

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 06/07/2024

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) C
B This return/report is: [] the first return/report [X] the final return/report [] an amended return/report [X] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM BLEND 2005 COMMINGLED POOL
1b Three-digit plan number (PN): 086
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY
2b Employer Identification Number (EIN): 20-4659714
2c Plan Sponsor's telephone number: 800-343-8736
2d Business code (see instructions)

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
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																				
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;">6a(1)</td><td style="width:90%;"></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2024 Form M-1 annual report. If the plan was not required to file the 2024 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 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 <hr/> 2024 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 06/07/2024

A Name of plan FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM BLEND 2005 COMMINGLED POOL	B Three-digit plan number (PN)	▶ 086
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	D Employer Identification Number (EIN) 20-4659714	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKETS COMMINGLED PO</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-032</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM EMERGING MARKETS DEBT COMMINGL</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM FLOATING RATE HIGH INCOME COMM</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-058</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM HIGH YIELD BOND COMMINGLED POO</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM INSTITUTIONAL CASH COMMINGLED</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-055</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT EMERGING MARKETS EQUITY</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-100</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL CAP CORE POOL</u>				
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>				
c EIN-PN <u>20-4659714-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0	

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN COMMODITY INDEX POOL -

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY

c EIN-PN 82-6293122-008	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN INTERNATIONAL INDEX POOL A

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY

c EIN-PN 82-6293122-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN LARGE CAP GROWTH INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY

c EIN-PN 82-6293122-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN LARGE CAP VALUE INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY

c EIN-PN 82-6293122-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
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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)	
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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)	
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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)	
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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)	
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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)	
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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)	
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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 AEGIS AEROSPACE 401K PLAN	
b	Name of plan sponsor AEGIS AEROSPACE, INC.	c EIN-PN 76-0359573-001
a	Plan name AMENTUM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMENTUM SERVICES, INC.	c EIN-PN 27-1628265-001
a	Plan name AMERICAN AXLE & MANUFACTURING, INC. SALARIED SAVINGS PLAN	
b	Name of plan sponsor AMERICAN AXLE & MANUFACTURING, INC.	c EIN-PN 38-3138388-005
a	Plan name AMERISOURCEBERGEN CORPORATION EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor AMERISOURCEBERGEN CORPORATION	c EIN-PN 23-3079390-010
a	Plan name AMWAY HOTEL CORPORATION 401(K) RETIRMENT AND SAVINGS PLAN	
b	Name of plan sponsor AMWAY GRAND PLAZA HOTEL	c EIN-PN 38-2239010-003
a	Plan name AMWAY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALTICOR INC.	c EIN-PN 38-1736584-002
a	Plan name ARVEST BANK 401K AND PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor ARVEST BANK GROUP, INC.	c EIN-PN 71-0489455-001
a	Plan name ASSA ABLOY INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ASSA ABLOY INC.	c EIN-PN 93-0925319-001
a	Plan name ATRIUS HEALTH 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ATRIUS HEALTH INC.	c EIN-PN 04-3397450-001
a	Plan name BEKAERT CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BEKAERT CORPORATION	c EIN-PN 62-1340165-005
a	Plan name BETH ISRAEL DEACONESS MEDICAL CENTER 401-K SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor BETH ISRAEL DEACONESS MEDICAL CENTER	c EIN-PN 04-2103881-004
a	Plan name BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS, INC. - EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor BLUECROSS BLUESHIELD OF MA	c EIN-PN 04-1045815-002

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	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	c EIN-PN 56-0894904-003
a	Plan name	BLUESCOPE EMPLOYEE SAVINGS TRUST (BEST) PLAN	
b	Name of plan sponsor	BLUESCOPE STEEL NORTH AMERICA	c EIN-PN 23-2081882-041
a	Plan name	BOART LONGYEAR COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BOART LONGYEAR COMPANY	c EIN-PN 87-0503343-005
a	Plan name	BRAND SHARE 401K SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAND INDUSTRIAL SERVICES	c EIN-PN 13-3909681-001
a	Plan name	BRIDGESTONE AMERICA, INC. TAX-EFFICIENT SAVINGS PLAN	
b	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	c EIN-PN 88-0335067-009
a	Plan name	BRIDGESTONE AMERICAS, INC. EMPLOYEE SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	c EIN-PN 88-0335067-012
a	Plan name	BRIDGESTONE AMERICAS, INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	c EIN-PN 88-0335067-017
a	Plan name	BRIDGESTONE AMERICAS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	c EIN-PN 88-0335067-015
a	Plan name	CAMDEN DEVELOPMENT INC. 401(K) PLAN	
b	Name of plan sponsor	CAMDEN DEVELOPMENT INC.	c EIN-PN 76-0417730-001
a	Plan name	CBOE GLOBAL MARKETS SMART PLAN	
b	Name of plan sponsor	CBOE GLOBAL MARKETS, INC.	c EIN-PN 20-5446972-001
a	Plan name	CENTENE CONSOLIDATED FROZEN RETIREMENT PLAN	
b	Name of plan sponsor	CENTENE CORPORATION	c EIN-PN 39-1864073-002
a	Plan name	CENTENE MANAGEMENT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	CENTENE CORPORATION	c EIN-PN 39-1864073-001

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	CM GROUP 401(K) PLAN	
b	Name of plan sponsor	CM ACQUISITIONS HOLDINGS, INC.	c EIN-PN 82-2867962-001
a	Plan name	CORA 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL OREGON RADIOLOGY ASSOC., P.C.	c EIN-PN 93-0688156-001
a	Plan name	COTERRA ENERGY INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COTERRA ENERGY INC.	c EIN-PN 04-3072771-001
a	Plan name	CRH AMERICAS 401(K) PLAN	
b	Name of plan sponsor	CRH AMERICAS, INC.	c EIN-PN 95-3298140-002
a	Plan name	DENVER HEALTH AND HOSPITAL AUTHORITY 401A DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	DENVER HEALTH AND HOSPITAL AUTHORITY	c EIN-PN 84-1343242-001
a	Plan name	DENVER HEALTH AND HOSPITAL AUTHORITY DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	DENVER HEALTH AND HOSPITAL AUTHORITY	c EIN-PN 84-1343242-002
a	Plan name	DIAMOND FOODS, LLC 401(K) PLAN	
b	Name of plan sponsor	DIAMOND FOODS	c EIN-PN 81-4577932-010
a	Plan name	DIAMOND MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	DIAMOND FOODS	c EIN-PN 81-4577932-013
a	Plan name	ECOBAT 401(K) PLAN	
b	Name of plan sponsor	ECOBAT, LLC	c EIN-PN 84-3365117-001
a	Plan name	EMPLOYBRIDGE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYBRIDGE	c EIN-PN 27-2269356-001
a	Plan name	EQT CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	EQT CORPORATION	c EIN-PN 25-0464690-202
a	Plan name	EQUINIX 401(K) PLAN	
b	Name of plan sponsor	EQUINIX	c EIN-PN 77-0487526-001

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	EXLSERVICE 401(K) PLAN	
b	Name of plan sponsor	EXLSERVICE HOLDINGS, INC.	c EIN-PN 94-3326476-001
a	Plan name	FAEGRE DRINKER BIDDLE & REATH RETIREMENT SAVINGS PLAN 1	
b	Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH	c EIN-PN 41-0244008-002
a	Plan name	FAEGRE DRINKER BIDDLE & REATH RETIREMENT SAVINGS PLAN 2	
b	Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH	c EIN-PN 41-0244008-033
a	Plan name	GILEAD SCIENCES 401(K) PLAN	
b	Name of plan sponsor	GILEAD SCIENCES, INC.	c EIN-PN 94-3047598-001
a	Plan name	GKN GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GKN AEROSPACE INC.	c EIN-PN 54-1566763-002
a	Plan name	GKN U.S. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GKN DRIVELINE NORTH AMERICA, INC.	c EIN-PN 13-2886932-001
a	Plan name	HARMAN INTERNATIONAL INDUSTRIES INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HARMAN INTERNATIONAL	c EIN-PN 11-2534306-001
a	Plan name	HEXCEL CORPORATION 401(K) RET. SAVINGS PLAN	
b	Name of plan sponsor	HEXCEL CORPORATION	c EIN-PN 94-1109521-011
a	Plan name	HEXCEL CORPORATION VOLUNTARY SAVINGS PLAN FOR KENT UNION EMPLOYEES	
b	Name of plan sponsor	HEXCEL CORPORATION	c EIN-PN 94-1109521-049
a	Plan name	HORIZON TELCOM 401(K) PLAN	
b	Name of plan sponsor	HORIZON TELCOM	c EIN-PN 31-1449037-005
a	Plan name	ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor	ICW GROUP HOLDINGS, INC.	c EIN-PN 95-2890041-001
a	Plan name	IKEA RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	IKEA NORTH AMERICA SERVICES, LLC	c EIN-PN 23-3005722-001

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 ILWU-PMA SAVINGS 401(K) PLAN	
b	Name of plan sponsor PACIFIC MARITIME ASSOCIATION	c EIN-PN 94-1126322-002
a	Plan name INTERMED, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTERMED, PA	c EIN-PN 01-0484903-001
a	Plan name IRVINE COMPANY UNIFIED SAVINGS PLAN	
b	Name of plan sponsor IRVINE MANAGEMENT COMPANY	c EIN-PN 82-1749352-002
a	Plan name KEMIRA GROUP 401(K) PLAN	
b	Name of plan sponsor KEMIRA CHEMICALS, INC.	c EIN-PN 01-0598941-003
a	Plan name KONTOOR BRANDS 401(K) SAVINGS PLAN	
b	Name of plan sponsor KONTOOR BRANDS, INC.	c EIN-PN 83-2680248-501
a	Plan name LEHIGH HANSON RSIPCB PLAN	
b	Name of plan sponsor LEHIGH HANSON, INC	c EIN-PN 54-2133605-005
a	Plan name LENNOX INTERNATIONAL INC 401K PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor LENNOX INTERNATIONAL INC.	c EIN-PN 42-0991521-045
a	Plan name LENNOX INTERNATIONAL INC MERGED PROFIT SHARING AND 401K RETIREMENT PLAN FOR SALARIED EMPLOYEES (DB & DC)	
b	Name of plan sponsor LENNOX INTERNATIONAL INC.	c EIN-PN 42-0991521-042
a	Plan name LEXMARK SAVINGS PLAN	
b	Name of plan sponsor LEXMARK INTERNATIONAL, INC.	c EIN-PN 06-1308215-002
a	Plan name MARATHON OIL COMPANY THRIFT PLAN	
b	Name of plan sponsor MARATHON OIL COMPANY	c EIN-PN 25-1410539-003
a	Plan name MARATHON PETROLEUM THRIFT PLAN	
b	Name of plan sponsor MARATHON PETROLEUM COMPANY LP	c EIN-PN 31-1537655-010
a	Plan name MASCO CORPORATION 401K PLAN	
b	Name of plan sponsor MASCO CORPORATION	c EIN-PN 38-1794485-033

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 <u>MATERION CORPORATION RETIREMENT SAVINGS PLAN</u>	
b	Name of plan sponsor <u>MATERION CORPORATION</u>	c EIN-PN <u>34-1919973-003</u>
a	Plan name <u>MATSON & SUBSIDIARIES 401(K) RETIREMENT SAVINGS PLAN FOR BUES</u>	
b	Name of plan sponsor <u>MATSON, INC.</u>	c EIN-PN <u>99-0032630-022</u>
a	Plan name <u>MATSON IDC & PROFIT SHARING PLAN FOR BUES</u>	
b	Name of plan sponsor <u>MATSON, INC.</u>	c EIN-PN <u>99-0032630-015</u>
a	Plan name <u>MATSON, INC. 401(K) & PROFIT SHARING PLAN FOR NBES</u>	
b	Name of plan sponsor <u>MATSON, INC.</u>	c EIN-PN <u>99-0032630-016</u>
a	Plan name <u>MAVENIR SYSTEMS INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>MAVENIR SYSTEMS INC.</u>	c EIN-PN <u>61-1489105-002</u>
a	Plan name <u>MCCARTER AND ENGLISH RETIREMENT AND SAVINGS PLAN</u>	
b	Name of plan sponsor <u>MCCARTER AND ENGLISH, LLP</u>	c EIN-PN <u>22-1534652-004</u>
a	Plan name <u>MEAD JOHNSON NUTRITION (PUERTO RICO) INC. RETIREMENT SAVINGS PLAN</u>	
b	Name of plan sponsor <u>RECKITT BENCKISER, NORTH AMERICA</u>	c EIN-PN <u>26-3546226-003</u>
a	Plan name <u>MELROSE 401K SAVINGS PLAN</u>	
b	Name of plan sponsor <u>MELROSE NORTH AMERICA, INC.</u>	c EIN-PN <u>27-1799313-002</u>
a	Plan name <u>MERZ NORTH AMERICA 401(K) PLAN</u>	
b	Name of plan sponsor <u>MERZ, INCORPORATED</u>	c EIN-PN <u>56-1540459-003</u>
a	Plan name <u>NAVY FEDERAL 401(K) SAVINGS PLAN</u>	
b	Name of plan sponsor <u>NAVY FEDERAL CREDIT UNION</u>	c EIN-PN <u>53-0116705-002</u>
a	Plan name <u>NEWELL BRANDS EMPLOYEE SAVINGS PLAN</u>	
b	Name of plan sponsor <u>NEWELL BRANDS INC.</u>	c EIN-PN <u>36-1953130-012</u>
a	Plan name <u>NEXSTAR MEDIA GROUP INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>NEXSTAR MEDIA GROUP INC.</u>	c EIN-PN <u>23-3083125-001</u>

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	NISOURCE INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NISOURCE INC.	c EIN-PN 35-2108964-005
a	Plan name	NTT DATA 401(K) PLAN	
b	Name of plan sponsor	NTT DATA, INC.	c EIN-PN 04-2437166-001
a	Plan name	NTT DATA EAS PR EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	NTT DATA EAS, INC.	c EIN-PN 38-3329879-002
a	Plan name	NUTTER, MCCLENNEN & FISH, LLP 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	NUTTER, MCCLENNEN & FISH, LLP	c EIN-PN 04-2106505-024
a	Plan name	NUTTER, MCCLENNEN & FISH, LLP LAWYERS RETIREMENT PLAN	
b	Name of plan sponsor	NUTTER, MCCLENNEN & FISH, LLP	c EIN-PN 04-2106505-001
a	Plan name	OLDCASTLE BUILDINGENVELOPE INC., 401 (K) PLAN	
b	Name of plan sponsor	OLDCASTLE BUILDINGENVELOPE, INC.	c EIN-PN 75-2196684-001
a	Plan name	OMNICELL, INC. 401(K) PLAN	
b	Name of plan sponsor	OMNICELL, INC.	c EIN-PN 94-3166458-001
a	Plan name	OMNICOM GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OMNICOM GROUP INC.	c EIN-PN 13-1514814-004
a	Plan name	OVERLAND SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OVERLAND SOLUTIONS, INC.	c EIN-PN 45-0497543-001
a	Plan name	OWENS CORNING SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor	OWENS CORNING	c EIN-PN 43-2109021-014
a	Plan name	OWENS CORNING SAVINGS PLAN	
b	Name of plan sponsor	OWENS CORNING	c EIN-PN 43-2109021-004
a	Plan name	PARTNERS NATIONAL HEALTH PLANS OF NC, INC. TARGET BENEFIT PENISON PLAN	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	c EIN-PN 56-0894904-004

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	PERKINELMER U.S. LLC SAVINGS PLAN	
b Name of plan sponsor	PERKINELMER U.S. LLC	c EIN-PN 88-4129178-001
a Plan name	PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	PHYSICIANS EAST, PA	c EIN-PN 56-1968491-001
a Plan name	PRECISION STRIP 401(K) PLAN	
b Name of plan sponsor	RELIANCE INC.	c EIN-PN 34-1207681-001
a Plan name	PREMIER FINANCIAL CORP 401(K) EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	PREMIER FINANCIAL CORP	c EIN-PN 34-1746771-002
a Plan name	PRIME HEALTHCARE SERVICES, INC. 401(K) PLAN	
b Name of plan sponsor	PRIME HEALTHCARE SERVICES, INC.	c EIN-PN 33-0943449-001
a Plan name	PRIVILEGE UNDERWRITERS, INC. 401(K) PLAN	
b Name of plan sponsor	PRIVILEGE UNDERWRITERS, INC.	c EIN-PN 84-1699173-001
a Plan name	QUADIANT INC. 401(K) PLAN	
b Name of plan sponsor	QUADIANT, INC.	c EIN-PN 94-2388882-001
a Plan name	QUALIFIED DEFERRED COMPENSATION PLAN FOR EMPLOYEES OF PACIFIC MARITIME ASSOCIATION	
b Name of plan sponsor	PACIFIC MARITIME ASSOCIATION	c EIN-PN 94-2914940-333
a Plan name	QUANTA SERVICES, INC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	QUANTA SERVICES INC.	c EIN-PN 74-2851603-001
a Plan name	RADIO SYSTEMS CORPORATION RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	RADIO SYSTEMS CORPORATION	c EIN-PN 20-5548897-001
a Plan name	RAYMOND JAMES FINANCIAL, INC. 401K PLAN	
b Name of plan sponsor	RAYMOND JAMES FINANCIAL INC	c EIN-PN 59-1517485-010
a Plan name	RECKITT BENCKISER SAVINGS INVESTMENT PLAN	
b Name of plan sponsor	RECKITT BENCKISER, NORTH AMERICA	c EIN-PN 16-1095651-006

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	RELIANCE INC. MASTER 401(K) PLAN	
b	Name of plan sponsor	RELIANCE INC.	c EIN-PN 95-1142616-003
a	Plan name	RENEWABLE ENERGY SYSTEMS AMERICAS INC. 401(K) PLAN	
b	Name of plan sponsor	RENEWABLE ENERGY SYSTEMS AMERICAS INC.	c EIN-PN 95-4683730-001
a	Plan name	RETIREMENT ACCESS PLAN	
b	Name of plan sponsor	WALTON ENTERPRISES LLC	c EIN-PN 62-1665434-001
a	Plan name	REVVITY SAVINGS PLAN	
b	Name of plan sponsor	REVVITY, INC.	c EIN-PN 04-2052042-001
a	Plan name	SCHAEFFLER GROUP USA SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	SCHAEFFLER GROUP USA	c EIN-PN 57-0517596-003
a	Plan name	SHEET METAL WORKERS IA LOCAL UNION NO 73 ANNUITY PLAN	
b	Name of plan sponsor	SHEET METAL WORKERS, LOCAL #73	c EIN-PN 20-5002115-003
a	Plan name	SPARK THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	SPARK THERAPEUTICS, INC.	c EIN-PN 46-2654405-001
a	Plan name	SPEEDWAY RETIREMENT SAVING SUB PLAN OF MARATHON PETROLEUM THRIFT PLAN	
b	Name of plan sponsor	MARATHON PETROLEUM CORPORATION LP	c EIN-PN 31-1537655-007
a	Plan name	STEPAN COMPANY SAVINGS AND INVESTMENT RETIREMENT PLAN	
b	Name of plan sponsor	STEPAN COMPANY	c EIN-PN 36-1823834-009
a	Plan name	TACK!	
b	Name of plan sponsor	IKEA NORTH AMERICA SERVICES, LLC	c EIN-PN 23-3005722-002
a	Plan name	TARGAREOURCES LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	TARGA RESOURCES LLC	c EIN-PN 14-1904332-001
a	Plan name	TELEDYNE TECHNOLOGIES INCORPORATED 401 (K) PLAN	
b	Name of plan sponsor	TELEDYNE TECHNOLOGIES INCORPORATED	c EIN-PN 25-1843385-002

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	TERUMO EMPLOYEE SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	TERUMO AMERICAS HOLDING, INC.	c EIN-PN 34-1112331-003
a	Plan name	THALES USA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THALES USA, INC.	c EIN-PN 06-0938363-003
a	Plan name	THE 401(K) RETIREMENT PLAN OF HEIDELBERG MATERIALS US	
b	Name of plan sponsor	HM US SERVICES, LLC	c EIN-PN 81-4086708-016
a	Plan name	THE FIRESTONE POLYMERS SAVINGS PLAN	
b	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	c EIN-PN 88-0335067-016
a	Plan name	THE PRINCE 401(K) PLAN	
b	Name of plan sponsor	PRINCE RESORTS HAWAII, INC.	c EIN-PN 99-0346178-002
a	Plan name	THE QUEST DIAGNOSTICS PROFIT SHARING PLAN	
b	Name of plan sponsor	QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.	c EIN-PN 38-2084239-333
a	Plan name	THE WEGMANS RETIREMENT PLANS	
b	Name of plan sponsor	WEGMANS FOOD MARKETS, INC.	c EIN-PN 16-1309424-001
a	Plan name	THOR INDUSTRIES, INC. 401(K)	
b	Name of plan sponsor	THOR INDUSTRIES, INC.	c EIN-PN 93-0768752-001
a	Plan name	THRYV SAVINGS PLAN	
b	Name of plan sponsor	THRYV HOLDINGS, INC.	c EIN-PN 13-2740040-009
a	Plan name	TIFFIN MOTOR HOMES, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	TIFFIN MOTOR HOMES, INC.	c EIN-PN 63-0636444-001
a	Plan name	TRANSDEV NORTH AMERICA, INC. 401(K) PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor	TRANSDEV NORTH AMERICA, INC.	c EIN-PN 51-0387033-003
a	Plan name	TRANSDEV NORTH AMERICA, INC. 401(K) PLAN FOR NON-COLLECTIVELY BARGAINED EMPLOYEES	
b	Name of plan sponsor	TRANSDEV NORTH AMERICA, INC.	c EIN-PN 51-0387033-001

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 TRANSWESTERN 401(K) PLAN	
b	Name of plan sponsor TRANSWESTERN COMMERCIAL SERVICES LLC	c EIN-PN 36-4232023-001
a	Plan name TRIMBLE INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor TRIMBLE INC.	c EIN-PN 94-2802192-001
a	Plan name TTT WEST COAST, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TTT WEST COAST, INC.	c EIN-PN 88-1660993-001
a	Plan name UNIVERSITY OF COLORADO HOSPITAL AUTHORITY FIXED CONTRIBUTION INVESTMENT PLAN	
b	Name of plan sponsor UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	c EIN-PN 84-1179794-001
a	Plan name UNIVERSITY OF COLORADO HOSPITAL AUTHORITY SAVINGS PLAN	
b	Name of plan sponsor UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	c EIN-PN 84-1179794-002
a	Plan name UNIVERSITY OF COLORADO HOSPITAL DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	c EIN-PN 84-1179794-003
a	Plan name UNIVERSITY OF UTAH HOSPITALS AND CLINICS DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor UNIVERSITY OF UTAH	c EIN-PN 87-6000525-001
a	Plan name UNVERFERTH MANUFACTURING PROFIT SHARING PLAN	
b	Name of plan sponsor UNVERFERTH MANUFACTURING CO, INC.	c EIN-PN 34-0936989-001
a	Plan name UPS/IBT LOCAL 2727 401(K) PLAN	
b	Name of plan sponsor UNITED PARCEL SERVICE CO.	c EIN-PN 13-1686691-004
a	Plan name UPS/IBT LOCAL 2727 DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor UNITED PARCEL SERVICE CO.	c EIN-PN 13-1686691-001
a	Plan name WACHTELL, LIPTON, ROSEN & KATZ SAVINGS PLAN	
b	Name of plan sponsor WACHTELL, LIPTON, ROSEN & KATZ	c EIN-PN 13-1935773-003
a	Plan name WARNERMEDIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor WARNERMEDIA LLC	c EIN-PN 88-1660993-002

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 06/07/2024	
A Name of plan FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM BLEND 2005 COMMINGLED POOL	B Three-digit plan number (PN) ▶ 086
C Plan sponsor's name as shown on line 2a of Form 5500 FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY	D Employer Identification Number (EIN) 20-4659714

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	1328548
		0
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	259941
(2) U.S. Government securities	1c(2)	279014
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	159034343
(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)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	160901846	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	28830	0
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1279438	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1308268	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	159593578	0

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		229369
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		229369

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(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)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	215467	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		215467
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		215467

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13902
l Transfers of assets:			
(1) To this plan.....	2l(1)		23953383
(2) From this plan	2l(2)		183560863

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) 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) 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:

(2) EIN:

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.)			
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.)			
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.)			
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.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
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?			
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?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
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.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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