

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2025 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 04/11/2025	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☐ a single-employer plan ☒ a DFE (specify) C ☐ the first return/report ☒ the final return/report ☐ an amended return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☐ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan COMMINGLED PENSION TRUST FUND (SMARTRETIREMENT PASSIVE BLEND 2020) 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. 390 MADISON AVENUE NEW YORK, NY 10017
2b	Employer Identification Number (EIN) 26-1165037
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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	04/08/2026	MICHAEL D'AMBROSIO
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	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.....	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 Characteristic Codes in the instructions:

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

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information) – Number Attached 0
- (4)** ☐ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection.
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For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 04/11/2025

A Name of plan COMMINGLED PENSION TRUST FUND (SMARTRETIREMENT PASSIVE BLEND 2020) 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) 26-1165037

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
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b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.
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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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	CORE PLUS BOND FUND
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b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.
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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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	EAFE EQUITY INDEX FUND
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b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.
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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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	EMERGING MARKETS - FIXED INCOME FND
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b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.
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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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	EMERGING MARKETS EQUITY INDEX FUND
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b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.
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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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	EMERGING MARKETS RESEARCH ENHANCED
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b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.
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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) 0
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a Name of MTIA, CCT, PSA, or 103-12 IE:	EQUITY INDEX FUND
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b Name of sponsor of entity listed in (a):	JPMORGAN CHASE BANK, N.A.
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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) 0
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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: 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) 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) 0

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) 0

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) 0

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) 0

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) 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) 0

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)

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 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 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 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 AVEDIS ZILDJIAN CO. RETIREMENT PLAN	
b	Name of plan sponsor AVEDIS ZILDJIAN CO.	c EIN-PN 04-1999190-003
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
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 C&I ENGINEERING, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor CHEMICAL & INDUSTRIAL ENGINEERING, INC.	c EIN-PN 61-1034946-001

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 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 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 CONSTANT CONTACT, INC. 401K PLAN		
b	Name of plan sponsor CONSTANT CONTACT, INC.	c	EIN-PN 04-3285398-001
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 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 ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN 2		
b	Name of plan sponsor ESSILORLUXOTTICA USA INC	c	EIN-PN 86-3625314-025
a	Plan name FAMILY FIRST HOMECARE 401K 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
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

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	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	HUAWEI USA 401(K) PLAN	
b	Name of plan sponsor	FUTUREWEI TECHNOLOGIES, INC.	c EIN-PN 75-2923245-001
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 401K PLAN	
b	Name of plan sponsor	INTELLIBRIDGE, LLC	c EIN-PN 65-1313681-001
a	Plan name	INTERTEK RETIREMENT SAVINGS	
b	Name of plan sponsor	INTERTEK USA	c EIN-PN 72-0703433-001
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	IRON WORKERS MID-AMERICA SUPPLEMENTAL MONTHLY ANNUITY FUND	
b	Name of plan sponsor	BOT IRON WORKERS MID-AMERICA SUPPLEMENTAL MONTHLY ANNUITY FUND	c EIN-PN 36-4108124-002
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	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 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	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	MITCHELL SILBERBERG & KNUPP 401(K) PLAN	
b	Name of plan sponsor	MITCHELL SILBERBERG & KNUPP LLP	c EIN-PN 95-1883538-004

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	MITCHELL SILBERBERG & KNUPP PROFIT SHARING PLAN	
b	Name of plan sponsor	MITCHELL SILBERBERG & KNUPP LLP	c EIN-PN 95-1883538-003
a	Plan name	NEBRASKA ORTHOPAEDIC HOSPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NEBRASKA ORTHOPAEDIC 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	NORTHERN OHIO LABORERS' PROFIT SHARING ANNUITY PLAN	
b	Name of plan sponsor	BOT OF THE NORTHERN OHIO LABORERS PROFIT SHARING ANNUITY PLAN	c EIN-PN 82-1156653-001
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	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 AND PIPEFITTERS LOCAL NO. 172 VOLUNTARY 401(K) PLAN	
b	Name of plan sponsor	BOT OF THE PLUMBERS AND PIPEFITTERS LOCAL NO. 172 VOL 401(K) PLAN	c EIN-PN 35-1971399-001
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	REVELYST, INC. 401(K) PLAN	
b	Name of plan sponsor	REVELYST, INC.	c EIN-PN 88-3763984-001
a	Plan name	SOUNDEXCHANGE, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUNDEXCHANGE, INC.	c EIN-PN 76-0742496-001

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 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 TEAMSTERS UNION LOCAL NO. 142 ANNUITY FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF TEAMSTERS UNION LOCAL NO.142 ANNUITY FUND	c EIN-PN 27-3032105-001
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 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 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 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 VISTA OUTDOOR INC. 401(K) PLAN	
b	Name of plan sponsor VISTA OUTDOOR INC.	c EIN-PN 47-1016855-001
a	Plan name WILAND, INC. 401(K) PLAN	
b	Name of plan sponsor WILAND, INC.	c EIN-PN 20-1863048-001
a	Plan name WORLD OIL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor WORLD OIL CORP	c EIN-PN 95-2803817-001
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

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 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 FIRST ADVANTAGE CORPORATION 401(K) PLAN		
b Name of plan sponsor	FIRST ADVANTAGE CORPORATION	c EIN-PN 27-4651162-001
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 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 FROZEN PRIOR EMPLOYER 401(K) PLAN		
b Name of plan sponsor	TEXAS HEALTH RESOURCES	c EIN-PN 75-2702388-013
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 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 SAS RETIREMENT PLAN		
b Name of plan sponsor	SAS INSTITUTE INC.	c EIN-PN 56-1133017-001
a Plan name DAVITA RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	DAVITA INC.	c EIN-PN 51-0354549-001
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 TEXAS HEALTH 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TEXAS HEALTH RESOURCES	c EIN-PN 75-2702388-008
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 EMPLOYEES PENSION PLAN	
b	Name of plan sponsor THE PERMANENTE MEDICAL GROUP, INC.	c EIN-PN 94-2728480-004
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 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 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 THE PERMANENTE 401(K) PLAN	
b	Name of plan sponsor THE PERMANENTE FEDERATION, LLC	c EIN-PN 52-2017558-003
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

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 BMW SAVINGS PLAN**b** Name of plan sponsor BMW OF NORTH AMERICA, LLC**c** EIN-PN 22-2139469-002**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 LITHIA MOTORS INC. 401K PLAN**b** Name of plan sponsor LITHIA MOTORS INC.**c** EIN-PN 93-0572810-003**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**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2025 This Form is Open to Public Inspection
	For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 04/11/2025	
	A Name of plan COMMINGLED PENSION TRUST FUND (SMARTRETIREMENT PASSIVE BLEND 2020) 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) 26-1165037	

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)	10551000	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	602000	0
(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)	1607895000	0
(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)	51000	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	1619099000	0

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	2277000	0
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	2277000	0

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	1616822000	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B), (C), and line 2a(2)	2a(3)		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)	13000	
(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)	370000	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		383000
(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)	3131000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	603000	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2528000
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-8000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-8000

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-51738000
(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		463000
d Total income. Add all income amounts in column (b) and enter total	2d		-48372000

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)	1190000	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1190000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1190000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-49562000
l Transfers of assets:			
(1) To this plan	2l(1)		124629000
(2) From this plan	2l(2)		1691889000

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.)			
4a			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d			
e Was this plan covered by a fidelity bond?			
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k			
l Has the plan failed to provide any benefit when due under the plan?			
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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 _____.