

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 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. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>VFTC RETIREMENT SAVINGS TRUST IV</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>025</u></p>
<p><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>VANGUARD FIDUCIARY TRUST COMPANY</u></p> <p><u>100 VANGUARD BOULEVARD</u> <u>MALVERN, PA 19355</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>61-6451184</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>610-669-1000</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	CARMEN RIVE
	Signature of DFE	Date	Enter name of individual signing as DFE

<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> <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> <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 _____ (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>VFTC RETIREMENT SAVINGS TRUST IV</u>	<b>B</b> Three-digit plan number (PN)	<u>025</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VANGUARD FIDUCIARY TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>61-6451184</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>VFTC RET SAVINGS MASTER TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
<b>c</b> EIN-PN <u>45-5354062-026</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>1431154000</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)
<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)
<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)
<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)



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 7-ELEVEN STORES OF OKLAHOMA 401(K) PLAN	
<b>b</b>	Name of plan sponsor 7-ELEVEN STORES OF OKLAHOMA	<b>c</b> EIN-PN 73-0605594-002
<b>a</b>	Plan name 7-ELEVEN STORES OF OKLAHOMA EMPLOYEES SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 7-ELEVEN STORES OF OKLAHOMA	<b>c</b> EIN-PN 73-0605594-001
<b>a</b>	Plan name ABD INSURANCE & FINANCIAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABD INSURANCE & FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 27-0673528-001
<b>a</b>	Plan name ALLTECH BEVERAGE DIVISION, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALLTECH BEVERAGE DIVISION, LLC	<b>c</b> EIN-PN 27-3279222-001
<b>a</b>	Plan name ALLTECH SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALLTECH, INC.	<b>c</b> EIN-PN 61-0977517-001
<b>a</b>	Plan name APARTMENT SERVICES, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor APARTMENT SERVICES, INC.	<b>c</b> EIN-PN 52-1723217-001
<b>a</b>	Plan name ARIZONA CARDINALS FOOTBALL CLUB 401K RET PLN	
<b>b</b>	Name of plan sponsor ARIZONA CARDINALS FOOTBALL CLUB LLC	<b>c</b> EIN-PN 43-1173111-011
<b>a</b>	Plan name ASSURED RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor A.L.M. HOLDING COMPANY	<b>c</b> EIN-PN 20-0520252-003
<b>a</b>	Plan name AURIA SOLUTIONS USA, INC. HOURLY EMPLOYEES' RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AURIA SOLUTIONS USA, INC.	<b>c</b> EIN-PN 82-1869477-002
<b>a</b>	Plan name AURIA SOLUTIONS USA, INC. RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor AURIA SOLUTIONS USA, INC.	<b>c</b> EIN-PN 82-1869477-001
<b>a</b>	Plan name BANK-FUND STAFF FEDERAL CREDIT UNION EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BANK-FUND STAFF FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0209950-002
<b>a</b>	Plan name BERRY GLOBAL BARGAINING UNIT 401(K) PLAN	
<b>b</b>	Name of plan sponsor BERRY GLOBAL, INC.	<b>c</b> EIN-PN 35-1814673-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name BERRY GLOBAL EMPLOYEES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BERRY GLOBAL, INC.	<b>c</b> EIN-PN 35-1814673-001
<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 BROWN RUDNICK LLP 401(K) PROFIT SHARING PLAN A	
<b>b</b>	Name of plan sponsor BROWN RUDNICK LP	<b>c</b> EIN-PN 04-3108175-003
<b>a</b>	Plan name BROWN RUDNICK LLP 401(K) PROFIT SHARING PLAN B	
<b>b</b>	Name of plan sponsor BROWN RUDNICK LLP	<b>c</b> EIN-PN 04-3108175-006
<b>a</b>	Plan name BURNS & MCDONNELL 401K PLAN	
<b>b</b>	Name of plan sponsor BURNS & MCDONNELL INC.	<b>c</b> EIN-PN 43-1393692-002
<b>a</b>	Plan name BURNS AND MCDONNELL INC EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor BURNS AND MCDONNELL INC	<b>c</b> EIN-PN 43-1393692-001
<b>a</b>	Plan name CARDIOVASCULAR PROVIDER RESOURCES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CARDIOVASCULAR PROVIDER RESOURCES	<b>c</b> EIN-PN 75-2634798-001
<b>a</b>	Plan name CARDIOVASCULAR PROVIDER RESOURCES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CARDIOVASCULAR PROVIDER RESOURCES	<b>c</b> EIN-PN 75-2625761-001
<b>a</b>	Plan name CBC COMPANIES, INC. PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CBC COMPANIES, INC.	<b>c</b> EIN-PN 31-0727305-001
<b>a</b>	Plan name CENTRAL STATES INDEMNITY CO. OF OMAHA PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CENTRAL STATES INDEMNITY CO. OF OMAHA	<b>c</b> EIN-PN 47-0591908-003
<b>a</b>	Plan name CHEROKEE NATION BUSINESSES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHEROKEE NATION BUSINESSES, LLC	<b>c</b> EIN-PN 11-3784371-001
<b>a</b>	Plan name CITY OF SIMI VALLEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CITY OF SIMI VALLEY	<b>c</b> EIN-PN 95-2626170-001

<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	CJ 401(K) PLAN	
<b>b</b> Name of plan sponsor	CJ AMERICA INC	<b>c</b> EIN-PN 22-2501026-001
<b>a</b> Plan name	CLEARWAY ENERGY GROUP LLC EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CLEARWAY ENERGY GROUP, LLC	<b>c</b> EIN-PN 37-1820831-001
<b>a</b> Plan name	CONSOLIDATED RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	A.L.M. HOLDING COMPANY	<b>c</b> EIN-PN 20-0520252-002
<b>a</b> Plan name	CONSUMER HEALTHCARE PUERTO RICO 401(K) PLAN	
<b>b</b> Name of plan sponsor	PF CONSUMER HEALTHCARE B.V. LLC	<b>c</b> EIN-PN 98-1432376-002
<b>a</b> Plan name	COTIVITI SAVINGS PLAN	
<b>b</b> Name of plan sponsor	VERSCEND INTERMEDIATE HOLDING CORP.	<b>c</b> EIN-PN 81-2545074-001
<b>a</b> Plan name	CROWN CASTLE INTERNATIONAL CORP. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CROWN CASTLE INTERNATIONAL CORP.	<b>c</b> EIN-PN 76-0470458-001
<b>a</b> Plan name	CSA AMERICA STANDARDS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CSA AMERICA STANDARDS, INC.	<b>c</b> EIN-PN 34-1738465-001
<b>a</b> Plan name	DIGITAL REALTY TRUST, L.P. 401(K) PLAN	
<b>b</b> Name of plan sponsor	DIGITAL REALTY TRUST, L.P.	<b>c</b> EIN-PN 20-2402955-001
<b>a</b> Plan name	DRISCOLL'S 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	DRISCOLL'S INC	<b>c</b> EIN-PN 94-1237296-001
<b>a</b> Plan name	DRISCOLL'S 401(K) SEASONAL EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	DRISCOLL'S INC	<b>c</b> EIN-PN 94-1237296-002
<b>a</b> Plan name	ECMC GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	ECMC GROUP, INC.	<b>c</b> EIN-PN 41-1991995-001
<b>a</b> Plan name	FEDERATED MUTUAL INSURANCE COMPANY 401(K) PLAN	
<b>b</b> Name of plan sponsor	FEDERATED MUTUAL INSURANCE COMPANY	<b>c</b> EIN-PN 41-0417460-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>FIRMENICH RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIRMENICH INCORPORATED</b>	<b>c</b> EIN-PN <b>13-5560633-002</b>
<b>a</b>	Plan name <b>FMI CORPORATION RETIREMENT SAVINGS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FMI CORPORATION</b>	<b>c</b> EIN-PN <b>56-1223249-001</b>
<b>a</b>	Plan name <b>FOREMOST FARMS USA 401(K) PLAN AND TRUST FOR UNION MEMBERS</b>	
<b>b</b>	Name of plan sponsor <b>FOREMOST FARMS USA</b>	<b>c</b> EIN-PN <b>39-1805431-004</b>
<b>a</b>	Plan name <b>FOREMOST FARMS USA 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FOREMOST FARMS USA</b>	<b>c</b> EIN-PN <b>39-1805431-003</b>
<b>a</b>	Plan name <b>G&amp;W ELECTRIC COMPANY PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>G&amp;W ELECTRIC COMPANY</b>	<b>c</b> EIN-PN <b>36-1113440-004</b>
<b>a</b>	Plan name <b>GERMAN AMERICAN BANCORP, INC 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GERMAN AMERICAN BANCORP, INC.</b>	<b>c</b> EIN-PN <b>35-1547518-001</b>
<b>a</b>	Plan name <b>GOLD STRIKE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOLD STRIKE CASINO RESORT, L.L.C.</b>	<b>c</b> EIN-PN <b>64-0831942-001</b>
<b>a</b>	Plan name <b>GREAT RIVER ENERGY 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREAT RIVER ENERGY</b>	<b>c</b> EIN-PN <b>41-1924988-002</b>
<b>a</b>	Plan name <b>GRIFFON CORPORATION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GRIFFON CORPORATION</b>	<b>c</b> EIN-PN <b>11-1893410-005</b>
<b>a</b>	Plan name <b>GSK PUERTO RICO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLAXOSMITHKLINE PUERTO RICO, INC.</b>	<b>c</b> EIN-PN <b>66-0613421-002</b>
<b>a</b>	Plan name <b>H B FULLER COMPANY 401K &amp; RETIREMENT</b>	
<b>b</b>	Name of plan sponsor <b>H.B. FULLER COMPANY</b>	<b>c</b> EIN-PN <b>41-0268370-003</b>
<b>a</b>	Plan name <b>HARTER SECREST &amp; EMERY SAVINGS AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARTER SECREST &amp; EMERY LLP</b>	<b>c</b> EIN-PN <b>16-0766172-002</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 HARVEY INDUSTRIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARVEY INDUSTRIES, LLC	<b>c</b> EIN-PN 04-2282465-001
<b>a</b>	Plan name HAWKINS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HAWKINS, INC.	<b>c</b> EIN-PN 41-0771293-004
<b>a</b>	Plan name HAWKINS, INC. RETIREMENT PLAN FOR CERTAIN COLLECTIVELY BARGAINED EMPLOYEES	
<b>b</b>	Name of plan sponsor HAWKINS, INC.	<b>c</b> EIN-PN 41-0771293-005
<b>a</b>	Plan name HOTEL UNION AND HOTEL INDUSTRY OF HAWAII 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOTEL 401(K) RETIREMENT SAVINGS PLAN	<b>c</b> EIN-PN 99-0292187-002
<b>a</b>	Plan name HUSCH BLACKWELL LLP 401(K) MASTER TRUST	
<b>b</b>	Name of plan sponsor HUSCH BLACKWELL LLP	<b>c</b> EIN-PN 26-1688286-013
<b>a</b>	Plan name IACNA HOURLY EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL AUTOMOTIVE COMPONENTS GRP NA	<b>c</b> EIN-PN 20-8306510-002
<b>a</b>	Plan name IACNA RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor INTERNATIONAL AUTOMOTIVE COMPONENTS GRP NA	<b>c</b> EIN-PN 20-8306510-001
<b>a</b>	Plan name INTERNATIONAL DAIRY QUEEN, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL DAIRY QUEEN, INC.	<b>c</b> EIN-PN 52-2066843-001
<b>a</b>	Plan name JENNER & BLOCK SHARING PLAN	
<b>b</b>	Name of plan sponsor JENNER & BLOCK LLP	<b>c</b> EIN-PN 36-2192554-201
<b>a</b>	Plan name KYNDRYL 401(K) PLAN	
<b>b</b>	Name of plan sponsor KYNDRYL HOLDINGS, INC.	<b>c</b> EIN-PN 86-1182761-001
<b>a</b>	Plan name KZF 401K INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor KZF DESIGN, INC.	<b>c</b> EIN-PN 31-0866199-001
<b>a</b>	Plan name LATHAM AND WATKINS 401(K) SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LATHAM AND WATKINS LLP	<b>c</b> EIN-PN 95-2018373-001

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 LINDER INDUSTRIAL MACHINERY 401(K)	
<b>b</b>	Name of plan sponsor SUMITOMO CORPORATION OF AMERICAS	<b>c</b> EIN-PN 13-5612163-004
<b>a</b>	Plan name LISKOW & LEWIS SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LISKOW & LEWIS, APLC	<b>c</b> EIN-PN 72-1134245-006
<b>a</b>	Plan name LISKOW AND LEWIS RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LISKOW & LEWIS, APLC	<b>c</b> EIN-PN 72-1134245-005
<b>a</b>	Plan name MARCUS & MILLICHAP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARCUS & MILLICHAP, INC.	<b>c</b> EIN-PN 35-2478370-001
<b>a</b>	Plan name MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN SAVINGS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor MARSHALL DENNEHEY WARNER COLEMAN & GOGGIN	<b>c</b> EIN-PN 23-1724150-002
<b>a</b>	Plan name MASTER BUILDERS SOLUTIONS US LLC BARGAINING UNIT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MASTER BUILDERS SOLUTIONS US LLC	<b>c</b> EIN-PN 84-2476108-002
<b>a</b>	Plan name MASTER BUILDERS SOLUTIONS US LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MASTER BUILDERS SOLUTIONS ADMIXTURES US, LLC	<b>c</b> EIN-PN 84-2476108-001
<b>a</b>	Plan name MCFARLAND CLINIC, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCFARLAND CLINIC, PC	<b>c</b> EIN-PN 42-1089512-002
<b>a</b>	Plan name MILBANK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MILBANK, TWEED, HADLEY, & MCCLOY LLP	<b>c</b> EIN-PN 13-5533689-003
<b>a</b>	Plan name MTI DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MTI DISTRIBUTING INC	<b>c</b> EIN-PN 41-1939333-002
<b>a</b>	Plan name NBA SAVINGS AND RETIREMENT PLAN FOR COACHES, ASSISTANT COACHES AND ATHLETIC TRAINERS	
<b>b</b>	Name of plan sponsor NATIONAL BASKETBALL ASSOCIATION	<b>c</b> EIN-PN 13-5582586-004
<b>a</b>	Plan name NERDWALLET INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NERDWALLET, INC.	<b>c</b> EIN-PN 45-4180440-001

<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	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	NOOTER CORPORATION SHOP 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NOOTER, LLC	<b>c</b> EIN-PN 43-0436600-004
<b>a</b>	Plan name	OOCL USA INC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OOCL USA INC	<b>c</b> EIN-PN 13-4934630-006
<b>a</b>	Plan name	OOCL USA INC. DEFINED CONTRIBUTION PENSION PLAN	
<b>b</b>	Name of plan sponsor	OOCL USA INC	<b>c</b> EIN-PN 13-4934630-009
<b>a</b>	Plan name	PATTERN ENERGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PATTERN ENERGY GROUP LP	<b>c</b> EIN-PN 84-4046110-001
<b>a</b>	Plan name	PATTERSON COMPANIES INC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PATTERSON COMPANIES, INC.	<b>c</b> EIN-PN 41-0886515-045
<b>a</b>	Plan name	PBFS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PYE BARKER FIRE & SAFETY LLC	<b>c</b> EIN-PN 20-0378887-004
<b>a</b>	Plan name	PELLA CORPORATION MASTER TRUST	
<b>b</b>	Name of plan sponsor	PELLA CORPORATION	<b>c</b> EIN-PN 80-0265639-401
<b>a</b>	Plan name	PIEDMONT HEALTHCARE, INC. 401(K) TOMORROWPLAN	
<b>b</b>	Name of plan sponsor	PIEDMONT HEALTHCARE, INC.	<b>c</b> EIN-PN 58-1503902-003
<b>a</b>	Plan name	PULTEGROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PULTEGROUP, INC.	<b>c</b> EIN-PN 38-2766606-001
<b>a</b>	Plan name	PYE BARKER SUPPLY COMPANY, INC. SECTION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PYE BARKER SUPPLY COMPANY, INC.	<b>c</b> EIN-PN 58-1433296-003
<b>a</b>	Plan name	RADIAN GROUP INC. SAVINGS INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor	RADIAN GROUP, INC.	<b>c</b> EIN-PN 23-2691170-001

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 RYERSON SAVINGS PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor JOSEPH T. RYERSON & SON, INC.	<b>c</b> EIN-PN 36-1717960-005
<b>a</b>	Plan name RYLEY CARLOCK & APPLEWHITE TAX-SHELTERED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RYLEY CARLOCK & APPLEWHITE, P.C.	<b>c</b> EIN-PN 86-0323339-001
<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 SAVVAS LEARNING COMPANY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SAVVAS LEARNING COMPANY LLC	<b>c</b> EIN-PN 82-4606641-001
<b>a</b>	Plan name SECURITY 401(K) PROFIT-SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SECURITY FINANCE CORPORATION OF SPARTANBURG	<b>c</b> EIN-PN 57-0359683-001
<b>a</b>	Plan name SECURITY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor A.L.M. HOLDING COMPANY	<b>c</b> EIN-PN 20-0520252-001
<b>a</b>	Plan name SENTARA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SENTARA HOLDINGS INC	<b>c</b> EIN-PN 54-1555638-002
<b>a</b>	Plan name SENTARA HEALTHCARE 401(A) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SENTARA HEALTHCARE	<b>c</b> EIN-PN 52-1271901-006
<b>a</b>	Plan name SOUTHERN MEDICAL HEALTH SYSTEMS, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MEDICAL HEALTH SYSTEMS, INC	<b>c</b> EIN-PN 63-0885975-001
<b>a</b>	Plan name SOUTHWEST KEY ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST KEY ENTERPRISES, INC.	<b>c</b> EIN-PN 20-8958545-001
<b>a</b>	Plan name SOUTHWEST KEY PROGRAMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST KEY PROGRAMS, INC.	<b>c</b> EIN-PN 74-2481167-001
<b>a</b>	Plan name SPRINGS WINDOW FASHIONS 401 (K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPRINGS WINDOW FASHIONS	<b>c</b> EIN-PN 36-2998685-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">STERLING CAPITAL MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STERLING CAPITAL MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">63-1057974-001</a>
<b>a</b>	Plan name <a href="#">SUNSTATE EQUIPMENT CO, LLC RETIREMENT SAVINGS PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SUNSTATE EQUIPMENT CO., LLC</a>	<b>c</b> EIN-PN <a href="#">86-0810251-001</a>
<b>a</b>	Plan name <a href="#">TERMINALS 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LBCT LLC</a>	<b>c</b> EIN-PN <a href="#">45-4649289-002</a>
<b>a</b>	Plan name <a href="#">TERMINALS LOCAL 63 OCU 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LBCT LLC</a>	<b>c</b> EIN-PN <a href="#">45-4649289-004</a>
<b>a</b>	Plan name <a href="#">TERMINALS MONEY PURCHASE PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LBCT LLC</a>	<b>c</b> EIN-PN <a href="#">45-4649289-001</a>
<b>a</b>	Plan name <a href="#">THE AMERICAN INSTITUTE OF ARCHITECTS EMPLOYEES SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN INSTITUTE OF ARCHITECTS</a>	<b>c</b> EIN-PN <a href="#">53-0025930-003</a>
<b>a</b>	Plan name <a href="#">THE ANDERSONS, INC. RETIREMENT SAVINGS INVESTMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE ANDERSONS, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1562374-003</a>
<b>a</b>	Plan name <a href="#">THE BOB JONES UNIVERSITY RETIREMENT FUND</a>	
<b>b</b>	Name of plan sponsor <a href="#">BJU, INC.</a>	<b>c</b> EIN-PN <a href="#">57-1088101-002</a>
<b>a</b>	Plan name <a href="#">THE EMPLOYEE 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONTRAN CORPORATION</a>	<b>c</b> EIN-PN <a href="#">74-1646336-460</a>
<b>a</b>	Plan name <a href="#">THE HARTZ MOUNTAIN CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARTZ MOUNTAIN CORPORATION</a>	<b>c</b> EIN-PN <a href="#">13-1944379-005</a>
<b>a</b>	Plan name <a href="#">THE HAVI GROUP LIMITED PARTNERSHIP PROFIT SHARING AND SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE HAVI GROUP LIMITED PARTNERSHIP</a>	<b>c</b> EIN-PN <a href="#">36-3600106-001</a>
<b>a</b>	Plan name <a href="#">THE LINCOLN ELECTRIC COMPANY EMPLOYEE SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE LINCOLN ELECTRIC COMPANY</a>	<b>c</b> EIN-PN <a href="#">34-0359955-005</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 THE PERDUE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PERDUE FARMS, INC.	<b>c</b> EIN-PN 52-0888853-001
<b>a</b>	Plan name THE SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMITOMO CORPORATION OF AMERICAS	<b>c</b> EIN-PN 13-5612163-005
<b>a</b>	Plan name THE SCOULAR COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THE SCOULAR COMPANY	<b>c</b> EIN-PN 47-0599176-002
<b>a</b>	Plan name THE TORO COMPANY MASTER TRUST	
<b>b</b>	Name of plan sponsor THE TORO COMPANY	<b>c</b> EIN-PN 41-0580470-099
<b>a</b>	Plan name TIDEWATER HEALTH CARE INC 401(A) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SENTARA HEALTHCARE	<b>c</b> EIN-PN 52-1271901-007
<b>a</b>	Plan name TRACTOR SUPPLY COMPANY 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRACTOR SUPPLY COMPANY	<b>c</b> EIN-PN 13-3139732-001
<b>a</b>	Plan name TREASURE HOLDCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TREASURE HOLDCO, INC.	<b>c</b> EIN-PN 99-2858479-001
<b>a</b>	Plan name TRINET 401K PLAN	
<b>b</b>	Name of plan sponsor TRINET HR III, INC.	<b>c</b> EIN-PN 48-1304650-334
<b>a</b>	Plan name TRUIST FINANCIAL CORPORATION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TRUIST FINANCIAL CORPORATION	<b>c</b> EIN-PN 56-0939887-003
<b>a</b>	Plan name URENCO USA 401(K)	
<b>b</b>	Name of plan sponsor LOUISIANA ENERGY SERVICES, LLC	<b>c</b> EIN-PN 52-1645739-001
<b>a</b>	Plan name VERTEX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VERTEX, INC.	<b>c</b> EIN-PN 23-2081753-001
<b>a</b>	Plan name VIDANT MEDICAL CENTER PARTNERSHIP SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VIDANT HEALTH	<b>c</b> EIN-PN 56-2141073-001



<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>	<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>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>VFTC RETIREMENT SAVINGS TRUST IV</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>025</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VANGUARD FIDUCIARY TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>61-6451184</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>	
<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>	1431154000
<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>	8235000

<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>	1654276000	1439389000
<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>	9714000	8235000
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	9714000	8235000
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	1644562000	1431154000

**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>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<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>		0
<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
<b>(3)</b> 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>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<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>		0
<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>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		40884000
(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>		40884000

**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>		
(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>	2789000	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2789000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2789000

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		38095000
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		445645000
(2) From this plan .....	<b>2l(2)</b>		697148000

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