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

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A This return/report is for:
- ☐ a multiemployer plan
- ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- ☐ a single-employer plan
- ☒ a DFE (specify) C

B This return/report is:
- ☐ the first return/report
- ☐ the final return/report
- ☐ an amended return/report
- ☐ a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ ☐

D Check box if filing under:
- ☐ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ ☐

Part II Basic Plan Information—enter all requested information

1a Name of plan
FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM 2015 COMMINGLED POOL

1b Three-digit plan number (PN) ▶ 198

1c Effective date of plan 09/23/2022

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)
FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

900 SALEM ST
SMITHFIELD, RI 02917-1243

2b Employer Identification Number (EIN) 20-4659714

2c Plan Sponsor's telephone number 800-343-8736

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.	06/25/2026	STEVEN BELLEMARE
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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	**6a(1)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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

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

- [X] **(1)** **H** (Financial Information)
- [ ] **(2)** **I** (Financial Information – Small Plan)
- [ ] **(3)** **A** (Insurance Information) – Number Attached 0
- [ ] **(4)** **C** (Service Provider Information)
- [X] **(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.

For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025

A Name of plan
FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM 2015 COMMINGLED POOL

B Three-digit plan number (PN) ▶ 198

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

D Employer Identification Number (EIN)
20-4659714

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)

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INSTITUTIONAL CASH COMMINGLED

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-055	C	11722637

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERNATIONAL EQUITY GROWTH CO

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-161	C	7078428

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERNATIONAL EQUITY VALUE COM

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-162	C	7067625

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM OVERSEAS COMMINGLED POOL -

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-170	C	7085076

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM TARGET DATE CANADA COMMINGLED

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

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)
20-4659714-188	C	3723776

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)

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)

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)

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)

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)

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	AHLSTROM RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AHLSTROM USA INC.	**c** EIN-PN	13-3509370-005
a Plan name	ALMAC 401(K) RETIREMENT PLAN		
b Name of plan sponsor	ALMAC GROUP, INC.	**c** EIN-PN	26-1549369-001
a Plan name	ALTERRA MOUNTAIN COMPANY U.S. INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	ALTERRA MOUNTAIN COMPANY U.S. INC.	**c** EIN-PN	91-1616891-001
a Plan name	ALZHEIMER'S ASSOCIATION RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	ALZHEIMERS ASSOCIATION	**c** EIN-PN	13-3039601-002
a Plan name	AMERICAN TOWER RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	AMERICAN TOWER CORPORATION	**c** EIN-PN	65-0723837-001
a Plan name	AQUENT LLC 401(K) PLAN		
b Name of plan sponsor	AQUENT LLC	**c** EIN-PN	04-3583617-003
a Plan name	ARIENS COMPANY RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ARIENS COMPANY	**c** EIN-PN	39-0135100-001
a Plan name	ARISTA NETWORKS INC. 401(K) PLAN		
b Name of plan sponsor	ARISTA NETWORKS INC.	**c** EIN-PN	20-1751121-001
a Plan name	ARKEMA INC. EMPLOYEES' RETIREMENT SAVINGS (401(K)) PLAN		
b Name of plan sponsor	ARKEMA INC.	**c** EIN-PN	23-0960890-013
a Plan name	ARKEMA INC. EMPLOYEES' RETIREMENT SAVINGS (401(K)) PLAN FOR COLLECTIVELY BARGAINED EMPLOYEES		
b Name of plan sponsor	ARKEMA INC.	**c** EIN-PN	23-0960890-015
a Plan name	ARTERA SERVICES, LLC 401(K) PLAN		
b Name of plan sponsor	ARTERA SERVICES, LLC	**c** EIN-PN	46-1505840-001
a Plan name	ASBURY AUTOMOTIVE RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ASBURY AUTOMOTIVE GROUP	**c** EIN-PN	23-2790555-001

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	BARNES & NOBLE EDUCATION 401(K) PLAN		
b Name of plan sponsor	BARNES & NOBLE EDUCATION, INC.	**c** EIN-PN	46-0599018-001
a Plan name	BARNES GROUP INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	BARNES GROUP INC.	**c** EIN-PN	06-0247840-012
a Plan name	BELL AND HOWELL 401(K) SAVINGS PLAN		
b Name of plan sponsor	BELL AND HOWELL, LLC	**c** EIN-PN	80-0728837-001
a Plan name	BIG 5 SPORTING GOODS SAVINGS AND PROFIT SHARING PLAN		
b Name of plan sponsor	BIG 5 CORPORATION	**c** EIN-PN	95-1854273-111
a Plan name	BIOGEN 401(K) SAVINGS PLAN		
b Name of plan sponsor	BIOGEN INC.	**c** EIN-PN	33-0112644-001
a Plan name	BURKE & HERBERT BANK & TRUST COMPANY INVESTMENT AND SAVINGS PLAN		
b Name of plan sponsor	BURKE & HERBERT BANK	**c** EIN-PN	54-0155785-002
a Plan name	CARESOURCE MANAGEMENT SERVICES 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CARESOURCE MANAGEMENT SERVICES LLC	**c** EIN-PN	31-1703371-001
a Plan name	CARL ZEISS MEDITEC, INC. RETIREMENT AND INVESTMENT PLAN		
b Name of plan sponsor	CARL ZEISS MEDITEC, INC.	**c** EIN-PN	94-3374401-001
a Plan name	CENTRAL HUDSON SAVINGS INCENTIVE PLAN		
b Name of plan sponsor	CENTRAL HUDSON GAS & ELECTRIC	**c** EIN-PN	14-0555980-004
a Plan name	CH EMMAUS 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CATHOLIC HEALTH SYSTEM	**c** EIN-PN	82-1852345-001
a Plan name	CHILDREN'S OF ALABAMA 401(K) PLAN		
b Name of plan sponsor	THE CHILDRENS HOSPITAL OF ALABAMA	**c** EIN-PN	63-0307306-001
a Plan name	CHMC ANESTHESIA FOUNDATION		
b Name of plan sponsor	CHMC ANESTHESIA FOUNDATION INC.	**c** EIN-PN	04-2702169-001

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	CLAYTON HOMES, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	CLAYTON HOMES, INC.	**c** EIN-PN	62-1671360-002
a Plan name	COLLEGE OF AMERICAN PATHOLOGISTS EMPLOYEES RETIREMENT AND 401(K) PLAN		
b Name of plan sponsor	COLLEGE OF AMERICAN PATHOLOGISTS	**c** EIN-PN	36-2118323-002
a Plan name	CONNECTION EMPLOYEE 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	PC CONNECTION, INC.	**c** EIN-PN	02-0513618-001
a Plan name	COOK INLET REGION 401(K) RETIREMENT PLAN		
b Name of plan sponsor	COOK INLET REGION, INC.	**c** EIN-PN	92-0042304-001
a Plan name	COPYRIGHT CLEARANCE CENTER, INC. SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	COPYRIGHT CLEARANCE CENTER, INC.	**c** EIN-PN	13-2922432-002
a Plan name	CORT 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CORT BUSINESS SERVICES CORPORATION	**c** EIN-PN	14-1543982-501
a Plan name	CROWDSTRIKE, INC. RETIREMENT TRUST		
b Name of plan sponsor	CROWDSTRIKE, INC.	**c** EIN-PN	45-3135639-001
a Plan name	DAVIS POLK ASSOCIATES SAVINGS PLAN		
b Name of plan sponsor	DAVIS POLK & WARDWELL LLP	**c** EIN-PN	13-5023295-004
a Plan name	DAVIS POLK PARTNERS/STAFF SAVINGS PLAN		
b Name of plan sponsor	DAVIS POLK & WARDWELL LLP	**c** EIN-PN	13-5023295-003
a Plan name	DAVIS POLK PROFIT SHARING PLAN FOR PARTNERS, COUNSEL AND CHIEFS		
b Name of plan sponsor	DAVIS POLK & WARDWELL LLP	**c** EIN-PN	13-5023295-002
a Plan name	DEACONESS HEALTH SYSTEM, INC. 401(K) PLAN		
b Name of plan sponsor	DEACONESS HEALTH SYSTEM	**c** EIN-PN	35-1532889-010
a Plan name	DEACONESS REGIONAL HEALTHCARE SERVICES ILLINOIS, INC. 401(K) PLAN		
b Name of plan sponsor	DEACONESS HEALTH SYSTEM	**c** EIN-PN	81-0693478-001

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	DMGT US EMPLOYEE SERVICES, INC.		
b Name of plan sponsor	DMGT US EMPLOYEE SERVICES, INC.	**c** EIN-PN	06-1486807-001
a Plan name	EMPLOYEE SAVINGS INCENTIVE THRIFT PLAN OF FORBES MEDIA LLC		
b Name of plan sponsor	FORBES MEDIA LLC	**c** EIN-PN	34-2065766-001
a Plan name	ENHABIT HOME HEALTH & HOSPICE 401(K) PLAN		
b Name of plan sponsor	ADVANCED HOMECARE MANAGEMENT, INC. DBA ENCOMPASS	**c** EIN-PN	32-0125426-001
a Plan name	EPICOR SOFTWARE 401(K) SAVINGS PLAN		
b Name of plan sponsor	EPICOR SOFTWARE CORPORATION	**c** EIN-PN	45-1478440-001
a Plan name	EVERCORE PARTNERS SERVICES EAST, LLC RETIREMENT PLAN		
b Name of plan sponsor	EVERCORE PARTNERS SERVICES EAST, LLC	**c** EIN-PN	01-0552543-001
a Plan name	EXEL 401(K) SAVINGS PLAN		
b Name of plan sponsor	EXEL INC.	**c** EIN-PN	04-2801160-003
a Plan name	FLATIRON CONSTRUCTION CORP. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	FLATIRON CONSTRUCTION CORP	**c** EIN-PN	04-3147491-004
a Plan name	FLATIRON NON-UNION HOURLY EMPLOYEES' 401(K) PLAN		
b Name of plan sponsor	FLATIRON CONSTRUCTORS INC	**c** EIN-PN	84-1245002-005
a Plan name	FLEXENTIAL CORP. 401(K) PLAN		
b Name of plan sponsor	FLEXENTIAL CORP.	**c** EIN-PN	59-3638780-001
a Plan name	GEI PROFIT SHARING AND 401(K) PLAN		
b Name of plan sponsor	GEI CONSULTANTS, INC.	**c** EIN-PN	04-2468348-001
a Plan name	GENESIS LOGISTICS INC. UNION RETIREMENT PLAN		
b Name of plan sponsor	GENESIS LOGISTICS INC.	**c** EIN-PN	22-3590938-001
a Plan name	GERSON LEHRMAN GROUP INC PLAN		
b Name of plan sponsor	GERSON LEHRMAN GROUP	**c** EIN-PN	13-4101226-001

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	GROUP 1 AUTOMOTIVE PLAN		
b Name of plan sponsor	GROUP 1 AUTOMOTIVE	**c** EIN-PN	76-0506313-001
a Plan name	HACHETTE BOOK GROUP, INC. 401(K) PLAN		
b Name of plan sponsor	HACHETTE BOOK GROUP, INC.	**c** EIN-PN	13-3922175-001
a Plan name	HEALTH FITNESS CORPORATION 401(K) SAVINGS PLAN		
b Name of plan sponsor	HEALTH FITNESS CORPORATION	**c** EIN-PN	41-1580506-001
a Plan name	HEALTH PLANS, INC. 401(K) & PROFIT SHARING PLAN		
b Name of plan sponsor	HEALTH PLANS, INC.	**c** EIN-PN	04-2734278-002
a Plan name	HEALTH SYSTEMS OF AMERICA RETIREMENT PLAN		
b Name of plan sponsor	HEALTH SYSTEMS OF AMERICA	**c** EIN-PN	99-4612018-001
a Plan name	HERSHA HOSPITALITY MANAGEMENT 401(K) PLAN		
b Name of plan sponsor	HERSHA HOSPITALITY MANAGEMENT, L.P.	**c** EIN-PN	23-2947379-001
a Plan name	HOLMAN ENTERPRISE SUPPLEMENTAL RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	HOLMAN AUTOMOTIVE GROUP, INC.	**c** EIN-PN	21-0610247-002
a Plan name	IHEART MEDIA 401(K) SAVINGS PLAN FOR UNION EMPLOYEES		
b Name of plan sponsor	IHEART COMMIUNICATIONS, INC	**c** EIN-PN	74-1787539-002
a Plan name	IHEART MEDIA, INC 401(K) SAVINGS PLAN		
b Name of plan sponsor	IHEART COMMIUNICATIONS, INC	**c** EIN-PN	74-1787539-001
a Plan name	ILITCH HOLDINGS 401(K) PLAN		
b Name of plan sponsor	ILITCH HOLDINGS, INC.	**c** EIN-PN	38-3357937-002
a Plan name	INEIGHT INC 401(K) PLAN		
b Name of plan sponsor	INEIGHT INC.	**c** EIN-PN	46-2970491-001
a Plan name	INFINEUM SAVINGS PLAN		
b Name of plan sponsor	INFINEUM	**c** EIN-PN	74-2890923-002

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	INFORMA USA, INC. 401(K) PLAN		
b Name of plan sponsor	INFORMA USA, INC.	**c** EIN-PN	04-2991330-001
a Plan name	ING FINANCIAL SERVICES LLC 401K SAVINGS PLAN		
b Name of plan sponsor	ING FINANCIAL SERVICES LLC	**c** EIN-PN	13-3713590-002
a Plan name	JAYCO INC. 401(K) SAVINGS & INVESTMENT PLAN		
b Name of plan sponsor	JAYCO, INC.	**c** EIN-PN	35-1144978-001
a Plan name	JAZZ PHARMACEUTICALS, INC. 401(K) PLAN		
b Name of plan sponsor	JAZZ PHARMACEUTICALS, INC.	**c** EIN-PN	05-0563787-001
a Plan name	KAISER ALUMINUM INVESTMENTS COMPANY HOURLY SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	KAISER ALUMINUM FABRICATED PRODUCTS	**c** EIN-PN	56-2553178-057
a Plan name	KAISER ALUMINUM INVESTMENTS COMPANY SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	KAISER ALUMINUM FABRICATED PRODUCTS	**c** EIN-PN	56-2553178-003
a Plan name	KAISER ALUMINUM WARRICK, LLC SAVINGS AND INVESTMENT PLAN		
b Name of plan sponsor	KAISER ALUMINUM FABRICATED PRODUCTS	**c** EIN-PN	81-2560915-001
a Plan name	KAO AMERICA INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	KAO AMERICA INC.	**c** EIN-PN	52-2064483-001
a Plan name	LANTHEUS MEDICAL IMAGING, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	LANTHEUS MEDICAL IMAGING, INC.	**c** EIN-PN	51-0396366-001
a Plan name	MACQUARIE HOLDINGS (USA) INC. 401(K) PLAN AND TRUST		
b Name of plan sponsor	MACQUARIE HOLDINGS (U.S.A.) INC.	**c** EIN-PN	13-3789912-001
a Plan name	MARINE CORPS NAF 401(K) PLAN		
b Name of plan sponsor	MARINE CORPS COMMUNITY SERVICES	**c** EIN-PN	54-1465325-002
a Plan name	MAXIMUS GSA RETIREMENT PLAN		
b Name of plan sponsor	MAXIMUS, INC.	**c** EIN-PN	54-1000588-002

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	MAXIMUS, INC. 401(K) PLAN		
b Name of plan sponsor	MAXIMUS, INC	**c** EIN-PN	54-1000588-001
a Plan name	MBS TEXTBOOK EXCHANGE, LLC PROFIT SHARING PLAN		
b Name of plan sponsor	MBS TEXTBOOK EXCHANGE, LLC	**c** EIN-PN	43-1379686-001
a Plan name	MCDONOUGH BOLYARD PECK, INC. PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	MCDONOUGH BOLYARD PECK, INC.	**c** EIN-PN	54-1527484-001
a Plan name	MEDSTAR AFFILIATES 401K PLAN		
b Name of plan sponsor	MEDSTAR HEALTH, INC.	**c** EIN-PN	52-2087445-010
a Plan name	MONTE NIDO HOLDINGS 401(K) RETIREMENT PLAN		
b Name of plan sponsor	MONTE NIDO & AFFILIATES	**c** EIN-PN	95-4552790-001
a Plan name	MOUNT S. MARY'S HOSPITAL 401(A) PLAN		
b Name of plan sponsor	CATHOLIC HEALTH SYSTEM	**c** EIN-PN	22-2565278-001
a Plan name	MYRIAD GENETICS, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MYRIAD GENETICS, INC.	**c** EIN-PN	87-0494517-003
a Plan name	NAVIENT 401(K) SAVINGS PLAN		
b Name of plan sponsor	NAVIENT CORPORATION	**c** EIN-PN	46-4054283-001
a Plan name	NBA RETIREMENT PLAN		
b Name of plan sponsor	THE NATIONAL BASKETBALL ASSOCIATION	**c** EIN-PN	13-5582586-334
a Plan name	NBA RETIREMENT PLAN FOR REFEREES		
b Name of plan sponsor	NBA SERVICES CORP.	**c** EIN-PN	26-3866327-002
a Plan name	NCH HEALTHCARE SYSTEM, INC. 401(K) PLAN		
b Name of plan sponsor	NCH HEALTHCARE SYSTEM	**c** EIN-PN	59-2314655-003
a Plan name	NEW DIRECTIONS BEHAVIORAL HEALTH 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	NEW DIRECTIONS BEHAVIORAL HEALTH, LLC	**c** EIN-PN	43-1698690-001

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	NEW YORK COMMUNITY BANCORP, INC. EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	NEW YORK COMMUNITY BANCORP, INC.	**c** EIN-PN	06-1377322-004
a Plan name	NEWSBANK RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	NEWSBANK, INC	**c** EIN-PN	06-1084869-001
a Plan name	NOVA EMPLOYEE SAVINGS TRUST (N.E.S.T)		
b Name of plan sponsor	NOVA BIOMEDICAL CORPORATION	**c** EIN-PN	04-2592580-001
a Plan name	OFS NON REPRESENTED 401K PLAN		
b Name of plan sponsor	OFS FITEL, LLC	**c** EIN-PN	62-1864622-001
a Plan name	OLDCASTLE BUILDINGENVELOPE INC., 401 (K) PLAN		
b Name of plan sponsor	OLDCASTLE BUILDING ENVELOPE, INC.	**c** EIN-PN	75-2196684-001
a Plan name	OREGON TOOL 401(K) RETIREMENT PROFIT SHARING PLUS PLAN		
b Name of plan sponsor	OREGON TOOL, INC	**c** EIN-PN	63-0780521-006
a Plan name	OSHKOSH CORPORATION AND AFFILIATES TAX DEFERRED INVESTMENT PLAN		
b Name of plan sponsor	OSHKOSH CORPORATION	**c** EIN-PN	39-0520270-003
a Plan name	OSHKOSH CORPORATION TAX DEFERRED INVESTMENT PLAN FOR PRODUCTION EMPLOYEES		
b Name of plan sponsor	OSHKOSH CORPORATION	**c** EIN-PN	39-0520270-004
a Plan name	OTSUKA AMERICA 401(K) SAVINGS PLAN		
b Name of plan sponsor	OTSUKA AMERICA PHARMACEUTICAL INC.	**c** EIN-PN	52-1630683-001
a Plan name	PENSION PLAN OF SUBARU OF AMERICA, INC.		
b Name of plan sponsor	SUBARU OF AMERICA, INC.	**c** EIN-PN	23-1693419-003
a Plan name	POINT32HEALTH 401(K) PLAN		
b Name of plan sponsor	POINT32HEALTH SERVICES, INC	**c** EIN-PN	04-2985923-001
a Plan name	PORSCHE EMPLOYEE SAVINGS PLAN AND TRUST		
b Name of plan sponsor	PORSCHE BUSINESS SERVICES, INC.	**c** EIN-PN	36-4110345-002

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	PREMIER HEALTHCARE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	PREMIER HEALTHCARE SOLUTIONS, INC.	**c** EIN-PN	33-0054358-002
a Plan name	PROGRESS SOFTWARE CORPORATION 401(K) PLAN		
b Name of plan sponsor	PROGRESS SOFTWARE CORPORATION	**c** EIN-PN	04-2746201-002
a Plan name	RATE HOLDINGS CORP. MULTIPLE EMPLOYER 401(K) PLAN		
b Name of plan sponsor	RATE HOLDINGS CORP.	**c** EIN-PN	30-1301067-001
a Plan name	RAVAGO AMERICAS 401(K) SAVINGS AND PROFIT SHARING PLAN		
b Name of plan sponsor	RAVAGO AMERICAS, LLC	**c** EIN-PN	84-1652221-003
a Plan name	RED HAT, INC. 401(K) AND PROFIT SHARING PLAN		
b Name of plan sponsor	RED HAT, INC.	**c** EIN-PN	06-1364380-001
a Plan name	RETIREMENT & SAVINGS PLAN OF SUBARU OF AMERICA, INC.		
b Name of plan sponsor	SUBARU OF AMERICA, INC.	**c** EIN-PN	23-1693419-001
a Plan name	ROBINS KAPLAN LLP PROFIT SHARING & SAVINGS PLAN		
b Name of plan sponsor	ROBINS, KAPLAN LLP	**c** EIN-PN	41-0719631-001
a Plan name	RSUI 401(K) / RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	RSUI INDEMNITY COMPANY	**c** EIN-PN	16-0366830-001
a Plan name	S & B ENGINEERS AND CONSTRUCTORS, LTD. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	S & B ENGINEERS AND CONSTRUCTORS, LTD	**c** EIN-PN	32-0625534-002
a Plan name	SAUER HOLDINGS, INC SAVINGS AND RETIREMENT PLAN		
b Name of plan sponsor	SAUER HOLDINGS, INC.	**c** EIN-PN	25-1847425-001
a Plan name	SAVINGS AND INVESTMENT PLAN OF ARMSTRONG WORLD INDUSTRIES, INC.		
b Name of plan sponsor	ARMSTRONG WORLD INDUSTRIES, INC.	**c** EIN-PN	23-0366390-014
a Plan name	SCOR US GROUP RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	SCOR US CORPORATION	**c** EIN-PN	75-1791342-002

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	SKYWORKS SOLUTIONS SAVINGS AND RETIREMENT 401(K) PLAN		
b Name of plan sponsor	SKYWORKS SOLUTIONS, INC.	**c** EIN-PN	04-2302115-002
a Plan name	SOLIDIGM 401(K) PLAN		
b Name of plan sponsor	SK HYNIX NAND PRODUCT SOLUTIONS CORP.	**c** EIN-PN	86-2384522-001
a Plan name	SOUTHWEST GAS CORPORATION EMPLOYEES' INVESTMENT PLAN		
b Name of plan sponsor	SOUTHWEST GAS CORPORATION	**c** EIN-PN	88-0085720-004
a Plan name	SPROUTS FARMERS MARKETS HOLDINGS, LLC EMPLOYEE 401(K) SAVINGS PLAN		
b Name of plan sponsor	SPROUTS FARMERS MARKETS HOLDINGS, LLC	**c** EIN-PN	45-1076258-001
a Plan name	STEWARD HEALTH CARE 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	STEWARD HEALTH CARE	**c** EIN-PN	27-2473240-001
a Plan name	SULLIVAN & CROMWELL LLP EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	SULLIVAN & CROMWELL LLP	**c** EIN-PN	13-5420320-003
a Plan name	SULLIVAN & CROMWELL LLP EMPLOYEES' SAVINGS PLAN II		
b Name of plan sponsor	SULLIVAN & CROMWELL LLP	**c** EIN-PN	13-5420320-081
a Plan name	SULLIVAN & CROMWELL LLP SAVINGS PLAN FOR ASSOCIATES		
b Name of plan sponsor	SULLIVAN & CROMWELL LLP	**c** EIN-PN	13-5420320-004
a Plan name	SUPER MICRO COMPUTER 401(K) RETIREMENT PLAN		
b Name of plan sponsor	SUPER MICRO COMPUTER, INC.	**c** EIN-PN	77-0353939-001
a Plan name	SUPPLY CHAIN RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	EXEL INC.	**c** EIN-PN	04-2801160-001
a Plan name	SYSTEMS PLANNING AND ANALYSIS, INC. PROFIT SHARING AND TRUST		
b Name of plan sponsor	SYSTEMS PLANNING AND ANALYSIS, INC.	**c** EIN-PN	52-0956951-002
a Plan name	TASK FORCE TIPS, LLC 401(K) & PROFIT SHARING PLAN		
b Name of plan sponsor	TASK FORCE TIPS, LLC	**c** EIN-PN	35-1187949-001

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	TAYLOR MORRISON 401(K) SAVINGS PLAN		
b Name of plan sponsor	TAYLOR MORRISON, INC.	**c** EIN-PN	58-1426890-001
a Plan name	THE CHAMBERLAIN GROUP LLC		
b Name of plan sponsor	THE CHAMBERLAIN GROUP LLC	**c** EIN-PN	06-0953094-007
a Plan name	THE CIANBRO TEAM EQUITY PLAN		
b Name of plan sponsor	THE CIANBRO COMPANIES	**c** EIN-PN	10-0000909-001
a Plan name	THE DISH NETWORK CORPORATION 401(K) PLAN		
b Name of plan sponsor	DISH NETWORK CORPORATION	**c** EIN-PN	88-0336997-001
a Plan name	THE EISAI RETIREMENT PLAN		
b Name of plan sponsor	EISAI CORPORATION OF NORTH AMERICA	**c** EIN-PN	22-3166046-001
a Plan name	THE MITRE CORPORATION QUALIFIED RETIREMENT PLAN FMTC, TRUSTEE		
b Name of plan sponsor	MITRE CORP	**c** EIN-PN	04-2239742-002
a Plan name	THE YOUNG LIFE 401(K) PLAN		
b Name of plan sponsor	YOUNG LIFE	**c** EIN-PN	84-0385934-001
a Plan name	TIVITY HEALTH, INC. RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	TIVITY HEALTH, INC.	**c** EIN-PN	62-1117144-001
a Plan name	TRC 401(K) RETIREMENT AND SAVINGS PLAN		
b Name of plan sponsor	TRC COMPANIES, LLC	**c** EIN-PN	87-3351290-002
a Plan name	TRIB TOTAL MEDIA LLC & SUBSIDIARY MASTER PLAN FOR SAVINGS & INVESTMENT		
b Name of plan sponsor	TRIB TOTAL MEDIA, INC.	**c** EIN-PN	20-0465603-003
a Plan name	TRIMAS CORPORATION HOURLY RETIREMENT PROGRAM		
b Name of plan sponsor	TRIMAS CORPORATION	**c** EIN-PN	38-2687639-017
a Plan name	TRIMAS CORPORATION SALARIED RETIREMENT PROGRAM		
b Name of plan sponsor	TRIMAS CORPORATION	**c** EIN-PN	38-2687639-016

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	TRUSTMARK SERVICES COMPANY INVESTMENT AND SAVINGS PLAN		
b Name of plan sponsor	TRUSTMARK SERVICES COMPANY	**c** EIN-PN	27-0056662-001
a Plan name	TURNING STONE ENTERPRISES, LLC 401(K) PLAN		
b Name of plan sponsor	TURNING STONE ENTERPRISES, LLC	**c** EIN-PN	06-1821494-001
a Plan name	TWILIO 401(K) PLAN		
b Name of plan sponsor	TWILIO INC.	**c** EIN-PN	26-2574840-001
a Plan name	TYLER TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	TYLER TECHNOLOGIES, INC.	**c** EIN-PN	75-2303920-002
a Plan name	UNICREDIT BANK AG, NEW YORK BRANCH EMPLOYEES DEFERRED SAVINGS PLAN		
b Name of plan sponsor	UNICREDIT BANK AG, NY BRANCH	**c** EIN-PN	13-2774123-002
a Plan name	UNIFI AVIATION 401(K) RETIREMENT PLAN		
b Name of plan sponsor	UNIFI AVIATION, LLC	**c** EIN-PN	58-2198841-001
a Plan name	VIR BIOTECHNOLOGY 401(K) PLAN		
b Name of plan sponsor	VIR BIOTECHNOLOGY, INC.	**c** EIN-PN	81-2730369-001
a Plan name	VOLVO CARS EMPLOYEES SAVINGS TRUST PLAN		
b Name of plan sponsor	VOLVO CAR USA LLC	**c** EIN-PN	47-4903750-335
a Plan name	WARNER MUSIC GROUP INC. 401(K) PLAN		
b Name of plan sponsor	WARNER MUSIC GROUP, INC.	**c** EIN-PN	13-4271875-001
a Plan name	WATTS WATER TECHNOLOGIES, INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	WATTS WATER TECHNOLOGIES, INC.	**c** EIN-PN	04-2916536-003
a Plan name	WEC ENERGY GROUP EMPLOYEE RETIREMENT SAVINGS PLAN (ERSP)		
b Name of plan sponsor	WEC ENERGY GROUP	**c** EIN-PN	39-1391525-031
a Plan name	WEC ENERGY GROUP LIMITED RETIREMENT SAVINGS PLAN (LRSP)		
b Name of plan sponsor	WEC ENERGY GROUP	**c** EIN-PN	39-1391525-050

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	WEC ENERGY GROUP RETIREMENT SAVINGS PLAN (RSP)		
b Name of plan sponsor	WEC ENERGY GROUP	**c** EIN-PN	39-1391525-049
a Plan name	ZHI 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	ZACHRY HOLDINGS	**c** EIN-PN	26-1256814-001
a Plan name	ZOLL MEDICAL CORPORATION EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	ZOLL MEDICAL CORPORATION	**c** EIN-PN	04-2711626-001
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	
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 09/30/2025

A Name of plan
FIAM GROUP TRUST FOR EMPLOYEE BENEFIT PLANS FIDELITY FREEDOM 2015 COMMINGLED POOL

B Three-digit plan number (PN) ▶ 198

C Plan sponsor's name as shown on line 2a of Form 5500
FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

D Employer Identification Number (EIN)
20-4659714

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	0	25874
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1303229	1751010
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	0	638341
(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)	488438	36677542
(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)	169297548	204941984
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	21388718	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	192477933	244034751
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h	40346	49080
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	1302761	1766430
1k Total liabilities (add all amounts in lines 1g through1j)	1k	1343107	1815510
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	191134826	242219241

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)	9178214	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		9178214
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	62075710	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	62174460	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-98750
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	32911	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		32911

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4190872
(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)		6488978
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		19792225
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)	589870	
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		589870
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		589870
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		19202355
l Transfers of assets:			
(1) To this plan	2l(1)		146456227
(2) From this plan	2l(2)		114574167

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 _____.