

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
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
1a	Name of plan ARISTOTLE COLLECTIVE INVESTMENT TRUST
1b	Three-digit plan number (PN) ▶ 095
1c	Effective date of plan
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SEI TRUST COMPANY 1 FREEDOM VALLEY DR OAKS, PA 19456-9989
2b	Employer Identification Number (EIN) 81-2704975
2c	Plan Sponsor's telephone number 610-676-2369
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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	01/06/2026	HEATHER BILLERA
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number 																						
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																						
5 Total number of participants at the beginning of the plan year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 90%;"></td> </tr> </table>	5																					
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr><td style="width: 10%; text-align: center;">6a(1)</td><td style="width: 90%;"></td></tr> <tr><td style="text-align: center;">6a(2)</td><td></td></tr> <tr><td style="text-align: center;">6b</td><td></td></tr> <tr><td style="text-align: center;">6c</td><td></td></tr> <tr><td style="text-align: center;">6d</td><td></td></tr> <tr><td style="text-align: center;">6e</td><td></td></tr> <tr><td style="text-align: center;">6f</td><td></td></tr> <tr><td style="text-align: center;">6g(1)</td><td></td></tr> <tr><td style="text-align: center;">6g(2)</td><td></td></tr> <tr><td style="text-align: center;">6h</td><td></td></tr> </table>			6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																					
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☐ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)** ☐ **DCG** (Individual Plan Information) – Number Attached _____
- (5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached _____
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025		
A Name of plan ARISTOTLE COLLECTIVE INVESTMENT TRUST	B Three-digit plan number (PN) ▶	095
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 81-2704975	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name ABC-NABET RETIREMENT TRUST PLAN		
b	Name of plan sponsor BOARD OF TRUSTEES ABC-NABET RETIREMENT TRUST PLAN	c	EIN-PN 14-1284013-012
a	Plan name ADM 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN FOR HOURLY EMPLOYEES		
b	Name of plan sponsor ARCHER DANIELS MIDLAND COMPANY	c	EIN-PN 41-0129150-030
a	Plan name ADM 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN FOR SALARIED EMPLOYEES		
b	Name of plan sponsor ARCHER DANIELS MIDLAND COMPANY	c	EIN-PN 41-0129150-029
a	Plan name AE INDUSTRIAL PARTNERS, LP. 401K PLAN		
b	Name of plan sponsor AE INDUSTRIAL PARTNERS, LP.	c	EIN-PN 47-1599394-001
a	Plan name AGCO CORPORATION HESSTON EMPLOYEES' SAVINGS PLAN		
b	Name of plan sponsor AGCO CORPORATION	c	EIN-PN 58-1960019-012
a	Plan name AGCO CORPORATION SAVINGS PLAN		
b	Name of plan sponsor AGCO CORPORATION	c	EIN-PN 58-1960019-001
a	Plan name AIR CANADA US TAX INCENTIVE SAVINGS PLAN		
b	Name of plan sponsor AIR CANADA	c	EIN-PN 13-1394887-002
a	Plan name ALSTOM TRANSPORTATION 401(K) SAVINGS PLAN		
b	Name of plan sponsor ALSTOM TRANSPORT HOLDING US INC.	c	EIN-PN 20-3999346-009
a	Plan name AMES CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN		
b	Name of plan sponsor AMES CONSTRUCTION, INC.	c	EIN-PN 41-0871375-010
a	Plan name AMGEN RETIREMENT AND SAVINGS PLAN		
b	Name of plan sponsor AMGEN INC.	c	EIN-PN 95-3540776-001
a	Plan name APEX TOOL GROUP, LLC 401(K) SAVINGS PLAN		
b	Name of plan sponsor APEX TOOL GROUP, LLC	c	EIN-PN 27-1996059-001
a	Plan name APEX TOOL GROUP, LLC INDIVIDUAL ACCOUNT RETIREMENT PLAN FOR BARGAINING UNIT EMPLOYEES		
b	Name of plan sponsor APEX TOOL GROUP, LLC	c	EIN-PN 27-1996059-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ARISTOTLE CAPITAL MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	ARISTOTLE CAPITAL MANAGEMENT, LLC	c EIN-PN 95-4833644-003
a	Plan name	ASBESTOS WORKERS LOCAL 24 PENSION FUND DEFINED BENEFIT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, ASBESTOS WORKERS LOCAL 24 PENSION FUND	c EIN-PN 52-6117923-001
a	Plan name	BAKKT, LLC 401(K) PLAN	
b	Name of plan sponsor	BAKKT, LLC	c EIN-PN 37-1906173-001
a	Plan name	BALL CORPORATION 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	BALL CORPORATION	c EIN-PN 35-0160610-030
a	Plan name	BANQUET EMPLOYEES-UNIONS PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES FOR THE BANQUET EMPLOYEES-UNIONS	c EIN-PN 47-0248710-002
a	Plan name	BAY AREA PAINTERS AND TAPERS ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE BAY AREA PAINTERS AND TAPERS ANNUITY FUND	c EIN-PN 94-6276501-002
a	Plan name	BELDEN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BELDEN, INC.	c EIN-PN 36-3601505-003
a	Plan name	BEN E. KEITH COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BEN E. KEITH COMPANY	c EIN-PN 75-1517849-002
a	Plan name	BONHAM HEATING AND AIR CONDITIONING 401(K) PLAN	
b	Name of plan sponsor	BONHAM HEATING AND AIR CONDITIONING	c EIN-PN 38-2831588-001
a	Plan name	BSA-ILA PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES BSA-ILA PENSION PLAN	c EIN-PN 04-2034907-006
a	Plan name	CARBON DETROIT 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CARBON DETROIT, LLC	c EIN-PN 47-5612651-001
a	Plan name	CARE NEW ENGLAND PENSION PLAN	
b	Name of plan sponsor	CARE NEW ENGLAND HEALTH SYSTEM	c EIN-PN 05-0490997-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	CARE RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	CARE, INC.
c	EIN-PN	13-1685039-004
a	Plan name	CARE RETIREMENT SAVINGS PLAN FOR NONRESIDENT ALIEN EMPLOYEES
b	Name of plan sponsor	CARE, INC.
c	EIN-PN	13-1685039-005
a	Plan name	CARPENTER TECHNOLOGY 401(K) RETIREMENT PLAN
b	Name of plan sponsor	CARPENTER TECHNOLOGY CORPORATION
c	EIN-PN	23-0458500-020
a	Plan name	CARPENTERS OF WESTERN WASHINGTON INDIVIDUAL ACCOUNT PENSION TRUST
b	Name of plan sponsor	BOARD OF TRUSTEES CARPENTERS OF WESTERN WASHINGTON INDIVIDUAL ACCOUNT
c	EIN-PN	91-1160641-002
a	Plan name	CHATHAM COUNTY EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	BOARD OF TTEES OF CHATHAM COUNTY EES RETIREMENT PL
c	EIN-PN	58-6001113-001
a	Plan name	CITY OF BRISTOL 457 PLAN
b	Name of plan sponsor	CITY OF BRISTOL
c	EIN-PN	06-6001866-999
a	Plan name	CITY OF JACKSONVILLE 401(A) PUBLIC SAFETY EMPLOYEES DEFINED CONTRIBUTION PLAN
b	Name of plan sponsor	CITY OF JACKSONVILLE, FLORIDA
c	EIN-PN	59-6000344-999
a	Plan name	CITY OF JACKSONVILLE 457(B) DEFERRED COMPENSATION PLAN
b	Name of plan sponsor	CITY OF JACKSONVILLE, FLORIDA
c	EIN-PN	59-6000344-999
a	Plan name	CITY OF JACKSONVILLE GENERAL EMPLOYEES DEFINED CONTRIBUTION PLAN
b	Name of plan sponsor	CITY OF JACKSONVILLE, FLORIDA
c	EIN-PN	59-6000344-999
a	Plan name	CITY OF MIRAMAR FIREFIGHTERS' RETIREMENT PLAN
b	Name of plan sponsor	CITY OF MIRAMAR
c	EIN-PN	27-3772862-999
a	Plan name	CLARIOS RETIREMENT SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	CLARIOS LLC
c	EIN-PN	39-1684871-001
a	Plan name	COMMANDER NAVY INSTALLATIONS COMMAND RETIREMENT PLAN
b	Name of plan sponsor	COMMANDER NAVY INSTALLATIONS COMMAND
c	EIN-PN	52-0813349-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name COORSTEK LLC SAVINGS AND INVESTMENT PLAN		
b	Name of plan sponsor COORSTEK LLC	c EIN-PN 46-4089941-002	
a	Plan name COSTAR REALTY INFORMATION, INC. 401(K) RETIREMENT PLAN		
b	Name of plan sponsor COSTAR REALTY INFORMATION, INC.	c EIN-PN 52-2134617-001	
a	Plan name CRAWFORD & COMPANY SAVINGS & INVESTMENT PLAN		
b	Name of plan sponsor CRAWFORD & COMPANY	c EIN-PN 58-0506554-002	
a	Plan name CUMMINS INC MASTER RETIREMENT SAVINGS TRUST		
b	Name of plan sponsor CUMMINS INC.	c EIN-PN 23-2662529-102	
a	Plan name DOMTAR US HOURLY 401(K) PLAN		
b	Name of plan sponsor DOMTAR INDUSTRIES LLC	c EIN-PN 25-1157103-008	
a	Plan name DOMTAR US SALARIED 401(K) PLAN		
b	Name of plan sponsor DOMTAR INDUSTRIES LLC	c EIN-PN 25-1157103-009	
a	Plan name DOUGLAS COUNTY EMPLOYEES RETIREMENT PLAN		
b	Name of plan sponsor DOUGLAS COUNTY PENSION PLAN INVESTMENT COMMITTEE	c EIN-PN 47-6006455-999	
a	Plan name DOVER CORPORATION RETIREMENT SAVINGS PLAN		
b	Name of plan sponsor DOVER CORPORATION	c EIN-PN 53-0257888-030	
a	Plan name DUKES COUNTY CONTRIBUTORY RETIREMENT SYSTEM		
b	Name of plan sponsor DUKES COUNTY CONTRIBUTORY RETIREMENT SYSTEM	c EIN-PN 04-6048888-001	
a	Plan name E.R. DISPOSAL INC. 401K PLAN		
b	Name of plan sponsor E.R. DISPOSAL INC. DBA NORTH COUNTRY DISPOSAL & SEPTIC	c EIN-PN 32-0020375-001	
a	Plan name ECU HEALTH MEDICAL CENTER 457(B) DEFERRED COMPENSATION PLAN		
b	Name of plan sponsor PITT COUNTY MEMORIAL HOSPITAL, INC. DBA ECU HEALTH MEDICAL CENTER	c EIN-PN 56-0585243-999	
a	Plan name ELEXICON, INC. 401(K) PLAN		
b	Name of plan sponsor ELEXICON, INC.	c EIN-PN 38-3499263-001	

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN 1	
b	Name of plan sponsor	ESSILORLUXOTTICA USA INC	c EIN-PN 86-3625314-001
a	Plan name	FGIC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FINANCIAL GUARANTY INSURANCE COMPANY	c EIN-PN 13-2710717-001
a	Plan name	GE HEALTHCARE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GE HEALTHCARE TECHNOLOGIES INC.	c EIN-PN 88-2515116-002
a	Plan name	GENERATIONS FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	GENERATIONS FAMILY DENTISTRY	c EIN-PN 38-2566209-001
a	Plan name	GEORGETOWN ANIMAL HOSPITAL 401K PLAN	
b	Name of plan sponsor	GEORGETOWN ANIMAL HOSPITAL DBA BRAVE VETERINARY	c EIN-PN 26-3922766-001
a	Plan name	GLAZIERS INDIVIDUAL ACCOUNT RETIREMENT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE GLAZIERS INDIVIDUAL ACCOUNT RETIREMENT PLAN	c EIN-PN 94-6559783-001
a	Plan name	HANTZ GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HANTZ GROUP, INC.	c EIN-PN 38-3439679-001
a	Plan name	HARTMAN INSURANCE AGENCY, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HARTMAN INSURANCE AGENCY INC.	c EIN-PN 38-2100539-001
a	Plan name	H-E-B SAVINGS & RETIREMENT PLAN TRUST	
b	Name of plan sponsor	H.E. BUTT GROCERY COMPANY	c EIN-PN 74-0537175-001
a	Plan name	HEXION INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEXION INC.	c EIN-PN 13-0511250-005
a	Plan name	HOLYOKE CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor	CITY OF HOLYOKE	c EIN-PN 04-6042090-001
a	Plan name	I.A.T.S.E. LOCAL 33 SECTION 401(K) PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES, I.A.T.S.E. LOCAL 33 SECTION 401(K) PLAN	c EIN-PN 95-3954078-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	IBEW LOCAL 861 PENSION FUND
b	Name of plan sponsor	IBEW LOCAL 861 PENSION FUND BOARD OF TRUSTEES
c	EIN-PN	72-0575303-001
a	Plan name	IBEW LOCAL NO. 640 & ARIZONA CHAPTER NECA DEFINED CONTRIBUTION RETIREMENT PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL NO. 640 & ARIZONA CHAPTER NECA PENSION TR
c	EIN-PN	86-0323980-002
a	Plan name	INTELSAT 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	INTELSAT US LLC
c	EIN-PN	95-4607698-003
a	Plan name	INTERCONTINENTAL EXCHANGE, INC. 401(K) PLAN
b	Name of plan sponsor	INTERCONTINENTAL EXCHANGE, INC.
c	EIN-PN	46-2286804-001
a	Plan name	INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS DISTRICT NO. 9 PENSION PLAN
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORK
c	EIN-PN	93-6074829-001
a	Plan name	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL
b	Name of plan sponsor	INTERNATIONAL CHURCH OF THE FOURSQUARE GOSPEL
c	EIN-PN	95-1684062-001
a	Plan name	IRONWORKERS DISTRICT COUNCIL OF NEW ENGLAND PENSION FUND
b	Name of plan sponsor	IW PENSION FUND DISTRICT COUNCIL OF NE PENSION FUN
c	EIN-PN	04-2591016-001
a	Plan name	KAYNE ANDERSON CAPITAL ADVISORS 401(K) PLAN
b	Name of plan sponsor	KAYNE ANDERSON CAPITAL ADVISORS, LP
c	EIN-PN	95-4486379-001
a	Plan name	KORN FERRY EMPLOYEE TAX DEFERRED SAVINGS PLAN
b	Name of plan sponsor	KORN FERRY
c	EIN-PN	95-2623879-003
a	Plan name	LABORERS' DISTRICT COUNCIL AND CONTRACTORS PENSION FUND OF OHIO
b	Name of plan sponsor	BOARD OF TRUSTEES OF LABORERS' DISTRICT COUNCIL AN
c	EIN-PN	31-6129964-001
a	Plan name	LAND O'LAKES, INC. EMPLOYEE SAVINGS AND SUPPLEMENTAL RETIREMENT PLAN
b	Name of plan sponsor	LAND O'LAKES, INC.
c	EIN-PN	41-0365145-017
a	Plan name	LATROBE COMPANY 401(K) RETIREMENT PLAN
b	Name of plan sponsor	CARPENTER TECHNOLOGY
c	EIN-PN	23-0458500-019

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LAW OFFICES OF AARON D. COX PLLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LAW OFFICES OF AARON D. COX PLLC	c EIN-PN 74-3181080-001
a	Plan name	LOCAL 85 OF THE AMALGAMATED TRANSIT UNION	
b	Name of plan sponsor	RETIREMENT AND DISABILITY ALLOWANCE COMMITTEE	c EIN-PN 25-6013814-999
a	Plan name	LUXOTTICA GROUP SAVINGS PLAN	
b	Name of plan sponsor	OAKLEY, INC.	c EIN-PN 11-3491054-050
a	Plan name	LUXOTTICA GROUP TAX INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	OAKLEY, INC.	c EIN-PN 11-3491054-025
a	Plan name	MANAGEMENT & TRAINING CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	MANAGEMENT & TRAINING CORPORATION	c EIN-PN 87-0365322-001
a	Plan name	MANCHESTER EMPLOYEES' CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor	MANCHESTER EMPLOYEES' CONTRIBUTORY RETIREMENT SYSTEM	c EIN-PN 02-6036308-001
a	Plan name	MASTERCARD SAVINGS PLAN	
b	Name of plan sponsor	MASTERCARD INTERNATIONAL INCORPORATED	c EIN-PN 95-2536378-002
a	Plan name	MICHIGAN CARPENTERS' PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF MICHIGAN CARPENTERS' PENSION	c EIN-PN 38-6233978-001
a	Plan name	MILWAUKEE DRIVERS PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES FOR THE MILWAUKEE DRIVERS PENSIO	c EIN-PN 39-6045229-001
a	Plan name	MWRA EMPLOYEES' RETIREMENT SYSTEM	
b	Name of plan sponsor	MWRA EMPLOYEES' RETIREMENT BOARD	c EIN-PN 04-3002144-001
a	Plan name	N3B 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NEWPORT NEWS NUCLEAR-BWXT- LOS ALAMOS, LLC	c EIN-PN 81-4328400-001
a	Plan name	NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, NEW ENGLAND TEAMSTERS & TRUCKING INDUSTRY PENSION F	c EIN-PN 04-6372430-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NORFOLK COUNTY RETIREMENT SYSTEM	
b	Name of plan sponsor	NORFOLK COUNTY RETIREMENT BOARD	c EIN-PN 04-6056124-001
a	Plan name	NORTH ATTLEBORO CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor	NORTH ATTLEBORO CONTRIBUTORY RETIREMENT SYSTEM	c EIN-PN 30-0597171-001
a	Plan name	NUTRIEN 401(K) RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor	AGRIUM U.S. INC.	c EIN-PN 37-1954282-999
a	Plan name	OPERATING ENGINEERS LOCAL 324 PENSION FUND	
b	Name of plan sponsor	BOARD OF TTEES OPERATING ENGINEERS LOC 324 PENSION	c EIN-PN 38-1900637-001
a	Plan name	PACIFICORP K PLUS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	PACIFICORP	c EIN-PN 93-0246090-009
a	Plan name	PAINTERS & ALLIED TRADES DISTRICT COUNCIL NO. 35 ANNUITY FUND	
b	Name of plan sponsor	PAINTERS ANNUITY COUNCIL NO. 35 ANNUITY FUND	c EIN-PN 22-2489316-001
a	Plan name	PAINTERS & ALLIED TRADES DISTRICT COUNCIL NO. 35 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PDC PENSION FUND	c EIN-PN 04-6043807-001
a	Plan name	PALM BEACH GARDENS POLICE OFFICERS' PENSION FUND	
b	Name of plan sponsor	CITY OF PALM BEACH GARDENS	c EIN-PN 65-0711582-999
a	Plan name	PEMBROKE PINES PENSION FUND FOR FIREFIGHTERS & POLICE OFFICERS	
b	Name of plan sponsor	JAMES F FISHER	c EIN-PN 59-0908106-002
a	Plan name	PHYSICIAN HEALTHCARE NETWORK, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHYSICIAN HEALTHCARE NETWORK, P.C.	c EIN-PN 38-3175658-001
a	Plan name	PIEDMONT HEALTHCARE, INC 401(K) TOMORROWPLAN	
b	Name of plan sponsor	PIEDMONT HEALTHCARE, INC	c EIN-PN 58-0566213-003
a	Plan name	PIPEFITTERS LOCAL UNION NO 537 DEFERRED INCOME ANNUITY PLAN	
b	Name of plan sponsor	PIPEFITTERS LOCAL UNION NO 537	c EIN-PN 04-2760802-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PIPEFITTERS UNION LOCAL NO. 537 DEFERRED INCOME PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES PIPEFITTERS UNION LOCAL NO. 537 DEFERRED INCOME PENS	c EIN-PN 51-6030859-001
a	Plan name	PLYMOUTH COUNTY RETIREMENT ASSOCIATION	
b	Name of plan sponsor	PLYMOUTH COUNTY MA	c EIN-PN 32-0091442-001
a	Plan name	PSYGENICS INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PSYGENICS INC.	c EIN-PN 32-0121988-001
a	Plan name	PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	PUBLIC COMPANY ACCOUNTING OVERSIGHT BOARD	c EIN-PN 74-3076065-001
a	Plan name	PUBLISHERS CLEARING HOUSE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PUBLISHERS CLEARING HOUSE LLC	c EIN-PN 11-1730276-002
a	Plan name	RETIREMENT SYSTEM FOR GENERAL EMPLOYEES OF THE ST. LUCIE COUNTY FIRE DISTRICT	
b	Name of plan sponsor	ST. LUCIE COUNTY FIRE DISTRICT	c EIN-PN 20-8814737-001
a	Plan name	ROCKWELL AUTOMATION PENSION PLAN	
b	Name of plan sponsor	ROCKWELL AUTOMATION INC.	c EIN-PN 25-1797617-002
a	Plan name	ROCKWELL AUTOMATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROCKWELL AUTOMATION, INC.	c EIN-PN 25-1797617-008
a	Plan name	ROOFERS UNION LOCAL 30 COMBINED PENSION FUND	
b	Name of plan sponsor	JOINT BOARD OF TRUSTEES ROOFERS UNION LOCAL 30	c EIN-PN 23-6289069-001
a	Plan name	SAUGUS CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor	SAUGUS CONTRIBUTORY RETIREMENT SYSTEM	c EIN-PN 82-2337133-001
a	Plan name	SCHINDLER ELEVATOR CORPORATION PUERTO RICO SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SCHINDLER ELEVATOR CORPORATION	c EIN-PN 34-1270056-008
a	Plan name	SCHINDLER ELEVATOR CORPORATION PUERTO RICO UNION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SCHINDLER ELEVATOR CORPORATION	c EIN-PN 34-1270056-009

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SCHINDLER ELEVATOR CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor SCHINDLER ELEVATOR CORPORATION	c EIN-PN 34-1270056-002
a	Plan name SEMPRA ENERGY PENSION MASTER TRUST	
b	Name of plan sponsor SEMPRA ENERGY	c EIN-PN 33-0732627-005
a	Plan name SHEA LAW, PLLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SHEA LAW, PLLC	c EIN-PN 20-4684335-001
a	Plan name SHELBY COUNTY RETIREMENT SYSTEM	
b	Name of plan sponsor SHELBY COUNTY RETIREMENT SYSTEM	c EIN-PN 62-1405177-999
a	Plan name SIGAL LAW FIRM PLLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SIGAL LAW FIRM PLLC	c EIN-PN 45-4079267-001
a	Plan name SITA EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor SOCIETE INTERNATIONALE DE TELECOMMUNICATIONS AERONAUTIQUES	c EIN-PN 11-2133344-002
a	Plan name SKALNEK FORD, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor SKALNEK FORD, INC.	c EIN-PN 38-1740366-001
a	Plan name SKS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SKS DEVELOPMENT LLC	c EIN-PN 82-4466679-001
a	Plan name SKYLINE PAINTING COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SKYLINE PAINTING COMPANY, INC.	c EIN-PN 38-2831439-001
a	Plan name ST. LOUIS COUNTY EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor ST. LOUIS COUNTY	c EIN-PN 43-6003242-001
a	Plan name ST. LUCIE COUNTY FIRE DISTRICT FIREFIGHTERS PENSION TRUST FUND	
b	Name of plan sponsor ST. LUCIE COUNTY FIRE DISTRICT	c EIN-PN 20-8759499-002
a	Plan name SUGAR SPRINGS PROPERTY OWNERS ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor SUGAR SPRINGS PROPERTY OWNERS ASSOCIATION, INC.	c EIN-PN 51-0135724-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs) (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SUNRISE FIREFIGHTERS' RETIREMENT PLAN		
b	Name of plan sponsor CITY OF SUNRISE	c EIN-PN 65-0180442-999	
a	Plan name SWAMPSCOTT CONTRIBUTORY RETIREMENT SYSTEM		
b	Name of plan sponsor SWAMPSCOTT RETIREMENT BOARD	c EIN-PN 04-6006247-001	
a	Plan name TBC CORPORATION SAFE HARBOR 401(K) PLAN		
b	Name of plan sponsor TBC CORPORATION	c EIN-PN 31-0600670-003	
a	Plan name TBC RETAIL 401(K) PLAN		
b	Name of plan sponsor TBC RETAIL GROUP, INC.	c EIN-PN 59-1823826-002	
a	Plan name TEACHOUT BUILDERS INC. 401K PROFIT SHARING PLAN		
b	Name of plan sponsor TEACHOUT BUILDERS INC.	c EIN-PN 38-3204511-001	
a	Plan name TECO ENERGY GROUP RETIREMENT PLAN		
b	Name of plan sponsor TECO HOLDINGS, INC	c EIN-PN 99-1722708-001	
a	Plan name THE KROGER DEFINED CONTRIBUTION PLAN MASTER TRUST		
b	Name of plan sponsor THE KROGER CO.	c EIN-PN 31-0345740-009	
a	Plan name THE MEMORIAL HOSPITAL DEFINED BENEFIT PENSION PLAN AND TRUST		
b	Name of plan sponsor CARE NEW ENGLAND	c EIN-PN 05-0259004-001	
a	Plan name THE REGIONAL TRANSPORTATION AUTHORITY PENSION PLAN		
b	Name of plan sponsor THE REGIONAL TRANSPORTATION AUTHORITY	c EIN-PN 36-6583915-002	
a	Plan name THE RETIREMENT AND SAVINGS PLAN FOR AMGEN MANUFACTURING LIMITED LLC		
b	Name of plan sponsor AMGEN MANUFACTURING LIMITED LLC	c EIN-PN 98-0210484-001	
a	Plan name THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN		
b	Name of plan sponsor SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	c EIN-PN 32-0255508-334	
a	Plan name TOWN OF DAVIE POLICE PENSION PLAN		
b	Name of plan sponsor TOWN OF DAVIE	c EIN-PN 59-6123935-999	

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TOWN OF NORWOOD RETIREMENT SYSTEM	
b	Name of plan sponsor	TOWN OF NORWOOD RETIREMENT SYSTEM	c EIN-PN 04-6001254-001
a	Plan name	TOWN OF PLYMOUTH CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor	TOWN OF PLYMOUTH CONTRIBUTORY RETIREMENT SYSTEM	c EIN-PN 04-6001271-001
a	Plan name	TOWN OF WESTPORT RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor	TOWN OF WESTPORT	c EIN-PN 06-6002128-999
a	Plan name	TRAVERSE CITY OPHTHALMOLOGY 401(K) PLAN	
b	Name of plan sponsor	TRAVERSE CITY OPHTHALMOLOGY, PLLC	c EIN-PN 86-1185692-001
a	Plan name	US FOODS 401(K) PLAN	
b	Name of plan sponsor	US FOODS INC.	c EIN-PN 36-3642294-001
a	Plan name	V1 SPORTS 401(K) PLAN	
b	Name of plan sponsor	INTERACTIVE FRONTIERS	c EIN-PN 38-3262903-001
a	Plan name	VALERO ENERGY CORPORATION PENSION PLAN	
b	Name of plan sponsor	VALERO ENERGY CORPORATION	c EIN-PN 74-1828067-005
a	Plan name	VENABLE LLP 401(K) PLAN A	
b	Name of plan sponsor	VENABLE LLP	c EIN-PN 52-0517250-003
a	Plan name	VIDANT MEDICAL CENTER PARTNERSHIP SAVINGS PLAN	
b	Name of plan sponsor	PITT COUNTY MEMORIAL HOSPITAL DBA VIDANT MEDICAL CENTER	c EIN-PN 56-0585243-002
a	Plan name	VIRGINIA HOSPITAL CENTER 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA HOSPITAL CENTER ARLINGTON	c EIN-PN 54-0505989-002
a	Plan name	WATERTOWN CONTRIBUTORY RETIREMENT SYSTEM	
b	Name of plan sponsor	CITY OF WATERTOWN, MA	c EIN-PN 04-3386519-001
a	Plan name	WESTERN WASHINGTON LABORERS-EMPLOYERS PENSION TRUST	
b	Name of plan sponsor	WESTERN WASHINGTON LABORERS-EMPLOYERS PEN TRUST	c EIN-PN 91-6022315-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name WESTFIELD CONTRIBUTORY RETIREMENT SYSTEM**b** Name of plan sponsor WESTFIELD RETIREMENT BOARD**c** EIN-PN 04-6001356-001**a** Plan name WEYMOUTH RETIREMENT SYSTEM**b** Name of plan sponsor WEYMOUTH CONTRIBUTORY RETIREMENT SYSTEM**c** EIN-PN 26-3858135-001**a** Plan name WILMER CUTLER PICKERING HALE AND DORR LLP SAVINGS AND RETIREMENT PLAN**b** Name of plan sponsor WILMER CUTLER PICKERING HALE AND DORR LLP**c** EIN-PN 04-1409810-004**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 04/01/2024 and ending 03/31/2025	
	A Name of plan ARISTOTLE COLLECTIVE INVESTMENT TRUST	B Three-digit plan number (PN) 095
C Plan sponsor's name as shown on line 2a of Form 5500 SEI TRUST COMPANY	D Employer Identification Number (EIN) 81-2704975	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	24052000	9468000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	42003000	48809000
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	3013902000	3429130000
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12037000	5027000
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	519000	830000

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	3092513000	3493264000

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	24643000	6055000
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	24643000	6055000

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	3067870000	3487209000
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2488000	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2488000
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	66899000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	98000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		66997000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	935954000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	750727000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		185227000
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-198558000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-198558000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		-1100000
c Other income	2c		-7000
d Total income. Add all income amounts in column (b) and enter total	2d		55047000

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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	15330000	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		15330000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15330000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		39717000
l Transfers of assets:			
(1) To this plan	2l(1)		1237167000
(2) From this plan	2l(2)		857545000

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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a			

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

4b			
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c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)

4c			
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d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)

4d			
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e Was this plan covered by a fidelity bond?

4e			
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f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?

4f			
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g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?

4g			
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h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?

4h			
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i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)

4i			
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j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)

4j			
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k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

4k			
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l Has the plan failed to provide any benefit when due under the plan?

4l			
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m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)

4m			
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n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.

4n			
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5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

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