

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 04/01/2024 and ending 03/31/2025

- 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: VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT INCOME AND GROWTH TRUST II
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): VANGUARD FIDUCIARY TRUST COMPANY
2b Employer Identification Number (EIN): 87-6420194
2c Plan Sponsor's telephone number: 610-669-1000
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

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> <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:

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 _____ (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.	<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 04/01/2024 and ending 03/31/2025

A Name of plan <u>VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT INCOME AND GROWTH TRUST II</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>VANGUARD FIDUCIARY TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>87-6420194</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>VFTC TRGT RET INC GWTH MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		
c EIN-PN <u>87-6436148-001</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>143611000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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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c EIN-PN

d Entity code

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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)

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	1LIFE HEALTHCARE INC 401(K) PLAN	
b	Name of plan sponsor	1LIFE HEALTHCARE, INC.	c EIN-PN 76-0707204-001
a	Plan name	2U, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	2U, INC.	c EIN-PN 26-2335939-001
a	Plan name	AAR CORP. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AAR CORP.	c EIN-PN 36-2334820-001
a	Plan name	ACUITY A MUTUAL INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	ACUITY, A MUTUAL INSURANCE COMPANY	c EIN-PN 39-0491540-002
a	Plan name	ACUITY BRANDS, INC. 401(K) PLAN	
b	Name of plan sponsor	ACUITY BRANDS, INC.	c EIN-PN 58-2632672-033
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	ALBANY INTERNATIONAL CORP. PROSPERITY PLUS SAVINGS PLAN	
b	Name of plan sponsor	ALBANY INTERNATIONAL CORP.	c EIN-PN 14-0462060-025
a	Plan name	ALKERMES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALKERMES, INC.	c EIN-PN 23-2472830-001
a	Plan name	ALLAN MYERS HOURLY RETIREMENT PLAN	
b	Name of plan sponsor	ALLAN MYERS, INC.	c EIN-PN 23-2966902-003
a	Plan name	ALLAN MYERS SALARIED 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALLAN MYERS, INC.	c EIN-PN 23-2966902-001
a	Plan name	ALTEC INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALTEC INDUSTRIES, INC.	c EIN-PN 63-0362926-003

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	AMERICAN GREETINGS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN GREETINGS CORPORATION	c EIN-PN 34-0065325-001
a	Plan name	AMERICAN WOODMARK CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN WOODMARK CORPORATION	c EIN-PN 54-1138147-001
a	Plan name	ANDERSEN TAX LLC TAX REDUCTION INVESTMENT PLAN	
b	Name of plan sponsor	ANDERSEN TAX LLC	c EIN-PN 33-1197384-001
a	Plan name	ARCBEST 401(K) AND DC RETIREMENT PLAN	
b	Name of plan sponsor	ARCBEST CORPORATION	c EIN-PN 71-0673405-002
a	Plan name	ARCHDIOCESE OF PHILADELPHIA 403(B) RETIREMENT PLAN	
b	Name of plan sponsor	ARCHDIOCESE OF PHILADELPHIA	c EIN-PN 23-1360839-001
a	Plan name	ARDENT MILLS, LLC RETIREMENT SAVINGS PLAN (FOR SALARIED EMPLOYEES)	
b	Name of plan sponsor	ARDENT MILLS LLC	c EIN-PN 30-0007111-001
a	Plan name	ATRO COMPANIES PROFIT SHARING PLAN/401(K) PLAN	
b	Name of plan sponsor	ASTRONICS CORPORATION	c EIN-PN 16-0959303-001
a	Plan name	AUTO-OWNERS INSURANCE COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AUTO-OWNERS INSURANCE COMPANY	c EIN-PN 38-0315280-004
a	Plan name	AXALTA COATING SYSTEMS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AXALTA COATING SYSTEMS, LLC	c EIN-PN 61-1682102-001
a	Plan name	BLACKSTONE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BLACKSTONE ADMINISTRATIVE SERVICES PARTNERSHIP, L.P.	c EIN-PN 13-3637000-002
a	Plan name	BNA 401(K) PLAN	
b	Name of plan sponsor	BLOOMBERG INDUSTRY GRP	c EIN-PN 53-0040540-002
a	Plan name	BROOKFIELD RENEWABLE ENERGY GROUP RETIREMENT PLAN	
b	Name of plan sponsor	BROOKFIELD POWER US HOLDING AMERICA CO.	c EIN-PN 20-0834708-004

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BSH HOME APPLIANCES CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BSH HOME APPLIANCES	c EIN-PN 36-4066843-001
a	Plan name BUTLER SNOW RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BUTLER SNOW LLP	c EIN-PN 64-0331849-001
a	Plan name BYTEDANCE 401(K) PLAN	
b	Name of plan sponsor BYTEDANCE INC.	c EIN-PN 81-2345210-001
a	Plan name CABLE ONE 401(K) PLAN	
b	Name of plan sponsor CABLE ONE, INC.	c EIN-PN 13-3060083-002
a	Plan name CABOT 401(K) PLAN	
b	Name of plan sponsor CABOT CORPORATION	c EIN-PN 04-2271897-022
a	Plan name CAE USA, INC. SAVINGS, INVESTMENT & EMPLOYEE BENEFIT PLAN NUMBER 1	
b	Name of plan sponsor CAE USA, INC.	c EIN-PN 51-0311065-004
a	Plan name CAE USA, INC. SAVINGS, INVESTMENT & EMPLOYEE BENEFIT PLAN NUMBER 2	
b	Name of plan sponsor CAE USA, INC.	c EIN-PN 51-0311065-007
a	Plan name CARHARTT, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CARHARTT, INC.	c EIN-PN 38-1776575-102
a	Plan name CAROLLO ENGINEERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAROLLO ENGINEERS, INC.	c EIN-PN 86-0899222-001
a	Plan name CARPENTER TECHNOLOGY CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CARPENTER TECHNOLOGY CORPORATION	c EIN-PN 23-0458500-020
a	Plan name CC INDUSTRIES & AFFILIATES SAVINGS PLAN FOR SALARIED	
b	Name of plan sponsor HENRY CROWN AND COMPANY S LLC DBA CC INDUSTRIES, INC.	c EIN-PN 36-2123962-001
a	Plan name CCL INDUSTRIES 401(K) PROFIT-SHARING PLAN	
b	Name of plan sponsor CCL LABEL, INC.	c EIN-PN 13-1966972-003

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	CEVA 401(K) PLAN	
b Name of plan sponsor	CEVA LOGISTICS U.S. HOLDINGS, INC.	c EIN-PN 56-2626194-001
a Plan name	CF INDUSTRIES HOLDINGS INC 401(K) PLAN	
b Name of plan sponsor	CF INDUSTRIES HOLDINGS, INC.	c EIN-PN 20-2697511-001
a Plan name	CGB ENTERPRISES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	CGB ENTERPRISES, INC.	c EIN-PN 72-1239162-002
a Plan name	CHICOS FAS, INC. 401(K) ELECTIVE DEFERRAL PLAN	
b Name of plan sponsor	CHICOS FAS, INC.	c EIN-PN 59-2389435-001
a Plan name	CHURCH & DWIGHT CO., INC. SAVINGS AND PROFIT SHARING PLAN FOR HOURLY E LOYEEES	
b Name of plan sponsor	CHURCH & DWIGHT CO., INC.	c EIN-PN 13-4996950-006
a Plan name	CHURCH & DWIGHT CO., INC. SAVINGS AND PROFIT SHARING PLAN FOR SALARIED MPLOYEES	
b Name of plan sponsor	CHURCH & DWIGHT CO., INC.	c EIN-PN 13-4996950-008
a Plan name	CIBC RETIREMENT SAVINGS PLAN FOR U.S. EMPLOYEEES	
b Name of plan sponsor	CANADIAN IMPERIAL BANK OF COMMERCE	c EIN-PN 13-1942440-006
a Plan name	CLARK GROUP RETIREMENT PLAN	
b Name of plan sponsor	CLARK CONSTRUCTION GROUP, LLC	c EIN-PN 56-2447399-001
a Plan name	CLOUDERA, INC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	CLOUDERA, INC.	c EIN-PN 26-2922329-001
a Plan name	CNO 401K PLAN	
b Name of plan sponsor	CNO SERVICES, LLC	c EIN-PN 35-1965822-001
a Plan name	COLUMBIA DISTRIBUTING 401(K) RETIREMENT PLAN	
b Name of plan sponsor	COHO DISTRIBUTING LLC DBA COLUMBIA DISTRIBUTING	c EIN-PN 26-2863088-002
a Plan name	CONSTELLIS 401(K) PLAN	
b Name of plan sponsor	CONSTELLIS LLC	c EIN-PN 47-3297412-002

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	COOPER CONSOLIDATED, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COOPER CONSOLIDATED, LLC	c EIN-PN 26-3175799-001
a	Plan name	COTIVITI SAVINGS PLAN	
b	Name of plan sponsor	VERSCEND INTERMEDIATE HOLDING CORP.	c EIN-PN 81-2545074-001
a	Plan name	COVESTRO LLC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	COVESTRO LLC	c EIN-PN 06-1653740-002
a	Plan name	CP KELCO NONUNION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CP KELCO U.S., INC.	c EIN-PN 51-0400757-002
a	Plan name	DANA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DANA LIMITED	c EIN-PN 26-1318190-147
a	Plan name	DDI EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	DEVELOPMENT DIMENSIONS INTERNATIONAL, INC.	c EIN-PN 13-2662069-002
a	Plan name	DE LAGE LANDEN FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DE LAGE LANDEN FINANCIAL SERVICES, INC.	c EIN-PN 38-1904500-001
a	Plan name	DEBEVOISE & PLIMPTON LLP CASH OR DEFERRED PLAN FOR ASSOCIATES AND COUN L	
b	Name of plan sponsor	DEBEVOISE & PLIMPTON LLP	c EIN-PN 13-5537279-004
a	Plan name	DEBEVOISE & PLIMPTON LLP CASH OR DEFERRED PLAN FOR PARTNERS AND STAFF	
b	Name of plan sponsor	DEBEVOISE & PLIMPTON LLP	c EIN-PN 13-5537279-003
a	Plan name	DESIGNER BRANDS INC. 401(K) PLAN	
b	Name of plan sponsor	DESIGNER BRANDS INC	c EIN-PN 31-0746639-001
a	Plan name	DICK'S SPORTING GOODS, INC. SMART SAVINGS 401(K) PLAN	
b	Name of plan sponsor	DICK'S SPORTING GOODS, INC.	c EIN-PN 16-1241537-003
a	Plan name	DIEBOLD, INCORPORATED 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DIEBOLD NIXDORF, INCORPORATED	c EIN-PN 34-0183970-012

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	DNV GL USA, INC. 401(K) PLAN	
b	Name of plan sponsor	DNV GL USA, INC.	c EIN-PN 76-0187362-002
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	DPR CONSTRUCTION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DPR CONSTRUCTION	c EIN-PN 27-0853429-001
a	Plan name	ELEMENT VEHICLE MANAGEMENT SERVICES GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ELEMENT VEHICLE MANAGEMENT SERVICES GROUP, LLC	c EIN-PN 35-2441330-001
a	Plan name	ELLUCIAN RETIREMENT PLAN	
b	Name of plan sponsor	SOPHIA, L.P.	c EIN-PN 45-3182708-001
a	Plan name	EMERGEORTHO PA RETIREMENT PLAN 2	
b	Name of plan sponsor	EMERGEORTHO P.A.	c EIN-PN 56-1079264-002
a	Plan name	EMPLOYEE PS RET PLAN & TRUST OF FOSTER FARMS GROUP	
b	Name of plan sponsor	FOSTER POULTRY FARMS	c EIN-PN 94-2382364-001
a	Plan name	EPREDIA SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ASCENSIA DIABETES CARE US INC.	c EIN-PN 38-3977425-002
a	Plan name	EVOLENT HEALTH 401(K) PLAN	
b	Name of plan sponsor	EVOLENT HEALTH, LLC	c EIN-PN 45-3084136-002
a	Plan name	FCCI SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FCCI SERVICES, INC.	c EIN-PN 59-1968027-001
a	Plan name	FLINT GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FLINT GROUP PACKAGING INKS NORTH AMERICA HOLDINGS LLC	c EIN-PN 38-1575977-001

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	FMC CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	FMC CORPORATION	c EIN-PN 94-0479804-061
a	Plan name	GILLIG 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	GILLIG LLC	c EIN-PN 26-3085364-001
a	Plan name	GILLIG MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	GILLIG LLC	c EIN-PN 26-3085364-002
a	Plan name	GLEASON CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GLEASON CORPORATION	c EIN-PN 16-1224655-002
a	Plan name	GREAT DANE KEWANEE UNION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GREAT DANE LLC	c EIN-PN 36-4120610-007
a	Plan name	GREAT DANE LLC EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GREAT DANE LLC	c EIN-PN 36-4120610-004
a	Plan name	HEALTHFIRST PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HF MANAGEMENT SERVICES, LLC	c EIN-PN 13-4069806-002
a	Plan name	HENDRICK AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	HENDRICK AUTOMOTIVE GROUP, LLC	c EIN-PN 56-1794980-001
a	Plan name	HUSCH BLACKWELL LLP 401(K) MASTER TRUST	
b	Name of plan sponsor	HUSCH BLACKWELL LLP	c EIN-PN 26-1688286-013
a	Plan name	HYLAND SOFTWARE 401(K) PLAN	
b	Name of plan sponsor	HYLAND SOFTWARE, INC.	c EIN-PN 34-1699247-001
a	Plan name	I.B.E.W. LOCAL 613 DEFINED CONTRIBUTION PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES IBEW LOCAL 613 & EMPLOYER DEFINED CONTRIBUTION PENSI	c EIN-PN 58-1577291-001
a	Plan name	IBEW LOCAL 22/NECA DEFINED CONTRIBUTION PLAN B	
b	Name of plan sponsor	IBEW LOCAL UNION NO. 22/NECA	c EIN-PN 47-6061061-002

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 IDEXX RETIREMENT AND INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor IDEXX LABORATORIES, INC.	c EIN-PN 01-0393723-001
a	Plan name INDICOR RETIREMENT SAVINGS PLAN 103	
b	Name of plan sponsor INDICOR LLC	c EIN-PN 42-1445752-001
a	Plan name INDICOR RETIREMENT SAVINGS PLAN 104	
b	Name of plan sponsor INDICOR LLC	c EIN-PN 42-1445752-002
a	Plan name INTEGRA LIFESCIENCES CORPORATION 401(K) TRUST	
b	Name of plan sponsor INTEGRA LIFESCIENCES CORPORATION	c EIN-PN 22-3270030-001
a	Plan name J.L. CLARK EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor J.L. CLARK, LLC	c EIN-PN 36-3582485-010
a	Plan name JACKSON FAMILY ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor JACKSON FAMILY ENTERPRISES, INC.	c EIN-PN 20-5780901-003
a	Plan name JENNER & BLOCK SHARING PLAN 201	
b	Name of plan sponsor JENNER & BLOCK LLP	c EIN-PN 36-2192554-201
a	Plan name KENT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor KENT CORPORATION	c EIN-PN 42-0279585-001
a	Plan name LATROBE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CARPENTER TECHNOLOGY CORPORATION	c EIN-PN 23-0458500-019
a	Plan name LENLEASE 401(K) PLAN	
b	Name of plan sponsor LENLEASE AMERICAS HOLDINGS, INC.	c EIN-PN 94-3161010-001
a	Plan name LOGAN HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LOGAN HEALTH	c EIN-PN 81-0406485-001
a	Plan name LYNDEN 401(K) RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor LYNDEN INCORPORATED	c EIN-PN 91-1169184-002

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	MAHLE 401(K) PLAN
b	Name of plan sponsor	MAHLE INDUSTRIES, INCORPORATED
c	EIN-PN	58-2431334-004
a	Plan name	MARCUM LLP 401(K) PLAN
b	Name of plan sponsor	MARCUM LLP
c	EIN-PN	11-1986323-006
a	Plan name	MAXCESS INTERNATIONAL CORPORATION 401(K) SAVINGS PLAN
b	Name of plan sponsor	MAXCESS INTERNATIONAL CORPORATION
c	EIN-PN	04-3041994-003
a	Plan name	MILLER, CANFIELD, PADDOCK & STONE P.L.C. 401(K) CAPITAL ACCUMULATION P N
b	Name of plan sponsor	MILLER, CANFIELD, PADDOCK & STONE, P.L.C
c	EIN-PN	38-0836500-004
a	Plan name	MORRISON AND FOERSTER LLP RETIREMENT PLAN MASTER TRUST
b	Name of plan sponsor	MORRISON AND FOERSTER LLP
c	EIN-PN	94-0697210-008
a	Plan name	NASDAQ, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	NASDAQ, INC.
c	EIN-PN	52-1165937-001
a	Plan name	NCAA RETIREMENT PLAN
b	Name of plan sponsor	NATIONAL COLLEGIATE ATHLETIC ASSOCIATION
c	EIN-PN	44-0567264-001
a	Plan name	NELSON MULLINS RETIREMENT PLAN
b	Name of plan sponsor	NELSON MULLINS RILEY & SCARBOROUGH LLP
c	EIN-PN	57-0215445-002
a	Plan name	NOMURA SECURITIES INTERNATIONAL, INC. RETIREMENT INVESTMENT PLAN
b	Name of plan sponsor	NOMURA SECURITIES INTERNATIONAL, INC.
c	EIN-PN	13-2642206-002
a	Plan name	ONSEMI 401(K) PLAN
b	Name of plan sponsor	ON SEMICONDUCTOR CORPORATION
c	EIN-PN	36-3840979-001
a	Plan name	PBF ENERGY RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	PBF HOLDING COMPANY LLC
c	EIN-PN	27-2198168-002
a	Plan name	PHC CORPORATION OF NORTH AMERICA 401(K) PLAN
b	Name of plan sponsor	PHC CORPORATION OF NORTH AMERICA
c	EIN-PN	46-3942069-003

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	PHOENIX CHILDRENS HOSPITAL SECTION 401(K) INVESTMENT PLAN	
b	Name of plan sponsor	PHOENIX CHILDRENS HOSPITAL	c EIN-PN 86-0422559-001
a	Plan name	PINTEREST 401(K) PLAN	
b	Name of plan sponsor	PINTEREST, INC.	c EIN-PN 26-3607129-001
a	Plan name	PRESS GANEY ASSOCIATES LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PRESS GANEY ASSOCIATES LLC	c EIN-PN 35-1646289-001
a	Plan name	PROCESS EQUIPMENT GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HILLENBRAND INC	c EIN-PN 26-1342272-007
a	Plan name	PROVISUR EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PROVISUR TECHNOLOGIES, INC.	c EIN-PN 20-3513920-001
a	Plan name	QUAKER HOUGHTON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	QUAKER CHEMICAL CORPORATION (D/B/A QUAKER HOUGHTON)	c EIN-PN 23-0993790-112
a	Plan name	QUALTRICS 401(K) PLAN	
b	Name of plan sponsor	QUALTRICS LLC	c EIN-PN 45-4964116-002
a	Plan name	RADIAN GROUP INC. SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor	RADIAN GROUP, INC.	c EIN-PN 23-2691170-001
a	Plan name	REALPAGE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	REALPAGE, INC.	c EIN-PN 75-2788861-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF FERMI RESEARCH ALLIANCE LLC	
b	Name of plan sponsor	FERMI NATIONAL ACCELERATOR LABORATORY	c EIN-PN 57-1239010-004
a	Plan name	RETIREMENT PLAN OF RESEARCH TRIANGLE INSTITUTE	
b	Name of plan sponsor	RESEARCH TRIANGLE INSTITUTE	c EIN-PN 56-0686338-333
a	Plan name	RETIREMENT SAVINGS PLAN OF FATHER FLANAGAN'S BOYS' HOME	
b	Name of plan sponsor	FATHER FLANAGAN'S BOYS' HOME	c EIN-PN 47-0376606-003

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 RHEEM DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor RHEEM MANUFACTURING COMPANY	c EIN-PN 20-3928590-002
a	Plan name ROBLOX CORPORATION 401K PLAN	
b	Name of plan sponsor ROBLOX CORP	c EIN-PN 20-0991664-001
a	Plan name SAFELITE GROUP ASSOCIATES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SAFELITE GROUP, INC.	c EIN-PN 31-1725961-003
a	Plan name SAN MANUEL BAND OF MISSION INDIANS 401(K) PLAN	
b	Name of plan sponsor SAN MANUEL BAND OF MISSION INDIANS	c EIN-PN 33-0526268-001
a	Plan name SAVAGE COMPANIES RETIREMENT & EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor SAVAGE COMPANIES	c EIN-PN 87-0387049-001
a	Plan name SAVVAS LEARNING COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor SAVVAS LEARNING COMPANY LLC	c EIN-PN 82-4606641-001
a	Plan name SEALY 401(K) SAVINGS PLAN	
b	Name of plan sponsor SEALY MATTRESS CORPORATION	c EIN-PN 20-1178482-011
a	Plan name SELIG SEALING PRODUCTS INC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor SELIG SEALING PRODUCTS INC	c EIN-PN 36-4497714-001
a	Plan name SOUTHERN FARM BUREAU AND ADOPTING COMPANIES 401(K) PLAN	
b	Name of plan sponsor SOUTHERN FARM BUREAU CASUALTY INSURANCE COMPANY	c EIN-PN 64-0288243-004
a	Plan name STANDARD CHARTERED BANK EMPLOYEES CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor STANDARD CHARTERED BANK	c EIN-PN 94-1595409-002
a	Plan name STP NUCLEAR OPERATING COMPANY SAVINGS PLAN	
b	Name of plan sponsor STP NUCLEAR OPERATING COMPANY	c EIN-PN 76-0517597-002
a	Plan name TATE & LYLE HOURLY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor TATE & LYLE AMERICAS LLC	c EIN-PN 36-4165865-035

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 TATE & LYLE SALARIED PENSION PLAN	
b	Name of plan sponsor TATE & LYLE AMERICAS LLC	c EIN-PN 36-4165865-001
a	Plan name TAX-DEFERRED RETIREMENT INVESTMENT PLAN OF THE BOLER COMPANY	
b	Name of plan sponsor THE BOLER COMPANY	c EIN-PN 36-2928548-010
a	Plan name TECO ENERGY GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TECO ENERGY, INC.	c EIN-PN 59-2052286-003
a	Plan name TEMPUR SEALY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TEMPUR-PEDIC MANAGEMENT, LLC	c EIN-PN 26-2807648-001
a	Plan name THE BOOKING HOLDINGS INC, 401(K) PLAN	
b	Name of plan sponsor BOOKING HOLDINGS INC	c EIN-PN 06-1528493-001
a	Plan name THE BUNGE DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor BUNGE NORTH AMERICA, INC.	c EIN-PN 13-4977260-400
a	Plan name THE CARLYLE GROUP 401(K) PLAN	
b	Name of plan sponsor THE CARLYLE GROUP EMPLOYEE CO., L.L.C.	c EIN-PN 52-1887096-001
a	Plan name THE ERM - US SALARY DEFERRAL PLAN	
b	Name of plan sponsor ERM - NA HOLDINGS CORP.	c EIN-PN 23-3073509-001
a	Plan name THE HYSTER-YALE GROUP, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor HYSTER-YALE GROUP, INC.	c EIN-PN 93-0160700-013
a	Plan name THE INVESTMENT AND EMPLOYEE STOCK OWNERSHIP PLAN OF AVISTA CORPORATION	
b	Name of plan sponsor AVISTA CORPORATION	c EIN-PN 91-0462470-003
a	Plan name THE KLEINFELDER GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE KLEINFELDER GROUP, INC.	c EIN-PN 68-0053138-003
a	Plan name THE LONZA SAVINGS PLAN	
b	Name of plan sponsor LONZA USA INC.	c EIN-PN 85-3984443-003

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 MONEY ACCUMULATION PLAN OF THE BOLER COMPANY	
b	Name of plan sponsor THE BOLER COMPANY	c EIN-PN 36-2928548-002
a	Plan name THE NEBRASKA FURNITURE MART, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NEBRASKA FURNITURE MART, INC.	c EIN-PN 47-0428274-002
a	Plan name THE PAPE GROUP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor THE PAPE GROUP, INC.	c EIN-PN 93-1048932-001
a	Plan name THE PLYMOUTH ROCK COMPANIES SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor PLYMOUTH ROCK ASSURANCE CORPORATION	c EIN-PN 04-2800590-001
a	Plan name THE SCRIPPS RETIREMENT & INVESTMENT PLAN	
b	Name of plan sponsor THE E.W. SCRIPPS COMPANY	c EIN-PN 31-1036718-001
a	Plan name THE UNITED STATES PHARMACOPEIAL CONVENTION 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE UNITED STATES PHARMACOPEIAL CONVENTION	c EIN-PN 13-1656692-002
a	Plan name THE W.I.S. INTERNATIONAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor RETAIL SERVICES WIS CORPORATION	c EIN-PN 82-1186785-001
a	Plan name TIMKENSTEEL CORPORATION VOLUNTARY INVESTMENT PENSION	
b	Name of plan sponsor TIMKENSTEEL CORPORATION	c EIN-PN 46-4024951-004
a	Plan name TOPGOLF CALLAWAY BRANDS CORP. 401(K) PLAN	
b	Name of plan sponsor TOPGOLF CALLAWAY BRANDS CORP.	c EIN-PN 95-3797580-001
a	Plan name TRAIL KING INDUSTRIES EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRAIL KING INDUSTRIES, INC.	c EIN-PN 46-0320593-001
a	Plan name TRIUMPH GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor TRIUMPH GROUP, INC.	c EIN-PN 51-0347963-001
a	Plan name TROUTMAN PEPPER DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor TROUTMAN PEPPER HAMILTON SANDERS LLP	c EIN-PN 58-0946915-001

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	TURNER INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	TURNER INDUSTRIES GROUP, LLC	c EIN-PN 72-1513047-003
a	Plan name	VEDDER PRICE P.C. PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor	VEDDER PRICE P.C.	c EIN-PN 36-3254526-001
a	Plan name	VICTAULIC BARGAINING UNIT 401(K) PLAN	
b	Name of plan sponsor	VICTAULIC	c EIN-PN 22-1501729-008
a	Plan name	VICTAULIC SALARIED 401(K) PLAN	
b	Name of plan sponsor	VICTAULIC	c EIN-PN 22-1501729-003
a	Plan name	VIZIENT, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	VIZIENT, INC.	c EIN-PN 38-2182248-335
a	Plan name	VOITH EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	VOITH US INC.	c EIN-PN 39-2042166-002
a	Plan name	WEIL, GOTSHAL & MANGES SECTION 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	WEIL, GOTSHAL & MANGES LLP	c EIN-PN 13-1456110-006
a	Plan name	WEIR GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	WEIR GROUP, INC.	c EIN-PN 51-0331624-004
a	Plan name	WEST MONROE PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	WEST MONROE PARTNERS, INC.	c EIN-PN 46-1586202-001
a	Plan name	WEST PHARMACEUTICAL SERVICES INC 401(K) PLAN	
b	Name of plan sponsor	WEST PHARMACEUTICAL SERVICES, INC.	c EIN-PN 23-1210010-008
a	Plan name	WIPFLI LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WIPFLI LLP	c EIN-PN 39-0758449-001
a	Plan name	WOODGRAIN INC. EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	WOODGRAIN, INC.	c EIN-PN 93-0563778-001

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 04/01/2024 and ending 03/31/2025	
A Name of plan VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT INCOME AND GROWTH TRUST II	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 VANGUARD FIDUCIARY TRUST COMPANY	D Employer Identification Number (EIN) 87-6420194

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.

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)	245000 469000
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(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)	
(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)	99647000 143611000
(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)	

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	99892000	144080000
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	248000	474000
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	248000	474000
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	99644000	143606000

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)		
(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)		0
(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)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	5558000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	5558000

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)	
(5) Investment advisory and investment management fees	2i(5)	
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	46000
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	46000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	46000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	5512000
l Transfers of assets:		
(1) To this plan.....	2l(1)	73836000
(2) From this plan	2l(2)	35386000

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 _____.