

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**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     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 (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. . . . .

<b>Part II</b>	<b>Basic Plan Information—enter all requested information</b>
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<b>1a</b> Name of plan <u>STATE STREET REAL ASSET NON-LENDING SERIES FUND CLASS C</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;"><u>280</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan</td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>280</u>	<b>1c</b> Effective date of plan	
<b>1b</b> Three-digit plan number (PN) ▶	<u>280</u>				
<b>1c</b> Effective date of plan					
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>  <u>ATTN - ANDREW ZNACZKO</u>  <u>CHANNEL CENTER</u> <u>ONE IRON STREET</u> <u>BOSTON, MA 02210</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>2b</b> Employer Identification Number (EIN) <u>90-0337987</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number <u>617-664-4051</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>90-0337987</u>	<b>2c</b> Plan Sponsor's telephone number <u>617-664-4051</u>	<b>2d</b> Business code (see instructions)	
<b>2b</b> Employer Identification Number (EIN) <u>90-0337987</u>					
<b>2c</b> Plan Sponsor's telephone number <u>617-664-4051</u>					
<b>2d</b> 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.

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/10/2025</u>	<u>ANDREW ZNACZKO</u>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  STATE STREET GLOBAL ADVISORS TRUST COMPANY ATTN - ANDREW ZNACZKO CHANNEL CENTER ONE IRON STREET BOSTON, MA 02210	<b>3b</b> Administrator's EIN 81-4017137
	<b>3c</b> Administrator's telephone number 617-664-4051

<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
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	
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<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>6a(1)</b>	
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	0
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....	<b>6e</b>	
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</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>6g(1)</b>	
<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>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<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>	
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**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>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<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>	<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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>STATE STREET REAL ASSET NON-LENDING SERIES FUND CLASS C</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>280</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>90-0337987</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>S&amp;P GLOBAL INFRASTRUCTURE INDEX NL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-474</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>170411232</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>REIT INDX NL SF CL A CMX2</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>04-0025081-352</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>85199036</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&amp;P GLOBAL LARGEMIDCAP NATURAL RESO</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-416</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>213042046</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLOOMBERG ROLL SELECT COMMODITY IND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-389</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>213041996</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>1-10 YEAR U.S. TIPS INDEX NL SF CL</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>STATE STREET GLOBAL ADVISORS TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>90-0337987-396</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>170433567</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</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)

**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):

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

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**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>	
<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	SCHLAGE LOCK COMPANY LLC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALLEGION	<b>c</b> EIN-PN 54-2139412-001
<b>a</b>	Plan name	SAVINGS PLAN FOR EMPLOYEES OF AMERICAN WATER WORKS COMPANY, INC. AND ITS DESIGNA	
<b>b</b>	Name of plan sponsor	AMERICAN WATER WORKS COMPANY, INC.	<b>c</b> EIN-PN 51-0063696-001
<b>a</b>	Plan name	CURIA 401K PLAN	
<b>b</b>	Name of plan sponsor	AMRI	<b>c</b> EIN-PN 14-1742717-001
<b>a</b>	Plan name	CURIA RLS UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	AMRI	<b>c</b> EIN-PN 14-1742717-001
<b>a</b>	Plan name	AMSI 401K PLAN	
<b>b</b>	Name of plan sponsor	AMSI	<b>c</b> EIN-PN 59-2926481-001
<b>a</b>	Plan name	ATLANTIC UNION BANKSHARES CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ATLANTIC UNION BANK	<b>c</b> EIN-PN 54-1598552-001
<b>a</b>	Plan name	BAE SYSTEMS EMPLOYEES SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BAE SYSTEMS NORTH AMERICA INC.	<b>c</b> EIN-PN 22-3537950-001
<b>a</b>	Plan name	BENDIX COMMERCIAL VEHICLE SYSTEMS LLC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BENDIX / NEW YORK AIR BRAKE LLC	<b>c</b> EIN-PN 26-3792367-001
<b>a</b>	Plan name	KNORR BRAKE 401K RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BENDIX / NEW YORK AIR BRAKE LLC	<b>c</b> EIN-PN 16-1385584-001
<b>a</b>	Plan name	BLOOMBERG L.P. 401K PLAN	
<b>b</b>	Name of plan sponsor	BLOOMBERG L.P.	<b>c</b> EIN-PN 13-3417984-001
<b>a</b>	Plan name	BOISE CASCADE SAVINGS PLANS MASTER TRUST	
<b>b</b>	Name of plan sponsor	BOISE CASCADE SAVINGS PLANS MASTER TRUST	<b>c</b> EIN-PN 20-1496201-002
<b>a</b>	Plan name	UBER TECHNOLOGIES, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	CALLAN ASSOCIATES - DELEGATED	<b>c</b> EIN-PN 45-2647441-001

<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	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	CDM SMITH INC. CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	CDM SMITH INC	<b>c</b> EIN-PN 04-2473650-001
<b>a</b>	Plan name	CHARLES SCHWAB TRUST BANK	
<b>b</b>	Name of plan sponsor	CHARLES SCHWAB TRUST BANK	<b>c</b> EIN-PN 81-0625170-004
<b>a</b>	Plan name	CHESAPEAKE ENERGY CORPORATION SAVINGS AND INCENTIVE STOCK BONUS PLAN	
<b>b</b>	Name of plan sponsor	CHESAPEAKE ENERGY	<b>c</b> EIN-PN 73-1395733-001
<b>a</b>	Plan name	COLORADO PERA 401K PLAN, 457 PLAN, AND THE DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	COLORADO PUBLIC EMPLOYEES RETIREMENT ASSOCIATION	<b>c</b> EIN-PN 84-6000472-001
<b>a</b>	Plan name	COMPANY 3 / METHOD 401K PLAN	
<b>b</b>	Name of plan sponsor	COMPANY 3 / METHOD INC.	<b>c</b> EIN-PN 95-3034750-001
<b>a</b>	Plan name	CRESCENT RIVER PORT PILOTS' ASSOCIATION 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CRESCENT RIVER PORT PILOTS ASSOCIATION	<b>c</b> EIN-PN 72-0162930-001
<b>a</b>	Plan name	DART CONTAINER CORPORATION EMPLOYEES' 401K PLUS PLAN	
<b>b</b>	Name of plan sponsor	DART CONTAINER	<b>c</b> EIN-PN 06-1720526-001
<b>a</b>	Plan name	DIRECTV SAVINGS PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	DIRECTV	<b>c</b> EIN-PN 86-2430702-001
<b>a</b>	Plan name	DOLE PACKAGED FOODS, LLC HOURLY EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	DOLE PACKAGED FOODS, LLC	<b>c</b> EIN-PN 26-0130381-001
<b>a</b>	Plan name	DOLE PACKAGED FOODS, LLC SALARIED EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor	DOLE PACKAGED FOODS, LLC	<b>c</b> EIN-PN 26-0130381-001
<b>a</b>	Plan name	EL PASO ELECTRIC COMPANY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EL PASO ELECTRIC COMPANY	<b>c</b> EIN-PN 74-0607870-001

<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	CARELON PEO 401K PLAN	
<b>b</b> Name of plan sponsor	ELEVANCE HEALTH	<b>c</b> EIN-PN 47-1878423-001
<b>a</b> Plan name	CAREMORE MEDICAL GROUP, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	ELEVANCE HEALTH	<b>c</b> EIN-PN 14-1943214-001
<b>a</b> Plan name	ELEVANCE HEALTH 401K PLAN	
<b>b</b> Name of plan sponsor	ELEVANCE HEALTH	<b>c</b> EIN-PN 11-3713086-001
<b>a</b> Plan name	ELEVANCE HEALTH PUERTO RICO RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ELEVANCE HEALTH	<b>c</b> EIN-PN 66-1002717-001
<b>a</b> Plan name	FARM CREDIT FOUNDATIONS DEFINED CONTRIBUTION / 401 K PLAN TRUST	
<b>b</b> Name of plan sponsor	FARM CREDIT FOUNDATION	<b>c</b> EIN-PN 46-4101732-001
<b>a</b> Plan name	GOLDMAN SACHS PROFIT SHARING MASTER TRUST	
<b>b</b> Name of plan sponsor	GOLDMAN SACHS PROFIT SHARING MASTER TRUST	<b>c</b> EIN-PN 04-3289427-001
<b>a</b> Plan name	HUNTON ANDREWS KURTH LLP RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HUNTON ANDREWS KURTH LLP	<b>c</b> EIN-PN 54-0572269-001
<b>a</b> Plan name	IDEX CORPORATION SAVINGS PLAN	
<b>b</b> Name of plan sponsor	IDEX CORPORATION	<b>c</b> EIN-PN 36-3555336-001
<b>a</b> Plan name	IHERB 401K PLAN	
<b>b</b> Name of plan sponsor	IHERB, LLC	<b>c</b> EIN-PN 95-4887681-001
<b>a</b> Plan name	ELDORADO RESORTS, INC. 401K PLAN	
<b>b</b> Name of plan sponsor	ISLE OF CAPRI CASINOS	<b>c</b> EIN-PN 46-3657681-001
<b>a</b> Plan name	THE PROFIT SHARING PLAN FOR ITG BRANDS, LLC HOURLY PAID EMPLOYEES	
<b>b</b> Name of plan sponsor	ITG BRANDS, LLC	<b>c</b> EIN-PN 94-2994213-003
<b>a</b> Plan name	ITRON, INC. INCENTIVE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ITRON, INC.	<b>c</b> EIN-PN 91-1011792-001

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 JOHNSON CONTROLS SAVINGS AND INVESTMENT 401K PLAN	
<b>b</b>	Name of plan sponsor JOHNSON CONTROLS	<b>c</b> EIN-PN 39-0380010-001
<b>a</b>	Plan name KOPPERS INC. SAVINGS PLAN FOR UNION HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor KOPPERS, INC.	<b>c</b> EIN-PN 25-1588399-004
<b>a</b>	Plan name LLNS DEFINED CONTRIBUTION PLANS MASTER TRUST	
<b>b</b>	Name of plan sponsor LAWRENCE LIVERMORE NATIONAL SECURITY, LLC	<b>c</b> EIN-PN 45-3246656-001
<b>a</b>	Plan name LEUPOLD & STEVENS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LEUPOLD & STEVENS	<b>c</b> EIN-PN 93-0372974-001
<b>a</b>	Plan name LOUISIANA-PACIFIC 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LOUISIANA-PACIFIC CORPORATION	<b>c</b> EIN-PN 93-0609074-001
<b>a</b>	Plan name MERRILL LYNCH, PIERCE, FENNER & SMITH INCORPORATED	
<b>b</b>	Name of plan sponsor MERRILL LYNCH, PIERCE, FENNER	<b>c</b> EIN-PN 13-5674085-001
<b>a</b>	Plan name THE STATE OF MONTANA PUBLIC EMPLOYEE DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION	<b>c</b> EIN-PN 81-6001666-001
<b>a</b>	Plan name THE STATE OF MONTANA PUBLIC EMPLOYEE DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION	<b>c</b> EIN-PN 81-6001666-001
<b>a</b>	Plan name NATIONAL FOOTBALL LEAGUE RECIPROCAL TRUST	
<b>b</b>	Name of plan sponsor NATIONAL FOOTBALL LEAGUE RECIPROCAL TRUST	<b>c</b> EIN-PN 52-6080365-001
<b>a</b>	Plan name THE NORTHWESTERN MUTUAL EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NORTHWESTERN MUTUAL LIFE	<b>c</b> EIN-PN 39-0509570-001
<b>a</b>	Plan name THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY AGENTS PERSISTENCY FEE GUARANTEE	
<b>b</b>	Name of plan sponsor NORTHWESTERN MUTUAL LIFE	<b>c</b> EIN-PN 39-0509570-001
<b>a</b>	Plan name AMERICAN UNITED LIFE INSURANCE COMPANY	
<b>b</b>	Name of plan sponsor ONEAMERICA - AMERICAN UNITED LIFE INSURANCE GROUP	<b>c</b> EIN-PN 35-0145825-001

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 PANASONIC RETIREMENT SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor PANASONIC CORPORATION OF NORTH AMERICA	<b>c</b> EIN-PN 36-2786846-003
<b>a</b>	Plan name PENTAIR INC. RETIREMENT SAVINGS AND STOCK INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor PENTAIR, INC.	<b>c</b> EIN-PN 41-0907434-001
<b>a</b>	Plan name PRINCIPAL LIFE INSURANCE COMPANY	
<b>b</b>	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS	<b>c</b> EIN-PN 42-0127290-001
<b>a</b>	Plan name PRINCIPAL LIFE INSURANCE COMPANY	
<b>b</b>	Name of plan sponsor PRINCIPAL GLOBAL INVESTORS	<b>c</b> EIN-PN 42-0127290-001
<b>a</b>	Plan name PROMETHEUS REAL ESTATE GROUP, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor PROMETHEUS REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 94-3164729-001
<b>a</b>	Plan name PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD INVESTMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD	<b>c</b> EIN-PN 74-3073065-001
<b>a</b>	Plan name QBE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor QBE REGIONAL INSURANCE GROUP	<b>c</b> EIN-PN 52-1147383-001
<b>a</b>	Plan name ROBERT BOSCH DEFINED CONTRIBUTION RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor ROBERT BOSCH CORPORATION	<b>c</b> EIN-PN 30-0988910-001
<b>a</b>	Plan name MINNESOTA LIFE INSURANCE COMPANY	
<b>b</b>	Name of plan sponsor SECURIAN FINANCIAL GROUP	<b>c</b> EIN-PN 41-0417830-001
<b>a</b>	Plan name SODEXO 401 K EMPLOYEES' RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SODEXO INC.	<b>c</b> EIN-PN 52-0936594-003
<b>a</b>	Plan name SUN CHEMICAL CORPORATION MASTER RETIREMENT SAVINGS TRUST	
<b>b</b>	Name of plan sponsor SUN CHEMICAL	<b>c</b> EIN-PN 22-2761297-001
<b>a</b>	Plan name TEXTRON INC. RETIREMENT ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor TEXTRON INC.	<b>c</b> EIN-PN 05-0315468-001

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>TEXTRON SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEXTRON INC.</b>	<b>c</b> EIN-PN <b>05-0315468-001</b>
<b>a</b>	Plan name <b>THE HARTFORD INVESTMENT AND SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE HARTFORD FINANCIAL SERVICES GROUP, INC.</b>	<b>c</b> EIN-PN <b>43-6895641-001</b>
<b>a</b>	Plan name <b>THE MOSAIC COMPANY MASTER TRUST</b>	
<b>b</b>	Name of plan sponsor <b>THE MOSAIC COMPANY</b>	<b>c</b> EIN-PN <b>20-1026454-001</b>
<b>a</b>	Plan name <b>TRANSAMERICA RETIREMENT SOLUTIONS, LLC.</b>	
<b>b</b>	Name of plan sponsor <b>TRANSAMERICA RETIREMENT SOLUTIONS, LLC</b>	<b>c</b> EIN-PN <b>13-3689044-001</b>
<b>a</b>	Plan name <b>TRIAD DEFINED CONTRIBUTION PLANS MASTER TRUST</b>	
<b>b</b>	Name of plan sponsor <b>TRIAD NATIONAL SECURITY, LLC</b>	<b>c</b> EIN-PN <b>45-3246495-001</b>
<b>a</b>	Plan name <b>TURNER RETIREMENT INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TURNER CORPORATION</b>	<b>c</b> EIN-PN <b>13-3209884-001</b>
<b>a</b>	Plan name <b>UBS 401K PLAN TRUST</b>	
<b>b</b>	Name of plan sponsor <b>UBS</b>	<b>c</b> EIN-PN <b>98-0186363-001</b>
<b>a</b>	Plan name <b>ULTRAGENYX PHARMACEUTICAL INC. 401K PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ULTRAGENYX PHARMACEUTICAL INC.</b>	<b>c</b> EIN-PN <b>27-2546083-001</b>
<b>a</b>	Plan name <b>VOYA INSTITUTIONAL PLAN SERVICES, LLC</b>	
<b>b</b>	Name of plan sponsor <b>VOYA FINANCIAL</b>	<b>c</b> EIN-PN <b>46-5416028-001</b>
<b>a</b>	Plan name <b>VOYA INSTITUTIONAL PLAN SERVICES, LLC</b>	
<b>b</b>	Name of plan sponsor <b>VOYA FINANCIAL</b>	<b>c</b> EIN-PN <b>46-5416028-001</b>
<b>a</b>	Plan name <b>VOYA INSTITUTIONAL TRUST COMPANY</b>	
<b>b</b>	Name of plan sponsor <b>VOYA FINANCIAL</b>	<b>c</b> EIN-PN <b>46-5416028-001</b>
<b>a</b>	Plan name <b>ALLEN INSTITUTE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VULCAN CAPITAL</b>	<b>c</b> EIN-PN <b>91-2155317-001</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 <b>PGA COMPANIES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VULCAN CAPITAL</b>	<b>c</b> EIN-PN <b>91-1505262-001</b>
<b>a</b>	Plan name <b>QBE THE AMERICAS 401K SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>QBE REGIONAL INSURANCE GROUP</b>	<b>c</b> EIN-PN <b>52-1147383-001</b>
<b>a</b>	Plan name <b>EMPOWER FINANCIAL SERVICES, INC.</b>	
<b>b</b>	Name of plan sponsor <b>EMPOWER FINANCIAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>84-0467907-001</b>
<b>a</b>	Plan name <b>ALEXION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALEXION PHARMACEUTICALS, INC.</b>	<b>c</b> EIN-PN <b>85-4136092-001</b>
<b>a</b>	Plan name <b>BACARDI CORP DEFINED CONTRIBUTION UNION EMPLOYEES PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BACARDI CORPORATION</b>	<b>c</b> EIN-PN <b>66-0175247-002</b>
<b>a</b>	Plan name <b>BACARDI CORP. DEFINED CONTRIBUTION ADMINISTRATIVE EMPLOYEES PLAN AS OF OCTOBER 1</b>	
<b>b</b>	Name of plan sponsor <b>BACARDI CORPORATION</b>	<b>c</b> EIN-PN <b>66-0175247-005</b>
<b>a</b>	Plan name <b>BASS PRO GROUP, LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BASS PRO GROUP, LLC</b>	<b>c</b> EIN-PN <b>20-3796930-001</b>
<b>a</b>	Plan name <b>CALIFORNIA RESOURCES CORPORATION SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CRC SERVICES, LLC</b>	<b>c</b> EIN-PN <b>46-5676989-001</b>
<b>a</b>	Plan name <b>CARIBBEAN REFRESCOS, INC. THRIFT PLAN TRUST</b>	
<b>b</b>	Name of plan sponsor <b>THE CARIBBEAN REFRESCOS, INC. THRIFT PLAN COMMITTEE</b>	<b>c</b> EIN-PN <b>66-0276572-001</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>CULLIGAN RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CULLIGAN INTERNATIONAL COMPANY</b>	<b>c</b> EIN-PN <b>13-3346689-001</b>
<b>a</b>	Plan name <b>CULLIGAN SAFE HARBOR RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CULLIGAN INTERNATIONAL COMPANY</b>	<b>c</b> EIN-PN <b>13-3346689-001</b>

<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	EFI 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELECTRONICS FOR IMAGING, INC.	<b>c</b> EIN-PN 94-3086355-001
<b>a</b>	Plan name	EAST TENNESSEE TECHNOLOGY PARK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	URS CH2M OAK RIDGE LLC UCOR	<b>c</b> EIN-PN 45-2178216-004
<b>a</b>	Plan name	EMPOWER AI 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NCI INFORMATION SYSTEMS, INC.	<b>c</b> EIN-PN 54-1522509-001
<b>a</b>	Plan name	GASSEARCH DRILLING SERVICES CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	GASSEARCH DRILLING SERVICES CORPORATION	<b>c</b> EIN-PN 20-8066203-001
<b>a</b>	Plan name	HOLLAND & HART RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOLLAND & HART LLP	<b>c</b> EIN-PN 84-0382505-002
<b>a</b>	Plan name	ICON CLINICAL RESEARCH, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ICON CLINICAL RESEARCH, LLC	<b>c</b> EIN-PN 46-4107070-001
<b>a</b>	Plan name	LPL FINANCIAL LLC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	LPL FINANCIAL LLC	<b>c</b> EIN-PN 95-2834236-002
<b>a</b>	Plan name	MERCEDES-BENZ USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MERCEDES-BENZ USA, LLC	<b>c</b> EIN-PN 22-2375138-001
<b>a</b>	Plan name	PHYSICIAN AFFILIATE GROUP OF NEW YORK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C.	<b>c</b> EIN-PN 90-0603487-002
<b>a</b>	Plan name	SIMON PROPERTY GROUP AND ADOPTING ENTITIES MATCHING SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SIMON PROPERTY GROUP	<b>c</b> EIN-PN 34-1755769-002
<b>a</b>	Plan name	TTI, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TTI, INC.	<b>c</b> EIN-PN 20-8234316-001
<b>a</b>	Plan name	UNIVAR SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	UNIVAR SOLUTIONS USA INC.	<b>c</b> EIN-PN 91-1347935-001



<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>	OMB No. 1210-0110  <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>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>STATE STREET REAL ASSET NON-LENDING SERIES FUND CLASS C</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>280</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>STATE STREET GLOBAL ADVISORS TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>90-0337987</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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<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>	28689896	4410981
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<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>	910194297	852127877
<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>		

<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>	938884193	856538858
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	28765752	4482938
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	28765752	4482938
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	910118441	852055920

**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: (A) Employers.....	<b>2a(1)(A)</b>		
(B) Participants.....	<b>2a(1)(B)</b>		
(C) 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>			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
(B) U.S. Government securities.....	<b>2b(1)(B)</b>		
(C) Corporate debt instruments.....	<b>2b(1)(C)</b>		
(D) Loans (other than to participants).....	<b>2b(1)(D)</b>		
(E) Participant loans.....	<b>2b(1)(E)</b>		
(F) Other.....	<b>2b(1)(F)</b>		
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
(A) Preferred stock.....	<b>2b(2)(A)</b>		
(B) Common stock.....	<b>2b(2)(B)</b>		
(C) Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
(D) 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>			
(A) Aggregate proceeds.....	<b>2b(4)(A)</b>		
(B) Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
(C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
(A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other.....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)	39136721
(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 <b>income</b> amounts in column (b) and enter total.....	2d	39136721

**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)	25000
(3) Recordkeeping fees .....	2i(3)	
(4) IQPA audit fees .....	2i(4)	2951
(5) Investment advisory and investment management fees .....	2i(5)	1473670
(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)	116244
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)	1617865
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j	1617865

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k	37518856
l Transfers of assets:		
(1) To this plan.....	2l(1)	221326375
(2) From this plan .....	2l(2)	316907752

**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 \_\_\_\_\_.