44,699,912	11	5,070,117
Experience Gain	01/01/2021	437,570,408	11	49,631,710
Plan Amendment	01/01/2022	13,151,771	12	1,396,664

Type of Base	Date Established	Outstanding Balance	Years Remaining	Amortization Amount
Experience Gain	01/01/2022	768,944,383	12	81,658,727
Plan Amendment	01/01/2023	4,669,009	13	467,389
Change in Assumptions	01/01/2023	10,572,278,286	13	1,058,333,040
Plan Amendment	01/01/2024	1,707,182	14	162,024
Experience Gain	01/01/2024	2,668,479,797	14	253,258,869
Plan Amendment	01/01/2025	139,787	15	12,640
Experience Gain	01/01/2025	1,692,167,046	15	153,015,735
Change in Assumptions	01/01/2025	2,909,243,904	15	263,071,010
Total		**$21,021,820,782**		**$2,288,596,540**

Justification for change in actuarial assumptions (Schedule MB, line 11)

- For purposes of determining current liability, the current liability interest rate was changed from 3.29% to 4.01% due to a change in the permissible range and recognizing that any rate within the permissible range satisfies the requirements of IRC Section 431(c)(6)(E) and the mortality tables and mortality improvement scales were changed in accordance with IRS Regulations 1.431(c)(6)-1 and 1.430(h)(3)-1(a)(1).
- Based on past experience and future expectations, the following actuarial assumptions were changed as of January 1, 2025 for funding purposes:
  - Administrative expenses, previously $48,300,000 payable monthly
  - Net investment return, previously 4.00%

Segal

Current value of assets (Schedule MB, Line 2a)

Includes withdrawal liability receivable of $1,322,111,542 as of December 31, 2024.

FSA contribution timing (Schedule MB, line 3a)

Unless otherwise noted, contributions are paid periodically throughout the year pursuant to collective bargaining agreements. The interest credited in the FSA is therefore assumed to be equivalent to a July 1 contribution date.

Segal

CENTRAL STATES, SOUTHEAST AND SOUTHWEST AREAS PENSION FUND
EIN: 36-6044243 PN: 001
SCHEDULE R – UPDATE OF REHABILITATION PLAN
DECEMBER 31, 2025

The following 20 pages contain a summary of the updated Rehabilitation Plan and related exhibits.

APPENDIX M-17. REHABILITATION PLAN (INCLUDING 2025 UPDATE)

Section 1. PREAMBLE AND DEFINITIONS.

Appendix M comprising the Rehabilitation Plan was added to the Pension Plan effective on and after March 26, 2008, and has been amended from time to time since then.

This Appendix M-17 is added to the Pension Plan effective on and after December 31, 2025 (except where a different effective date for any provision is noted below) in order to update the Rehabilitation Plan in compliance with the requirements of the Pension Protection Act of 2006 ("PPA").

The Central States, Southeast and Southwest Areas Pension Fund (the "Fund") was initially certified on March 24, 2008 by its actuary to be in "critical status" (sometimes referred to as the "red zone") under the PPA: the Fund's actuary has also certified the Fund to be in critical status in March of each subsequent year through March 2014. For 2015, 2016, 2017, 2018, 2019, 2020, 2021 and 2022, the actuary certified the Fund to be in "critical and declining status", pursuant to the Multiemployer Pension Reform Act of 2014 ("MPRA"). For 2023, 2024, and 2025, the Fund's actuary certified the Fund to be in critical status. The Fund's Board of Trustees, as the plan sponsor of a "critical status" pension plan, is charged under the PPA and MPRA with developing a "rehabilitation plan" designed to improve the financial condition of the Fund in accordance with the standards set forth in the PPA, and with annually updating the rehabilitation plan. Although for plan year 2009 the Fund was exempt from the update requirement, pursuant to an election under the Worker Retiree and Employer Recovery Act of 2008, for subsequent plan years the PPA provisions concerning the rehabilitation plan update process are applicable to the Fund. The purpose of this updated Rehabilitation Plan is to comply with those PPA provisions, as amended to date, including any applicable amendments under MPRA.

Under the PPA, a rehabilitation plan, including annual updates to the plan, must include one or more schedules showing revised benefit structures, revised contributions, or both, which, if adopted by the parties obligated under agreements participating in the pension plan, may reasonably be expected to enable the Fund to emerge from critical status in accordance with the rehabilitation plan. The PPA also provides that one of the rehabilitation plan schedules of benefits and contributions shall be designated the "default" schedule. The default schedule must assume that there are no increases in contributions under the plan other than the increases necessary to emerge from critical status after future benefit accruals and other benefits have been reduced to the maximum extent permitted by law. The PPA also creates certain categories of "adjustable benefits" which may be reduced or eliminated dependent upon the outcome of bargaining over the rehabilitation plan schedules and dependent on the exercise of certain flexibility and discretion conferred upon the Board of Trustees by the PPA. Adjustable benefits that may be affected in this manner include post-retirement death benefits, early retirement benefits or retirement-type subsidies, and generally any benefit that would be payable prior to normal retirement age (age 65 benefits under the Fund's Plan Document - or, as discussed below, a Contribution Based Benefit actuarially reduced to be equivalent to an age 65 benefit). As noted, the PPA also requires annual updates of the rehabilitation plan.

Unless otherwise indicated, all capitalized terms herein shall have the definitions and meanings assigned to them in the Fund's Pension Plan Document.

Section 2. SCHEDULES OF CONTRIBUTIONS AND BENEFITS.

With the PPA requirements outlined above in mind, the Fund's Board of Trustees hereby provides the following PPA Schedules to the parties charged with bargaining over agreements requiring contributions to the Fund.

A. PRIMARY SCHEDULE (EXCEPT AS NOTED, PRESERVES ALL CURRENT BENEFITS).

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers are in compliance with this Primary Schedule, there will be no change in benefit formulas, levels or payment options in effect on January 1, 2008, *except that* as provided in Section 2(J) below, Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date (within the meaning of ERISA § 305(i)(10)) on or before July 1, 2011, will not be granted a Retirement Date prior to their 57th birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

Further, subject to the notice requirements of the PPA and other applicable law, any Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers incur a Rehabilitation Plan Withdrawal on or after March 26, 2008 shall have their Adjustable Benefits listed in Section 2(H) below eliminated or reduced to the extent indicated in Section 2(B)(1) below.

2. Contributions

Compliance with the Primary Schedule requires annually compounded contribution rate increases in accordance with Exhibit A effective immediately after the expiration of the Collective Bargaining Agreement (or other agreement requiring contributions to the Fund) and each agreement anniversary date (or reallocation anniversary, where applicable) during the term of the new bargaining agreement to the extent indicated in Exhibit A, depending on the year that the new agreement is effective. Note that all contribution rate increases are annually compounded on the total contribution rate (including any reallocations of employee benefit contributions or agreed mid-contract contribution increases) immediately prior to the increase.

The required annual rate increase may be provided through annual allocations to pension contributions of general and aggregate employee benefit contribution increases that were negotiated at the outset of an agreement, but were not specifically allocated to pension contributions until subsequent contract years. The Primary Schedule requires 8% per year contribution rate increases for the first 5 years, 6% per year contribution rate increases for the next 3 years and 4% per year contribution rate increases each year thereafter for 2008 agreements under the Primary Schedule and comparable rate increases over time for all other agreements under the Primary Schedule *(see* Exhibit A).

Provided, however, that absent further amendment to this rehabilitation plan, as of June 1, 2011, any Collective Bargaining Agreement requiring contributions of (1) $348 per week for each full-time employee with respect to Participants covered by the National Master Automobile Transporter Agreement, and (2) $342 per week for each full-time employee with respect to all other Participants, will be deemed to be in compliance with the Primary Schedule *without* the need for additional annual rate increases.

Provided, further, that absent further amendment to this rehabilitation plan, as of April 3, 2023, any Collective Bargaining Agreement or Participation Agreement requiring contributions of:
(1) $69.60 per day or $344.00 per week for employers whose participants are covered under Benefit Class 18+, and (2) $68.40 per day or $338.00 per week for employers whose participants are covered under all other Benefit Classes, will be deemed to be in compliance with the Primary Schedule *without* the need for additional annual rate increases.

Provided, further, that absent further amendment to this rehabilitation plan, that for Collective Bargaining Agreements that have a stated expiration date on or after April 3, 2023: Rate increases continue to be required on the regular annual schedule until the stated expiration date of the Collective Bargaining Agreement. This rule applies even if the prior Collective Bargaining Agreement had a stated expiration date on or after April 3, 2023, but a new Collective Bargaining Agreement was ratified in advance of the stated expiration date but prior to April 3, 2023. However, in the latter circumstance, the bargaining parties would be allowed to agree to amend the Collective Bargaining Agreement to not require contribution rate increases beyond the highest contribution rate required by the original Collective Bargaining Agreement. The annual contribution rate increases are required for the entire term of the Collective Bargaining Agreement even if those contribution rate increases are not specified in the Collective Bargaining Agreement, or if the Collective Bargaining Agreement purports to allow the employer to cease contribution rate increases mid-contract. Nor shall the bargaining parties be allowed to renegotiate or terminate the Collective Bargaining Agreement mid-contract (or amend the stated expiration date of the Collective Bargaining Agreement to an earlier date) to alter the required contribution rate increases. After the stated expiration date of the Collective Bargaining Agreement, annual contribution rate increases will not be required beyond the rate at the stated expiration date unless the bargaining parties agree to a higher rate.

Provided, further, that absent further amendment to this rehabilitation plan, for Collective Bargaining Agreements that expired prior to April 3, 2023: Rate increases continue to be required on the regular annual schedule until the latter of three years after expiration date of the Collective Bargaining Agreement or until the date a new Collective Bargaining Agreement is ratified, fully executed, and received by the Pension Fund. The rate shall include all rate increases required during the period between the stated expiration date of the Collective Bargaining Agreement and the date the new Collective Bargaining Agreement that is ratified and fully executed is received by the Pension Fund. The annual contribution rate increases are required for the entire term of the Collective Bargaining Agreement even if those contribution rate increases are not specified in the Collective Bargaining Agreement, or if the Collective Bargaining Agreement purports to allow the employer to cease contribution rate increases mid-contract. Nor shall the bargaining parties be allowed to renegotiate or terminate the Collective Bargaining Agreement mid-

contract (or amend the stated expiration date of the Collective Bargaining Agreement to an earlier date) to alter the required contribution rate increases. The new Collective Bargaining Agreement will not be required to include annual contribution rate increases beyond the rate required as of the date the new Collective Bargaining Agreement that is ratified and fully executed is received by the Pension Fund unless the bargaining parties agree to a higher rate.

Provided, further, that absent further amendment to this rehabilitation plan, for those groups covered only by a Participation Agreement, rate increases specified in the Participation Agreement will continue to be required on the regular annual schedule. A new Participation Agreement for that group will not be accepted unless it includes all rate increases specified in the Participation Agreement in effect on April 3, 2023 even if those increases are not scheduled to happen until after April 3, 2023. For new Participation Agreements entered into on or after April 3, 2023, subject to the requirements listed in the preceding sentences, rate increases will not be required beyond the rate in effect on April 3, 2023 (or such higher rate(s) specified in the current Participation Agreement) unless a new Participation Agreement containing a higher rate is executed and received by the Pension Fund.

Provided further that any Employer that qualifies as a New Employer under § 2.2(b) of Appendix E of the Pension Plan will be deemed, as of the date it qualifies as a New Employer, to be in compliance with the Primary Schedule *without* the need for additional contribution rate increases.

B. DEFAULT SCHEDULE.

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers agree to comply with this Default Schedule [or who become subject to the Default Schedule due to a failure to achieve an agreement to accept one of the Rehabilitation Plan Schedules within the time frame specified under ERISA § 305(e)(3)(C)], the benefit formulas, levels, and payment options in effect on January 1, 2008 will remain in effect except for the following, upon the effective date that the Default Schedule applies to the Bargaining Unit (or to any non-Bargaining Unit employee groups participating in the Fund):

- Adjustable Benefits listed in Section 2(H) below are eliminated or reduced to the maximum extent permitted by law, but the future benefit accrual rate of 1% of contributions (the Contribution-Based Pension) remains in effect, with the modification that the Contribution Based Pension monthly benefit payable at age 65 is reduced by 1/2% per month for each month prior to age 65 with a minimum retirement age of 57, *except that,* for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, the Contribution Based Pension monthly benefit payable at age 65 shall be reduced to an actuarially equivalent benefit in accordance with the Schedule attached as Exhibit B with a minimum retirement age of 57.

2. Contributions

Compliance with the Default Schedule consists of annually compounded contribution rate increases of 4% effective immediately after the expiration of the Collective Bargaining Agreement (or other agreement requiring contributions to the Fund) and each anniversary thereof during the term of the agreement.

Provided, further, that absent further amendment to this rehabilitation plan, as of April 3, 2023, any Collective Bargaining Agreement or Participation Agreement requiring contributions of: (1) $69.60 per day or $344.00 per week for employers whose participants are covered under Benefit Class 18+, and (2) $68.40 per day or $338.00 per week for employers whose participants are covered under all other Benefit Classes, will be deemed to be in compliance with the Default Schedule *without* the need for additional annual rate increases.

3. Effect of agreement to or imposition of Default Schedule.

(i) If a Contributing Employer agrees to the Default Schedule with respect to a particular Bargaining Unit, the Fund will not accept any subsequent Collective Bargaining Agreements covering that Bargaining Unit which are compliant with the Primary Schedule, except as determined by the Board of Trustees in their sole discretion.

(ii) If a Contributing Employer becomes subject to the Default Schedule by operation of ERISA Section 305(e)(3)(C), because the bargaining parties have failed to adopt either of the Schedules compliant with this Rehabilitation Plan within 180 days of the expiration of their prior Collective Bargaining Agreement, the Fund will then accept a Collective Bargaining Agreement that is compliant with the Primary Schedule described in this Rehabilitation Plan, provided that such new Collective Bargaining Agreement provides for Primary Schedule contribution rates that are retroactive to the expiration date of the last Collective Bargaining Agreement that covered the affected Bargaining Unit.

C. DISTRESSED EMPLOYER SCHEDULE.

1. Benefits

With regard to Bargaining Units (and any non-Bargaining Unit employee groups participating in the Fund) whose Contributing Employers and contribution rates have been specifically accepted and approved by the Board of Trustees as satisfying the Qualifications for the Distressed Employer Schedule (as set forth in Section 2(C)(2) below), the benefit formulas, levels, and payment options in effect on January 1, 2008 will remain in effect except for the following, upon the effective date that the Distressed Employer Schedule applies to the Bargaining Unit (or to any non-Bargaining Unit employee group participating in the Fund) that is accepted by the Board of Trustees as qualifying under the Distressed Employer Schedule:

- Adjustable Benefits listed in Section 2(H) below are eliminated or reduced to the maximum extent permitted by law, but the future benefit

accrual rate of 1% of contributions (the Contribution-Based Pension) remains in effect, with the modification that the Contribution Based Pension monthly benefit payable at age 65 is reduced by ½% per month for each month prior to age 65 with a minimum retirement age of 57, *except that,* for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) have not achieved a Retirement Date on or before July 1, 2011, the Contribution Based Pension monthly benefit payable at age 65 shall be reduced to an actuarially equivalent benefit in accordance with the Schedule attached as Exhibit B with a minimum retirement age of 57, *and except that* any Participant who (i) has achieved a minimum age of 55 as of the date of the Distressed Employer's termination of participation in the Fund (see Section 2(C)(2) below) and (ii) has accrued a minimum of 25 years credit towards a Contributory Credit Pension or an And-Out Pension as of that date (see Pension Plan §§ 4.04, 4.05 and 4.06), shall be entitled to retain his eligibility for (but not gain further credit towards) any such Pension, *provided that* any such Participant has a minimum retirement age of 62.

2. Contributions and Qualifications for the Distressed Employer Schedule.

The Board of Trustees may deem a Collective Bargaining Agreement with contribution rates not in compliance with either the Primary Schedule or the Default Schedule to be in compliance with and subject to the Distressed Employer Schedule, if in the Board of Trustees' sole discretion, the Board determines that the Contributing Employer meets each of the following qualifications:

(i) the common stock of the Employer or its parent corporation (or other affiliate under 80% or more common control with the Employer) is publicly traded and registered pursuant to the securities laws of the United States;

(ii) the Employer has previously incurred a termination of its participation in the Fund due to an inability to remain current in its Contribution obligations, and the Employer was in terminated status immediately prior to executing the Agreement sought to be qualified under the Distressed Employer Schedule;

(iii) during the last ten years in which the Employer participated in the Fund prior to its termination, it had paid contributions to the Fund on behalf of at least 1,000 full- time employees per month (or had, including part-time employees, paid contributions on behalf of the equivalent of at least 1,000 full-time employees per month for the specified ten year period);

(iv) the Employer submits to a review of its financial condition and operations by the Fund's Staff and outside expert and consultants, and agrees to reimburse the Fund for all fees and expenses incurred by the Fund in this review (including, but not limited to, reimbursement to the Fund for the time devoted by the Fund's Staff to any such review, with this reimbursement to be made at market rates for comparable services performed by Fund's Staff);

(v) on the basis of this financial and operational review, it appears that the Employer is not able to contribute to the Fund at a higher rate than is indicated in the Collective Bargaining Agreement proposed for acceptance under the Distressed Employer Schedule, *and* that acceptance of the proposed Agreement is in the best interest of the Fund under all the circumstances and advances the goals of this Rehabilitation Plan; and

(vi) the Employer provides the Fund with first lien collateral in any and all unencumbered assets to the fullest extent it is able in order to fully secure (i) any delinquent or deferred Contribution obligations owed to the Fund, (ii) the Employer's obligation to make current and future pension contributions to the Fund, and (iii) any future withdrawal liability potentially incurred by the Employer (with the amount of such potential withdrawal liability to be determined based on estimates to be provided by the Fund).

3. Effect of agreement to or imposition of the Distressed Employer Schedule.

If a Contributing Employer becomes subject to the Distressed Employer Schedule with respect to a particular Bargaining Unit, the Fund will not accept any subsequent Collective Bargaining Agreements covering that Bargaining Unit which are compliant with the Primary Schedule, except as determined by the Board of Trustees in their sole discretion.

D. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER INCURRING A REHABILITATION PLAN WITHDRAWAL.

Subject to the provisos indicated in the final clauses of this Subsection D, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (to the same extent indicated in Subsection B(1) above) with respect to Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] with the Fund is on or after April 8, 2008, and:

(1) whose last Hour of Service prior to January 1, 2008 was earned while employed by United Parcel Service, Inc. ("UPS"), or with any trades or businesses at any time under common control with UPS, within the meaning of ERISA § 4001(b)(1); *or*

(2) who *(i)* has earned or earns an Hour of Service while employed with a Contributing Employer (or any predecessor or successor entity) that at any time on or after March 26, 2008 incurs a Rehabilitation Plan Withdrawal *(see* Section 2(I) below), and *(ii)* whose *last* year of Contributory Service Credit *prior* to the Rehabilitation Plan Withdrawal was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) ultimately incurring such Withdrawal.

Proviso 1: *Provided, however,* that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant Section 2(D)(2) above, who has a benefit commencement date [within the meaning of ERISA § 305(i)(10)] one year or more prior to the earlier of: (i) the date of such Rehabilitation Plan Withdrawal or (ii) the date of the expiration of the last Collective Bargaining Agreement requiring Employer

Contributions under the Primary Schedule prior to such Withdrawal, shall not be subject to the elimination of Adjustable Benefits provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date.

Proviso 2: And provided further that in the event of a Rehabilitation Plan Withdrawal resulting from an administrative termination of a Contributing Employer as referenced in Section 2(I)(3)(ii) below, the Board of Trustees shall have full discretionary authority (A) to decline to apply the elimination of Adjustable Benefits to Participants otherwise affected by a Rehabilitation Plan Withdrawal of this type who have submitted a pension application naming a Retirement Date to the Fund on or before the date selected by the Trustees as the effective date of the administrative termination which ended the Employer's obligation to contribute to the Pension Fund, and (B) to decline to apply the requirement of Section 2(G) below that a Participant incurring a benefit adjustment due to Rehabilitation Plan Withdrawal must cease employment with and the performance of services for the withdrawn Employer within 60 days of the Rehabilitation Plan Withdrawal in order to eventually qualify for a restoration of benefits; in exercising their discretionary authority under this

Proviso 2, the Board of Trustees shall consider, weigh and balance the following factors:

(i) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination were aware of, participated in or controlled, or could have controlled or prevented, through bargaining, grievance procedures, NLRB proceedings, litigation or other means, the circumstances that led to the administrative termination of the Employer;

(ii) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination benefited, directly or indirectly from the cessation of Employer Contributions or from the circumstances that led to the administrative termination of the Employer;

(iii) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination resisted or attempted to alter, or acquiesced in, the circumstances that led to the administrative termination of the Employer;

(iv) the extent to which any actively employed members of the affected Bargaining Unit or any members who submitted a retirement application prior to the effective date of the administrative termination have become engaged as employees or independent contractors in the service of operations that were or are in whole or in part a successor of the operations of the Employer that has undergone the administrative termination; and

(v) the extent of the hardship that might be incurred by any actively employed members of the affected Bargaining Unit or by any members

who submitted a retirement application prior to the effective date of the administrative termination due to the elimination of Adjustable Benefits.

Proviso 3: *And provided further* that the spouse of any Participant otherwise subject to the elimination of Adjustable Benefits, due to a Rehabilitation Plan Withdrawal pursuant to Subsection D(2) above, shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date of the Rehabilitation Plan Withdrawal.

E. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER WHO BECOMES SUBJECT TO THE DEFAULT SCHEDULE.

Subject to the provisos indicated in the final clauses of this Subsection E, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (to the same extent indicated in Section B(1) above) with respect to any Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] is on or after April 8, 2008, and:

(1) who have earned any Contributory Service Credit with a Contributing Employer (or any predecessor or successor entity) that at any time becomes subject (by agreement or otherwise) to the Default Schedule described herein; and

(2) whose *last* year of Contributory Service Credit prior to the Employer's becoming subject to the Default Schedule was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) that ultimately became subject to the Default Schedule.

Proviso 1: *Provided, however.* that any Pensioner otherwise subject to the elimination of Adjustable Benefits, due to his Contributing Employer becoming subject to the Default Schedule pursuant to this Subsection E, who has a benefit commencement date [within the meaning of ERISA § 305(i)(10)] one year or more prior to the Contributing Employer becoming subject to the Default Schedule, shall not be subject to the elimination of Adjustable Benefits provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date.

Proviso 2: *And provided further* that the spouse of any Participant otherwise subject to the elimination of Adjustable Benefits, due to his Contributing Employer becoming subject to the Default Schedule pursuant this Subsection E. shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date on which the Contributing Employer became subject to the Default Schedule.

F. ADJUSTMENT OF BENEFITS OF CERTAIN PARTICIPANTS WHO HAVE EARNED CONTRIBUTORY SERVICE WITH AN EMPLOYER WHO BECOMES SUBJECT TO THE DISTRESSED EMPLOYER SCHEDULE.

Subject to the provisos indicated in the final clauses of this Subsection F, effective March 26, 2008, all Adjustable Benefits (listed below in Section 2(H)) shall be eliminated or reduced (with the exception indicated in Section 2(C)(1) above) with

respect to any Participants whose benefit commencement date [within the meaning of ERISA § 305(i)(10)] is on or after April 8, 2008, and:

(1) who have earned any Contributory Service Credit with a Contributing Employer (or any predecessor or successor entity) that at any time becomes subject (by agreement or otherwise) to the Distressed Employer Schedule described herein; and

(2) whose last year of Contributory Service Credit prior to the Employer's becoming subject to the Distressed Employer Schedule was earned while a member of a Bargaining Unit (or any predecessor or successor Bargaining Unit) that ultimately became subject to the Distressed Employer Schedule.

Proviso 1: Provided, however, that any Pensioner otherwise subject to the reduction in Adjustable Benefits indicated in the Distressed Employer Schedule, due to his Contributing Employer becoming subject to that Schedule pursuant to this Subsection F, who has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] one year or more prior to the Contributing Employer becoming subject to the Distressed Employer Schedule, shall not be subject to the reduction of Adjustable Benefits otherwise mandated by the Distressed Employer Schedule provided that the Pensioner does not engage in Restricted Reemployment at any time subsequent to the benefit commencement date, and provided further that with respect to Bargaining Units that become subject to the Distressed Employer Schedule on or prior to June 1, 2011, no Pensioners with Retirement Dates prior to September 24, 2010 shall be subject to such Distressed Employer Schedule benefit reduction.

Proviso 2: *And provided further* that the spouse of any Participant otherwise subject to the reduction of Adjustable Benefits. due to his Contributing Employer becoming subject to the Distressed Employer Schedule pursuant to this Subsection F, shall not incur a loss of Adjustable Benefits with respect to any Surviving Spouse Benefits for which such surviving spouse has a benefit commencement date [within the meaning of ERISA Section 305(i)(10)] prior to the date on which the Contributing Employer became subject to the Distressed Employer Schedule, *and provided* further in any event that with respect to Bargaining Units that become subject to the Distressed Employer Schedule on or prior to June 1, 2011, no spouse shall be subject to such Distressed Employer Schedule benefit reduction if the Participant's death occurred prior to September 24, 2010.

G. RESTORATION OF ADJUSTED BENEFITS.

Any Participant who incurs a benefit adjustment or elimination under the terms of Sections 2(A), 2(B), 2(C), 2(D), 2(E) or 2(F) above may have those affected benefits restored if, subsequent to the event causing the benefit adjustment, the Participant:

(1) in the case of benefit adjustment caused by a Rehabilitation Plan Withdrawal (see Section 2(I) below), permanently ceases all employment with, and performance of services in any capacity for, the Contributing Employer (and any successors or trades or businesses under common control with such Employer within the meaning of ERISA § 4001(b)(1)) within 60 days of the occurrence of such Rehabilitation Plan Withdrawal; and

(2) in any case, subsequently earns one year of Contributory Service Credit with a Contributing Employer while that Employer is in compliance with the Primary Schedule described herein.

H. ADJUSTABLE BENEFITS.

As used herein, Adjustable Benefits shall mean and include:

(1) Any right to receive a Retirement Pension Benefit (Pension Plan, Article IV) prior to age 65 [including without limitation any pre-age 65 benefits that would otherwise be payable as *(i)* a Twenty Year Service Pension (Pension Plan § 4.01); *(ii)* a Contributory Credit Pension (Pension Plan § 4.04); *(iii)* a Vested Pension (Pension Plan § 4.07); (iv) a Deferred Pension (Pension Plan § 4.08); or *(v)* a Twenty-Year Deferred Pension (Pension Plan § 4.09)].

(2) Early retirement benefit or retirement-type subsidies [including without limitation *(i)* an Early Retirement Pension (Pension Plan § 4.02); *(ii)* a 25-And-Out Pension (Pension Plan § 4.05); or a 30-And- Out Pension (Pension Plan § 4.06)].

(3) All Disability Benefits not yet in pay status (Pension Plan, Article V).

(4) Before Retirement Death Benefits (Pension Plan, Article VI) other than the 50% surviving spouse benefit.

(5) Post-retirement death benefits that are not part of the annuity form of payment.

(6) All Partial Pensions (Pension Plan, Appendix D), to the extent any such pension is tied to one or more of the Adjustable Benefits listed above.

(7) All Contribution-Based Pensions (Pension Plan § 4.03) except that, assuming the Participant meets all other requirements for receiving a Contribution-Based Pension, the Contribution-Based Pension is payable at age 65 reduced by 1/2% per month for each month prior to age 65 at the time of retirement with a minimum retirement age of 57. Such minimum retirement age shall not apply if the Participant retired prior to age 57 before the Participant's Adjustable Benefits were eliminated or reduced. In such circumstance, the Participant shall be entitled to receive the Contribution-Based Pension reduced by 1/2% per month for each month prior to age 65 at the time of retirement. *Provided, however,* for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, the reductions in the Contribution-Based Pensions payable at age 65 referenced in this subparagraph (7) shall be based on actuarial equivalence in accordance with the Schedule attached as Exhibit B hereto.

(8) To the extent not already included in paragraphs (1) - (7) above, the following categories of benefits listed and defined as "adjustable benefits" under ERISA§ 305(e)(8)(iv):

(i) benefits, rights, and features under the plan, including post- retirement death benefits, 60-month guarantees, disability benefits not yet in pay status, and similar benefits,

(ii) any early retirement benefit or retirement-type subsidy (within the meaning of ERISA Section 204(g)(2)(A)) and any benefit payment option (other than the qualified joint and survivor annuity), and

(iii) benefit increases that would not be eligible for a guarantee under ERISA Section 4022A on the first day of the Fund's initial critical year under the PPA because the increases were adopted (or, if later, took effect) less than 60 months before such first day.

Provided, however, that except as provided in subparagraph (8)(iii) above, nothing in this paragraph shall be construed to reduce the level of a Participant's accrued benefit payable at normal retirement.

I. REHABILITATION PLAN WITHDRAWAL

Subject to the discretionary authority of the Board of Trustees indicated in the final clause of this Subsection I, a "Rehabilitation Plan Withdrawal" occurs on the date a Contributing Employer (a) is no longer required to make Employer Contributions to the Pension Fund under one or more of its Collective Bargaining Agreements, or (b) undergoes a significant reduction in its obligation to make Employer Contributions resulting from outsourcing or subcontracting work covered by the applicable Collective Bargaining Agreement(s), as a result of actions by members of a Bargaining Unit (or its representatives) or the Contributing Employer, which actions include, but are not limited to the following:

(1) decertification or other removal of the Union as a bargaining agent;

(2) ratification or other acceptance of a Collective Bargaining Agreement which permits withdrawal of the Bargaining Unit, in whole or in part, from the Pension Plan; administrative termination of the Contributing Employer with respect to any or all of its Collective Bargaining Agreements due to: (i) a violation of the Fund's rules with respect to the terms of a Collective Bargaining Agreement (including, without limitation, a provision providing for a split bargaining unit); or (ii) a violation of any other Fund rule or policy (including, without limitation, practices or arrangements that result in adverse selection);

(3) any transaction or other event (including, without limitation, a merger, consolidation, division, asset sale (other than an asset sale complying with ERISA § 4204), liquidation, dissolution, joint venture, outsourcing, subcontracting) whereby all or a portion of the operations for which the Contributing Employer has an obligation to contribute are continued (whether by the Contributing Employer or by another party) in whole or in part without maintaining the obligation to contribute to the Fund under the same or better terms (including, for example, as to number of participants and contribution rate) as existed before the transaction;

Provided, however, that with respect to the circumstances described in Subparagraphs. (3)(ii) or (4) above, the Board of Trustees shall have full discretionary authority to consider, weigh and balance the following factors in determining whether a Rehabilitation Plan Withdrawal has occurred:

(i) the extent to which the affected Bargaining Unit or its bargaining representative participated in or controlled, or could have controlled or

prevented, through bargaining, grievance procedures, NLRB proceedings, litigation or other means, the cessation of Employer Contributions;

(ii) the extent to which the affected Bargaining Unit benefited, directly or indirectly, from the cessation of Employer Contributions;

(iii) the extent to which the affected Bargaining Unit, or its bargaining representative, resisted or attempted to resist, or acquiesced in, the cessation of Employer Contributions;

(iv) the extent to which the affected Bargaining Unit, or any of its members, become engaged as employees or independent contractors in the service of operations that were or are in whole or in part a successor of the operations of the Contributing Employer who incurred the cessation of Employer Contributions; and

(v) the extent of the hardship that might be incurred by members of the affected Bargaining Unit by the elimination of Adjustable Benefits.

J. BENEFIT ADJUSTMENTS APPLICABLE TO ALL PARTICIPANTS (INCLUDING INACTIVE VESTED PARTICIPANTS) WHO HAVE NOT SUBMITTED A RETIREMENT APPLICATION ON OR BEFORE JULY 1, 2011 AND DO NOT HAVE A BENEFIT COMMENCEMENT ON OR BEFORE THAT DATE.

Minimum Retirement Age 57.

Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA § 305(i)(10)] on or before July 1, 2011, will not be granted a Retirement Date prior to their 57th birthday and will not be eligible to receive retirement benefit payments of any type until after achieving age 57.

K. SPECIAL SCHEDULE: QUALIFYING NEW ("HYBRID METHOD") EMPLOYERS (EXCEPT AS NOTED, PRESERVES ALL BENEFITS).

1. Benefits.

Bargaining Units (and any non-Bargaining Unit groups participating in the Fund) whose Contributing Employers have been specifically accepted and approved by the Trustees as satisfying the requirements for this Qualifying New Employer Schedule will, as it relates to benefits or potential benefit adjustments, be treated in the same way as Bargaining Units (and non-Bargaining Unit groups) under the Primary Schedule (Section 2.A. above).

2. Contributions.

Contributing Employers who have qualified as New Employers within the meaning of Appendix E of the Plan Document, Section 2.2 (b) (and are thus eligible for treatment under the Pension Fund's alternative, or "hybrid," method of calculating Employer Withdrawal Liability), *and* who have fulfilled all requirements relating to the duration and/or level of continued participation in the Pension Fund contained in the agreement under which the Fund accepted the Employer as a New Employer, may contribute under this Schedule to the Fund at a rate to be specifically and separately approved by

the Board of Trustees with respect to each such New Employer (the "New Rate"), subject to a specific determination by the Board of Trustees that the following conditions have been or will be met:

(i) The New Employer has in fact fulfilled its contribution or participation commitments under the agreement in which the Fund accepted the Employer's New Employer status, and the New Employer has fulfilled all other obligations under that agreement, is current in its ongoing contribution obligations to the Fund and is in compliance with the Fund's rules and polices applicable to Contributing Employers;

(ii) Unless a New Rate is determined and made available under this Schedule, the New Employer would likely withdraw from the Fund on about the expiration date of its most recent Collective Bargaining Agreement requiring contributions to the Fund;

(iii) the New Employer's continued participation in the Fund at the New Rate, under the specific circumstances presented, will result in net positive cash flow to the Fund, in comparison to the net cash flow that would result from a withdrawal by the New Employer from the Fund; and

(iv) the New Employer's obligation to contribute to the Fund at the New Rate is documented in a Collective Bargaining Agreement that is or will be acceptable to the Board of Trustees, and contains (or will contain) terms under which the bargaining representative of the affected Bargaining Unit specifically agrees or acknowledges that any reductions in labor costs resulting from the New Employer's contributions at the New Rate have been allocated to the Bargaining Unit in a manner that is satisfactory to the bargaining representative.

L. SPECIAL SCHEDULE: QUALIFYING BARGAINING UNITS THAT HAVE BEEN SUBJECT TO A WAGE FREEZE (EXCEPT AS NOTED PRESERVES ALL BENEFITS). (Effective on and after March 14, 2017)

1. Benefits.

With regard to any Bargaining Unit subject to a Collective Bargaining Agreement in effect as of March 1, 2017 (the "Current Agreement") that –

(i) was (or is) of 3 to 5 years in duration,

(ii) did not (or does not) provide for any wage increases for the entire duration of the Agreement, and

(iii) required (or requires) pension contribution rate increases in compliance with the Primary Schedule (Section 2.A of this Rehabilitation Plan) for the entire duration of the Agreement, but did not (or does not) at any time require contributions at rates equal to or in excess of any of the maximum rates specified under the provisos to the Primary Schedule

the benefits available to any such Bargaining Unit under any new Collective Bargaining Agreement that is the immediate successor or renewal Agreement of the Current Agreement, and is not in compliance with the Primary Schedule ("Successor Agreement"), will be nevertheless identical to

the benefits available to Bargaining Units whose Collective Bargaining Agreements are in compliance with the Primary Schedule, provided that any such Successor Agreement has the characteristics specified in Section 2.L.2 below.

2. Contributions.

In order for a Bargaining Unit to qualify for the benefits specified under Section 2.L.1 above, the Successor Agreement must:

(i) Not be of less duration than the Current Agreement, but not exceeding 5 years in duration;

(ii) require pension contributions at a rate that is at least as high as the highest rate required under the Current Agreement, but need not provide for any increase in the contribution rates for the duration of the Successor Agreement (the "Special Rate"); and

(iii) contain terms under which the bargaining representative of the affected Bargaining Unit specifically agrees and acknowledges that any reduction in labor costs resulting from contributions at the Special Rate (*i.e.,* contributions without the rate increases otherwise required under the Primary Schedule) have been allocated to the Bargaining Unit in a manner that is satisfactory to the bargaining representative.

Section 3. REHABILITATION PLAN STANDARDS AND OBJECTIVES.

The Schedules of Contributions and Benefits discussed above have been formulated by the Fund's Board of Trustees as reasonable measures which, under reasonable actuarial assumptions, are designed and projected to allow the Fund to emerge from critical status in 2052. Projections may vary from year to year as actual experience may differ from assumptions.

The Trustees recognize the possibility that actual experience could be less favorable than the reasonable assumptions used for the Rehabilitation Plan on an annual basis. Consequently, the annual standards for meeting the requirements of the Rehabilitation Plan are as follows:

- Actuarial projections updated for each year show, based on reasonable assumptions, that under the Rehabilitation Plan and its schedules (as amended and updated from time to time) the Fund will emerge from critical status in 2052.

Section 4. ALTERNATIVES CONSIDERED BY THE TRUSTEES.

The Board of Trustees considered numerous alternatives [including combinations of contribution rate increases (and other updates to the schedules of contribution rates in light of the experience of the Fund) and benefit adjustments] that might enable the Fund to emerge from Critical Status either by the end of ten year PPA Rehabilitation Period (which began on January 1, 2011 and ended on December 31, 2020), or to forestall possible insolvency indefinitely (beyond the date referenced above under the "Standards and Objectives" heading). Some of the alternatives considered were determined to be unreasonable measures. The various default and alternative schedules considered included the following:

Schedules considered by the Board of Trustees in formulating an initial 2008 rehabilitation plan that might permit the Fund to emerge by the end of the Rehabilitation Period on December 31, 2020:

Schedule	Benefit Reductions	Contribution Rate Increases
Default	Immediate maximum Critical Status benefit cuts for all participants to the extent permitted by law	15% per year until emergence in 2021 (plus an additional 1.6% annual increase for Benefit Classes 14 and below)
Alternative 1	Maintain current benefits	17% per year until emergence in 2021
Alternative 2	On the second anniversary of the new bargaining agreement, reduce the future benefit accrual rate from 1% of contributions payable at age 62 to 1% of contributions at payable at age 65	16% per year until emergence in 2021

In formulating the Fund's initial rehabilitation plan in 2008, the Board of Trustees concluded that utilizing any and all *possible* measures to emerge from Critical Status by the end of the 10-year presumptive Rehabilitation Period described in ERISA Section 305(e)(4), would be unreasonable and would involve considerable risk to the Fund and Fund participants. In particular, the Board of Trustees concluded that the continued existence of the Fund and the Trustees' ability to maintain and improve the Fund's funded status in accordance with the terms of the IRS approved amortization extension would be jeopardized by any attempt to emerge from critical status by the end of the presumptive 10-year Rehabilitation Period.

As shown above, based on January 1, 2008 valuation data, the emergence by the end of the presumptive 10 year Rehabilitation Period would require double-digit annual contribution rate increases. For example, the daily contribution rate would generally have to grow from $52 to over $300. Therefore, the Trustees concluded in 2008 that annual contribution rate increases above the 8%/6%/4% level in the Primary Schedule were not reasonable and could trigger mass withdrawals and significant losses to the Fund and the participants.

During the process of updating the Rehabilitation Plan in each applicable year subsequent to 2008, the Trustees concluded that in light of current valuation data available in each of those years, the experience of the Fund and projections, the option available to the Fund under ERISA Section 305(e)(3)(ii) was to pursue reasonable measures to forestall a possible insolvency. The Trustees also concluded during the 2010 - 2022 update processes that requiring annual contribution increases above the level described in the Primary Schedule would not be reasonable and would likely accelerate a possible insolvency of the Fund rather than forestall it.

Prior to Plan/calendar year 2024, the Trustees have implemented (and, where applicable, have continued to implement) numerous measures to improve the Fund's funding. These have included:

- Reducing the benefit accrual rate from 2% of contributions to 1% of contributions;
- Protecting the "and-out" and early retirement benefits while freezing them at their year-end 2003 levels;
- Obtaining agreements from the major bargaining parties to reallocate significant amounts of annual benefit contributions to the Pension Fund;

- Obtaining an amortization extension from the Internal Revenue Service in 2005, and successfully seeking a waiver of the conditions of that extension in light of investment losses resulting from the weakness in financial markets in recent years (waiver or alteration of conditions granted in 2016);

- Requiring as a condition of continued participation in the Fund that new bargaining agreements in the last several years include significant annual contribution rate increases;

- Providing information to Congress and federal agencies with respect to legislative or regulatory proposals that appear to assist in addressing the funding challenges confronting the Fund;

- Approving a Distressed Employer Schedule as part of the Fund's Rehabilitation Plan under which YRC, Inc. and its affiliate USF Holland, Inc., two distressed (but historically significant) Contributing Employers, resumed Contributions in June 2011 at rates lower than would have been permitted under previous (pre-2011) Rehabilitation Plan Schedules; this Distressed Employer Schedule significantly adjusted the benefits of the affected Bargaining Unit members, and helped assure that despite the lower Contribution rates, the continued participation of these Employers would tend to improve overall pension funding; and

- Adopting a new withdrawal liability method, and obtaining approval of that method by the Pension Benefit Guaranty Corporation, under which new Contributing Employers, and existing Contributing Employers who satisfy their withdrawal liability under the Fund's historic (pre-2011) withdrawal liability method *(i.e.,* the "modified presumptive method"), will have any future withdrawal liability determined under the "direct attribution" method; the Trustees believe that this "hybrid" method will be attractive to some Contributing Employers who wish to continue to participate in the Fund, but may be concerned about the potential for future growth of their estimated withdrawal liability as calculated under the Fund's prior (pre-2011) withdrawal liability method, and that this, in turn, will encourage continued participation in the Fund and tend to improve overall pension funding.

- Amending the Primary Schedule of the Rehabilitation Plan to permit Contributing Employers, who satisfy their existing withdrawal liability and qualify as New Employers eligible for the direct attribution method under the hybrid method, to comply with the Primary Schedule without the need (under their current Collective Bargaining Agreements) for the contribution rate increases otherwise required under the Primary Schedule. The Trustees determined that this amendment to the Rehabilitation Plan will encourage existing Contributing Employers to satisfy their existing withdrawal liability and to continue their participation in the Fund as New Employers under the hybrid method; the Trustees determined that the New Employers' participation on these terms would tend to improve overall pension funding.

- Authorizing the filing, on September 25, 2015, of an application with the United States Department of the Treasury requesting approval of a plan of suspension of benefits under MPRA. (The Trustees determined that the filing of this application was a reasonable measure designed to forestall insolvency, and therefore one that they were required to take under the PPA. However, the Fund's MPRA application was denied by the Department of Treasury on May 6, 2016, and the Trustees have determined that it is not feasible for the Fund to submit a revised MPRA application.)

- Approval of the Special Schedule relating to Qualifying New (“Hybrid“) Method Employers indicated in Section 2.K. of this Appendix.

- And the addition of Section 2.L. to this Appendix dealing with Qualifying Bargaining Units that have been subject to wage freezes.

- Authorizing the filing in 2022 of an application with the Pension Benefit Guaranty Corporation (PBGC) requesting Special Financial Assistance (SFA) under the American Rescue Plan Act of 2021. The PBGC approved the application in December 2022, and the Fund received $35,764,910,109.99 in SFA on January 12, 2023.

However, the Trustees have also determined, as part of the 2023 Rehabilitation Plan update process, that mandating additional significant benefit cuts (beyond those provided in this updated Rehabilitation Plan), or (as noted) mandating significant contribution rate increases at levels beyond those required in recent years, would risk substantially accelerating the rate at which employers would withdraw from the Fund, in large part because the Union could conclude that it would be in its members’ best interest to agree to withdrawals. The Board of Trustees also determined that this acceleration of employer withdrawals would, in turn, be counterproductive to the Trustees’ effort to emerge from critical status in 2052. The Board of Trustees determined as part of the 2024 Rehabilitation Plan update process that additional benefit cuts or increases in contribution rates beyond those already required under the Rehabilitation Plan would be counterproductive. Similarly, the Board of Trustees has determined as part of the 2025 Rehabilitation Plan update process that additional benefit cuts or increases in contribution rates beyond those already required under the Rehabilitation Plan would be counterproductive.

Exhibit A
Primary Schedule: Contribution Rate Increases by Bargaining Agreement Year (all rate increases are to be compounded annually)*

Calendar Year of Contribution Rate Increases	Year of Initial Bargaining Agreement Conforming to Primary Schedule																	
	2006 & Earlier	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
2006	7%																	
2007	7%	8%																
2008	7%	8%	8%															
2009	7%	8%	8%	8%														
2010	7%	8%	8%	8%	8%													
2011	6%	8%	8%	8%	8%	8%												
2012	5%	6%	8%	8%	8%	8%	8%											
2013	4%	4%	6%	8%	8%	8%	8%	8%										
2014	4%	4%	6%	8%	8%	8%	8%	8%	8%									
2015	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%								
2016	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%							
2017	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%						
2018	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%					
2019	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%				
2020	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%			
2021	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%		
2022	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%	
2023	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%	8%
2024	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%	8%
2025	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%	8%
2026	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%	8%
2027	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%	8%
2028	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%	8%
2029	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%	8%
2030	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	6%
2031	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%
2032	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%

* See Section 2. A. 2. of this Rehabilitation Plan for the Primary Schedule rules applying to new collective bargaining agreements that replace a prior collective bargaining agreement that had an expiration date of April 3, 2023 or later. Generally, such new agreements do not require these increases.

EXHIBIT B

Schedule for Actuarial Reduction of Age 65 Benefits

(Applicable to Default Schedule and Rehabilitation Plan Withdrawal benefit adjustments for Participants who (i) have not submitted a retirement application on or before July 1, 2011 and (ii) do not have a benefit commencement date [within the meaning of ERISA§ 305(i)(10)] on or before July 1, 2011)

Age	Percent of Age 65 Benefit Based on Actuarial Equivalence
65	100%
64	90%
63	81%
62	74%
61	67%
60	61%
59	55%
58	50%
57	46%