

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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 FREEDOM BLEND 2020 COMMINGLED POOL
1b Three-digit plan number (PN): 089
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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (STEVEN BELLEMARE, 07/02/2025).

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> 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> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <span style="float: right;">0</span> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**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:

<b>9a</b> 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	<b>9b</b> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <hr/> <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FREEDOM BLEND 2020 COMMINGLED POOL</u>	<b>B</b> Three-digit plan number (PN)	<u>089</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>20-4659714</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM EMERGING MARKETS COMMINGLED PO</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-032</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>0</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM EMERGING MARKETS DEBT COMMINGL</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-022</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>22881529</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM EMERGING MARKETS DEBT LOCAL CU</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>5344509</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM EMERGING MARKETS OPPORTUNITIES</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>208918774</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM FLOATING RATE HIGH INCOME COMM</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-058</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>4346453</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM HIGH YIELD BOND COMMINGLED POOL</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-013</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>14009403</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>FIAM INTL DEVMK BD A</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>20-4659714-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>130768160</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM INSTITUTIONAL CASH COMMINGLED</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-055</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>23756205</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM INTERNATIONAL EQUITY GROWTH CO</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>116735429</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM INTERNATIONAL EQUITY VALUE COM</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>117191104</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM OVERSEAS COMMINGLED POOL -</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>116757603</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM SELECT EMERGING MARKETS EQUITY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-100</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>53136908</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM SELECT INTERNATIONAL SMALL CAP</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>52423135</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM SMALL CAP CORE POOL</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-008</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>61613956</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE 0-5 YEAR INFLATION</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>164023840</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE 5+ YEAR INFLATION-</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>241117327</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE BLUE CHIP GROWTH C</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>194904799</b>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE CANADA COMMINGLED</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>48907920</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE CORPORATE BOND COM</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>181639502</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE FIXED INCOME COMMI</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>275325122</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE GOVERNMENT BOND IN</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>284099315</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE INVESTMENT GRADE S</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>176536366</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE LARGE CAP STOCK CO</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>121818703</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE LONG TERM TREASURY</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>109855569</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE SHORT CREDIT COMMI</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>9589398</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE TREASURY BILL INDE</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>47441378</b>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>FIAM TARGET DATE VALUE DISCOVERY CO</b>		
<b>b</b> Name of sponsor of entity listed in (a): <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>		
<b>c</b> EIN-PN <b>20-4659714-000</b>	<b>d</b> Entity code <b>C</b>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>83682187</b>

**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

<b>c</b> EIN-PN 82-6293122-008	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6554821
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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

<b>c</b> EIN-PN 82-6293122-011	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 44530847
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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

<b>c</b> EIN-PN 82-6293122-003	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 123879238
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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

<b>c</b> EIN-PN 82-6293122-004	<b>d</b> Entity code C	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 228826588
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ACEC RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	ACEC RETIREMENT TRUST	<b>c</b> EIN-PN 26-4055924-001
<b>a</b>	Plan name	AEGIS AEROSPACE 401K PLAN	
<b>b</b>	Name of plan sponsor	AEGIS AEROSPACE, INC.	<b>c</b> EIN-PN 76-0359573-001
<b>a</b>	Plan name	ALLOGENE THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLOGENE THERAPEUTICS, INC.	<b>c</b> EIN-PN 82-3562771-001
<b>a</b>	Plan name	ALTIUM PACKAGING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTIUM PACKAGING LP	<b>c</b> EIN-PN 06-1056158-001
<b>a</b>	Plan name	ALTIUM PACKAGING LP RETIREMENT READINESS 401K PLAN	
<b>b</b>	Name of plan sponsor	ALTIUM PACKAGING LP	<b>c</b> EIN-PN 06-1056158-018
<b>a</b>	Plan name	AMENTUM 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMENTUM SERVICES, INC.	<b>c</b> EIN-PN 27-1628265-001
<b>a</b>	Plan name	AMERICAN AXLE & MANUFACTURING, INC. PERSONAL SAVINGS PLAN FOR HOURLY ASSOCIATES	
<b>b</b>	Name of plan sponsor	AMERICAN AXLE & MANUFACTURING, INC.	<b>c</b> EIN-PN 38-3138388-004
<b>a</b>	Plan name	AMERICAN AXLE & MANUFACTURING, INC. SALARIED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN AXLE & MANUFACTURING, INC.	<b>c</b> EIN-PN 38-3138388-005
<b>a</b>	Plan name	AMERICAN EAGLE OUTFITTERS, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN EAGLE OUTFITTERS, INC.	<b>c</b> EIN-PN 13-2721761-001
<b>a</b>	Plan name	AMERISOURCEBERGEN CORPORATION EMPLOYEE INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	AMERISOURCEBERGEN CORPORATION	<b>c</b> EIN-PN 23-3079390-010
<b>a</b>	Plan name	AMWAY HOTEL CORPORATION 401(K) RETIRMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMWAY GRAND PLAZA HOTEL	<b>c</b> EIN-PN 38-2239010-003
<b>a</b>	Plan name	AMWAY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALTICOR INC.	<b>c</b> EIN-PN 38-1736584-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ARVEST BANK 401K AND PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARVEST BANK GROUP, INC.	<b>c</b> EIN-PN 71-0489455-001
<b>a</b>	Plan name	ASSA ABLOY INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASSA ABLOY INC.	<b>c</b> EIN-PN 93-0925319-001
<b>a</b>	Plan name	ASSOCIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATIONS, INC.	<b>c</b> EIN-PN 75-3014941-001
<b>a</b>	Plan name	ATRIUS HEALTH 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ATRIUS HEALTH INC.	<b>c</b> EIN-PN 04-3397450-001
<b>a</b>	Plan name	BEKAERT CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEKAERT CORPORATION	<b>c</b> EIN-PN 62-1340165-005
<b>a</b>	Plan name	BETH ISRAEL DEACONESS MEDICAL CENTER 401-K SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BETH ISRAEL DEACONESS MEDICAL CENTER	<b>c</b> EIN-PN 04-2103881-004
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS, INC. - EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUECROSS BLUESHIELD OF MA	<b>c</b> EIN-PN 04-1045815-002
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	<b>c</b> EIN-PN 56-0894904-003
<b>a</b>	Plan name	BLUESCOPE EMPLOYEE SAVINGS TRUST (BEST) PLAN	
<b>b</b>	Name of plan sponsor	BLUESCOPE STEEL NORTH AMERICA	<b>c</b> EIN-PN 23-2081882-041
<b>a</b>	Plan name	BOART LONGYEAR COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BOART LONGYEAR COMPANY	<b>c</b> EIN-PN 87-0503343-005
<b>a</b>	Plan name	BOSTON PARTNERS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BOSTON PARTNERS GLOBAL INVESTORS, INC.	<b>c</b> EIN-PN 98-0202744-004
<b>a</b>	Plan name	BRAND SHARE 401K SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRAND SHARE 401K SAVINGS & PROFIT SHARING PLAN	<b>c</b> EIN-PN 13-3909681-001

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.)	
<b>a</b>	Plan name BRIDGESTONE AMERICA, INC. TAX-EFFICIENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-009
<b>a</b>	Plan name BRIDGESTONE AMERICAS, INC. EMPLOYEE SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-012
<b>a</b>	Plan name BRIDGESTONE AMERICAS, INC. INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-017
<b>a</b>	Plan name BRIDGESTONE AMERICAS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-015
<b>a</b>	Plan name BRIDON AMERICAN CORPORATION UNION 401K PLAN	
<b>b</b>	Name of plan sponsor BRIDON AMERICAN CORPORATION	<b>c</b> EIN-PN 22-1671279-101
<b>a</b>	Plan name CALGON CARBON CORPORATION THRIFT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CALGON CARBON CORPORATION	<b>c</b> EIN-PN 25-0530110-010
<b>a</b>	Plan name CAMDEN DEVELOPMENT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMDEN DEVELOPMENT INC.	<b>c</b> EIN-PN 76-0417730-001
<b>a</b>	Plan name CBOE GLOBAL MARKETS SMART PLAN	
<b>b</b>	Name of plan sponsor CBOE GLOBAL MARKETS, INC.	<b>c</b> EIN-PN 20-5446972-001
<b>a</b>	Plan name CENTENE CONSOLIDATED FROZEN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTENE CORPORATION	<b>c</b> EIN-PN 39-1864073-002
<b>a</b>	Plan name CENTENE MANAGEMENT CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTENE CORPORATION	<b>c</b> EIN-PN 39-1864073-001
<b>a</b>	Plan name CLEARSTEAD ADVISORS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CLEARSTEAD ADVISORS, LLC	<b>c</b> EIN-PN 34-1597728-001
<b>a</b>	Plan name CMG FINANCIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor CMG MORTGAGE, INC. DBA CMG FINANCIAL	<b>c</b> EIN-PN 68-0309242-001

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.)		
<b>a</b>	Plan name <b>COLEMAN CABLE UNION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHWIRE COMPANY</b>	<b>c</b> EIN-PN <b>36-4410887-001</b>
<b>a</b>	Plan name <b>CONSOL ENERGY, INC. INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONSOL ENERGY, INC.</b>	<b>c</b> EIN-PN <b>82-1954058-002</b>
<b>a</b>	Plan name <b>CONTRACT LUMBER RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONTRACT LUMBER, INC.</b>	<b>c</b> EIN-PN <b>31-1269968-001</b>
<b>a</b>	Plan name <b>CORA 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CENTRAL OREGON RADIOLOGY ASSOC., P.C.</b>	<b>c</b> EIN-PN <b>93-0688156-001</b>
<b>a</b>	Plan name <b>COTERRA ENERGY INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COTERRA ENERGY INC.</b>	<b>c</b> EIN-PN <b>04-3072771-001</b>
<b>a</b>	Plan name <b>CRH AMERICAS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRH AMERICAS, INC.</b>	<b>c</b> EIN-PN <b>95-3298140-002</b>
<b>a</b>	Plan name <b>CROWN EQUIPMENT CORPORATION 401(K) RETIREMENT SAVINGS PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CROWN EQUIPMENT CORPORATION</b>	<b>c</b> EIN-PN <b>34-4412691-004</b>
<b>a</b>	Plan name <b>DENMAR TECHNICAL SERVICES, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DENMAR TECHNICAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>88-0410845-002</b>
<b>a</b>	Plan name <b>DENVER HEALTH AND HOSPITAL AUTHORITY 401A DEFINED CONTRIBUTION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DENVER HEALTH AND HOSPITAL AUTHORITY</b>	<b>c</b> EIN-PN <b>84-1343242-001</b>
<b>a</b>	Plan name <b>DENVER HEALTH AND HOSPITAL AUTHORITY DEFERRED COMPENSATION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DENVER HEALTH AND HOSPITAL AUTHORITY</b>	<b>c</b> EIN-PN <b>84-1343242-002</b>
<b>a</b>	Plan name <b>DHX -DEPENDABLE HAWAIIAN EXPRESS, INC./ OUR BEST ASSETS. INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OUR BEST ASSETS, INC.</b>	<b>c</b> EIN-PN <b>74-3197486-001</b>
<b>a</b>	Plan name <b>DIAMOND FOODS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DIAMOND FOODS</b>	<b>c</b> EIN-PN <b>81-4577932-010</b>

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.)	
<b>a</b> Plan name	DIAMOND MANUFACTURING 401(K) PLAN	
<b>b</b> Name of plan sponsor	DIAMOND FOODS	<b>c</b> EIN-PN 81-4577932-013
<b>a</b> Plan name	DOLESE BROS. CO. 401(K) EMPLOYEE SAVINGS INCENTIVE PLAN	
<b>b</b> Name of plan sponsor	DOLESE BROS., CO	<b>c</b> EIN-PN 73-1359190-006
<b>a</b> Plan name	ECOBAT 401(K) PLAN	
<b>b</b> Name of plan sponsor	ECOBAT, LLC	<b>c</b> EIN-PN 84-3365117-001
<b>a</b> Plan name	ELECTRICAL WORKERS LOCAL NO. 26 INDIVIDUAL ACCOUNT PLAN	
<b>b</b> Name of plan sponsor	BD OF TRUSTEES ELECTRICAL WORKERS LOCAL 26 IND ACCT PLAN	<b>c</b> EIN-PN 52-1250801-001
<b>a</b> Plan name	EMPLOYBRIDGE 401(K) PLAN	
<b>b</b> Name of plan sponsor	EMPLOYMENT SOLUTIONS MANAGEMENT, INC.	<b>c</b> EIN-PN 27-2269356-001
<b>a</b> Plan name	EMPLOYEE SAVINGS AND INVESTMENT PLAN OF COCHLEAR AMERICAS	
<b>b</b> Name of plan sponsor	COCHLEAR AMERICAS	<b>c</b> EIN-PN 84-0945658-001
<b>a</b> Plan name	ENGINEERED ARRESTING SYSTEMS CORPORATION 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ENGINEERED ARRESTING SYSTEMS CORPORATION	<b>c</b> EIN-PN 22-3667589-001
<b>a</b> Plan name	EPIC GAMES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	EPIC GAMES INC	<b>c</b> EIN-PN 52-1853991-001
<b>a</b> Plan name	EQT CORPORATION EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	EQT CORPORATION	<b>c</b> EIN-PN 25-0464690-202
<b>a</b> Plan name	EQUIFAX, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	EQUIFAX, INC.	<b>c</b> EIN-PN 58-0401100-003
<b>a</b> Plan name	EQUINIX 401(K) PLAN	
<b>b</b> Name of plan sponsor	EQUINIX	<b>c</b> EIN-PN 77-0487526-001
<b>a</b> Plan name	EQUITRANS MIDSTREAM CORPORATION EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	EQUITRANS MIDSTREAM CORPORATION	<b>c</b> EIN-PN 83-0516635-201

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EXLSERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXLSERVICE HOLDINGS, INC.	<b>c</b> EIN-PN 94-3326476-001
<b>a</b>	Plan name	FAEGRE DRINKER BIDDLE & REATH RETIREMENT SAVINGS PLAN 1	
<b>b</b>	Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH	<b>c</b> EIN-PN 41-0244008-002
<b>a</b>	Plan name	FAEGRE DRINKER BIDDLE & REATH RETIREMENT SAVINGS PLAN 2	
<b>b</b>	Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH	<b>c</b> EIN-PN 41-0244008-033
<b>a</b>	Plan name	FIRSTHEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRSTHEALTH OF THE CAROLINAS	<b>c</b> EIN-PN 56-1936354-007
<b>a</b>	Plan name	FIRSTHEALTH RETIREMENT GROWTH PLAN	
<b>b</b>	Name of plan sponsor	FIRSTHEALTH OF THE CAROLINAS	<b>c</b> EIN-PN 56-1936354-003
<b>a</b>	Plan name	FLETCHER JONES MANAGEMENT	
<b>b</b>	Name of plan sponsor	FLETCHER JONES MANAGEMENT	<b>c</b> EIN-PN 81-3843265-001
<b>a</b>	Plan name	FORTUNE-JOHNSON LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FORTUNE-JOHNSON LLC	<b>c</b> EIN-PN 86-2115392-001
<b>a</b>	Plan name	FRIEDKIN SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	THE FRIEDKIN GROUP, INC.	<b>c</b> EIN-PN 27-5549425-333
<b>a</b>	Plan name	GASSEARCH DRILLING SERVICES	
<b>b</b>	Name of plan sponsor	COTERRA ENERGY INC.	<b>c</b> EIN-PN 20-8066203-001
<b>a</b>	Plan name	GILEAD SCIENCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GILEAD SCIENCES, INC.	<b>c</b> EIN-PN 94-3047598-001
<b>a</b>	Plan name	GKN GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GKN AEROSPACE INC.	<b>c</b> EIN-PN 54-1566763-002
<b>a</b>	Plan name	GKN U.S. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GKN DRIVELINE NORTH AMERICA, INC.	<b>c</b> EIN-PN 13-2886932-001

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.)	
<b>a</b>	Plan name <a href="#">GOODWIN PROCTER LLP PARTNERSHIP PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOODWIN PROCTER LLP</a>	<b>c</b> EIN-PN <a href="#">04-1378465-001</a>
<b>a</b>	Plan name <a href="#">GOODWIN PROCTER LLP PARTNERSHIP PROFIT SHARING PLAN II</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOODWIN PROCTER LLP</a>	<b>c</b> EIN-PN <a href="#">04-1378465-007</a>
<b>a</b>	Plan name <a href="#">HARMAN INTERNATIONAL INDUSTRIES INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARMAN INTERNATIONAL</a>	<b>c</b> EIN-PN <a href="#">11-2534306-001</a>
<b>a</b>	Plan name <a href="#">HEIDELBERG MATERIALS US EMPLOYEE SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HM US SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">81-4086708-005</a>
<b>a</b>	Plan name <a href="#">HEIDELBERG MATERIALS US SUPPLEMENTAL RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HEIDELBERG MATERIALS US SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">81-4086708-178</a>
<b>a</b>	Plan name <a href="#">HEXCEL CORPORATION 401(K) RET. SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HEXCEL CORPORATION</a>	<b>c</b> EIN-PN <a href="#">94-1109521-011</a>
<b>a</b>	Plan name <a href="#">HEXCEL CORPORATION VOLUNTARY SAVINGS PLAN FOR KENT UNION EMPLOYEES</a>	
<b>b</b>	Name of plan sponsor <a href="#">HEXCEL CORPORATION</a>	<b>c</b> EIN-PN <a href="#">94-1109521-049</a>
<b>a</b>	Plan name <a href="#">HORIZON LINES CAPITAL SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HORIZON LINES, LLC</a>	<b>c</b> EIN-PN <a href="#">56-2098440-002</a>
<b>a</b>	Plan name <a href="#">HORIZON TELCOM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HORIZON TELCOM</a>	<b>c</b> EIN-PN <a href="#">31-1449037-005</a>
<b>a</b>	Plan name <a href="#">HOUGHTON MIFFLIN 401K SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOUGHTON MIFFLIN COMPANY</a>	<b>c</b> EIN-PN <a href="#">04-1456030-003</a>
<b>a</b>	Plan name <a href="#">ICW GROUP HOLDINGS, INC. SALARY SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ICW GROUP HOLDINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-2890041-001</a>
<b>a</b>	Plan name <a href="#">ID CASTINGS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ID CASTINGS, LLC</a>	<b>c</b> EIN-PN <a href="#">61-1720109-001</a>

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.)	
<b>a</b>	Plan name <b>IKEA RETIREMENT AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IKEA NORTH AMERICA SERVICES, LLC</b>	<b>c</b> EIN-PN <b>23-3005722-001</b>
<b>a</b>	Plan name <b>ILWU-PMA SAVINGS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PACIFIC MARITIME ASSOCIATION</b>	<b>c</b> EIN-PN <b>94-1126322-002</b>
<b>a</b>	Plan name <b>INTERMED, PA 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTERMED, PA</b>	<b>c</b> EIN-PN <b>01-0484903-001</b>
<b>a</b>	Plan name <b>IRVINE COMPANY UNIFIED SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IRVINE MANAGEMENT COMPANY</b>	<b>c</b> EIN-PN <b>82-1749352-002</b>
<b>a</b>	Plan name <b>JH KELLY HOLDINGS LLC NON-UNION 401K PLAN AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JH KELLY HOLDINGS LLC</b>	<b>c</b> EIN-PN <b>91-1704136-003</b>
<b>a</b>	Plan name <b>JH KELLY HOLDINGS LLC UNION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JH KELLY HOLDINGS LLC</b>	<b>c</b> EIN-PN <b>91-1704136-002</b>
<b>a</b>	Plan name <b>KEMIRA GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KEMIRA CHEMICALS, INC.</b>	<b>c</b> EIN-PN <b>01-0598941-003</b>
<b>a</b>	Plan name <b>KILROY REALTY CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KILROY REALTY CORPORATION</b>	<b>c</b> EIN-PN <b>95-4598246-001</b>
<b>a</b>	Plan name <b>KONTOOR BRANDS 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KONTOOR BRANDS, INC.</b>	<b>c</b> EIN-PN <b>83-2680248-501</b>
<b>a</b>	Plan name <b>LABEL-AIRE 401K RETIREMENT AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LABEL-AIRE, INC.</b>	<b>c</b> EIN-PN <b>95-3577343-001</b>
<b>a</b>	Plan name <b>LENNOX INTERNATIONAL INC 401K PLAN FOR HOURLY EMPLOYEES</b>	
<b>b</b>	Name of plan sponsor <b>LENNOX INTERNATIONAL INC.</b>	<b>c</b> EIN-PN <b>42-0991521-045</b>
<b>a</b>	Plan name <b>LENNOX INTERNATIONAL INC MERGED PROFIT SHARING AND 401K RETIREMENT PLAN FOR SALARIED EMPLOYEES (DB &amp; DC)</b>	
<b>b</b>	Name of plan sponsor <b>LENNOX INTERNATIONAL INC.</b>	<b>c</b> EIN-PN <b>42-0991521-042</b>

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	LEXMARK SAVINGS PLAN
<b>b</b>	Name of plan sponsor	LEXMARK INTERNATIONAL, INC.
<b>c</b>	EIN-PN	06-1308215-002
<b>a</b>	Plan name	LIBERTY MEDIA 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	LIBERTY MEDIA CORP.
<b>c</b>	EIN-PN	37-1699499-001
<b>a</b>	Plan name	MARATHON OIL COMPANY THRIFT PLAN
<b>b</b>	Name of plan sponsor	MARATHON OIL COMPANY
<b>c</b>	EIN-PN	25-1410539-003
<b>a</b>	Plan name	MARATHON PETROLEUM THRIFT PLAN
<b>b</b>	Name of plan sponsor	MARATHON PETROLEUM COMPANY LP
<b>c</b>	EIN-PN	31-1537655-010
<b>a</b>	Plan name	MARIGOLD 401(K) PLAN
<b>b</b>	Name of plan sponsor	CM ACQUISITIONS HOLDINGS, INC.
<b>c</b>	EIN-PN	82-2867962-001
<b>a</b>	Plan name	MASCO CORPORATION 401K PLAN
<b>b</b>	Name of plan sponsor	MASCO CORPORATION
<b>c</b>	EIN-PN	38-1794485-033
<b>a</b>	Plan name	MATERION CORPORATION RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	MATERION CORPORATION
<b>c</b>	EIN-PN	34-1919973-003
<b>a</b>	Plan name	MATSON & SUBSIDIARIES 401(K) RETIREMENT SAVINGS PLAN FOR BUES
<b>b</b>	Name of plan sponsor	MATSON, INC.
<b>c</b>	EIN-PN	99-0032630-022
<b>a</b>	Plan name	MATSON IDC & PROFIT SHARING PLAN FOR BUES
<b>b</b>	Name of plan sponsor	MATSON, INC.
<b>c</b>	EIN-PN	99-0032630-015
<b>a</b>	Plan name	MATSON, INC. 401(K) & PROFIT SHARING PLAN FOR NBES
<b>b</b>	Name of plan sponsor	MATSON, INC.
<b>c</b>	EIN-PN	99-0032630-016
<b>a</b>	Plan name	MAVENIR SYSTEMS INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MAVENIR SYSTEMS INC.
<b>c</b>	EIN-PN	61-1489105-002
<b>a</b>	Plan name	MCCARTER AND ENGLISH RETIREMENT AND SAVINGS PLAN
<b>b</b>	Name of plan sponsor	MCCARTER AND ENGLISH, LLP
<b>c</b>	EIN-PN	22-1534652-004

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	MEAD JOHNSON NUTRITION (PUERTO RICO) INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	RECKITT BENCKISER, NORTH AMERICA	<b>c</b> EIN-PN 26-3546226-003
<b>a</b> Plan name	MELROSE 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	MELROSE NORTH AMERICA, INC.	<b>c</b> EIN-PN 27-1799313-002
<b>a</b> Plan name	MERZ NORTH AMERICA 401(K) PLAN	
<b>b</b> Name of plan sponsor	MERZ, INCORPORATED	<b>c</b> EIN-PN 56-1540459-003
<b>a</b> Plan name	MILLENNIUM SPACE SYSTEMS, INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	MILLENNIUM SPACE SYSTEMS INC	<b>c</b> EIN-PN 91-2166281-001
<b>a</b> Plan name	NAVY FEDERAL 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	NAVY FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0116705-002
<b>a</b> Plan name	NEW ENGLAND GALLERY, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	NEW ENGLAND GALLERY, INC.	<b>c</b> EIN-PN 04-2452959-001
<b>a</b> Plan name	NEWELL BRANDS EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	NEWELL BRANDS INC.	<b>c</b> EIN-PN 36-1953130-012
<b>a</b> Plan name	NEXSTAR MEDIA GROUP INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	NEXSTAR MEDIA GROUP INC.	<b>c</b> EIN-PN 23-3083125-001
<b>a</b> Plan name	NISOURCE INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	NISOURCE INC.	<b>c</b> EIN-PN 35-2108964-005
<b>a</b> Plan name	NTT DATA 401(K) PLAN	
<b>b</b> Name of plan sponsor	NTT DATA, INC.	<b>c</b> EIN-PN 04-2437166-001
<b>a</b> Plan name	NTT DATA EAS PR EMPLOYEE RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	NTT DATA EAS, INC.	<b>c</b> EIN-PN 38-3329879-002
<b>a</b> Plan name	NUTTER, MCCLENNEN & FISH, LLP 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	NUTTER, MCCLENNEN & FISH, LLP	<b>c</b> EIN-PN 04-2106505-024

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NUTTER, MCCLENNEN & FISH, LLP LAWYERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NUTTER, MCCLENNEN & FISH, LLP	<b>c</b> EIN-PN 04-2106505-001
<b>a</b>	Plan name	OLDCASTLE BUILDINGENVELOPE INC., 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	OLDCASTLE BUILDINGENVELOPE, INC.	<b>c</b> EIN-PN 75-2196684-001
<b>a</b>	Plan name	OMNICELL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMNICELL, INC.	<b>c</b> EIN-PN 94-3166458-001
<b>a</b>	Plan name	OMNICOM GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OMNICOM GROUP INC.	<b>c</b> EIN-PN 13-1514814-004
<b>a</b>	Plan name	ORIX CORPORATION USA SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ORIX USA CORPORATION	<b>c</b> EIN-PN 13-3095268-001
<b>a</b>	Plan name	OVERLAND SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OVERLAND SOLUTIONS, INC.	<b>c</b> EIN-PN 45-0497543-001
<b>a</b>	Plan name	OWENS CORNING SAVINGS AND SECURITY PLAN	
<b>b</b>	Name of plan sponsor	OWENS CORNING	<b>c</b> EIN-PN 43-2109021-014
<b>a</b>	Plan name	OWENS CORNING SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OWENS CORNING	<b>c</b> EIN-PN 43-2109021-004
<b>a</b>	Plan name	PARTNERS NATIONAL HEALTH PLANS OF NC, INC. TARGET BENEFIT PENISON PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	<b>c</b> EIN-PN 56-0894904-004
<b>a</b>	Plan name	PERKINELMER U.S. LLC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PERKINELMER U.S. LLC	<b>c</b> EIN-PN 88-4129178-001
<b>a</b>	Plan name	PHINIA INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PHINIA INC.	<b>c</b> EIN-PN 92-2483604-001
<b>a</b>	Plan name	PHYSICIANS EAST PA PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	PHYSICIANS EAST, PA	<b>c</b> EIN-PN 56-1968491-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PRECISION STRIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RELIANCE INC.	<b>c</b> EIN-PN 34-1207681-001
<b>a</b>	Plan name	PREMIER FINANCIAL CORP 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PREMIER FINANCIAL CORP	<b>c</b> EIN-PN 34-1746771-002
<b>a</b>	Plan name	PRIME HEALTHCARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME HEALTHCARE SERVICES, INC.	<b>c</b> EIN-PN 33-0943449-001
<b>a</b>	Plan name	PRIVILEGE UNDERWRITERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIVILEGE UNDERWRITERS, INC.	<b>c</b> EIN-PN 84-1699173-001
<b>a</b>	Plan name	QUADIENT INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUADIENT, INC.	<b>c</b> EIN-PN 94-2388882-001
<b>a</b>	Plan name	QUALIFIED DEFERRED COMPENSATION PLAN FOR EMPLOYEES OF PACIFIC MARITIME ASSOCIATION	
<b>b</b>	Name of plan sponsor	PACIFIC MARITIME ASSOCIATION	<b>c</b> EIN-PN 94-2914940-333
<b>a</b>	Plan name	QUANTA SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	QUANTA SERVICES INC.	<b>c</b> EIN-PN 74-2851603-001
<b>a</b>	Plan name	QUORUM HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QHCCS, LLC	<b>c</b> EIN-PN 38-3980467-007
<b>a</b>	Plan name	QUORUM HEALTH BARSTOW COMMUNITY HOSPITAL STANDARD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QHCCS, LLC	<b>c</b> EIN-PN 38-3980467-004
<b>a</b>	Plan name	QUORUM HEALTH RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	QHCCS, LLC	<b>c</b> EIN-PN 38-3980467-001
<b>a</b>	Plan name	RADIO SYSTEMS CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RADIO SYSTEMS CORPORATION	<b>c</b> EIN-PN 20-5548897-001
<b>a</b>	Plan name	RAINIER INDUSTRIES LTD. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RAINIER INDUSTRIES, LTD	<b>c</b> EIN-PN 91-1057082-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	RAYMOND JAMES FINANCIAL, INC. 401K PLAN
<b>b</b>	Name of plan sponsor	RAYMOND JAMES FINANCIAL INC
<b>c</b>	EIN-PN	59-1517485-010
<b>a</b>	Plan name	RECKITT BENCKISER SAVINGS INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	RECKITT BENCKISER, NORTH AMERICA
<b>c</b>	EIN-PN	16-1095651-006
<b>a</b>	Plan name	RELIANCE INC. MASTER 401(K) PLAN
<b>b</b>	Name of plan sponsor	RELIANCE INC.
<b>c</b>	EIN-PN	95-1142616-003
<b>a</b>	Plan name	RENEWABLE ENERGY SYSTEMS AMERICAS INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	RENEWABLE ENERGY SYSTEMS AMERICAS INC.
<b>c</b>	EIN-PN	95-4683730-001
<b>a</b>	Plan name	RESIN SOLUTIONS LLC PLAN
<b>b</b>	Name of plan sponsor	RESIN SOLUTIONS LLC
<b>c</b>	EIN-PN	92-2506695-001
<b>a</b>	Plan name	RETIREMENT ACCESS PLAN
<b>b</b>	Name of plan sponsor	WALTON ENTERPRISES LLC
<b>c</b>	EIN-PN	62-1665434-001
<b>a</b>	Plan name	REVVITY SAVINGS PLAN
<b>b</b>	Name of plan sponsor	REVVITY, INC.
<b>c</b>	EIN-PN	04-2052042-001
<b>a</b>	Plan name	SAGP 401-K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SEACOAST AFFILIATED GROUP PRACTICE, INC
<b>c</b>	EIN-PN	04-3485648-001
<b>a</b>	Plan name	SAVINGS PLAN FOR HOURLY EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.
<b>b</b>	Name of plan sponsor	OCEAN SPRAY CRANBERRIES, INC.
<b>c</b>	EIN-PN	04-1215610-007
<b>a</b>	Plan name	SAVINGS PLAN FOR SALARIED EMPLOYEES OF OCEAN SPRAY CRANBERRIES, INC.
<b>b</b>	Name of plan sponsor	OCEAN SPRAY CRANBERRIES, INC.
<b>c</b>	EIN-PN	04-1215610-006
<b>a</b>	Plan name	SCHAEFFLER GROUP USA SAVINGS RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SCHAEFFLER GROUP USA
<b>c</b>	EIN-PN	57-0517596-003
<b>a</b>	Plan name	SCIO HEALTH ANALYTICS 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	SCIOINSPIRE, CORP. DBA SCIO HEALTH ANALYTICS
<b>c</b>	EIN-PN	26-0185383-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SHEET METAL WORKERS IA LOCAL UNION NO 73 ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS, LOCAL #73	<b>c</b> EIN-PN 20-5002115-003
<b>a</b>	Plan name	SHEET METAL WORKERS LOCAL NO 73 PENSION & WELFARE OFFICE STAFF 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS, LOCAL #73	<b>c</b> EIN-PN 36-6503783-001
<b>a</b>	Plan name	SOUTHWIRE COMPANY HOURLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWIRE COMPANY	<b>c</b> EIN-PN 58-2020515-001
<b>a</b>	Plan name	SOUTHWIRE COMPANY SALARIED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWIRE COMPANY	<b>c</b> EIN-PN 58-2020515-011
<b>a</b>	Plan name	SPARK THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPARK THERAPEUTICS, INC.	<b>c</b> EIN-PN 46-2654405-001
<b>a</b>	Plan name	SPEEDWAY RETIREMENT SAVING SUB PLAN OF MARATHON PETROLEUM THRIFT PLAN	
<b>b</b>	Name of plan sponsor	MARATHON PETROLEUM CORPORATION LP	<b>c</b> EIN-PN 31-1537655-007
<b>a</b>	Plan name	SPX FLOW RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SPX FLOW, INC.	<b>c</b> EIN-PN 47-3110748-001
<b>a</b>	Plan name	STEPAN COMPANY SAVINGS AND INVESTMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STEPAN COMPANY	<b>c</b> EIN-PN 36-1823834-009
<b>a</b>	Plan name	STONEHAM MEDICAL GROUP LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WINCHESTER HOSPITAL	<b>c</b> EIN-PN 04-3447765-001
<b>a</b>	Plan name	SUNNY DELIGHT BEVERAGES CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUNNY DELIGHT BEVERAGES CO.	<b>c</b> EIN-PN 59-1027282-001
<b>a</b>	Plan name	TACK!	
<b>b</b>	Name of plan sponsor	IKEA NORTH AMERICA SERVICES, LLC	<b>c</b> EIN-PN 23-3005722-002
<b>a</b>	Plan name	TARGARESOURCES LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TARGA RESOURCES LLC	<b>c</b> EIN-PN 14-1904332-001

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.)	
<b>a</b>	Plan name <b>TELEDYNE TECHNOLOGIES INCORPORATED 401 (K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TELEDYNE TECHNOLOGIES INCORPORATED</b>	<b>c</b> EIN-PN <b>25-1843385-002</b>
<b>a</b>	Plan name <b>TERUMO EMPLOYEE SAVINGS &amp; INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TERUMO AMERICAS HOLDING, INC.</b>	<b>c</b> EIN-PN <b>34-1112331-003</b>
<b>a</b>	Plan name <b>THALES USA, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THALES USA, INC.</b>	<b>c</b> EIN-PN <b>06-0938363-003</b>
<b>a</b>	Plan name <b>THE 401(K) RETIREMENT PLAN OF HEIDELBERG MATERIALS US</b>	
<b>b</b>	Name of plan sponsor <b>HM US SERVICES, LLC</b>	<b>c</b> EIN-PN <b>81-4086708-016</b>
<b>a</b>	Plan name <b>THE ACCIDENT FUND HOLDINGS, INC. EMPLOYEES' SAVINGS PLAN AND THE ACCIDENT FUND HOLDINGS, INC. REPRESENTED EMPLOYEES' SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLUE CROSS BLUE SHIELD OF MICHIGAN</b>	<b>c</b> EIN-PN <b>04-6766664-001</b>
<b>a</b>	Plan name <b>THE FIRESTONE POLYMERS SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRIDGESTONE AMERICAS, INC.</b>	<b>c</b> EIN-PN <b>88-0335067-016</b>
<b>a</b>	Plan name <b>THE MANITOWOC COMPANY, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE MANITOWOC COMPANY, INC.</b>	<b>c</b> EIN-PN <b>39-0448110-001</b>
<b>a</b>	Plan name <b>THE PEW CHARITABLE TRUSTS SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE PEW CHARITABLE TRUSTS</b>	<b>c</b> EIN-PN <b>23-1512117-001</b>
<b>a</b>	Plan name <b>THE PRINCE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRINCE RESORTS HAWAII, INC.</b>	<b>c</b> EIN-PN <b>99-0346178-002</b>
<b>a</b>	Plan name <b>THE QUEST DIAGNOSTICS PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QUEST DIAGNOSTICS CLINICAL LABORATORIES, INC.</b>	<b>c</b> EIN-PN <b>38-2084239-333</b>
<b>a</b>	Plan name <b>THE WEGMANS RETIREMENT PLANS</b>	
<b>b</b>	Name of plan sponsor <b>WEGMANS FOOD MARKETS, INC.</b>	<b>c</b> EIN-PN <b>16-1309424-001</b>
<b>a</b>	Plan name <b>THE WEITZ RETIREMENT AND 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE WEITZ COMPANY</b>	<b>c</b> EIN-PN <b>42-1512625-001</b>

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.)	
<b>a</b> Plan name	THOR INDUSTRIES, INC. 401(K)	
<b>b</b> Name of plan sponsor	THOR INDUSTRIES, INC.	<b>c</b> EIN-PN 93-0768752-001
<b>a</b> Plan name	THRYV SAVINGS PLAN	
<b>b</b> Name of plan sponsor	THRYV HOLDINGS, INC.	<b>c</b> EIN-PN 13-2740040-009
<b>a</b> Plan name	TIFFIN MOTOR HOMES, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	TIFFIN MOTOR HOMES, INC.	<b>c</b> EIN-PN 63-0636444-001
<b>a</b> Plan name	TOTAL FINANCE USA, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	TOTAL FINANCE USA, INC.	<b>c</b> EIN-PN 23-3060301-003
<b>a</b> Plan name	TRANSDEV NORTH AMERICA, INC. 401(K) PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES	
<b>b</b> Name of plan sponsor	TRANSDEV NORTH AMERICA, INC.	<b>c</b> EIN-PN 51-0387033-003
<b>a</b> Plan name	TRANSDEV NORTH AMERICA, INC. 401(K) PLAN FOR NON-COLLECTIVELY BARGAINED EMPLOYEES	
<b>b</b> Name of plan sponsor	TRANSDEV NORTH AMERICA, INC.	<b>c</b> EIN-PN 51-0387033-001
<b>a</b> Plan name	TRANSWESTERN 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRANSWESTERN COMMERCIAL SERVICES LLC	<b>c</b> EIN-PN 36-4232023-001
<b>a</b> Plan name	TRAVEL & LEISURE CO. EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	TRAVEL & LEISURE CO.	<b>c</b> EIN-PN 20-0052541-001
<b>a</b> Plan name	TRAVELPORT EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	TRAVELPORT INC.	<b>c</b> EIN-PN 20-8352702-001
<b>a</b> Plan name	TRIMBLE INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	TRIMBLE INC.	<b>c</b> EIN-PN 94-2802192-001
<b>a</b> Plan name	UNISYS CORPORATION SAVINGS PLAN	
<b>b</b> Name of plan sponsor	UNISYS CORPORATION	<b>c</b> EIN-PN 38-0387840-004
<b>a</b> Plan name	UNISYS EXECUTIVE LIFE PLAN (USP/RIP)	
<b>b</b> Name of plan sponsor	UNISYS CORPORATION	<b>c</b> EIN-PN 38-0387840-001

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.)		
<b>a</b>	Plan name UNISYS SAVINGS PLAN FOR PUERTO RICO EMPLOYEES	
<b>b</b>	Name of plan sponsor UNISYS CORPORATION	<b>c</b> EIN-PN 38-0387840-017
<b>a</b>	Plan name UNIVERSITY OF COLORADO HOSPITAL AUTHORITY FIXED CONTRIBUTION INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	<b>c</b> EIN-PN 84-1179794-001
<b>a</b>	Plan name UNIVERSITY OF COLORADO HOSPITAL AUTHORITY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	<b>c</b> EIN-PN 84-1179794-002
<b>a</b>	Plan name UNIVERSITY OF COLORADO HOSPITAL DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF COLORADO HOSPITAL AUTHORITY	<b>c</b> EIN-PN 84-1179794-003
<b>a</b>	Plan name UNIVERSITY OF UTAH HOSPITALS AND CLINICS DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF UTAH	<b>c</b> EIN-PN 87-6000525-001
<b>a</b>	Plan name UNVERFERTH MANUFACTURING PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNVERFERTH MANUFACTURING CO, INC.	<b>c</b> EIN-PN 34-0936989-001
<b>a</b>	Plan name UPS/IBT LOCAL 2727 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE CO.	<b>c</b> EIN-PN 13-1686691-004
<b>a</b>	Plan name UPS/IBT LOCAL 2727 DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE CO.	<b>c</b> EIN-PN 13-1686691-001
<b>a</b>	Plan name W.R. BERKLEY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W.R. BERKLEY CORPORATION	<b>c</b> EIN-PN 22-1867895-001
<b>a</b>	Plan name WACHTELL, LIPTON, ROSEN & KATZ SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WACHTELL, LIPTON, ROSEN & KATZ	<b>c</b> EIN-PN 13-1935773-003
<b>a</b>	Plan name WARNER BROS. DISCOVERY DEFINED CONTRIBUTION MASTER TRUST	
<b>b</b>	Name of plan sponsor WARNER BROS. DISCOVERY, INC.	<b>c</b> EIN-PN 88-1660993-001
<b>a</b>	Plan name WARNERMEDIA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WARNERMEDIA LLC	<b>c</b> EIN-PN 88-1660993-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WATERS EMPLOYEE INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	WATERS TECHNOLOGIES CORPORATION	<b>c</b> EIN-PN 04-3234558-002
<b>a</b>	Plan name	WATERS EMPLOYEE INVESTMENT PLAN FOR PUERTO RICO	
<b>b</b>	Name of plan sponsor	WATERS TECHNOLOGIES CORPORATION	<b>c</b> EIN-PN 04-3234558-003
<b>a</b>	Plan name	WAYFAIR LLC 401 (K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WAYFAIR LLC	<b>c</b> EIN-PN 04-3671804-073
<b>a</b>	Plan name	WHATABURGER 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WHATABURGER RESTAURANTS LLC	<b>c</b> EIN-PN 30-1199687-001
<b>a</b>	Plan name	WINCHESTER HEALTHCARE ENTERPRISES, INC. 401-K PLAN	
<b>b</b>	Name of plan sponsor	WINCHESTER HOSPITAL	<b>c</b> EIN-PN 04-2932059-001
<b>a</b>	Plan name	WINCHESTER PHYSICIAN ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WINCHESTER HOSPITAL	<b>c</b> EIN-PN 04-3262963-001
<b>a</b>	Plan name	WURTH 401K PLAN	
<b>b</b>	Name of plan sponsor	WURTH GROUP OF NORTH AMERICA, INC.	<b>c</b> EIN-PN 22-2945308-001
<b>a</b>	Plan name	WYNDHAM HOTEL GROUP EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WYNDHAM HOTELS & RESORTS	<b>c</b> EIN-PN 82-3356232-001
<b>a</b>	Plan name	YANFENG AUTOMOTIVE INTERIORS SYSTEMS SAVINGS AND INVESTMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YANFENG US AUTOMOTIVE INTERIOR SYSTEMS I LLC	<b>c</b> EIN-PN 32-0447985-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FREEDOM BLEND 2020 COMMINGLED POOL</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>089</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>20-4659714</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	20768002      17459082
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	5123975      4737812
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	5002565      6066111
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	3018503172      583535948
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	0      2687080140

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	3049397714	3298879093
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	592017	599963
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	20160490	18517980
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	20752507	19117943
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	3028645207	3279761150

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	272044	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	1496	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		273540
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	380000	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	375202	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		4798
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	54210	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		54210

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		574036886
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		574369434

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	7038479	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		7038479
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		7038479

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		567330955
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		672171755
(2) From this plan .....	<b>2l(2)</b>		988386767

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.