

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: COMMINGLED PENSION TRUST FUND (SMARTRETIREMENT PASSIVE BLEND 2030) OF JPMORGAN CHASE BANK, N.A. 1b Three-digit plan number (PN): 001 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) JPMORGAN CHASE BANK, N.A. 277 PARK AVENUE NEW YORK, NY 10172 2b Employer Identification Number (EIN): 26-1165198 2c Plan Sponsor's telephone number: 212-648-0846 2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

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

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

Form 5500 (2024) v. 240311

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| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN 4d PN |
| 5 Total number of participants at the beginning of the plan year | 5 |
| 6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h |
| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 |

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code 0

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| SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 <hr/> This Form is Open to Public Inspection. |
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| For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 | |
| A Name of plan COMMINGLED PENSION TRUST FUND (SMARTRETIREMENT PASSIVE BLEND 2030) OF JPMORGAN CHASE BANK, N.A. | B Three-digit plan number (PN) ▶ 001 |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 JPMORGAN CHASE BANK, N.A. | D Employer Identification Number (EIN) 26-1165198 |

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| 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: CORE BOND FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 20-3847783-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1748318000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: CORE PLUS BOND FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 81-2849512-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 582951000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EAFE EQUITY INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 81-5213748-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 985777000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS - FIXED INCOME FND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 13-3744061-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 84133000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS EQUITY INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 92-1166186-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180433000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS RESEARCH ENHANCED | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 83-1362114-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 180018000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 20-2266703-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2098281000 |

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| a Name of MTIA, CCT, PSA, or 103-12 IE: FLOATING RATE INCOME FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 46-3412352-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL OPPORTUNITIES FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 27-0772359-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 20-4786224-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 249008000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: INFLATION MANAGED BOND FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 27-3033195-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101577000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIQUIDITY FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 13-6285055-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 111184000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIQUIDITY OPTIMIZED HIGH YIELD FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 87-3643015-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62252000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP EQUITY INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 81-5011550-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 207756000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT DURATION CORE PLUS FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 84-2662072-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: U.S. REIT INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 82-4756532-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 78557000 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY INDEX FUND | | |
| b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK, N.A. | | |
| c EIN-PN 81-5024455-001 | d Entity code C | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 83642000 |

| 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 SUPPLY COMPANY EMPLOYEES' SAVINGS & RETIREMENT PLAN | |
| b | Name of plan sponsor | ABC SUPPLY COMPANY | c EIN-PN 39-1413708-001 |
| a | Plan name | ABC SUPPLY COMPANY UNION EMPLOYEES' SAVINGS & RETIREMENT PLAN | |
| b | Name of plan sponsor | ABC SUPPLY COMPANY | c EIN-PN 39-1413708-003 |
| a | Plan name | ADVANTAGECARE PHYSICIANS P.C. 401(K) PLAN | |
| b | Name of plan sponsor | ADVANTAGECARE PHYSICIANS P.C. | c EIN-PN 46-0970995-001 |
| a | Plan name | ADVANTAGECARE PHYSICIANS P.C. UNION EMPLOYEES 401(K) PLAN | |
| b | Name of plan sponsor | ADVANTAGECARE PHYSICIANS P.C. | c EIN-PN 46-0970995-002 |
| a | Plan name | STATEN ISLAND PHYSICIAN PRACTICE P.C. UNION EMPLOYEES PENSION PLAN | |
| b | Name of plan sponsor | ADVANTAGECARE PHYSICIANS P.C. | c EIN-PN 46-0970995-003 |
| a | Plan name | AIR CANADA US TAX INCENTIVE SAVINGS PLANS | |
| b | Name of plan sponsor | AIR CANADA | c EIN-PN 13-1394887-002 |
| a | Plan name | ARNOLD & PORTER KAYE SCHOLER LLP PROFIT-SHARING AND 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | ARNOLD & PORTER LLP | c EIN-PN 53-0208605-001 |
| a | Plan name | ASSOCIATED BUILDERS AND CONTRACTORS, INC. RETIREMENT & SAVINGS PLAN | |
| b | Name of plan sponsor | ASSOCIATED BUILDERS AND CONTRACTORS, INC. | c EIN-PN 52-0579380-001 |
| a | Plan name | AUTOLIV ASP, INC. EMPLOYEE SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor | AUTOLIV ASP, INC. | c EIN-PN 36-3640053-036 |
| a | Plan name | AUTOMATIC DATA PROCESSING, INC. RETIREMENT AND SAVINGS PLAN | |
| b | Name of plan sponsor | AUTOMATIC DATA PROCESSING, INC. | c EIN-PN 22-1467904-002 |
| a | Plan name | BETTCHER INDUSTRIES INC. 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | BETTCHER INDUSTRIES, INC. | c EIN-PN 34-1575191-002 |
| a | Plan name | BLUE CROSS AND BLUE SHIELD OF MINNESOTA EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor | BLUE CROSS AND BLUE SHIELD OF MINNESOTA | c EIN-PN 41-0984460-002 |

| Part II Information on Participating Plans (to be completed by DFEs, other than DCGs) | | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name | BMW SAVINGS PLAN |
| b | Name of plan sponsor | BMW OF NORTH AMERICA, LLC |
| c | EIN-PN | 22-2139469-002 |
| a | Plan name | I.B.E.W. 701 RETIREMENT SAVINGS FUND |
| b | Name of plan sponsor | BOARD OF TRUSTEES I.B.E.W. 701 RETIREMENT SAVINGS FUND |
| c | EIN-PN | 36-6455509-002 |
| a | Plan name | IRON WORKERS LOCAL 395 ANNUITY FUND |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF IRON WORKERS LOCAL 395 ANNUITY FUND |
| c | EIN-PN | 35-1959984-001 |
| a | Plan name | TEAMSTERS UNION LOCAL NO. 142 ANNUITY FUND |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF TEAMSTERS UNION LOCAL NO. 142 |
| c | EIN-PN | 27-3032105-001 |
| a | Plan name | WEST VIRGINIA LABORERS PROFIT SHARING PLAN |
| b | Name of plan sponsor | BOARD OF TRUSTEES OF THE WEST VIRGINIA LABORERS PROFIT SHARING PLAN |
| c | EIN-PN | 55-0772123-001 |
| a | Plan name | IBEW LOCAL UNION NO. 357 PENSION TRUST FUND - PLAN B |
| b | Name of plan sponsor | BOT OF IBEW LOCAL UNION NO. 357 PENSION TRUST FUND - PLAN B |
| c | EIN-PN | 88-6023284-002 |
| a | Plan name | LOCAL UNION 531, IBEW & NECA MONEY PURCHASE PENSION PLAN |
| b | Name of plan sponsor | BOT OF LOCAL UNION 531, IBEW & NECA MONEY PURCHASE PENSION PLAN |
| c | EIN-PN | 36-1764263-001 |
| a | Plan name | PLUMBERS AND PIPEFITTERS LOCAL NO. 172 VOLUNTARY 401(K) PLAN |
| b | Name of plan sponsor | BOT OF THE PLUMBERS AND PIPEFITTERS LOC NO. 172 VOLUNTARY 401(K) PLAN |
| c | EIN-PN | 35-1971399-001 |
| a | Plan name | TUCKPOINTERS LOCAL 52 DEFINED CONTRIBUTION ANNUITY TRUST FUND |
| b | Name of plan sponsor | BOT OF THE TUCKPOINTERS LOCAL 52 DC ANNUITY TRUST FUND |
| c | EIN-PN | 36-6940923-003 |
| a | Plan name | BROOKSHIRE'S EMPLOYEE STOCK OWNERSHIP AND 401(K) PLAN |
| b | Name of plan sponsor | BROOKSHIRE HOLDINGS, INC. |
| c | EIN-PN | 75-2894614-001 |
| a | Plan name | BROWN-FORMAN CORPORATION SAVINGS PLAN |
| b | Name of plan sponsor | BROWN-FORMAN CORPORATION |
| c | EIN-PN | 61-0143150-006 |
| a | Plan name | BROWN-FORMAN CORPORATION SAVINGS PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES |
| b | Name of plan sponsor | BROWN-FORMAN CORPORATION |
| c | EIN-PN | 61-0143150-016 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | CHARTER COMMUNICATIONS, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | CHARTER COMMUNICATIONS, INC. | c EIN-PN 81-4450589-333 |
| a | Plan name | CHARTER COMMUNICATIONS, INC. RETIREMENT ACCUMULATION PLAN | |
| b | Name of plan sponsor | CHARTER COMMUNICATIONS, INC. | c EIN-PN 81-4450589-022 |
| a | Plan name | C&I ENGINEERING, INC. SALARY SAVINGS PLAN | |
| b | Name of plan sponsor | CHEMICAL & INDUSTRIAL ENGINEERING, INC. | c EIN-PN 61-1034946-001 |
| a | Plan name | THE KIDSHEART 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CHILDRENS HEALTHCARE OF ATLANTA CARDIOLOGY, INC | c EIN-PN 58-1871713-001 |
| a | Plan name | CHILDRENS SPECIALTY GROUP, PLLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CHILDRENS SPECIALTY GROUP, PLLC | c EIN-PN 54-1871633-001 |
| a | Plan name | CIRRUS LOGIC, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CIRRUS LOGIC, INC. | c EIN-PN 77-0024818-001 |
| 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 | DAVITA RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | DAVITA INC. | c EIN-PN 51-0354549-001 |
| a | Plan name | EMBLEMHEALTH SERVICES COMPANY, LLC 401(K) PLAN | |
| b | Name of plan sponsor | EMBLEMHEALTH SERVICES COMPANY LLC | c EIN-PN 26-1330097-002 |
| a | Plan name | ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | ESSILORLUXOTTICA USA INC. | c EIN-PN 86-3625314-001 |
| a | Plan name | EVOQUA WATER TECHNOLOGIES LLC SAVINGS PLAN | |
| b | Name of plan sponsor | EVOQUA WATER TECHNOLOGIES LLC | c EIN-PN 80-0909020-001 |
| a | Plan name | FAMILY FIRST HOMECARE 401(K) PLAN | |
| b | Name of plan sponsor | FAMILY FIRST HOMECARE | c EIN-PN 46-0893326-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
|---|----------------------|--|--------------------------------|
| <small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small> | | | |
| a | Plan name | FASIG-TIPTON COMPANY, INC. SAVINGS INCENTIVE PLAN | |
| b | Name of plan sponsor | FASIG-TIPTON COMPANY, INC. | c EIN-PN 74-3257588-002 |
| a | Plan name | VOLUME SUBMITTER DEFINED CONTRIBUTION PLAN FIDELITY BASIC PLAN DOCUMENT NO. 17 | |
| b | Name of plan sponsor | FIDELITY | c EIN-PN 36-4468504-001 |
| a | Plan name | FIRST ADVANTAGE CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | FIRST ADVANTAGE CORPORATION | c EIN-PN 27-4651162-001 |
| a | Plan name | FR FLOW CONTROL VALVES US BIDCO INC. 401(K) PLAN | |
| b | Name of plan sponsor | FR FLOW CONTROL VALVES US BIDCO, INC. | c EIN-PN 83-4244368-001 |
| a | Plan name | FREMONT CONTRACT CARRIERS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | FREMONT CONTRACT CARRIERS, INC | c EIN-PN 47-0494687-002 |
| a | Plan name | HUAWEI USA 401(K) PLAN | |
| b | Name of plan sponsor | FUTUREWEI TECHNOLOGIES, INC. | c EIN-PN 75-2923245-001 |
| a | Plan name | GORDON US, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GORDON US, LLC | c EIN-PN 86-3292759-001 |
| a | Plan name | HOSPITALITY VENTURES 401(K) PLAN | |
| b | Name of plan sponsor | HOSPITALITY VENTURES LLC | c EIN-PN 20-1103957-001 |
| a | Plan name | IBEW LOCAL 38 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | IBEW LOCAL 38 401(K) RETIREMENT PL | c EIN-PN 34-1619944-001 |
| a | Plan name | INTELLIBRIDGE 401(K) PLAN | |
| b | Name of plan sponsor | INTELLIBRIDGE, LLC | c EIN-PN 65-1313681-001 |
| a | Plan name | INTERMOUNTAIN HEALTHCARE SAVINGS PLUS 401(K) PLAN | |
| b | Name of plan sponsor | INTERMOUNTAIN HEALTH CARE, INC. | c EIN-PN 87-0269232-002 |
| a | Plan name | INTERTEK RETIREMENT SAVINGS | |
| b | Name of plan sponsor | INTERTEK USA | c EIN-PN 72-0703433-001 |

| 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 | IRONWORKERS LOCAL UNION 549 AND 550 SECURITY PLAN | |
| b | Name of plan sponsor | IRONWORKERS LOCAL UNION 549 AND 550 SECURITY PLAN BOARD OF TRUSTEES | c EIN-PN 34-1399439-001 |
| a | Plan name | JACKSON KELLY PLLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | JACKSON KELLY PLLC | c EIN-PN 55-0394215-002 |
| a | Plan name | THE OREGON FEDERATION OF NURSES & HEALTH PROFESSIONALS - KAISER FOUNDATION HEALTH PLAN RETIREMENT PLAN AND TRUST | |
| b | Name of plan sponsor | KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST | c EIN-PN 93-0798039-027 |
| a | Plan name | KAISER PERMANENTE WASHINGTON DEFINED CONTRIBUTION PLAN | |
| b | Name of plan sponsor | KAISER FOUNDATION HEALTH PLAN OF WASHINGTON | c EIN-PN 91-0511770-008 |
| a | Plan name | KAISER PERMANENTE WASHINGTON OPTIONS 401(K) PLAN | |
| b | Name of plan sponsor | KAISER FOUNDATION HEALTH PLAN OF WASHINGTON OPTIONS, INC. | c EIN-PN 91-1467158-001 |
| a | Plan name | KAISER PERMANENTE 401(K) PLAN | |
| b | Name of plan sponsor | KAISER FOUNDATION HEALTH PLAN, INC. | c EIN-PN 94-1340523-025 |
| a | Plan name | KAISER PERMANENTE NORTHWEST SUPPLEMENTAL RETIREMENT PLAN (KPNSRP) | |
| b | Name of plan sponsor | KAISER FOUNDATION HEALTH PLAN, INC. | c EIN-PN 94-1340523-017 |
| a | Plan name | KAISER PERMANENTE RETIREMENT PLAN | |
| b | Name of plan sponsor | KAISER FOUNDATION HEALTH PLAN, INC. | c EIN-PN 94-1340523-001 |
| a | Plan name | KAISER PERMANENTE SUPPLEMENTAL SAVINGS AND RETIREMENT PLAN B (PLAN B) | |
| b | Name of plan sponsor | KAISER FOUNDATION HEALTH PLAN, INC. | c EIN-PN 94-1340523-003 |
| a | Plan name | KAISER PERMANENTE SUPPLEMENTAL SAVINGS AND RETIREMENT PLAN FOR UNION GROUPS (UNION PLAN B) | |
| b | Name of plan sponsor | KAISER FOUNDATION HEALTH PLAN, INC. | c EIN-PN 94-1340523-005 |
| a | Plan name | LCM INVESTMENTS HOLDINGS II, LLC 401(K) PLAN | |
| b | Name of plan sponsor | LCM INVESTMENTS HOLDINGS II, LLC | c EIN-PN 20-4587299-001 |
| a | Plan name | LOCAL UNION NO. 9, IBEW AND OUTSIDE CONTRACTORS DEFINED CONTRIBUTION PENSION FUND | |
| b | Name of plan sponsor | LOCAL UNION NO. 9, IBEW AND OUTSIDE CONTRACTORS | c EIN-PN 36-4301166-002 |

| 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 | LUXOTTICA GROUP SAVINGS PLAN | |
| b | Name of plan sponsor | LUXOTTICA U.S. HOLDINGS CORP. | c EIN-PN 11-3491054-050 |
| a | Plan name | LUXOTTICA GROUP TAX INCENTIVE SAVINGS PLAN | |
| b | Name of plan sponsor | LUXOTTICA U.S. HOLDINGS CORP. | c EIN-PN 11-3491054-025 |
| a | Plan name | THE M.A. MORTENSON COMPANY RETIREMENT SAVINGS PLAN AND TRUST | |
| b | Name of plan sponsor | M.A. MORTENSON COMPANY | c EIN-PN 41-0740923-001 |
| a | Plan name | THE M.A. MORTENSON COMPANY RETIREMENT SAVINGS PLAN AND TRUST FOR TRADE EMPLOYEES | |
| b | Name of plan sponsor | M.A. MORTENSON COMPANY | c EIN-PN 41-0740923-002 |
| a | Plan name | MEDNAX SERVICES, INC. THRIFT AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MEDNAX SERVICES, INC. | c EIN-PN 65-0271219-001 |
| a | Plan name | CENTURION 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | MHM SERVICES, INC. DBA CENTURION GROUP, INC. | c EIN-PN 82-5316510-001 |
| a | Plan name | NEBRASKA ORTHOPEDIC HOSPITAL RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | NEBRASKA ORTHOPEDIC HOSPITAL | c EIN-PN 47-0845237-001 |
| a | Plan name | NEW ENTERPRISE STONE & LIME CO., INC. 401(K) SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor | NEW ENTERPRISE STONE & LIME CO., INC. | c EIN-PN 23-1374051-010 |
| a | Plan name | THE OHIO NATIONAL LIFE INSURANCE COMPANY 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | OHIO NATIONAL LIFE INSURANCE CO. | c EIN-PN 31-0397080-004 |
| a | Plan name | THE OHIO NATIONAL LIFE INSURANCE COMPANY 401(K) PLAN FOR AGENTS | |
| b | Name of plan sponsor | OHIO NATIONAL LIFE INSURANCE CO. | c EIN-PN 31-0397080-005 |
| a | Plan name | ORTHOWEST, P.C. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | ORTHOWEST, P.C. | c EIN-PN 47-0845955-001 |
| a | Plan name | PAYLESS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PAYLESS SHOESOURCE, LLC | c EIN-PN 48-0674097-002 |

| 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 PAYLESS PUERTO RICO PROFIT SHARING PLAN | |
| b | Name of plan sponsor PAYLESS SHOESOURCE, LLC | c EIN-PN 48-0674097-002 |
| a | Plan name ECU MEDICAL CENTER 457(B) DEFERRED COMPENSATION PLAN | |
| b | Name of plan sponsor PITT COUNTY MEMORIAL HOSPITAL, INC. | c EIN-PN 56-0585243-002 |
| a | Plan name PIXELLE SPECIALTY SOLUTIONS 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor PIXELLE SPECIALTY SOLUTIONS LLC | c EIN-PN 83-1623694-002 |
| a | Plan name PIXELLE SPECIALTY SOLUTIONS HOURLY 401(K) SAVINGS PLAN (UNION) | |
| b | Name of plan sponsor PIXELLE SPECIALTY SOLUTIONS LLC | c EIN-PN 83-1623694-003 |
| a | Plan name PLASTER & WALD CONSULTING CORP 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor PLASTER & WALD CONSULTING CORP. | c EIN-PN 73-1519602-001 |
| a | Plan name PLUMBERS PIPEFITTERS & MECHANICAL EQUIPMENT SERVICE LOCAL UNION NO. 392 SUPPLEMENTAL RETIREMENT PLAN | |
| b | Name of plan sponsor PLUMBERS, PIPEFITTERS & MES EQUIPMENT SERVICE LOCAL UNION 392 | c EIN-PN 84-2587991-001 |
| a | Plan name PODS ENTERPRISES, LLC NON-UNION 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor PODS ENTERPRISES, LLC | c EIN-PN 20-2759417-002 |
| a | Plan name PRESTONWOOD COUNTRY CLUB, INC. 401(K) PLAN | |
| b | Name of plan sponsor PRESTONWOOD COUNTRY CLUB, INC | c EIN-PN 56-1750016-001 |
| a | Plan name QUALITY CARRIERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor QUALITY CARRIERS, INC. | c EIN-PN 36-2590063-002 |
| a | Plan name QDI 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor QUALITY DISTRIBUTION, INC. | c EIN-PN 59-3239073-001 |
| a | Plan name RBC U.S.A RETIREMENT AND SAVINGS PLAN | |
| b | Name of plan sponsor RBC USA HOLDCO CORPORATION | c EIN-PN 20-0563684-003 |
| a | Plan name RIO TINTO ALCAN 401(K) SAVINGS PLAN FOR FORMER EMPLOYEES | |
| b | Name of plan sponsor RIO TINTO AMERICA HOLDINGS INC. FBO ALCAN CORPORATION | c EIN-PN 41-2098316-075 |

| 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 KENNECOTT UTAH COPPER 401(K) SAVINGS AND RETIREMENT CONTRIBUTION PLAN FOR REPRESENTED | |
| b | Name of plan sponsor RIO TINTO AMERICA HOLDINGS INC. FBO KENNECOTT UTAH COPPER LLC | c EIN-PN 13-3108078-204 |
| a | Plan name RIO TINTO AMERICA INC. 401(K) SAVINGS PLAN AND INVESTMENT PARTNERSHIP PLAN | |
| b | Name of plan sponsor RIO TINTO AMERICA HOLDINGS INC. FBO RIO TINTO AMERICA INC. | c EIN-PN 11-3359689-002 |
| a | Plan name U.S. BORAX INC. 401(K) SAVINGS & RETIREMENT CONTRIBUTION PLAN FOR REPRESENTED EMPLOYEES | |
| b | Name of plan sponsor RIO TINTO AMERICA HOLDINGS INC. FBO U.S. BORAX INC. | c EIN-PN 98-0047580-007 |
| a | Plan name SALESFORCE 401(K) PLAN | |
| b | Name of plan sponsor SALESFORCE.COM INC. | c EIN-PN 94-3320693-001 |
| a | Plan name SAS RETIREMENT PLAN | |
| b | Name of plan sponsor SAS INSTITUTE INC. | c EIN-PN 56-1133017-001 |
| a | Plan name JOHN MORRELLO CO. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor SMITHFIELD FOODS INC. | c EIN-PN 52-0845861-009 |
| a | Plan name SMITHFIELD FOODS INC. 401(K) PLAN | |
| b | Name of plan sponsor SMITHFIELD FOODS INC. | c EIN-PN 52-0845861-002 |
| a | Plan name SMITHFIELD FOODS INC. BARGAINING 401(K) PLAN | |
| b | Name of plan sponsor SMITHFIELD FOODS INC. | c EIN-PN 52-0845861-004 |
| a | Plan name SOUNDEXCHANGE, INC. 401(K) PLAN | |
| b | Name of plan sponsor SOUNDEXCHANGE, INC. | c EIN-PN 76-0742496-001 |
| a | Plan name SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP TAX SAVINGS RETIREMENT PLAN (SCPMG TSRP) | |
| b | Name of plan sponsor SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP | c EIN-PN 95-1750445-002 |
| a | Plan name SOUTHERN ILLINOIS HEALTHCARE RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor SOUTHERN ILLINOIS HEALTHCARE | c EIN-PN 37-0618939-002 |
| a | Plan name SUNCOR ENERGY 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor SUNCOR ENERGY (U.S.A.) INC. | c EIN-PN 51-0403125-001 |

| 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 FROZEN PHS & HMHS 401(K) PLAN | |
| b | Name of plan sponsor TEXAS HEALTH RESOURCES | c EIN-PN 75-2702388-005 |
| a | Plan name FROZEN PHS 401(A) PLAN | |
| b | Name of plan sponsor TEXAS HEALTH RESOURCES | c EIN-PN 75-2702388-001 |
| a | Plan name FROZEN PRIOR EMPLOYER 401(K) PLAN | |
| b | Name of plan sponsor TEXAS HEALTH RESOURCES | c EIN-PN 75-2702388-013 |
| a | Plan name TEXAS HEALTH 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor TEXAS HEALTH RESOURCES | c EIN-PN 75-2702388-008 |
| a | Plan name THE PERMANENTE 401(K) PLAN | |
| b | Name of plan sponsor THE PERMANENTE FEDERATION, LLC | c EIN-PN 52-2017558-003 |
| a | Plan name KAISER PERMANENTE EMPLOYEES PENSION PLAN | |
| b | Name of plan sponsor THE PERMANENTE MEDICAL GROUP, INC. | c EIN-PN 94-2728480-004 |
| a | Plan name THE PERMANENTE MEDICAL GROUP, INC. SALARY DEFERRAL RETIREMENT PLAN (TPMG-SDRP) | |
| b | Name of plan sponsor THE PERMANENTE MEDICAL GROUP, INC. | c EIN-PN 94-2728480-023 |
| a | Plan name TIFFANY AND COMPANY EMPLOYEE PROFIT SHARING AND RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor TIFFANY AND COMPANY | c EIN-PN 13-1387680-002 |
| a | Plan name TRADESTATION GROUP, INC. EMPLOYEE SAVINGS RETIREMENT PLAN | |
| b | Name of plan sponsor TRADESTATION GROUP, INC. | c EIN-PN 65-0977576-001 |
| a | Plan name IRON WORKERS MID-AMERICA SUPPLEMENTAL MONTHLY ANNUITY FUND | |
| b | Name of plan sponsor TRUSTEES OF THE IRON WORKERS MID-AMER SUPPLEMENTAL MONTHLY ANNUITY FND | c EIN-PN 36-4108124-002 |
| a | Plan name VEONEER US SAFETY SYSTEMS LLC 401(K) EMPLOYEES SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor VEONEER US SAFETY SYSTEMS LLC | c EIN-PN 92-2487557-001 |
| a | Plan name VEONEER 401(K) EMPLOYEE SAVINGS AND INVESTMENT PLAN | |
| b | Name of plan sponsor VEONEER US, INC. | c EIN-PN 82-3701316-001 |

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024 | |
| A Name of plan COMMINGLED PENSION TRUST FUND (SMARTRETIREMENT PASSIVE BLEND 2030) OF JPMORGAN CHASE BANK, N.A. | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 JPMORGAN CHASE BANK, N.A. | D Employer Identification Number (EIN) 26-1165198 |

| | |
|---------------|--------------------------------------|
| 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) | 45541573 30562000 |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 364539 0 |
| (2) U.S. Government securities | 1c(2) | 15621988 11295000 |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | |
| (5) Partnership/joint venture interests | 1c(5) | |
| (6) Real estate (other than employer real property) | 1c(6) | |
| (7) Loans (other than to participants) | 1c(7) | |
| (8) Participant loans | 1c(8) | |
| (9) Value of interest in common/collective trusts | 1c(9) | 5567360646 6753887000 |
| (10) Value of interest in pooled separate accounts | 1c(10) | |
| (11) Value of interest in master trust investment accounts | 1c(11) | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | |
| (13) Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | |
| (14) Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | |
| (15) Other | 1c(15) | 0 2006000 |

| 1d Employer-related investments: | | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities..... | 1d(1) | | |
| (2) Employer real property..... | 1d(2) | | |
| e Buildings and other property used in plan operation..... | 1e | | |
| f Total assets (add all amounts in lines 1a through 1e)..... | 1f | 562888746 | 6797750000 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 26806459 | 21069000 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 26806459 | 21069000 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 5602082287 | 6776681000 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | 612000 | |
| (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) | | 612000 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 0 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 15572000 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 9065000 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | 6507000 |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | 3270000 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | (a) Amount | (b) Total |
|---|------------|------------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | 1288769000 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | |
| c Other income | 2c | 134000 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | 1299292000 |

Expenses

| | | |
|---|--------|---------|
| e Benefit payment and payments to provide benefits: | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | |
| (3) Other | 2e(3) | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | 0 |
| f Corrective distributions (see instructions) | 2f | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | |
| h Interest expense | 2h | |
| i Administrative expenses: | | |
| (1) Salaries and allowances | 2i(1) | |
| (2) Contract administrator fees | 2i(2) | |
| (3) Recordkeeping fees | 2i(3) | |
| (4) IQPA audit fees | 2i(4) | 18000 |
| (5) Investment advisory and investment management fees | 2i(5) | 564000 |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 6017000 |
| (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) | 343000 |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | 6942000 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | 6942000 |

Net Income and Reconciliation

| | | |
|---|-------|------------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | 1292350000 |
| l Transfers of assets: | | |
| (1) To this plan | 2l(1) | 1325376894 |
| (2) From this plan | 2l(2) | 1443128181 |

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

| | Yes | No | Amount |
|--|-----|----|--------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | | |
| e Was this plan covered by a fidelity bond? | | | |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | | |
| l Has the plan failed to provide any benefit when due under the plan? | | | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.