

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 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 SPARTAN GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SPARTAN GLOBAL EX US INDEX POOL	1b Three-digit plan number (PN) ▶ 005
		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) GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC 100 SUMMER ST 12TH FL BOSTON, MA 02110-2106	2b Employer Identification Number (EIN) 82-6293122
		2c Plan Sponsor's telephone number
		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.	07/14/2026	SORIN CODREANU
	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 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 _____
- (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.	
For calendar plan year 2025 or fiscal plan year beginning 10/01/2024 and ending 09/30/2025					
A Name of plan SPARTAN GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SPARTAN GLOBAL EX US INDEX POOL				B Three-digit plan number (PN) ▶ 005	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC				D Employer Identification Number (EIN) 82-6293122	
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: NT COLLECTIVE GOVERNMENT STIF					
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, INC.					
c EIN-PN 45-6138589-068		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23983	
a Name of MTIA, CCT, PSA, or 103-12 IE: SP DEVELOPED INTERNATIONAL INDEX PL					
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC					
c EIN-PN 82-6293122-006		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22095445241	
a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN EMERGING MARKETS INDEX POOL					
b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC					
c EIN-PN 82-6293122-007		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9629646767	
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
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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 A. T. KEARNEY, INC. 401(K) AND PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor A. T. KEARNEY, INC.	c EIN-PN 75-2608565-002
a	Plan name AFLAC INCORPORATED 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor AFLAC INCORPORATED	c EIN-PN 58-1167100-004
a	Plan name AKAMAI TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor AKAMAI TECHNOLOGIES, INC.	c EIN-PN 04-3432319-001
a	Plan name ALASKA AIRLINES, INC. ALASKASAVR PLAN	
b	Name of plan sponsor ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-017
a	Plan name ALASKA AIRLINES, INC. COPS, MRP & DISPATCH 401(K) PLAN	
b	Name of plan sponsor ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-013
a	Plan name ALASKA AIRLINES, INC. FLIGHT ATTENDANT 401(K) PLAN	
b	Name of plan sponsor ALASKA AIRLINES, INC.	c EIN-PN 92-0009235-012
a	Plan name ANALOG DEVICES, INC. THE INVESTMENT PARTNERSHIP PLAN	
b	Name of plan sponsor ANALOG DEVICES, INC.	c EIN-PN 04-2348234-003
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 AUTOKINITON RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AUTOKINITON US HOLDINGS, INC.	c EIN-PN 82-5285212-001
a	Plan name AUTOKINITON UNION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AUTOKINITON US HOLDINGS, INC.	c EIN-PN 82-5285212-002
a	Plan name AVNET 401(K) PLAN	
b	Name of plan sponsor AVNET, INC.	c EIN-PN 11-1890605-102
a	Plan name BMW SAVINGS PLAN	
b	Name of plan sponsor BMW OF NORTH AMERICA, LLC	c EIN-PN 22-2139469-002

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 CAPITAL ONE FINANCIAL CORPORATION ASSOCIATE SAVINGS PLAN	
b	Name of plan sponsor CAPITAL ONE FINANCIAL CORPORATION	c EIN-PN 54-1719854-002
a	Plan name CBOE GLOBAL MARKETS SMART PLAN	
b	Name of plan sponsor CBOE SERVICES CO.	c EIN-PN 11-3817385-001
a	Plan name CBRE 401(K) PLAN	
b	Name of plan sponsor CBRE SERVICES, INC.	c EIN-PN 52-1616016-001
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 CHARLES RIVER LABORATORIES, INC. SAVINGS/PLUS PLAN	
b	Name of plan sponsor CHARLES RIVER LABORATORIES, INC.	c EIN-PN 76-0509980-004
a	Plan name CHEVRON PHILLIPS CHEMICAL COMPANY LP 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL COMPANY LP	c EIN-PN 73-1587712-001
a	Plan name CHEVRON PHILLIPS CHEMICAL PUERTO RICO CORE LLC SAVINGS PLAN	
b	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL PUERTO RICO CORE LLC	c EIN-PN 26-1428318-001
a	Plan name CITGO PETROLEUM CORPORATION EMPLOYEES' RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor CITGO PETROLEUM CORPORATION	c EIN-PN 73-1173881-003
a	Plan name COHEN & STEERS CAPITAL MANAGEMENT, INC. 401(K) EMPLOYEE SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor COHEN & STEERS CAPITAL MANAGEMENT, INC.	c EIN-PN 13-3353336-001
a	Plan name COMCAST CORPORATION RETIREMENT - INVESTMENT PLAN	
b	Name of plan sponsor COMCAST CORPORATION	c EIN-PN 27-0000798-001
a	Plan name COMMERZBANK AKTIENGESELLSCHAFT PENSION PLAN FOR UNITED STATES BRANCHES	
b	Name of plan sponsor COMMERZBANK AKTIENGESELLSCHAFT	c EIN-PN 13-2682661-001
a	Plan name CROWDSTRIKE, INC. RETIREMENT TRUST	
b	Name of plan sponsor CROWDSTRIKE, INC.	c EIN-PN 45-3135639-001

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	DAIRY FARMERS OF AMERICA, INC. SUPER SAVINGS PLAN	
b	Name of plan sponsor	DAIRY FARMERS OF AMERICA, INC.	c EIN-PN 43-0905874-032
a	Plan name	DFA DAIRY BRANDS SMARTCHOICE SAVINGS PLAN	
b	Name of plan sponsor	DFA DAIRY BRANDS CORPORATE, LLC	c EIN-PN 85-0489626-001
a	Plan name	DST SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SS&C GIDS, INC.	c EIN-PN 43-1581814-004
a	Plan name	EASTMAN INVESTMENT & EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	EASTMAN CHEMICAL COMPANY	c EIN-PN 62-1539359-002
a	Plan name	ECOLAB SAVINGS PLAN AND ESOP	
b	Name of plan sponsor	ECOLAB INC.	c EIN-PN 41-0231510-003
a	Plan name	EMPLOYEES' THRIFT PLAN OF CITGO PETROLEUM CORPORATION	
b	Name of plan sponsor	CITGO PETROLEUM CORPORATION	c EIN-PN 73-1173881-001
a	Plan name	ENDEAVOR HEALTH 401(K) PLAN	
b	Name of plan sponsor	ENDEAVOR HEALTH	c EIN-PN 87-4520691-001
a	Plan name	EVERSOURCE 401K PLAN	
b	Name of plan sponsor	EVERSOURCE ENERGY SERVICE COMPANY	c EIN-PN 06-0810627-005
a	Plan name	FIDELITY FREEDOM INDEX 2010 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-076
a	Plan name	FIDELITY FREEDOM INDEX 2015 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-077
a	Plan name	FIDELITY FREEDOM INDEX 2020 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-078
a	Plan name	FIDELITY FREEDOM INDEX 2025 COMMINGLED POOL	
b	Name of plan sponsor	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-079

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 FIDELITY FREEDOM INDEX 2030 COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-080
a	Plan name FIDELITY FREEDOM INDEX 2035 COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-081
a	Plan name FIDELITY FREEDOM INDEX 2040 COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-082
a	Plan name FIDELITY FREEDOM INDEX 2045 COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-083
a	Plan name FIDELITY FREEDOM INDEX 2070 COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-219
a	Plan name FIDELITY FREEDOM INDEX 2050 COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-084
a	Plan name FIDELITY FREEDOM INDEX 2055 COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-112
a	Plan name FIDELITY FREEDOM INDEX 2060 COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-146
a	Plan name FIDELITY FREEDOM INDEX 2065 COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-169
a	Plan name FIDELITY FREEDOM INDEX INCOME COMMINGLED POOL	
b	Name of plan sponsor FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY LLC	c EIN-PN 20-4659714-074
a	Plan name FIRST AMERICAN FINANCIAL CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor FIRST AMERICAN FINANCIAL CORPORATION	c EIN-PN 26-1911571-003
a	Plan name FIRST-CITIZENS BANK & TRUST COMPANY 401(K) PLAN	
b	Name of plan sponsor FIRST-CITIZENS BANK & TRUST COMPANY	c EIN-PN 56-0223230-003

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	FIRST-CITIZENS BANK & TRUST COMPANY LEGACY 401(K) PLAN	
b	Name of plan sponsor	FIRST-CITIZENS BANK & TRUST COMPANY	c EIN-PN 56-0223230-002
a	Plan name	FOX SAVINGS PLAN	
b	Name of plan sponsor	FOX CORPORATION	c EIN-PN 83-1825597-005
a	Plan name	FUTUREGUARD 401(K) PLAN	
b	Name of plan sponsor	GUARDIAN INDUSTRIES HOLDINGS, LLC	c EIN-PN 81-4211184-004
a	Plan name	GANNETT MEDIA CORP. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GANNETT MEDIA CORP.	c EIN-PN 47-2390983-100
a	Plan name	GEORGIA-PACIFIC LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GEORGIA-PACIFIC LLC	c EIN-PN 93-0432081-018
a	Plan name	GEORGIA-PACIFIC LLC HOURLY 401(K) PLAN	
b	Name of plan sponsor	GEORGIA-PACIFIC LLC	c EIN-PN 93-0432081-073
a	Plan name	GKN U.S. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GKN DRIVELINE NORTH AMERICA, INC.	c EIN-PN 13-2886932-003
a	Plan name	HARTFORD HEALTHCARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HARTFORD HEALTHCARE CORPORATION	c EIN-PN 22-2672834-003
a	Plan name	HARTFORD HEALTHCARE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HARTFORD HEALTHCARE CORPORATION	c EIN-PN 22-2672834-001
a	Plan name	HCR MANORCARE RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	PROMEDICA EMPLOYMENT SERVICES, LLC	c EIN-PN 34-1903270-004
a	Plan name	HONIGMAN LLP INCOME DEFERRAL AND PROFIT SHARING PLAN	
b	Name of plan sponsor	HONIGMAN LLP	c EIN-PN 38-1407377-003
a	Plan name	HORIZON AIR SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	HORIZON AIR INDUSTRIES, INC.	c EIN-PN 91-1201373-002

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 IKEA RETIREMENT AND SAVINGS PLAN		
b	Name of plan sponsor IKEA NORTH AMERICA SERVICES, LLC	c EIN-PN 23-3005722-001	
a	Plan name ILWU-PMA SAVINGS (401(K)) PLAN		
b	Name of plan sponsor PACIFIC MARITIME ASSOCIATION	c EIN-PN 94-1126322-002	
a	Plan name INFOR 401(K) SAVINGS PLAN		
b	Name of plan sponsor INFOR (US), INC.	c EIN-PN 20-3469219-001	
a	Plan name KAISER ALUMINUM INVESTMENTS COMPANY HOURLY SAVINGS AND INVESTMENT PLAN		
b	Name of plan sponsor KAISER ALUMINUM INVESTMENTS COMPANY	c EIN-PN 56-2553178-057	
a	Plan name KAISER ALUMINUM INVESTMENTS COMPANY SAVINGS AND INVESTMENT PLAN		
b	Name of plan sponsor KAISER ALUMINUM INVESTMENTS COMPANY	c EIN-PN 56-2553178-003	
a	Plan name KAISER ALUMINUM WARRICK, LLC SAVINGS AND INVESTMENT PLAN		
b	Name of plan sponsor KAISER ALUMINUM WARRICK, LLC	c EIN-PN 81-2560915-001	
a	Plan name KELLANOVA PRINGLES SAVINGS AND INVESTMENT PLAN		
b	Name of plan sponsor KELLANOVA	c EIN-PN 38-0710690-014	
a	Plan name KELLANOVA MASTER TRUST		
b	Name of plan sponsor KELLANOVA	c EIN-PN 38-0710690-006	
a	Plan name KELLANOVA SAVINGS AND INVESTMENT PLAN		
b	Name of plan sponsor KELLANOVA	c EIN-PN 38-0710690-001	
a	Plan name KEMPER CORPORATION 401(K) RETIREMENT PLAN		
b	Name of plan sponsor KEMPER CORPORATION	c EIN-PN 95-4255452-003	
a	Plan name KETTERING HEALTH NETWORK EMPLOYEE CONTRIBUTION RETIREMENT PLAN		
b	Name of plan sponsor KETTERING ADVENTIST HEALTHCARE	c EIN-PN 31-1051688-001	
a	Plan name KETTERING HEALTH NETWORK EMPLOYER CONTRIBUTION RETIREMENT PLAN		
b	Name of plan sponsor KETTERING ADVENTIST HEALTHCARE	c EIN-PN 31-1051688-002	

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 KOCH INDUSTRIES EMPLOYEES' SAVINGS PLAN		
b	Name of plan sponsor KOCH INDUSTRIES, INC.	c EIN-PN 48-0484227-002	
a	Plan name LEXMARK SAVINGS PLAN		
b	Name of plan sponsor LEXMARK INTERNATIONAL, INC.	c EIN-PN 06-1308215-002	
a	Plan name MAHLE 401(K) PLAN		
b	Name of plan sponsor MAHLE INDUSTRIES, INCORPORATED	c EIN-PN 58-2431334-004	
a	Plan name MCGEE RETIREMENT READINESS PLAN		
b	Name of plan sponsor MCGEE AIR SERVICES, INC.	c EIN-PN 81-2044238-001	
a	Plan name MOLEX RETIREMENT AND SAVINGS PLAN		
b	Name of plan sponsor MOLEX, LLC	c EIN-PN 36-2369491-004	
a	Plan name NATIONAL FUTURES ASSOCIATION EMPLOYEE RETIREMENT SAVINGS PLAN		
b	Name of plan sponsor NATIONAL FUTURES ASSOCIATION	c EIN-PN 36-2960981-001	
a	Plan name NBCUNIVERSAL CAPITAL ACCUMULATION PLAN		
b	Name of plan sponsor NBCUNIVERSAL, LLC	c EIN-PN 27-3526824-002	
a	Plan name NEW YORK LIFE INSURANCE COMPANY AGENTS PROGRESS-SHARING INVESTMENT PLAN		
b	Name of plan sponsor NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-006	
a	Plan name NEW YORK LIFE INSURANCE COMPANY EMPLOYEE PROGRESS SHARING INVESTMENT PLAN		
b	Name of plan sponsor NEW YORK LIFE INSURANCE COMPANY	c EIN-PN 13-5582869-002	
a	Plan name NTT DATA AMERICAS 401(K) PLAN		
b	Name of plan sponsor NTT DATA AMERICAS, INC.	c EIN-PN 04-2437166-003	
a	Plan name NUCOR CORPORATION PROFIT SHARING AND RETIREMENT SAVINGS PLAN		
b	Name of plan sponsor NUCOR CORPORATION	c EIN-PN 13-1860817-334	
a	Plan name ONCOR THRIFT PLAN		
b	Name of plan sponsor ONCOR ELECTRIC DELIVERY COMPANY LLC	c EIN-PN 75-2967830-002	

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 PACIFIC MARITIME ASSOCIATION QUALIFIED DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor PACIFIC MARITIME ASSOCIATION	c EIN-PN 94-2914940-333
a	Plan name PERKINELMER U.S. LLC SAVINGS PLAN	
b	Name of plan sponsor PERKINELMER U.S. LLC	c EIN-PN 88-4129178-001
a	Plan name POINT72, L.P. 401(K) PLAN	
b	Name of plan sponsor POINT72, L.P.	c EIN-PN 81-3985683-001
a	Plan name PPFA RETIREMENT PLAN	
b	Name of plan sponsor PLANNED PARENTHOOD FEDERATION OF AMERICA, INC.	c EIN-PN 13-1644147-003
a	Plan name PROMEDICA HEALTH SYSTEM, INC. 401(K) PLAN	
b	Name of plan sponsor PROMEDICA HEALTH SYSTEM, INC.	c EIN-PN 34-1517671-002
a	Plan name RBC U.S.A. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor RBC USA HOLDCO CORPORATION	c EIN-PN 20-0563684-003
a	Plan name REPUBLIC TITLE OF TEXAS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor FIRST AMERICAN FINANCIAL CORPORATION	c EIN-PN 75-1825384-001
a	Plan name REVVITY SAVINGS PLAN	
b	Name of plan sponsor REVVITY, INC.	c EIN-PN 95-1142616-001
a	Plan name SAINT-GOBAIN CORPORATION 401(K) PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor SAINT-GOBAIN CORPORATION	c EIN-PN 23-2615166-003
a	Plan name SAINT-GOBAIN CORPORATION 401(K) PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor SAINT-GOBAIN CORPORATION	c EIN-PN 23-2615166-002
a	Plan name SANDOZ INC. INVESTMENT SAVINGS PLAN	
b	Name of plan sponsor SANDOZ INC.	c EIN-PN 38-1658363-002
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

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	SCHAEFFLER GROUP USA SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	SCHAEFFLER GROUP USA INC.	c EIN-PN 57-0517596-003
a	Plan name	SENTARA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SENTARA HOLDINGS, INC.	c EIN-PN 54-1555638-002
a	Plan name	SENTARA 401(A) RETIREMENT PLAN	
b	Name of plan sponsor	SENTARA HEALTH	c EIN-PN 52-1271901-006
a	Plan name	SS&C TECHNOLOGIES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SS&C TECHNOLOGIES, INC	c EIN-PN 06-1169696-001
a	Plan name	TARGA RESOURCES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	TARGA RESOURCES LLC	c EIN-PN 14-1904332-001
a	Plan name	TELEDYNE TECHNOLOGIES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	TELEDYNE TECHNOLOGIES INCORPORATED	c EIN-PN 25-1843385-002
a	Plan name	THALES INCENTIVE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THALES USA, INC.	c EIN-PN 06-0938363-003
a	Plan name	THE DEFINED CONTRIBUTION PLAN OF THE METHODIST HOSPITAL	
b	Name of plan sponsor	THE METHODIST HOSPITAL	c EIN-PN 74-1180155-334
a	Plan name	TIDEWATER HEALTH CARE, INC. 401(A) RETIREMENT PLAN	
b	Name of plan sponsor	SENTARA HEALTH	c EIN-PN 52-1271901-007
a	Plan name	TIH INSURANCE HOLDINGS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CRC INSURANCE GROUP, LLC	c EIN-PN 31-1746517-001
a	Plan name	TRAVEL + LEISURE CO. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	TRAVEL + LEISURE CO.	c EIN-PN 20-0052541-001
a	Plan name	TRUIST FINANCIAL CORPORATION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TRUIST FINANCIAL CORPORATION	c EIN-PN 56-0939887-003

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	TURNER NON-UNION TRADE EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE TURNER CORPORATION	c EIN-PN 13-3209884-003
a	Plan name	TURNER RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor	THE TURNER CORPORATION	c EIN-PN 13-3209884-002
a	Plan name	UNIVERSAL HEALTH SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UNIVERSAL HEALTH SERVICES, INC.	c EIN-PN 23-2077891-001
a	Plan name	UNIVERSAL ORLANDO 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UNIVERSAL CITY DEVELOPMENT PARTNERS, LTD UNIVERSAL ORLANDO	c EIN-PN 59-3128514-001
a	Plan name	UNUM GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor	UNUM GROUP	c EIN-PN 62-1598430-002
a	Plan name	VISTRA THRIFT PLAN	
b	Name of plan sponsor	VISTRA OPERATIONS COMPANY LLC	c EIN-PN 36-4833461-001
a	Plan name	VITESCO TECHNOLOGIES USA, LLC 401(K) PLAN	
b	Name of plan sponsor	VITESCO TECHNOLOGIES USA, LLC	c EIN-PN 83-1870421-202
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	WOLF, GREENFIELD & SACKS, P.C. 401(K) PLAN	
b	Name of plan sponsor	WOLF, GREENFIELD & SACKS, P.C.	c EIN-PN 04-2613631-004
a	Plan name	YARDI SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YARDI SYSTEMS, INC.	c EIN-PN 77-0049051-002
a	Plan name	ZF NORTH AMERICA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ZF NORTH AMERICA, INC.	c EIN-PN 61-1462969-002
a	Plan name	ZF NORTH AMERICA, INC. HOURLY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KELSEY-HAYES COMPANY	c EIN-PN 61-1462969-058

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 SPARTAN GROUP TRUST FOR EMPLOYEE BENEFIT PLANS SPARTAN GLOBAL EX US INDEX POOL	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC	D Employer Identification Number (EIN) 82-6293122	

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		4736
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	225662979	315783740
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(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)	24219265708	31725115991
(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)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	24444928687	32040904467

Liabilities

1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	225741175	315968181
1k Total liabilities (add all amounts in lines 1g through 1j)	1k	225741175	315968181

Net Assets

1l Net assets (subtract line 1k from line 1f)	1l	24219187512	31724936286
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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)	547	
(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)		547
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	701	
(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)		701
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	793340096	
(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)		793340096
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3966710324	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3966710324

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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		4760051668

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)	1615544	
(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)		1615544
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1615544

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4758436124
l Transfers of assets:			
(1) To this plan	2l(1)		8580610877
(2) From this plan	2l(2)		5833298227

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 _____.