

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 (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
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1a Name of plan <u>COMMINGLED PENSION TRUST FUND (SMARTRETIREMENT PASSIVE BLEND INCOME) OF JPMORGAN CHASE BANK, N.A.</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 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) <u>JPMORGAN CHASE BANK, N.A.</u> <u>277 PARK AVENUE</u> <u>NEW YORK, NY 10172</u>	2b Employer Identification Number (EIN) <u>26-1164871</u> 2c Plan Sponsor's telephone number <u>212-648-0846</u> 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	<u>Filed with authorized/valid electronic signature.</u>	<u>01/07/2026</u>	<u>MICHAEL D'AMBROSIO</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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 0 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:

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)

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 _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 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 <u>COMMINGLED PENSION TRUST FUND (SMARTRETIREMENT PASSIVE BLEND INCOME) OF JPMORGAN CHASE BANK, N.A.</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JPMORGAN CHASE BANK, N.A.</u>	D Employer Identification Number (EIN) <u>26-1164871</u>	

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:	<u>CORE BOND FUND</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>20-3847783-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>465243000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CORE PLUS BOND FUND</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>81-2849512-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>155117000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EAFE EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>81-5213748-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>149189000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EMERGING MARKETS - FIXED INCOME FND</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>13-3744061-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>26930000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EMERGING MARKETS EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>92-1166186-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>27359000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EMERGING MARKETS RESEARCH ENHANCED</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>83-1362114-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>27295000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>EQUITY INDEX FUND</u>		
b Name of sponsor of entity listed in (a):	<u>JPMORGAN CHASE BANK, N.A.</u>		
c EIN-PN <u>20-2266703-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>317608000</u>

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) 121000
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) 78951000
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) 74658000
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) 63861000
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) 19738000
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) 41919000
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) 12051000
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) 23242000

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)		
(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	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
a	Plan name	CHARTER COMMUNICATIONS, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	CHARTER COMMUNICATIONS, INC.
c	EIN-PN	81-4450589-333

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. 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	CHILDREN'S SPECIALTY GROUP, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILDRENS SPECIALTY GROUP, PLLLC	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
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

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	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	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
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

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	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
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

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 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 OTTER PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor OTTER PRODUCTS, LLC	c EIN-PN 84-1304473-002
a	Plan name PAYLESS 401(K) 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

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	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
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

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	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
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

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 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
a	Plan name	VF CORPORATION RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	VF CORPORATION	c EIN-PN 23-1180120-002
a	Plan name	VISTA OUTDOOR INC. 401(K) PLAN	
b	Name of plan sponsor	VISTA OUTDOOR INC.	c EIN-PN 47-1016855-001

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
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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 INCOME) OF JPMORGAN CHASE BANK, N.A.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">001</td> </tr> </table>	B Three-digit plan number (PN) ▶	001
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.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 26-1164871</td> </tr> </table>	D Employer Identification Number (EIN) 26-1164871	
D Employer Identification Number (EIN) 26-1164871			

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
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)	11308000
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	500000
(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)	1483282000
(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)	192000

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	1296664095	1495282000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	9306581	1980000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9306581	1980000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1287357514	1493302000

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)	82000	
(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)	1000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		83000
(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)	5786000	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	7606000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-1820000
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-981000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-981000

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	245171000
(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	42000
d Total income. Add all income amounts in column (b) and enter total	2d	242495000

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)	115000
(6) Bank or trust company trustee/custodial fees	2i(6)	1333000
(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)	86000
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	1552000
j Total expenses. Add all expense amounts in column (b) and enter total	2j	1552000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	240943000
l Transfers of assets:		
(1) To this plan	2l(1)	354158977
(2) From this plan	2l(2)	389157491

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 _____.