

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 2021 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
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 <u>AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1984</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>95-1492269</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>626-304-2000</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>322200</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>12/01/1984</u>		2b Employer Identification Number (EIN) <u>95-1492269</u>		2c Plan Sponsor's telephone number <u>626-304-2000</u>		2d Business code (see instructions) <u>322200</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>										
1c Effective date of plan <u>12/01/1984</u>											
2b Employer Identification Number (EIN) <u>95-1492269</u>											
2c Plan Sponsor's telephone number <u>626-304-2000</u>											
2d Business code (see instructions) <u>322200</u>											
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>AVERY DENNISON CORPORATION</u> <u>207 GOODE AVENUE</u> <u>GLENDAL, CA 91203</u>											

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	Filed with authorized/valid electronic signature.	10/13/2022	MONINA DIAZ
	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			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

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	6583
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)	3964
a(2) Total number of active participants at the end of the plan year		6a(2)	4618
b Retired or separated participants receiving benefits.....		6b	163
c Other retired or separated participants entitled to future benefits		6c	2367
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	7148
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	39
f Total. Add lines 6d and 6e		6f	7187
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	7117
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	320
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2D 2F 2G 2O 2S 2T 2J 2R			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ 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		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>5</u> A (Insurance Information) (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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 AVERY DENNISON CORPORATION	D Employer Identification Number (EIN) 95-1492269

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
52-0419790	66281	MDA01159TR	1265	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 0	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **15BPS**

b	Premiums paid to carrier	6b	32695
c	Premiums due but unpaid at the end of the year	6c	7685
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ SYNTHETIC INVESTMENT CONTRACT	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	22332152
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c Additions: (1) Contributions deposited during the year	7c(1)	0	
	7c(2)	0	
	7c(3)	426559	
	7c(4)	0	
	7c(5)	0	

(6) Total additions	7c(6)	426559
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d Total of balance and additions (add lines 7b and 7c(6))	7d	22758711
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year (2) Administration charge made by carrier..... (3) Transferred to separate account..... (4) Other (specify below)	7e(1)	2350000	
	7e(2)	0	
	7e(3)	0	
	7e(4)	0	

(5) Total deductions	7e(5)	2350000
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	20408711
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 AVERY DENNISON CORPORATION	D Employer Identification Number (EIN) 95-1492269

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier PRUDENTIAL INSURANCE CO OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-1211670	68241	GA62338	1265	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **15BPS**

b	Premiums paid to carrier	6b	34061
c	Premiums due but unpaid at the end of the year	6c	7977
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ SYNTHETIC INVESTMENT CONTRACT	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	22507049
c	Additions: (1) Contributions deposited during the year	7c(1)	750000
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	390574
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0
	▶		
	(6) Total additions	7c(6)	1140574
d	Total of balance and additions (add lines 7b and 7c(6))	7d	23647623
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	0
	(2) Administration charge made by carrier.....	7e(2)	0
	(3) Transferred to separate account.....	7e(3)	0
	(4) Other (specify below)	7e(4)	2500000
	▶ CASH		
	(5) Total deductions	7e(5)	2500000
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	21147623

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 AVERY DENNISON CORPORATION	D Employer Identification Number (EIN) 95-1492269

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
VOYA RETIREMENT INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	060247	1265	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **15BPS**

b	Premiums paid to carrier	6b	32681
c	Premiums due but unpaid at the end of the year	6c	7962
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ SYNTHETIC INVESTMENT CONTRACT	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	22858231
c	Additions: (1) Contributions deposited during the year	7c(1)	750000
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	452465
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0
	▶		
	(6) Total additions	7c(6)	1202465
d	Total of balance and additions (add lines 7b and 7c(6))	7d	24060696
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2800000
	(2) Administration charge made by carrier.....	7e(2)	0
	(3) Transferred to separate account.....	7e(3)	0
	(4) Other (specify below)	7e(4)	0
	▶		
	(5) Total deductions	7e(5)	2800000
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	21260696

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 AVERY DENNISON CORPORATION	D Employer Identification Number (EIN) 95-1492269	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
PACIFIC LIFE

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
95-1079000	86509	G-27553.01.0001	1265	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **15BPS**

b	Premiums paid to carrier	6b	45759
c	Premiums due but unpaid at the end of the year	6c	10040
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ SYNTHETIC INVESTMENT CONTRACT	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	30299600
c	Additions: (1) Contributions deposited during the year	7c(1)	0
	(2) Dividends and credits.....	7c(2)	0
	(3) Interest credited during the year.....	7c(3)	512397
	(4) Transferred from separate account.....	7c(4)	0
	(5) Other (specify below)	7c(5)	0
	▶		
	(6) Total additions	7c(6)	512397
d	Total of balance and additions (add lines 7b and 7c(6))	7d	30811997
e	Deductions:		
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4000000
	(2) Administration charge made by carrier.....	7e(2)	0
	(3) Transferred to separate account.....	7e(3)	0
	(4) Other (specify below)	7e(4)	0
	▶		
	(5) Total deductions	7e(5)	4000000
f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	26811997

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021	
A Name of plan AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 AVERY DENNISON CORPORATION	D Employer Identification Number (EIN) 95-1492269

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	STAADNIP0517	1265	01/01/2021	12/31/2021

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0			

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end.....	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶ **15BPS**

b	Premiums paid to carrier	6b	14410
c	Premiums due but unpaid at the end of the year	6c	2756
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶ SYNTHETIC INVESTMENT CONTRACT	6d	0

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year	7b	10643451
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c	Additions: (1) Contributions deposited during the year	7c(1)	3156	
	(2) Dividends and credits.....	7c(2)	0	
	(3) Interest credited during the year.....	7c(3)	41340	
	(4) Transferred from separate account.....	7c(4)	0	
	(5) Other (specify below)	7c(5)	0	

(6) Total additions	7c(6)	44496
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d	Total of balance and additions (add lines 7b and 7c(6))	7d	10687947
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e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	3928817	
	(2) Administration charge made by carrier.....	7e(2)	0	
	(3) Transferred to separate account.....	7e(3)	0	
	(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	3928817
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f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	6759130
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	0
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	0
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		2021
		This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ▶	004
C Plan sponsor's name as shown on line 2a of Form 5500 AVERY DENNISON CORPORATION	D Employer Identification Number (EIN) 95-1492269	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PRUDENTIAL TRUST CO
23-6994310

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
37 60 64 65 71	RECORDKEEPER	485884	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL INSURANCE CO.

22-1211670

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	34061	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

AON HEWITT INVESTMENT CONSULTING

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT ADVISOR	33719	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

LATHAM & WATKINS LLP

95-2018373

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	ATTORNEY/LEGAL	24750	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

PRUDENTIAL TRUST CO

23-6994310

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	15413	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO CORPORATE BOND FUND CL A 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO COMSTOCK FUND CL C 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO GOLD & SPEC MINERALS A 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DEVELOPING MARKETS A 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG MANAGERS CENTER SQUARE REAL ES 600 STEAMBOAT ROAD SUITE 300 GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG MANAGERS GLOBAL INCOME OPPORTU 600 STEAMBOAT ROAD SUITE 300 GREENWICH, CT 06830	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMG RIVER ROAD SMALLMID CAP VALUE 600 STEAMBOAT ROAD SUITE 300 GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AQR LARGE CAP MOMENTUM STYLE CL N 1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AQR RISK BALANCED COMMOD STRATEGY 1 GREENWICH PLAZA GREENWICH, CT 06830	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ADV PREFERRED GOLD BULLION STRAT I 1445 RESEARCH BLVD SUITE 530 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO ASIA PACIFICGROWTH CLASS A 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO INTL SMALL MID COMPANY A 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO GLOBAL FOCUS A 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO GLOBAL OPPORTUNITIES A 11 GREENWAY PLAZA SUITE 100 HOUSTON, TX 77046	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALGER SMALL CAP FOCUS CLASS A 600 PLAZA ONE 6TH FL JERSEY CITY, NJ 07311	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AB LARGE CAP GROWTH CLASS A 8000 IH 10 WEST SUITE 1400 14TH F SAN ANTONIO, TX 78230	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEVEN CANYONS WORLD INNOVATORS INV 505 WAKARA WAY SUITE 300 SALT LAKE CITY, UT 84108	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMANA MUTUAL FUND TRUST INCOME 1300 NORTH STATE STREET BELLINGHAM, WA 98225	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON LARGE CAP INVESTOR 220 EAST LAS COLINAS BLVD SUITE 12 IRVING, TX 75039	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMER BEACON BRDGWAY LARGE CAP VAL 220 EAST LAS COLINAS BLVD SUITE 12 IRVING, TX 75039	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON ARK TRANS INNOVTN 220 EAST LAS COLINAS BLVD SUITE 12 IRVING, TX 75039	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON ARK TRANFRMTNL INN 220 EAST LAS COLINAS BLVD SUITE 12 IRVING, TX 75039	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN BEACON THE LONDON CO INC 220 EAST LAS COLINAS BLVD SUITE 12 IRVING, TX 75039	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY STRATEGIC INC FD 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.25%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY ONECHOICE INRETIR 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CEN FOCUSED DYNAMIC GROWTH 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY EQUITY GROWTH INV 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY UTILITIES INVESTO 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY ULTRA INVESTOR CL 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY SUSTAINABLE EQ IN 4400 MAIN ST 1ST FLOOR KANSAS CITY, MO 64111	0.35%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS INFLTLINKED BOND CL 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS MOD GRTH & INCME PO 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS CONV GRWTH & INCM P 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN 2020 TARGETDATE RETIREMNT 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN MUTUAL FUNDCLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARIEL FUND 811 E. WISCONSIN AVENUE. MK WI J8NF MILWAUKEE, WI 53202	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN SMALL CAP FUND INVESTOR CL 875 EAST WISCONSIN AVENUE SUITE 800 MILWAUKEE, WI 53202	0.39%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON NATURAL RESOURCES A 144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE, NY 11556	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GROWTH 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON OPPORTUNITY FUND 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON PARTNERS FUND 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON REAL ESTATE FUND RETAIL 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON GLOBAL ADVANTAGE FD RETAIL 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON EMERGING MARKETS FUND RETAIL 767 5TH AVENUE 49TH FLOOR NEW YORK, NY 10153	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BERKSHIRE FOCUS FUND 475 MILAN DRIVE SUITE 103 SAN JOSE, CA 95134	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK MID CAP GROWTH EQUITY CL 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK TECHNOLOGY OPPORTUNITIES 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK ENERGY OPPORTUNITIES CL 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK HEALTH SCIENCES OPP PRT 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INTERNATIONAL FD A 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK NATURAL RESOURCES TR CL 40 EAST 52ND STREET NEW YORK, NY 10022	0.40%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WILLIAM BLAIR EMERG MARKETS GRTH F 222 WEST ADAMS STREET 12TH FLOOR CHICAGO, IL 60606	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WILLIAM BLAIR SMALL MID CAP GROWTH 222 WEST ADAMS STREET 12TH FLOOR CHICAGO, IL 60606	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WILLIAM BLAIR SMALL CAP GROWTH CLA 222 WEST ADAMS STREET 12TH FLOOR CHICAGO, IL 60606	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON SUSTAINABLE US EQ A 144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE, NY 11556	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BNY MELLON SMALLCAP STOCK INDEX IN 144 GLENN CURTISS BLVD 8TH FLOOR UNIONDALE, NY 11556	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BOSTON TRUST ASSET MANAGEMENT FUND 1 BEACON ST. 33RD FLOOR BOSTON, MA 02108	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BROWN ADVISORY SMALLCAP FUNDMNTL V 777 E. WISCONSIN AVE 4TH FLOOR MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BUFFALO DISCOVERY FUND 615 E. MICHIGAN STREET MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BUFFALO SMALL CAP GROWTH 615 E. MICHIGAN STREET MILWAUKEE, WI 53202	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALAMOS GROWTH & INCOME CL A 2020 CALAMOS COURT NAPERVILLE, IL 60563	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALVERT CORE BOND FUND CL A 4550 MONTGOMERY AVENUESUITE 1000 N BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAUSEWAY EMERGING MRKTS FD INV CL P. O. BOX 1100 OAKS, PA 19456	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CAUSEWAY INTERNATL OPPORTUNITIES I P. O. BOX 1100 OAKS, PA 19456	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA THERMOSTAT CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA MORTGAGE OPPORTUNITIES CL 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA GREATER CHINA CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA STRATEGIC INCOME CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA DIVIDEND INCOME CL A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA SELIGMAN GLOBAL TECHNOLOGY 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA SELIGMAN TECH AND INFO CL 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COLUMBIA FLEXIBLE CAPITAL INCOME A 225 FRANKLIN ST BX25 10320 BOSTON, MA 02110	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COMMERCE VALUE INSTITUTIONAL 922 WALNUT ST 4TH FLOOR KANSAS CITY, MO 64106	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DWS HEALTH AND WELLNESS FUND A 280 PARK AVE FINANCE PCAM CTRL 9T NEW YORK, NY 10026	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DIREXION MONTHLY NASDAQ100BULL2X I 155 SEAPORT BOULEVARD SUITE P8 BOSTON, MA 02210	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DIREXION MONTHLY S&P 500 BULL 2X I 155 SEAPORT BOULEVARD SUITE P8 BOSTON, MA 02210	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOMINI IMPACT EQUITYINVESTOR 536 BROADWAY 7TH FLOOR NEW YORK, NY 10012	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE TOTAL RT BOND FD CL N 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOUBLELINE CORE FIXED INCOME FD CL 777 EAST WISCONSIN AVENUE MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EATON VANCE FLOATINGRATE CLASS I TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARAMETRIC COMMODITYSTRATEGIC INV TWO INTERNATIONAL PLACE BOSTON, MA 02110	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARAMETRIC COMMODITYSTRATEGIC INST TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EATON VANCE SHT DUR STRATEGIC INC TWO INTERNATIONAL PLACE BOSTON, MA 02110	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ERSHARES US SMALL CAP INSTITUTIONA 175 FEDERAL STREET SUITE #875 BOSTON, MA 02110	0.10%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN EUROPACIFICGROWTH CLASS F 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FMI LARGE CAP FUND 777 EAST WISCONSIN AVENUE MK WI T4M MILWAUKEE, WI 53202	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FMI INTERNATIONAL 777 EAST WISCONSIN AVENUE MK WI T4M MILWAUKEE, WI 53202	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED HERMES STR VAL DIV CL A 4000 ERICSSON DRIVE WARRENDALE, PA 15086-7515	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED HERMES KAUFMANN SM CAP A 4000 ERICSSON DRIVE WARRENDALE, PA 15086-7515	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED HERMES OPPOR HIGH YLD BD 4000 ERICSSON DRIVE WARRENDALE, PA 15086-7515	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED HERMES CORP BOND FD CL A 4000 ERICSSON DRIVE WARRENDALE, PA 15086-7515	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EMERALD FINANCE AND BANKING INNOV 3175 OREGON PIKE LEOLA, PA 17540	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VULCAN VALUE PARTNERFUND INVESTOR 2801 HIGHWAY 280 SOUTH SUITE 300 BIRMINGHAM, AL 35223	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE GOLD CLASS A	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK, NY 10105	0.40%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE GLOBAL CLASS A	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK, NY 10105	0.40%
(a) Enter service provider name as it appears on line 2		(b) Service Codes (see instructions)
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FIRST EAGLE GLOBAL CLASS I	1345 AVENUE OF THE AMERICAS 48TH FL NEW YORK, NY 10105	0.15%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FIRSTHAND TECHNOLOGY OPPORTUNITIES 150 ALMADEN BLVD. SUITE 1250 SAN JOSE, CA 95113	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DF DENT MIDCAP GROWTH FUND INVESTO 2 EAST READ ST 6TH FLOOR BALTIMORE, MD 21202	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ABR 50/50 VOLATILITY INVESTOR PO BOX 588 PORTLAND, ME 04112	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN DYNATECH FUND A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN FOCUSED GROWTH FUND CL A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN INCOME CL A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN GROWTH CLASS A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN INCOME CLASS C 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$19.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN GOLD AND PRECIOUS METALS 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN CONVERTIBLE SECURITIES A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN SMALL MID CAP GROWTH A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FRANKLIN NATURAL RESOURCES A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDAMENTALINVESTORS CL F 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GABELLI GOLD FUND CLAAA 401 THEODORE FREMD. AVE. RYE, NY 10580	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLENMEDE SECURED OPTIONS PORTFOLIO 1650 MARKET ST. SUITE 1200 PHILADELPHIA, PA 19103	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GLENMEDE LARGE CAP GROWTH 1650 MARKET ST. SUITE 1200 PHILADELPHIA, PA 19103	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GOODHAVEN FUND 777 EAST WISCONSIN AVENUE MK WI T4 MILWAUKEE, WI 53202	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GREEN CENTURY BALANCED FD INSTL 114 STATE ST. STE. 200 BOSTON, MA 02111	0.10%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUGGENHEIM RISK MANAGED REAL EST P 9601 BLACKWELL RD. STE. 500 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
GUINNESS ATKINSON GLOBAL INNOVATOR 2220 E. ROUTE 66 SUITE 226 GLENDORA, CA 91740	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JOHN HANCOCK REGIONAL BANK CL A 601 CONGRESS ST. 9TH FL. BOSTON, MA 02210	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARBOR GLB LDRS INV 111 S. WACKER DR 34TH FLOOR CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK FUND INVESTOR CLASS 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OAKMARK INTL INVESTOR CL 111 SOUTH WACKER DR. CHICAGO, IL 60606	0.35%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD STRATEGIC INCOME FUND CL 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD FLOATING RATE HIGH INCOME 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD MID CAP FD CLASS I 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD SCHRODERS INTL MULT CAP C 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HARTFORD SCHRODERS INTL STOCK CL I 100 MATSONFORD RD STE 300 RADNOR, PA 19087	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HENNESSY GAS UTILITYINVESTOR CL 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HENNESSY JAPAN INVSTCLASS 7250 REDWOOD BLVD. STE 200 NOVATO, CA 94945		0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
HOMESTEAD VALUE FD 4301 WILSON BLVD ARLINGTON, VA 22203		0.12%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
INTEGRITY MID NORTH AMERICAN RESOU 1 MAINSTREET NORTH MINOT, ND 58703		0.10%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THE INTERNET FUND 470 PARK AVENUE SOUTH NEW YORK, NY 10016	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EP EMERGING MARKETS SMALL COMPANIE LOTS 81 82 STREET C SUITE 204 DORADO, PR 00646	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPAC INTL VALUE FUND CLASS A LOTS 81 82 STREET C SUITE 204 DORADO, PR 00646	0.08%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPAC INTERNATNL DIVIDEND INC CL LOTS 81 82 STREET C SUITE 204 DORADO, PR 00646	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EUROPAC GOLD FUND CLASS A LOTS 81 82 STREET C SUITE 204 DORADO, PR 00646	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AXS ALTERNATIVE GROWTH I 181 WESTCHESTER AVENUE SUITE 402 PORT CHESTER, NY 10573	0.10%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AXS MULTI STRATEGY ALTERNATIVES R1 181 WESTCHESTER AVENUE SUITE 402 PORT CHESTER, NY 10573	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LOOMIS SAYLES GLOBALALLOCATION CLA 399 BOYLSTON STREET 8TH FLOOR BOSTON, MA 02116	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JACOB INTERNET 727 2ND STREET SUITE 106 HERMOSA BEACH, CA 90254	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GROWTH & INCOME T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GLOBAL RESEACH T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GLOB TECH & INNOV 151 DETROIT ST. DENVER, CO 80206	\$14.00	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON VENTURE T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON TRITON T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON SMALL CAP VALUE T 151 DETROIT ST. DENVER, CO 80206	0.35%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON CONTRARIAN T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GLOB TECH & INNOV 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON GL LIFE SCIENCES T 151 DETROIT ST. DENVER, CO 80206	0.35%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON ENTERPRISE T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON RESEARCH T 151 DETROIT ST. DENVER, CO 80206	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS HENDERSON BALANCED T 151 DETROIT ST. DENVER, CO 80206	0.35%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN INCOME BUILDER FUND CLASS 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.08%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN CORE BOND FUND CL A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.38%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPMORGAN LARGE CAP GROWTH CLASS A 1111 POLARIS PARKWAY COLUMBUS, OH 43240	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
KINETICS PARADIGM FUND 470 PARK AVENUE SOUTH NEW YORK, NY 10016	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
KINETICS GLOBAL FUNDNO LOAD CLASS 470 PARK AVENUE SOUTH NEW YORK, NY 10016	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LAZARD GLOBAL LISTEDINFRASTRUCTURE 30 ROCKEFELLER PLAZA 57TH FL. NEW YORK, NY 10112	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LAZARD GLOBAL LISTED INFRASTRUCTE 30 ROCKEFELLER PLAZA 57TH FL. NEW YORK, NY 10112	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE AGGRESSIVE GROWTH A 620 8TH AVENUE 49TH FL. NEW YORK, NY 10018	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CLEARBRIDGE LARGE CAP GROWTH A 620 8TH AVENUE 49TH FL. NEW YORK, NY 10018	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SAYLES INFL PROTECTN SECS R 399 BOYLSTON STREET 8TH FL BOSTON, MA 02116	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LOOMIS SAYLES BOND RETAIL SHARES 399 BOYLSTON STREET 8TH FL BOSTON, MA 02116	0.35%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
LORD ABBETT SHORT DURATION INCOME 90 HUDSON STREET 10TH FLOOR JERSEY CITY, NJ 07302	0.37%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT BOND DEBENTURE CLASS A 90 HUDSON STREET 10TH FLOOR JERSEY CITY, NJ 07302	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
LORD ABBETT DEVELOP GROWTH CLASS A 90 HUDSON STREET 10TH FLOOR JERSEY CITY, NJ 07302	0.45%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS INTERNATIONAL DIVERSIFICATION 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.08%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS MODERATE ALLOCATION CLASS A 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS TECHNOLOGY CLASSA 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS CORE EQUITY FUND CL A 111 HUNTINGTON AVE BOSTON, MA 02199-7632	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MADISON MID CAP FUNDCL Y 550 SCIENCE DRIVE MADISON, WI 53711	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MAIRS & POWER GROWTH FUND 777 E. WISCONSIN AVENUE FLOOR 4 MK MILWAUKEE, WI 53202	0.12%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MANNING & NAPIER REAL ESTATE SRS S 290 WOODCLIFF DR. FAIRPORT, NY 14450	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS CHINA SMALLCOMPANIES INVE 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS PACIFIC TIGER FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS CHINA FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS INDIA FUND 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS ASIA GROWTH FUND INV 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MATTHEWS ASIAN INNOVATORS FD INVST 4 EMBARCADERO CENTER SUITE 550 SAN FRANCISCO, CA 94111	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY EUROPEAN OPPORT CL 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY DISCOVERY PORT CL I 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY DISCOVERY PORT CL A 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY GROWTH PORTFOLIO A 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STA INST INC.INCEPTION PORT 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY GROWTH PORTFOLIO I 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSIGHT A 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY GLOBAL OPPORTUNITY 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MORGAN STANLEY INSTLINTERNTL OPP C 522 FIFTH AVENUE 4TH FLOOR NEW YORK, NY 10036	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EVENTIDE GILEAD FUND CLASS N 80 ARKAY SUITE 110 HAUPPAUGE, NY 11788	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
EVENTIDE HEALTHCARE AND LIFE SCIEN 80 ARKAY SUITE 110 HAUPPAUGE, NY 11788	0.40%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ALPHACENTRIC LIFESCI HEALTHCARE A 80 ARKAY DRIVE HAUPPAUGE, NY 11788	0.10%

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
EVENTIDE MULTI ASSET INC CL N 80 ARKAY SUITE 110 HAUPPAUGE, NY 11788	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEUBERGER BERMAN REAL ESTATE TRUST 1290 AVENUE OF THE AMERICAS 22ND F NEW YORK, NY 10104	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NEW ALTERNATIVES FD 150 BROADHOLLOW ROAD MELVILLE, NY 11747	\$12.00	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN NEW WORLD CLASS F1 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVENOMIC INVESTOR CLASS 211 CONGRESS STREET 7TH FLOOR BOSTON, MA 02110	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HCM INCOME PLUS FUNDINVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HCM DIVIDEND SECTOR PLUS FUND INVE 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HCM TACTICAL GROWTH FUND INVESTOR 1145 HEMBREE ROAD ROSWELL, GA 30076	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OCM GOLD FUND ADVISOR CLASS 235 W. GALENA STREET SHARES MILWAUKEE, WI 53212	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RED OAK TECHNOLOGY SELECT 225 PICTORIA DRIVE SUITE 450 CINCINNATI, OH 45246	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OBERWEIS MICRO CAP FUND 3333 WARRENVILLE ROAD STE. 500 LISLE, IL 60532	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INTL BD FD U SDOLLAR HEDGED 1633 BROADWAY NEW YORK, NY 10019	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS ENDEAVOR FUND ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS MID CAP ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS CORE EQUITY INVESTOR ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PARNASSUS CORE EQUITY INSTL ONE MARKET STREET STEUART TOWER SUI SAN FRANCISCO, CA 94105	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PAX GLOBAL ENVIRONMENTAL MRKTS 1290 BROADWAY SUITE 1100 DENVER, CO 80203	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERMANENT VERSATILE BOND PORTFOLIO 600 MONTGOMERY ST. SUITE 4100 SAN FRANCISCO, CA 94111-2702	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THE WIRELESS FUND 1939 FRIENDSHIP DRIVE STE C EL CAJON, CA 92020	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INVESTMENT GR CREDIT BOND FU 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO INCOME FUND CL A 1633 BROADWAY NEW YORK, NY 10019	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO COMMODITIES PLUS STRATEGY CL 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO REALPATH BLENDINCOME FUND CL 1633 BROADWAY NEW YORK, NY 10019	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIMCO RAE US SMALL FUND A 1633 BROADWAY NEW YORK, NY 10019	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE COMM & TECHNOLOGY INV 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GROWTH STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE HEALTH SCIENCES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE RET 2030 FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE RETIREMENT 2025 FD 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRIMECAP ODYSSEY GROWTH FUND 2020 E. FINANCIAL WAY SUITE 100 GLEN DORA, CA 91741	0.10%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PRINCIPAL BLUE CHIP FUND CL A 620 COOLIDGE DRIVE SUITE 300 FOLSOM, CA 95630	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HODGES FUND 2905 MAPLE AVENUE DALLAS, TX 75201	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AKRE FOCUS FUND RETAIL 777 E. WISCONSIN AVE. 4TH FL MILWAUKEE, WI 53202	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
HODGES SMALL CAP FUND RETAIL 2905 MAPLE AVENUE DALLAS, TX 75201	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BECKER VALUE EQUITY 1211 SW 5TH AVE PORTLAND, OR 97204	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
OIL & GAS ULTRA SECTPRO FDS INVEST 7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULTRA NASDAQ 100 PRO FUND INVESTOR 7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ULTRA DOW 30 PRO FUND INVESTOR 7501 WISCONSIN AVE SUITE 1000 EAST BETHESDA, MD 20814	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM GLOBAL TECHNOLOGY FUND CL A ONE POST OFFICE SQUARE MAILZONE G3C BOSTON, MA 02109	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM FOCUSED EQ FUND CLASS A ONE POST OFFICE SQUARE MAILZONE G3C BOSTON, MA 02109	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PUTNAM INCOME FUND CLASS A ONE POST OFFICE SQUARE MAILZONE G3C BOSTON, MA 02109	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BOSTON PARTNERS ALL CAP VALUE INVS 223 WILMINGTON WEST CHESTER PIKE #2 CHADDS FORD, PA 19317	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE DIVIDEND GROWTH 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE FINANCIAL SERVICES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE BLUE CHIP GROWTH INC 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBAL CONSUMER FUND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBAL INDUSTRIALS IN 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE EMERG MRKTS CORP BD I 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE INT'L JAPAN 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE OVERSEAS STOCK FUND 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE GLOBAL STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE VALUE 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE ULTRA SHORT TERM BD I 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE DIVERSDMID CAP GROWTH 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE QM US SML CAP GRWTH E 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
T ROWE PRICE TAX EFFICIENT EQUITY 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ROYCE OPPORTUNITY FUND INVEST CLAS 745 FIFTH AVENUE SUITE 2400 NEW YORK, NY 10151	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RYDEX NASDAQ 100 INV CLASS 9601 BLACKWELL RD. STE. 500 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
RYDEX ELECTRONICS INV CLASS 9601 BLACKWELL RD. STE. 500 ROCKVILLE, MD 20850	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SEGALL BRYANT HAMILL PLUS BOND FD 370 17TH STREET SUITE 5000 DENVER, CO 80202	0.30%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
SHELTON GREEN ALPHA FUND S CLASS P.O. BOX 87 DENVER, CO 80201-0087	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STATE STREET SM/MID CAP EQ INDEX C ONE LINCOLN ST. BOSTON, MA 02111-2900	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TCW EMERGING MKTS INCOME CL I 865 SOUTH FIGUERA STREET 22ND FLOO LOS ANGELES, CA 90017	0.10%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON FOREIGN CLASS A 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$16.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND CLASS C 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	\$19.00	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THOMPSON BOND FUND 1255 FOURIER DR STE 200 MADISON, WI 53717	0.25%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG LTD TERM INCOME CLASS I 2300 NORTH RIDGETOP RD SANTA FE, NM 87506	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THRIVENT SMALL CAP STOCK FUND CL S 4321 N. BALLARD ROAD APPLETON, WI 54919-0001	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THRIVENT MID CAP STOCK FUND CL S 4321 N. BALLARD ROAD APPLETON, WI 54919-0001	0.15%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TRANSAMERICA MULTI ASSET INCOME CL 4333 EDGEWOOD RD NE CEDAR RAPIDS, IA 52499	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PERFORMANCE TRUST STRATEGIC BOND 500 WEST MADISON SUITE 470 F CHICAGO, IL 60661	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
USAA SCIENCE & TECHNOLOGY CL A 4900 TIEDEMAN RD 4TH FLOOR BROOKLYN, OH 44114	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
USAA GROWTH & TAX STRATEGY RETAIL 4900 TIEDEMAN RD 4TH FLOOR BROOKLYN, OH 44114	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VALUE LINE ASSET ALLOCATION INVEST 7 TIMES SQUARE SUITE 1606 NEW YORK, NY 10036	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VALUE LINE CAPITAL APPRECIATION IN 7 TIMES SQUARE SUITE 1606 NEW YORK, NY 10036	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VAN ECK EMERGING MARKETS FUND CL Y 666 3RD AVENUE 9TH FL NEW YORK, NY 10017	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY SYCAMORE ESTABLISHED VALUE 4900 TIEDEMAN RD 4TH FLOOR BROOKLYN, OH 44114	0.10%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY FLOATING RATE FUND CL A 4900 TIEDEMAN RD 4TH FLOOR BROOKLYN, OH 44114	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY RS SMALL CAPGROWTH FUND CL 4900 TIEDEMAN RD 4TH FLOOR BROOKLYN, OH 44114	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY GLOBAL ENERGY TRANSITION A 4900 TIEDEMAN RD 4TH FLOOR BROOKLYN, OH 44114	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS ZEVENBERGEN INNOVATIVE GR S 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS ALLIANGI INCOME & GROWTH A 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS ALLIANZGI TECHNOLOGY A 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VIRTUS ALLIANZGI CONVERTIBLE A 101 MUNSON ST. STE. 3 GREENFIELD, MA 01301	0.40%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH CORE GROWTH 505 WAKARA WAY SUITE 300 SALT LAKE CITY, UT 84108	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WASATCH ULTRA GROWTH 505 WAKARA WAY SUITE 300 SALT LAKE CITY, UT 84108	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN WASHINGTON MUTUAL INVESTO 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	0.37%	

Part I Service Provider Information (continued)

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WEITZ CORE PLUS INCOME FD INVESTOR 1125 SOUTH 103RD STREET OMAHA, NE 68124	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CBOE VEST S&P 500 ENHANCED GR STR 8730 STONY POINT PARKWAY SUITE 205 RICHMOND, VA 23235	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
YCG ENHANCED FUND SERVICE/REGULAR 400 CITY CENTER OSHKOSH, WI 54901	0.40%	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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 2021 This Form is Open to Public Inspection.
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan <u>AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>004</u>	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AVERY DENNISON CORPORATION</u>	D Employer Identification Number (EIN) <u>95-1492269</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX 2065 M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN <u>84-1915237-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2713273</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX 2040 M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN <u>81-3185003-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>82564154</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX 2035 M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN <u>81-3168065-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>86391064</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX 2030 M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN <u>26-4020542-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>128675717</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON GROWTH STRAT 1

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN <u>37-6543784-009</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>134788595</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SS S&P 500 INDEX K

b Name of sponsor of entity listed in (a): STATE STREET BANK & TRUST COMPANY

c EIN-PN <u>90-0337987-388</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>49135910</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX 2045 M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN <u>26-4020794-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50975142</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON INFLATION STR 1

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-011	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5900381
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX 2060 M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN 47-1974812-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10714083
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX 2025 M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN 26-4020456-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 79622585
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a Name of MTIA, CCT, PSA, or 103-12 IE: AON INCOME STRAT 1

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10016854
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX 2055 M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN 26-1620812-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36643114
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX RET M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN 26-4019454-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62582495
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a Name of MTIA, CCT, PSA, or 103-12 IE: BTC LP IDX 2050 M

b Name of sponsor of entity listed in (a): BLACKROCK INST. TRUST COMPANY, N.A.

c EIN-PN 26-4020887-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47735931
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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**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 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 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>AVERY DENNISON CORPORATION</u>	D Employer Identification Number (EIN) <u>95-1492269</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	189821
(2) Participant contributions.....	1b(2)	0	275534
(3) Other	1b(3)	19403	10606012
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	18664336	17085004
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	20823
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	15737628	14432534
(9) Value of interest in common/collective trusts	1c(9)	682936847	788459298
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	90986672	98502564
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	0	0
(15) Other.....	1c(15)	113116198	97695908

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1) 252166020	313197516
(2)	Employer real property.....	1d(2) 0	0
e	Buildings and other property used in plan operation	1e 0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f 1173627104	1340465014
Liabilities			
g	Benefit claims payable	1g 0	0
h	Operating payables	1h 188928	168451
i	Acquisition indebtedness.....	1i 0	0
j	Other liabilities.....	1j 429995	221918
k	Total liabilities (add all amounts in lines 1g through 1j)	1k 618923	390369
Net Assets			
l	Net assets (subtract line 1k from line 1f).....	1l 1173008181	1340074645

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.

		(a) Amount	(b) Total
Income			
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A) 0	
	(B) Participants	2a(1)(B) 41285036	
	(C) Others (including rollovers).....	2a(1)(C) 10168736	
(2)	Noncash contributions.....	2a(2) 24819977	
(3)	Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)	76273749
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A) 2035	
	(B) U.S. Government securities	2b(1)(B) 0	
	(C) Corporate debt instruments	2b(1)(C) 0	
	(D) Loans (other than to participants)	2b(1)(D) 0	
	(E) Participant loans.....	2b(1)(E) 796677	
	(F) Other	2b(1)(F) 1820192	
	(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)	2618904
(2)	Dividends: (A) Preferred stock.....	2b(2)(A) 0	
	(B) Common stock	2b(2)(B) 4027131	
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C) 7046851	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)	11073982
(3)	Rents	2b(3)	0
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A) 60454416	
	(B) Aggregate carrying amount (see instructions).....	2b(4)(B) 45245685	
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)	
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A) 0	
	(B) Other	2b(5)(B) 77759666	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		99973504
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		8658884
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		291567420
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	134541380	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		134541380
f Corrective distributions (see instructions).....	2f		18175
g Certain deemed distributions of participant loans (see instructions).....	2g		119736
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	0	
(3) Investment advisory and management fees.....	2i(3)	130980	
(4) Other.....	2i(4)	519270	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		650250
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		135329541
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		156237879
l Transfers of assets:			
(1) To this plan.....	2l(1)		10828585
(2) From this plan.....	2l(2)		0

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: MOSS ADAMS LLP

(2) EIN: 91-0189318

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		X	

	Yes	No	Amount
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		X	
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		X	
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		X	
e Was this plan covered by a fidelity bond?	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
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?		X	
4g		X	
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?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
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.)		X	
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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 _____.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 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 2021 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN	B Three-digit plan number (PN) ► 004
C Plan sponsor's name as shown on line 2a of Form 5500 AVERY DENNISON CORPORATION	D Employer Identification Number (EIN) 95-1492269

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
----------------	---

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☒ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☒ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☒ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☒ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment..... ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

- 20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN

Financial Statements and Supplemental Information

As of December 31, 2021 and 2020 and for the year ended December 31, 2021

With Report of Independent Auditors

**AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN**

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Report of Independent Auditors

The Plan Administrator and Participants
Avery Dennison Corporation Employee Savings Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Avery Dennison Corporation Employee Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Avery Dennison Corporation Employee Savings Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Avery Dennison Corporation Employee Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Avery Dennison Corporation Employee Savings Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for purpose of expressing an opinion on the effectiveness of Avery Dennison Corporation Employee Savings Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Avery Dennison Corporation Employee Savings Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter

Supplemental Schedule Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including the form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

/s/ Moss Adams LLP

Los Angeles, California
June 10, 2022

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

(In millions)	December 31,	
	2021	2020
Assets		
Investments, at fair value	\$ 1,217.3	\$ 1,044.8
Fully benefit-responsive investment contracts, at contract value	96.4	108.6
Receivables:		
Notes receivable from participants	14.4	15.7
Transfer of assets related to plan merger	10.6	—
Other receivables	.4	—
Total assets	1,339.1	1,169.1
Liabilities		
Other payables	.4	.6
Total liabilities	.4	.6
Net assets available for benefits	\$ 1,338.7	\$ 1,168.5

See Notes to Financial Statements

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

(In millions)	2021
Additions:	
Investment income:	
Interest income	\$ 1.8
Dividend income	11.1
Net appreciation in fair value of investments	204.7
Net investment income	217.6
Interest on notes receivable from participants	.8
Contributions:	
Participant contributions	41.3
Employer contributions	24.8
Participant rollover contributions	10.2
Total contributions	76.3
Total additions	294.7
Deductions:	
Benefits paid to participants	(134.7)
Administrative expenses	(.6)
Total deductions	(135.3)
Net increase in net assets available for benefits before plan merger	159.4
Transfer related to plan merger	10.8
Net increase in net assets available for benefits	170.2
Net assets available for benefits:	
Beginning of year	1,168.5
End of year	\$ 1,338.7

See Notes to Financial Statements

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

1. Summary Description of the Plan

The following description of the Avery Dennison Corporation Employee Savings Plan (the “Plan”) is provided for financial reporting purposes only. For information regarding the terms and conditions of the Plan for benefit purposes, participants should refer to the Plan document.

General

The Plan covers eligible U.S. employees of Avery Dennison Corporation (the “Company”), the Plan Sponsor and Plan Administrator. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan is a “safe harbor 401(k) plan” under the Internal Revenue Code (“IRC”).

Company Contributions

The Company makes an automatic contribution equal to 3% of an eligible employee’s eligible compensation regardless of the participant’s contributions to the Plan and a matching contribution of 50% of the first 7% of eligible compensation that is contributed by an eligible employee each pay period.

An additional Plan feature provides an annual “true-up” Company contribution to ensure that participants receive the maximum Company matching contribution for which they are eligible. At the end of each year, the participant’s maximum Company matching contribution is calculated using the participant’s annualized average contribution percentage. If the participant’s actual Company matching contribution received during the year is less than the participant’s maximum Company matching contribution, then the difference is deposited as a lump sum into the eligible participant’s account as soon as administratively feasible following the Plan year-end.

The Company can elect to contribute in Company stock or cash. Both cash and stock contributions are invested according to participant elections on file. In 2021, all Company contributions were made in Company stock.

Participant Contributions

Eligible employees are automatically enrolled in the Plan with a pretax contribution rate of 7% after 30 days of employment, unless the employee affirmatively elects not to participate. Participants direct the investment of their contributions into investment options offered under the Plan. If a participant does not make an investment election, the contributions are invested in the applicable Plan qualified default investment alternative.

Participants can contribute any whole percentage (up to 100% less payroll deductions) of their eligible compensation as pretax contributions and from 1% to 25% of their eligible compensation as after-tax contributions, in each case subject to applicable Internal Revenue Service (“IRS”) contribution limits. Participants can make one election that covers their regular pretax contributions and, if eligible, their catch-up contributions, subject to applicable IRS contribution limits.

At the start of each calendar year, a participant’s contributions will default to the pretax contribution election on file. A pretax contribution election automatically converts to an after-tax contribution election (referred to as the “spillover feature”) once a participant reaches the IRS annual pretax contribution limit during a calendar year, which remains in effect for the remainder of the year. Participants have the opportunity to opt out of the automatic spillover feature and cease making contributions once they reach the IRS annual pretax contribution limit.

Participants are automatically enrolled in an annual increase program if the sum of their pretax and after-tax contribution rates is greater than 0% but less than 15% (10% prior to January 2021). A participant’s pretax contribution rate increases by 1% annually if it exceeds 0% on the determination date selected by the Plan Administrator. If a participant’s pretax contribution rate is 0% on the determination date and the participant is contributing after-tax dollars, then the participant’s after-tax contribution rate will increase by 1%. Participants may opt out of this program or elect to participate in an optional affirmative increase program under which they choose their annual contribution increase (up to a maximum of 3%).

Participant Accounts

Each participant’s account is credited with the participant’s contributions, the Company’s contributions, and earnings on these contributions. The participant’s entire benefit under the Plan is provided from the participant’s vested account balance.

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Rollovers

Eligible employees are permitted to contribute eligible rollover distributions into the Plan, including direct rollovers.

Vesting and Forfeitures

Employee contributions and earnings thereon are immediately fully vested. Company contributions and earnings thereon are fully vested after two years of service. Company contributions also vest upon a participant's death or 65th birthday or if the Plan is terminated or discontinued, provided in each case that the participant is an employee at the time. In addition, participants who die while performing qualified military service become fully vested in their Company contributions and earnings thereon.

If a participant's employment terminates prior to vesting, all Company contributions and earnings thereon are forfeited, and may be used to pay administrative expenses of the Plan or offset future Company contributions. The amount of forfeitures used to offset Company contributions was \$.1 million for the year ended December 31, 2021. The amount of forfeitures used to pay administrative expenses of the Plan was \$.1 million for the year ended December 31, 2021. The amounts of forfeitures available to pay administrative plan expenses and offset future contributions as of December 31, 2021 and 2020 were \$1.9 million and \$.9 million, respectively.

Payment of Benefits

Participants generally may withdraw or make rollover contributions from their vested account balance when they retire or terminate employment with the Company. Participants may make hardship withdrawals, withdrawals at age 59½, and certain other withdrawals from specified vested accounts during their employment, subject to legal and/or Plan restrictions and requirements.

Notes Receivable from Participants

Participants have the right, subject to certain limitations and requirements, to borrow from certain Plan accounts. In general, loans cannot exceed the lesser of \$50,000 or 50% of the participant's vested account balance at the time the loan is taken and must bear reasonable interest rates commensurate with interest rates charged by persons in the business of lending money for loans made under similar circumstances. At the time that each loan is made, the interest rate is established as of the first day of each Plan quarter and fixed at a rate equal to the prime rate (as published by Reuters) plus 1%. Each loan is an asset of the applicable participant's account on the date of borrowing. The loan must be repaid within five years unless the loan is for the purchase of a principal residence, in which case the loan term may be five, ten, or 15 years, as elected by the participant. Interest payments are credited to the applicable participant's account.

In April 2020, the Plan implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act. As a result, the Plan allowed participants to suspend making loan repayments after April 2020 until January 1, 2021.

Administrative Expenses

Investment management fees and certain administrative expenses are paid by the Plan or paid directly from the participants' accounts, as permitted by law. All other administrative expenses of the Plan are paid by the Company.

Plan Termination

The Company currently intends to continue the Plan. However, the Company reserves the right to change, amend, terminate or discontinue the Plan at any time, subject to applicable laws and regulations. In the event of Plan termination, any unvested participant would become fully vested in the participant's Company contributions and all account assets would be distributed to the participants (or their beneficiaries).

Plan Merger

On February 28, 2020, the Company completed the acquisition of Smartrac's Transponder division ("Smartrac"), a manufacturer of radio-frequency identification products.

Effective after the close of business on December 31, 2021, the Smartrac Technology Fletcher, Inc. 401(k) Plan ("SMT Plan") was merged into the Plan ("Plan Merger"). As a result, the assets from SMT Plan were transferred to the Plan. Investments of \$10.6 million was recorded as "Transfer of assets related to plan merger" and \$.2 million of outstanding participant loans was recorded as "Notes receivable from participants" in the Statements of Net Assets Available for Benefits as of December 31, 2021. The transfer of all SMT Plan assets to the Plan was completed on January 3, 2022.

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Risks and Uncertainties

The Plan's assets are invested at participants' discretion in various investment fund options under the Plan. The value, liquidity, and related income of these securities are exposed to various risks, including, but not limited to, changes in interest rates, foreign currency exchange rates, credit quality, and volatility with respect to the holdings within individual funds, as well as to changes in global economic conditions, including real estate values, delinquencies and defaults, and the outlook and performance of financial markets. It is reasonably possible that the values of investment securities could decline in the near term and that such declines could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits. Given recent volatility in the financial markets, it is reasonably possible that investment values could decline significantly in subsequent periods.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions for the reporting period and as of the financial statement date. These estimates and assumptions affect the reported amounts of net assets available for benefits and the reported amounts of changes in net assets available for benefits. Actual results could differ from these estimates.

Investment Contracts

Fully benefit-responsive investment contracts are measured at their respective contract values in the Statements of Net Assets Available for Benefits because that is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Refer to Note 3, "Investment Contracts," for more information.

Valuation of Investments

All investments, except fully benefit-responsive investment contracts, are reported at fair value, including those measured using the net asset value ("NAV") as a practical expedient. Refer to Note 4, "Fair Value Measurements," for more information.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses had been recorded as of December 31, 2021 or 2020. If a participant were to stop making loan repayments and the Plan Administrator deems the participant's loan to be in default, the participant's loan balance would be reduced and a benefit payment would be recorded.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is accrued on the ex-dividend date. Interest income from other investments is accrued as earned.

Realized gains or losses on sales of securities are computed on an average cost basis. Unrealized appreciation or depreciation in the fair value of investments is the change in their fair value during the Plan's calendar year.

Net appreciation or depreciation in fair value of investments includes gains and losses on investments bought, sold and held during the year, and is reported in the Statement of Changes in Net Assets Available for Benefits.

Contributions

Participant and Company contributions are recorded on an accrual basis. Company contributions are reported net of forfeiture credits used to offset contributions.

Benefit Payments

All benefits are payable from net assets available for benefits. Benefits are recorded when paid.

Other Receivables and Other Payables

Other receivables include accrued amounts related to participant and Company contributions and sales of securities recorded on a trade-date basis and settled in the following calendar year. Other payables include accrued amounts related to administrative expenses and purchases of securities recorded on a trade-date basis and settled in the following calendar year.

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Evaluation of Subsequent Events

Management evaluated subsequent events through June 10, 2022, the date the financial statements were available to be issued.

3. Investment Contracts

Included in the Plan's investments is a fixed income fund that invests in fully benefit-responsive guaranteed investment contracts ("GICs") issued and guaranteed by insurance companies or other financial institutions to transact all qualified participant withdrawals at a minimum of contract value (principal plus accrued interest). Included in the fixed income fund are synthetic GICs, which are backed by a segregated portfolio of bonds or units of collective funds that are owned directly by the fund.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, which represents contributions plus interest earned, less benefits paid and transfers to other funds. However, if one or all of the contracts were to be terminated prior to the expiration date and the Plan's assets withdrawn, the amount received by the Plan could be less than the contract value under the relevant provisions of the agreements. Withdrawals and transfers resulting from certain events may limit the ability of the Plan to transact at contract value with the issuer of fully benefit-responsive investment contracts. These events include the following: (1) amendments to the Plan (including complete or partial Plan termination or merger with another plan); (2) competing fund transfers or violation of certain investment transaction provisions; (3) an early retirement program, group termination, group layoff, facility closing, or similar program; (4) bankruptcy of the Company or other Company events that cause a significant withdrawal of assets from the Plan; and (5) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. In these instances, market value would likely be used to determine payouts to participants. In general, contract termination and settlement at values other than the contract amounts are allowed due to changes in the qualification status of the Company or the Plan, breach of material obligations under the contract and misrepresentation by the contract holder, or failure of the underlying portfolio to conform to the pre-established investment guidelines. At this time, the Company does not believe that an event that would limit the Plan's ability to transact with participants at contract value is probable.

4. Fair Value Measurements

Certain plan investments are valued based on a three-tier fair value hierarchy. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. Inputs to the valuation methodology for the three levels of the fair value hierarchy are described below:

- Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Unobservable and significant to the fair value measurement.

If an asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

The level of an asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The valuation techniques used must maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation methodologies and investment strategies used for assets measured at fair value are described below.

- *Common stock:* Valued at the closing price reported on the active market on which the individual securities are traded.
- *Money market funds:* Valued at quoted market prices, which represent the NAV of shares held at year-end.
- *Self-directed brokerage accounts:* Included mutual funds, which are valued at quoted market prices representing the NAV of shares held at year-end, as well as cash.
- *Collective investment trusts:* Valued at NAV per unit as a practical expedient. The funds offered by the Plan include ones with different saving objectives, such as growth, income, and inflation, as well as target date retirement funds. These investments are redeemable daily and settle within three days with no restrictions.

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN
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The methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements as of the reporting date.

The following table sets forth Plan investments measured at fair value as of December 31, 2021:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
(In millions)	Total			
Company common stock	\$ 313.2	\$ 313.2	\$ —	\$ —
Money market funds	5.2	5.2	—	—
Self-directed brokerage accounts	110.4	110.4	—	—
Total investments in the fair value hierarchy	\$ 428.8	\$ 428.8	\$ —	\$ —
Collective investment trusts ⁽¹⁾	788.5			
Investments at fair value	\$ 1,217.3			

⁽¹⁾ Investments measured at fair value using NAV per share as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to reconcile to total Plan investments at fair value.

The following table sets forth Plan investments measured at fair value as of December 31, 2020:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
(In millions)	Total			
Company common stock	\$ 252.2	\$ 252.2	\$ —	\$ —
Money market funds	6.9	6.9	—	—
Self-directed brokerage accounts	102.8	102.8	—	—
Total investments in the fair value hierarchy	\$ 361.9	\$ 361.9	\$ —	\$ —
Collective investment trusts ⁽¹⁾	682.9			
Investments at fair value	\$ 1,044.8			

⁽¹⁾ Investments measured at fair value using NAV per share as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to reconcile to total Plan investments at fair value.

5. Related Party Transactions and Party-in-Interest Transactions

The Plan invests in shares of short-term investments and deposits managed by Fidelity Management Trust Company (“FMTC”). FMTC is the Custodian, Trustee, and Recordkeeper as defined by the Plan and, therefore, transactions related to these investments qualify as party-in-interest transactions. As of December 31, 2021 and 2020, the market values of investments in funds managed by FMTC were \$88.8 million and \$81.3 million, respectively.

The Plan also invests in collective investment trusts issued by BlackRock Institutional Trust Company N.A. (“BlackRock”), Aon Collective Investment Trust (“Aon”) and State Street Global Advisors Trust Company (“State Street”), all of which are investment managers of funds offered by the Plan. As of December 31, 2021 and 2020, the market values of investments in funds managed by BlackRock were \$658.3 million and \$592.5 million, respectively. As of December 31, 2021 and 2020, the market values of investments in funds managed by Aon were \$150.7 million and \$140 million, respectively. As of December 31, 2021 and 2020, the market values of investments in funds managed by State Street were \$49.1 million and \$29.3 million, respectively.

AVERY DENNISON CORPORATION

EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

The Plan has a Company Unitized Stock Fund, which primarily invests in Company common stock, as well as cash. The Company is the Plan Sponsor and Plan Administrator and, therefore, transactions related to Company common stock qualify as party-in-interest transactions. As of December 31, 2021 and 2020, the market values of investments in Company common stock were \$313.2 million and \$252.2 million, respectively. During the year ended December 31, 2021, the Plan purchased \$25.3 million and sold \$60.5 million of Company common stock.

The Company Unitized Stock Fund has a daily line of credit feature administered by FMTC. FMTC received an exemption from the Department of Labor (“DOL”) from ERISA prohibited transaction rules allowing credit line interest costs to be paid by the Company Unitized Stock Fund. No borrowed funds were outstanding as of December 31, 2021 and 2020. Interest costs paid by the Unitized Stock Fund were immaterial for the year ended December 31, 2021 and were included in “Administrative expenses” in the Statement of Changes in Net Assets Available for Benefits.

6. Tax Status

The Plan received a determination letter in April 2018 from the IRS indicating that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended subsequent to the period covered by the determination letter, the Plan Administrator believes that the Plan remains designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, is qualified and tax-exempt.

GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has concluded that, as of December 31, 2021 and 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of the Plan for any tax periods in progress.

7. Concentration of Credit Risk

Included in the Plan’s investments is a fixed income fund in which the Plan directly owns the underlying investments. The fixed income fund invests primarily in a mix of medium-term investment contracts issued by insurance companies and banks with high credit ratings, as well as in professionally managed portfolios of high-grade, short- and medium-term fixed income securities. Although the fixed income fund contains a diversified portfolio, the ultimate performance of the fund is dependent upon the ability of the underlying parties to honor their obligations. The Plan has entered into wrap contracts under investment management agreements for a portion of the fixed income fund with insurance companies or financial institutions. Although it may be exposed to losses in the event of nonpayment by insurance companies or financial institutions, the Plan does not anticipate any such losses.

8. Reconciliation of Financial Statements to Form 5500

The table below reconciles net assets available for benefits per the financial statements to the Form 5500.

(In millions)	December 31,	
	2021	2020
Net assets available for benefits per the financial statements	\$ 1,338.7	\$ 1,168.5
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	1.3	4.5
Net assets available for benefits per the Form 5500	\$ 1,340.0	\$ 1,173.0

The table below reconciles net increase in net assets available for benefits per the financial statements to the Form 5500.

(In millions)	2021
Net increase in net assets available for benefits per the financial statements	\$ 170.2
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(3.2)
Net increase in net assets available for benefits per the Form 5500	\$ 167.0

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2021

(Dollars in millions)

(a) (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost **	(e) Value
Cash and Cash Equivalents:			
* Fidelity Institutional Money Market Government Portfolio	Money market fund	\$ 4.7	
JPMorgan U.S. Government Money Market Fund	Money market fund	.5	
Total			5.2
*Self-directed Brokerage Accounts			
	Cash, money market fund, and mutual funds		110.4
Synthetic Guaranteed Investment Contracts:			
<i>Voya Retirement Insurance and Annuity Company (Contract MCA-60247):</i>			
* BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund	Collective fixed income fund		4.1
* BlackRock 1-3 Year Government Bond Index Fund	Collective fixed income fund		4.0
* BlackRock Asset-Backed Securities Index Fund	Collective fixed income fund		3.5
* BlackRock Commercial Mortgage-Backed Securities Index Fund	Collective fixed income fund		1.3
* BlackRock Intermediate Term Credit Bond Index Fund	Collective fixed income fund		3.4
* BlackRock Mortgage-Backed Securities Index Fund	Collective fixed income fund		5.4
Wrap contract			—
Total			21.7
<i>Transamerica Premier Life Insurance (Contract MDA01159TR):</i>			
* BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund	Collective fixed income fund		1.3
* BlackRock 1-3 Year Government Bond Index Fund	Collective fixed income fund		2.8
* BlackRock Asset-Backed Securities Index Fund	Collective fixed income fund		3.3
* BlackRock Commercial Mortgage-Backed Securities Index Fund	Collective fixed income fund		1.3
* BlackRock Intermediate Term Credit Bond Index Fund	Collective fixed income fund		5.9
* BlackRock Intermediate Government Bond Index Fund	Collective fixed income fund		1.0
* BlackRock Mortgage-Backed Securities Index Fund	Collective fixed income fund		5.2
Wrap contract			—
Total			20.8
<i>Prudential (Contract GA 62338):</i>			
Prudential Core Conservative Intermediate Bond Fund	Collective fixed income fund		21.4
Wrap contract			—
Total			21.4
<i>Pacific Life Insurance Company (Contract G-27553.01.0001):</i>			
* BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund	Collective fixed income fund		9.4
* BlackRock 1-3 Year Government Bond Index Fund	Collective fixed income fund		5.0
* BlackRock Asset-Backed Securities Index Fund	Collective fixed income fund		4.3
* BlackRock Commercial Mortgage-Backed Securities Index Fund	Collective fixed income fund		1.7
* BlackRock Mortgage-Backed Securities Index Fund	Collective fixed income fund		6.7
Wrap contract			—
Total			27.1
<i>Nationwide (Contract STA_ADN_IP_0517):</i>			
AEP Texas Central Transition F AEPTC 2019-1 A1	Corporate bond, due 2/01/2027, par \$0.3, 2.06%		.2
Bank 2017-BNK5 A2	Corporate bond, due 6/15/2060, par \$0.4, 2.99%		.4
CNH Equipment Trust CNH 2020-A A3	Corporate bond, due 6/16/2025, par \$0.3, 1.16%		.2
Capital One Multi Asset Execution Trust COMET 2021-A1 A1	Corporate bond, due 7/15/2026, par \$0.4, 0.55%		.4
CitiGroup Commercial Mortgage CGCMT 2013-GC15 AAB	Corporate bond, due 9/10/2046, par \$0.8, 3.94%		.3
Discover Card Execution Note T DCENT 2021-A1 A1	Corporate bond, due 9/15/2026, par \$0.3, 0.58%		.3
Fannie Mae FNR 2014-84 KA	Agency bond, due 11/25/2040, par \$1.8, 3%		.1

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2021

(Dollars in millions)

(a) (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost **	(e) Value
Fannie Mae FNR 2016-21 BV	Agency bond, due 6/25/2039, par \$0.3, 3%		.3
Fannie Mae FNR 2017-43 A	Agency bond, due 8/25/2044, par \$0.6, 3.5%		.2
Fannie Mae FNR 2018-12 P	Agency bond, due 3/25/2046, par \$0.8, 3%		.2
Fannie Mae FNR 2021-45 EA	Agency bond, due 8/25/2034, par \$0.3, 2.5%		.3
Freddie Mac FHR 4041 PT	Agency bond, due 5/15/2027, par \$3.2, 4.5%		.1
Freddie Mac FHR 4571 CA	Agency bond, due 4/15/2043, par \$0.6, 2.5%		.2
Freddie Mac FHR 5007 AG	Agency bond, due 10/15/2046, par \$0.6, 1.5%		.2
Freddie Mac FHR 5094 DA	Agency bond, due 1/25/2031, par \$0.4, 1%		.3
GM Financial Consumer Automobile GMCAR 2020-2 A3	Corporate bond, due 12/16/2024, par \$0.4, 1.49%		.3
Government National Mortgage A GNR 2013-41 PA	Agency bond, due 4/20/2040, par \$1.2, 2.5%		.1
Government National Mortgage A GNR 2016-17 YA	Agency bond, due 12/20/2042, par \$0.9, 2%		.1
Government National Mortgage A GNR 2020-78 CA	Agency bond, due 9/20/2034, par \$0.3, 2.5%		.1
Government National Mortgage A GNR 2020-164 KP	Agency bond, due 11/20/2050, par \$0.5, 1.75%		.4
John Deere Owner Trust JDOT 2021-A A3	Corporate bond, due 9/15/2025, par \$0.2, 0.36%		.2
Public Service New Hampshire F PSNH 2018-1 A1	Corporate bond, due 2/1/2026, par \$0.3, 3.09%		.1
Toyota Auto Receivables Owner TAOT 2021-A A3	Corporate bond, due 5/15/2025, par \$0.5, 0.26%		.5
US Treasury N/B T 0 10/23 0.125	Treasury bond, due 10/15/2023, par \$0.8, 0.13%		.8
WF RBS Commercial Mortgage Trust WFRBS 2012-C9 A3	Corporate bond, due 11/15/2045, par \$0.4, 2.87%		.4
Wrap contract			—
Total			6.7
Total fair market value of underlying assets, synthetic guaranteed investment contracts			97.7
Common stock			
* Avery Dennison Corporation	Common stock, 1,446,172 shares		313.2
Collective Investment Trusts:			
* Aon Growth Fund	Collective investment trust		134.8
* Aon Income Fund	Collective investment trust		10.0
* Aon Inflation Strategy Fund	Collective investment trust		5.9
* LifePath® Index Retirement Non-Lendable Fund M	Collective investment trust		62.6
* LifePath® Index 2025 Non-Lendable Fund M	Collective investment trust		79.6
* LifePath® Index 2030 Non-Lendable Fund M	Collective investment trust		128.7
* LifePath® Index 2035 Non-Lendable Fund M	Collective investment trust		86.4
* LifePath® Index 2040 Non-Lendable Fund M	Collective investment trust		82.6
* LifePath® Index 2045 Non-Lendable Fund M	Collective investment trust		51.0
* LifePath® Index 2050 Non-Lendable Fund M	Collective investment trust		47.7
* LifePath® Index 2055 Non-Lendable Fund M	Collective investment trust		36.7
* LifePath® Index 2060 Non-Lendable Fund M	Collective investment trust		10.7
* LifePath® Index 2065 Non-Lendable Fund M	Collective investment trust		2.7
* State Street S&P 500® Index Non-Lending Series Fund Class K	Collective investment trust		49.1
Total			788.5
Total investments, at fair value			\$ 1,315.0
* Notes receivable from participants	Interest rates ranging between 3.25% - 9.50%, with various maturities through 2036		\$ 14.4

* Indicates party-in-interest to the Plan for which a statutory exemption exists.

** Cost information is not included because it is not required under ERISA for participant-directed investments.

SCHEDULE H (Form 5500) 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 2021 This Form is Open to Public Inspection
For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan Avery Dennison Corporation Employee Savings Plan	B Three-digit plan number (PN) ► 004	
C Plan sponsor's name as shown on line 2a of Form 5500 Avery Dennison Coporation	D Employer Identification Number (EIN) 95-1492269	

Part I Asset and Liability Statement		f	PY	
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 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
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)			189,821
(2) Participant contributions.....	1b(2)		0	275,534
(3) Other	1b(3)		19,403	10,606,012
c General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		18,664,336	17,085,004
(2) U.S. Government securities	1c(2)		0	0
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)		0	0
(B) All other	1c(3)(B)		0	0
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)		0	0
(B) Common	1c(4)(B)		0	20,823
(5) Partnership/joint venture interests	1c(5)		0	0
(6) Real estate (other than employer real property)	1c(6)		0	0
(7) Loans (other than to participants)	1c(7)		0	0
(8) Participant loans	1c(8)		15,737,628	14,432,534
(9) Value of interest in common/collective trusts	1c(9)		682,936,847	788,459,298
(10) Value of interest in pooled separate accounts	1c(10)		0	0
(11) Value of interest in master trust investment accounts	1c(11)		0	0
(12) Value of interest in 103-12 investment entities	1c(12)		0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		90,986,672	98,502,564
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		0	0
(15) Other.....	1c(15)		113,116,198	97,695,908

Prepared by: Andy Lau Digitally signed by Andy Lau Date: 2022.05.26 15:45:57 -07'00'	Reviewed by: Anjela Galura Sarmiento Digitally signed by Anjela Galura-Sarmiento Date: 2022.05.27 00:14:24 -07'00'
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1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)	252,166,020	313,197,516
(2) Employer real property.....	1d(2)	0	0
e Buildings and other property used in plan operation.....	1e	0	0
f Total assets (add all amounts in lines 1a through 1e).....	1f	1,173,627,104	1,340,465,014

Liabilities

g Benefit claims payable.....	1g	0	0
h Operating payables.....	1h	188,928	168,451
i Acquisition indebtedness.....	1i	0	0
j Other liabilities.....	1j	429,995	221,918
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	618,923	390,369

Net Assets

l Net assets (subtract line 1k from line 1f).....	1l	1,173,008,181	1,340,074,645
--	----	---------------	---------------

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	0	
(B) Participants.....	2a(1)(B)	41,285,036	
(C) Others (including rollovers).....	2a(1)(C)	10,168,736	
(2) Noncash contributions.....	2a(2)	24,819,977	76,273,749
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		

b Earnings on investments:

(1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	2,035	
(B) U.S. Government securities.....	2b(1)(B)	0	
(C) Corporate debt instruments.....	2b(1)(C)	0	
(D) Loans (other than to participants).....	2b(1)(D)	0	
(E) Participant loans.....	2b(1)(E)	796,677	
(F) Other.....	2b(1)(F)	1,820,192	
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		2,618,904

(2) Dividends: (A) Preferred stock.....

(B) Common stock.....	2b(2)(B)	4,027,131	11,073,982
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	7,046,851	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		

(3) Rents.....

2b(3)		0
-------	--	---

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....

(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	45,245,685	15,208,731
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....

(B) Other.....	2b(5)(B)	77,759,666	77,759,666
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6) ✓	99,973,504 →
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)	0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)	0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)	0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)	8,658,884
c Other income.....	2c	0
d Total income. Add all income amounts in column (b) and enter total.....	2d	291,567,420
Expenses		
e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1) 134,541,380	
(2) To insurance carriers for the provision of benefits.....	2e(2) 0	
(3) Other.....	2e(3) 0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)	134,541,380
f Corrective distributions (see instructions).....	2f	18,175
g Certain deemed distributions of participant loans (see instructions).....	2g	119,736
h Interest expense.....	2h	0
i Administrative expenses: (1) Professional fees.....	2i(1) 0	
(2) Contract administrator fees.....	2i(2) 0	
(3) Investment advisory and management fees.....	2i(3) 130,980	
(4) Other.....	2i(4) 519,270	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)	650,250
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	135,329,541
Net Income and Reconciliation		
k Net income (loss). Subtract line 2j from line 2d.....	2k	156,237,879
l Transfers of assets:		
(1) To this plan.....	2l(1) ✓	10,828,585
(2) From this plan.....	2l(2)	

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: Moss Adams LLP

(2) EIN: 91-0189318

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

	Yes	No	Amount
4a		☒	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		☒	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		☒	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		☒	
e Was this plan covered by a fidelity bond?	☒		30,000,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		☒	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☐ Yes ☒ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

Use column E rounded amounts in the Form 5500

	A	B	C	D	E	F
1	TIEOUT	input	N/A, zero	formula		
2						
3	SCHEDULE H					
4	(Form 5500)					
5	Part I Asset and Liability Statement				Rounded #s	
6	Assets (a) Beginning of Year (b) End of Year					
7	a Total noninterest-bearing cash	-			-	
8	b Receivables (less allowance for doubtful accounts):				-	
9	(1) Employer contributions	189,821.00			189,821.00	
10	(2) Participant contributions	275,534.00			275,534.00	
11	(3) Other	10,606,012.00	ConstB2.1		10,606,012.00	
12	c General investments:					
13	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	17,085,003.95	ConstB2.2		17,085,004.00	lies to Form 5500
14	(2) US Government securities	-			-	
15	(3) Corporate debt instruments (other than employer securities):				-	
16	(A) Preferred				-	
17	(B) All other				-	
18	(4) Corporate stocks (other than employer securities):				-	
19	(A) Preferred				-	
20	(B) Common	20,823.33			20,823.00	
21	(5) Partnership/joint venture interests				-	
22	(6) Real estate (other than employer real property)				-	
23	(7) Loans (other than to participants)				-	
24	(8) Participant loans	14,432,534.25	SchH.1, ConstB2.3		14,432,534.00	
25	(9) Value of interest in common/collective trusts	788,459,297.50	SchH.2		788,459,298.00	
26	(10) Value of interest in pooled separate accounts	-			-	
27	(11) Value of interest in master trust investment accounts				-	
28	(12) Value of interest in 103-12 investment entities				-	
29	(13) Value of interest in registered investment companies (eg, mutual funds)	98,502,563.67	ConstB1.1		98,502,564.00	
30	(14) Value of funds held in insurance company general account (unallocated contracts)				-	
31	(15) Other	97,695,907.96	SchH.3		97,695,908.00	GICS
32	Add lines 2b(5)(A) and (B)				-	
33	1d Employer-related investments:				-	
34	(1) Employer securities	313,197,516.00	SchH.4		313,197,516.00	
35	(2) Employer real property				-	
36	1e Buildings and other property used in plan operation		(b) EoY		-	
37	1f Total assets (add all amounts in lines 1a through 1e)		1,340,465,013.66		1,340,465,014.00	-
38	Liabilities					
39	1g Benefit claims payable	-			-	
40	1h Operating payables	168,451.00	ConstB2.4		168,451.00	Fees Payable
41	1i Acquisition indebtedness	-			-	
42	1j Other liabilities	221,918.00	ConstB2.5		221,918.00	-
43	1k Total liabilities (add all amounts in lines 1g through 1j)		390,369.00			0
44	Net Assets				(a) BoY PY	change
45	1l Net assets (subtract line 1k from line 1f)		1,340,074,644.66		1,173,008,181.00	167,066,464
46	Part II Income and Expense Statement				1,340.00	-11K FNB
47	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					
48	Income (a) Amount (b) Total				Rounded #s	
49	a Contributions:					
50	(1) Received or receivable in cash from: (A) Employers	-			-	
51	(B) Participants	41,285,036.43	ConstB2.6		41,285,036.00	
52	(C) Others (including rollovers)	10,168,735.85	E-TB		10,168,736.00	
53	(2) Noncash contributions	24,819,977.12	ConstB2.7		24,819,977.00	
54	(3) Total contributions Add lines 2a(1)(A), (B), (C), and line 2a(2)		76,273,749.40		76,273,749.00	
55	b Earnings on investments:					
56	(1) Interest:					
57	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2,034.71	C		2,035.00	
58	(B) US Government securities	-			-	
59	(C) Corporate debt instruments				-	
60	(D) Loans (other than to participants)				-	
61	(E) Participant loans	796,676.74	ConstB2.8		796,677.00	
62	(F) Other	1,820,192.74	ConstB2.9		1,820,192.00	
63	(G) Total interest Add lines 2b(1)(A) through (F)		2,618,904.19		2,618,904.00	
64	(2) Dividends: (A) Preferred stock					
65	(B) Common stock	4,027,130.83	ConstB1.2		4,027,131.00	
66	(C) Registered investment company shares (eg mutual funds)	7,046,851.17	squeeze		7,046,851.00	
67	(D) Total dividends Add lines 2b(2)(A), (B), and (C) 2b(2)(D)		11,073,982.00	ConstB2.13	11,073,982.00	
68	(3) Rents					
69	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	60,454,416.26		B	60,454,416.00	
70	(B) Aggregate carrying amount (see instructions)	45,245,685.26			45,245,685.00	
71	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result		15,208,731.00		15,208,731.00	
72	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate					
73	(B) Other	77,759,666.00			77,759,666.00	
74	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)		77,759,666.00			
75	(6) Net investment gain (loss) from common/collective trusts		99,973,503.85		99,973,504.00	
76	(7) Net investment gain (loss) from pooled separate accounts					
77	(8) Net investment gain (loss) from master trust investment accounts					
78	(9) Net investment gain (loss) from 103-12 investment entities					
79	(10) Net investment gain (loss) from registered investment companies (eg, mutual funds)		8,658,884.00		8,658,884.00	
80	c Other income					
81	d Total income Add all income amounts in column (b) and enter total		291,567,420.44		291,567,420.00	
82	Expenses					
83	e Benefit payment and payments to provide benefits:					
84	(1) Directly to participants or beneficiaries, including direct rollovers	134,541,380.44	ConstB2.14		134,541,380.00	
85	(2) To insurance carriers for the provision of benefits	-			-	
86	(3) Other				-	
87	(4) Total benefit payments Add lines 2e(1) through (3)		134,541,380.44		134,541,380.00	
88	f Corrective distributions (see instructions)		18,174.56	C	18,175.00	
89	g Certain deemed distributions of participant loans (see instructions)		119,736.15		119,736.00	
90	h Interest expense					
91	i Administrative expenses: (1) Professional fees	-			-	
92	(2) Contract administrator fees	-			-	
93	(3) Investment advisory and management fees	130,980.32	ConstB2.15		130,980.00	
94	(4) Other	519,271.67			519,270.00	
95	(5) Total administrative expenses Add lines 2i(1) through (4)		650,251.99			
96	j Total expenses Add all expense amounts in column (b) and enter total		135,329,543.14		135,329,541.00	
97	Net Income and Reconciliation					
98	k Net income (loss) Subtract line 2j from line 2d		156,237,877.30		156,237,879.00	
99	l Transfers of assets:					
100	(1) To this plan		10,828,584.90		10,828,585.00	
101	(2) From this plan		-		-	
102						167.0

ASSUMPTION: SOPO is for Form 5500

1) PROVE OUT: In total net gains/losses in FPRS=SOPO

	SOPO		
	E-1	B.2	
	Total	FPRS	Diff
Realized	23,934,966	56,780,244	(32,845,278)
Unrealized	172,174,651	139,329,373	32,845,278
Total	196,109,617	196,109,617	-
	(x)	(y)	(x)-(y)

Form 5500 Reporting

2) Determine amounts by investment type required to be disclosed separately on the Form 5500:

	Company Stock						Fixed income fund Contract Value Adj		Total
	TCAV		TCDE		SAQU		CY	PY	
Realized	13,860,014	E-2	571,524	E-3	777,152	E-4			15,208,690
Adjustments	41	Conso TB	-		-				41
									15,208,731
Unrealized	70,631,314	E-2	3,802,662	E-3	6,493,442	E-4	(1,307,751)	(4,475,715)	77,759,454
							<----- (r) ----->		
					80,927,418		3,167,964	-	77,759,666
							exclude \$ 3 mil gain included in TB since		
							check:		(212) variance (should be small)-reasonable

F: 5500 excludes contract value

<Form 5500>			
Stock- Proceeds B.1	60,454,416	2b(4)(A)	
Stock-Carrying amt (squeeze)	45,245,685	2b(4)(B)	-

(DR)/ CR			
Stock-Realized	15,208,731	2b(4)(C)	
Unrealized other (squeeze)	77,759,666	2b(5)(b)	
Registered investment companies ConsTB1.3	8,658,884	2b(10)	
CCTs ConsTB2.10	99,973,504	2b(6)	
	201,600,785		
ConstB2.11	204,768,749	Net Realized/Unrealized G/L	
ConstB2.12		+ TB OOB+ squeeze	
Change YoY Contract Value Adj Σ (r)	(3,167,964)	add back CV	
	201,600,785	TOTAL Net Realized/Unrealized G/L on Investments, adding back Contract Value Adj	
		0 variance from ConstB	

SCHED H TIEOUT SHEET

DO NOT ADJ. COL. WIDTH OR SHADING!!

COPY PASTE TABLE TO <11K>

Do not "wrap" this column even if presentation cuts off in Excel wrap this column

Cash and Cash Equivalents

* Fidelity Institutional Money Market Government Portfolio	Money market fund	\$	4.7
JPMorgan U.S. Government Money Market Fund	Money market fund		.5
Total			5.2

* Self-directed Brokerage Accounts

Cash, money market fund, and mutual funds 110.4

Synthetic Guaranteed Investment Contracts

Voya Retirement Insurance and Annuity Company (Contract MCA-60247)

* BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund	Collective fixed income fund	4.1
* BlackRock 1-3 Year Government Bond Index Fund	Collective fixed income fund	4.0
* BlackRock Asset-Backed Securities Index Fund	Collective fixed income fund	3.5
* BlackRock Commercial Mortgage-Backed Securities Index Fund	Collective fixed income fund	1.3
* BlackRock Intermediate Term Credit Bond Index Fund	Collective fixed income fund	3.4
* BlackRock Intermediate Government Bond Index Fund	Collective fixed income fund	.0
* BlackRock Mortgage-Backed Securities Index Fund	Collective fixed income fund	5.4
Wrap contract		.0
Total		21.7

4,688,244 (ConsTB [GCAV + TCAV + TCDE])	4.7
525,818 (ConsTB-fund OEPN)	0.5
5,214,062	5.2
- footing	

110,394,329 (ConsTB [BLNK])	110.4
-----------------------------	-------

Transamerica Premier Life Insurance (Contract MDA01159TR)

* BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund	Collective fixed income fund	1.3
* BlackRock 1-3 Year Government Bond Index Fund	Collective fixed income fund	2.8
* BlackRock Asset-Backed Securities Index Fund	Collective fixed income fund	3.3
* BlackRock Commercial Mortgage-Backed Securities Index Fund	Collective fixed income fund	1.3
* BlackRock Intermediate Term Credit Bond Index Fund	Collective fixed income fund	5.9
* BlackRock Intermediate Government Bond Index Fund	Collective fixed income fund	1.0
* BlackRock Mortgage-Backed Securities Index Fund	Collective fixed income fund	5.2
Wrap contract		.0
Total		20.8

4,119,874 B-3	4.1
4,010,996	4.0
3,468,673	3.5
1,354,371	1.4
3,359,094	3.4
0	-
5,361,100	5.4
0 C-1	-
21,674,108	21.7
- footing	
1,248,964 B-4	1.2
2,809,621	2.8
3,329,633	3.3
1,300,082	1.3
5,928,824	5.9
1,040,223	1.0
5,146,204	5.1
- C-2	-
20,803,551	20.8
- footing	

Prudential (Contract GA 62338)

Prudential Core Conservative Intermediate Bond Fund	Collective fixed income fund	21.4
Wrap contract		.0
Total		21.4

21,408,151 B-1	21.4
- C-3	-
21,408,151	21.4

Pacific Life Insurance Company (Contract G-27553.01.0001)

* BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund	Collective fixed income fund	9.4
* BlackRock 1-3 Year Government Bond Index Fund	Collective fixed income fund	5.0
* BlackRock Asset-Backed Securities Index Fund	Collective fixed income fund	4.3
* BlackRock Commercial Mortgage-Backed Securities Index Fund	Collective fixed income fund	1.7
* BlackRock Intermediate Term Credit Bond Index Fund	Collective fixed income fund	.0
* BlackRock Mortgage-Backed Securities Index Fund	Collective fixed income fund	6.7
Wrap contract		.0
Total		27.1

9,354,921 B-2	9.4
5,015,423	5.0
4,337,294	4.3
1,693,531	1.7
0	-
6,703,617	6.7
- C-4	-
27,104,786	27.1
- footing	

Nationwide (Contract STA_ADN_IP_0517)

AEP Texas Central Transition F AEPTC 2019-1 A1	Corporate bond, due 02/01/2027, par \$0.3, 2.06%	.2
Bank 2017-BNK5 A2	Corporate bond, due 6/15/2060, par \$0.4, 2.99%	.4
CNH Equipment Trust CNH 2020-A A3	Corporate bond, due 6/16/2025, par \$0.3, 1.16%	.2
Capital One Multi Asset Execut COMET 2021-A1 A1	Corporate bond, 07/15/2026, par \$0.4, 0.55%	.4
CitiGroup Commercial Mortgage CGCMT 2013-GC15 AAB	Corporate bond, due 09/10/2046, par \$0.8, 3.94%	.3
Discover Card Execution Note T DCENT 2021-A1 A	Corporate bond, due 09/15/2026, par \$0.3, 0.01%	.3
Fannie Mae FNR 2014 84 KA	Agency bond, due 11/25/2040, par \$1.8, 3%	.1
Fannie Mae FNR 2016 21 BV	Agency bond, due 06/25/2039, par \$0.3, 3%	.3
Fannie Mae FNR 2017 43 A	Agency bond, due 08/25/2044, par \$0.6, 3.5%	.2
Fannie Mae FNR 2018 12 P	Agency bond, due 03/25/2046, par \$0.8, 3%	.2
Fannie Mae FNR 2021 45 EA	Agency bond, due 08/25/2034, par \$0.3, 2.5%	.3
Freddie Mac FHR 4041 PT	Agency bond, due 5/15/2027, par \$3.2, 4.5%	.1
Freddie Mac FHR 4571 CA	Agency bond, due 4/15/2043, par \$0.6, 2.5%	.2
Freddie Mac FHR 5007 AG	Agency bond, due 10/15/2046, par \$0.6, 1.5%	.2
Freddie Mac FHR 5094 DA	Agency bond, due 01/25/2031, par \$0.4, 1%	.3
GM Financial Consumer Automobi GMCAR 2020-2 A3	Corporate bond, due 12/16/2024, par \$0.4, 1.49%	.3
Government National Mortgage A GNR 2010-116 PD	Agency bond, due 12/20/2039, par \$0.8, 4%	.0
Government National Mortgage A GNR 2013-41 PA	Agency bond, due 4/20/2040, par \$1.2, 2.5%	.1
Government National Mortgage A GNR 2016-17 YA	Agency bond, due 12/20/2042, par \$0.9, 2%	.1
Government National Mortgage A GNR 2020-78 CA	Agency bond, due 09/20/2034, par \$0.3, 2.5%	.1
Government National Mortgage A GNR 2020-164 KP	Agency bond, due 11/20/2050, par \$0.5, 1.75%	.4
John Deere Owner Trust JDOT 2021-A A3	Corporate bond, due 09/15/2025, par \$0.2, 0.36%	.2
Public Service New Hampshire F PSNH 2018-1 A1	Corporate bond, due 2/1/2026, par \$0.3, 3.09%	.1
Toyota Auto Receivables Owner TAOT 2021-A A3	Corporate bond, due 05/15/2025, par \$0.5, 0.26%	.5
UBS Commercial Mortgage Trust UBSCM 2012-C1 A3	Corporate bond, due 5/10/2045, par \$0.5, 3.4%	.0
UBS Commercial Mortgage Trust UBSCM 2017-C3 A1	Corporate bond, due 8/15/2050, par \$0.4, 1.94%	.0
US Treasury N/B 06/25 0.25	Treasury bond, due 6/30/2025, par \$0.3, .25%	.0
US Treasury N/B 10/23 0.125	Treasury bond, due 10/15/2023, par \$3.0, .13%	.8
WF RBS Commercial Mortgage Trust WFRBS 2012-C9 A3	Corporate bond, due 11/15/2045, par \$0.4, 2.87%	.4
Wrap contract		.0
Total		6.7

193,278 F	0.2
377,036	0.4
236,118	0.2
379,438	0.4
273,801	0.3
246,178	0.2
128,126	0.1
337,437	0.3
140,393	0.1
218,156	0.2
279,508	0.3
96,956	0.1
140,075	0.1
188,886	0.2
314,525	0.3
295,801	0.3
19,317	-
112,461	0.1
139,938	0.1
84,924	0.1
412,483	0.4
228,176	0.2
128,059	0.1
467,693	0.5
7,519	-
32,743	-
43,738	-
816,011	0.8
366,539	0.4
- C-5	-
6,705,312	6.7
- footing	

Total fair market value of underlying assets, synthetic guaranteed investment contracts

97.7 97,695,908 Form 5500

97.7



SCHED H TIEOUT SHEET

DO NOT ADJ. COL. WIDTH OR SHADING!!

COPY PASTE TABLE TO <11K>

Common stock		
* Avery Dennison Corporation	Common stock, 1,446,172 shares	313.2
Collective Investment Trusts		
* Aon Hewitt Growth Fund	Collective investment trust	134.8
* Aon Hewitt Income Fund	Collective investment trust	10.0
* Aon Hewitt Inflation Strategy Fund	Collective investment trust	5.9
* LifePath® Index Retirement Non-Lendable Fund M	Collective investment trust	62.6
* LifePath® Index 2025 Non-Lendable Fund M	Collective investment trust	79.6
* LifePath® Index 2030 Non-Lendable Fund M	Collective investment trust	128.7
* LifePath® Index 2035 Non-Lendable Fund M	Collective investment trust	86.4
* LifePath® Index 2040 Non-Lendable Fund M	Collective investment trust	82.6
* LifePath® Index 2045 Non-Lendable Fund M	Collective investment trust	51.0
* LifePath® Index 2050 Non-Lendable Fund M	Collective investment trust	47.7
* LifePath® Index 2055 Non-Lendable Fund M	Collective investment trust	36.7
* LifePath® Index 2060 Non-Lendable Fund M	Collective investment trust	10.7
* LifePath® Index 2065 Non-Lendable Fund M	Collective investment trust	2.7
* State Street S&P 500® Index Non-Lending Series Fund Class K	Collective investment trust	49.1
Total		788.5
Total investments, at fair value		\$ 1,315.0
* Notes receivable from participants	Interest rates ranging between 4.25% - 9.50%, with varying maturities through 2036	14.4
Fair value of total investments		1,314,961,113
Hewitt =		150.7
Black Rock =		658.3

Fair Value, \$ dollars	Ref	Default Rounding X/1000000	Manual rounding changes
X			
- footing			
313,197,516	A1.1 (ConsTB), E	313.2	-
134,788,595	(ConsTB-fund OT6G)	134.8	-
10,016,854	(ConsTB-fund OT6H)	10.0	-
5,900,381	(ConsTB-fund OT6I)	5.9	-
62,582,495	(ConsTB-fund OCU0)	62.6	-
79,622,585	(ConsTB-fund OCU2)	79.6	-
128,675,717	(ConsTB-fund OCU3)	128.7	-
86,391,064	(ConsTB-fund OCU4)	86.4	-
82,564,154	(ConsTB-fund OCU5)	82.6	-
50,975,142	(ConsTB-fund OCU6)	51.0	-
47,735,931	(ConsTB-fund OCU7)	47.7	-
36,643,114	(ConsTB-fund OCU8)	36.6	0.1
10,714,083	(ConsTB-fund OCU9)	10.7	-
2,713,273	(ConsTB-fund O1EI)	2.7	-
49,135,910	(ConsTB-fund OCV0)	49.1	-
788,459,298	Form 5500	788.5	-
- footing		1,315.0	-
1,314,961,112			-
- footing			-
14,432,534	(ConsTB), D-1 D-2	14.4	-



Plan: 90187

Avery Dennison Corporation Employee Savings Plan

Run Date: 03/14/2022

5500 WORKSHEET

Period Ending 12/31/2021

Part I Asset and Liability Statement	Schedule H <u>Line Item</u>	Schedule I <u>Line Item</u>	Beginning <u>Of Year</u>	End <u>Of Year</u>
ASSETS				
A. Noninterest-bearing Cash	1(a)		\$0.00	\$0.00
B. Receivables				
Employers	1(b)(1)		\$0.00	\$590.25
Participants	1(b)(2)		\$0.00	\$0.00
Other	1(b)(3)		\$17,376.77	\$4,404.28
C. General Investments				
Interest-bearing Cash	1(c)(1)		\$18,664,335.77	\$17,085,003.31
U.S. Government Securities	1(c)(2)		\$0.00	\$0.00
Non-Emp Corp Debt Instr(Preferred)	1(c)(3)(A)		\$0.00	\$0.00
Non-Emp Corp Debt Instr(All Other)	1(c)(3)(B)		\$0.00	\$0.00
Non-Emp Corp Stock(Preferred)	1(c)(4)(A)		\$0.00	\$0.00
Non-Emp Corp Stock(Common)	1(c)(4)(B)		\$0.00	\$20,823.33
Partnership/Joint Venture Interests	1(c)(5)	3(a)	\$0.00	\$0.00
Non-Employer Real Estate	1(c)(6)	3(c)	\$0.00	\$0.00
Loans (other than to participants)	1(c)(7)	3(f)	\$0.00	\$0.00
Loans to Participants	1(c)(8)	3(e)	\$15,737,628.27	\$14,205,556.39
Interest in Common/Collective Trusts	1(c)(9)		\$682,936,847.11	\$788,459,297.59
Interest in Pooled Separate Accounts	1(c)(10)		\$0.00	\$0.00
Interest in Master Trust Invst. Ent.	1(c)(11)		\$0.00	\$0.00
Interest in 103-12 Investment Ent.	1(c)(12)		\$0.00	\$0.00
Interest in Registered Inv. Companies	1(c)(13)		\$90,986,672.40	\$98,502,563.88
Funds Held in Insurance Comp Gen Acct	1(c)(14)		\$0.00	\$0.00
Other	1(c)(15)		\$108,642,401.99	\$96,388,166.29
D. Employer Related Investment				
Employer Securities	1(d)(1)	3(d)	\$252,170,799.08	\$313,204,060.00
Employer Real Property	1(d)(2)	3(b)	\$0.00	\$0.00
E. Buildings/Other Prop. Used in Plan Op	1(e)	3(g)	\$0.00	\$0.00
F. Total Assets	1(f)	1(a)	\$1,169,156,061.39	\$1,327,870,465.32
LIABILITIES				
G. Benefit Claims Payable	1(g)		(\$315,432.34)	(\$213,459.48)
H. Operating Payables	1(h)		(\$174,356.62)	(\$168,474.54)
I. Acquisition Indebtedness	1(i)		\$0.00	\$0.00
J. Other Liabilities	1(j)		(\$128,970.65)	(\$9,028.39)
K. Total Liabilities	1(k)	1(b)	(\$618,759.61)	(\$390,962.41)
NET ASSETS				
L. Net Assets	1(l)	1(c)	\$1,168,537,301.78	\$1,327,479,502.91

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.



Plan: 90187

Avery Dennison Corporation Employee Savings
Plan

Run Date: 03/14/2022

5500 WORKSHEET

Period Ending 12/31/2021

Part II Income and Expense Statement	Schedule H <u>Line Item</u>	Schedule I <u>Line Item</u>	<u>Amount</u>
INCOME			
A. Cash Contributions - Employer	2(a)(1)(A)	2(a)(1)	\$24,630,156.16
Cash Contributions - Part.(Non-Rollover)	2(a)(1)(B)	2(a)(2)	\$41,009,502.87
Cash Contributions - Other(Inc. Rollover)	2(a)(1)(C)	2(a)(3)	\$10,168,735.85
Non-Cash Contributions	2(a)(2)	2(b)	\$0.00
Total Contributions	2(a)(3)		\$75,808,394.88
B. Interest on Interest-Bearing Cash	2(b)(1)(A)	2(c)	\$2,034.71
Interest on U.S. Government Securities	2(b)(1)(B)	2(c)	\$0.00
Interest on Corp. Debt Instr.(Long Term)	2(b)(1)(C)(i)	2(c)	\$0.00
Interest on Corp. Debt Instr.(Short Term)	2(b)(1)(C)(ii)	2(c)	\$0.00
Interest on Loans (Other than to Part.)	2(b)(1)(D)	2(c)	\$0.00
Interest on Participant Loans	2(b)(1)(E)	2(c)	\$796,676.48
Other Interest	2(b)(1)(F)	2(c)	\$0.00
Total Interest	2(b)(1)(G)		\$798,711.19
Dividends - Corporate Stock (Preferred)	2(b)(2)(A)	2(c)	\$0.00
Dividends - Corporate Stock (Common)	2(b)(2)(B)	2(c)	\$4,018,728.81
Reg. Invest. Company Shares	2(b)(2)(C)	2(c)	\$7,046,639.34
Total Dividends	2(b)(2)(D)		\$11,065,368.15
Rents	2(b)(3)	2(c)	\$0.00
Net Real. Gain/Loss - Aggr. Proceeds	2(b)(4)(A)	2(c)	\$60,746,632.58
Net Real. Gain/Loss - Aggr. Carrying Amt	2(b)(4)(B)	2(c)	\$48,057,313.28
Net Real. Gain/Loss	2(b)(4)(C)		\$12,689,319.30
Unrealized Appr./Depr. - Real Estate	2(b)(5)(A)	2(c)	\$0.00
Unrealized Appr./Depr. - Other	2(b)(5)(B)	2(c)	\$83,396,560.28
Total Unrealized Appreciation/Depreciation	2(b)(5)(C)		\$83,396,560.28
Net Invest Gain/Loss - Com./Coll. Trust	2(b)(6)	2(c)	\$99,973,503.76
Net Invest Gain/Loss - Pooled Sep. Accts	2(b)(7)	2(c)	\$0.00
Net Invest Gain/Loss - Master Trust Accts	2(b)(8)	2(c)	\$0.00
Net Invest Gain/Loss - 103-12 Investment	2(b)(9)	2(c)	\$0.00
Net Invest Gain/Loss - Reg. Invest Comp	2(b)(10)	2(c)	\$8,653,411.78
C. Other Income	2(c)	2(c)	\$1,820,784.04
D. Total Income	2(d)	2(d)	\$294,206,053.38

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.



Plan: 90187

Avery Dennison Corporation Employee Savings
Plan

Run Date: 03/14/2022

5500 WORKSHEET

Period Ending 12/31/2021

Part II Income and Expense Statement	Schedule H <u>Line Item</u>	Schedule I <u>Line Item</u>	<u>Amount</u>
EXPENSES			
E. Payments to Participants and Beneficiaries	2(e)(1)		\$134,475,689.79
Pay. to Insur. Carr. for Provision Benefit	2(e)(2)		\$0.00
Other Payments	2(e)(3)		\$0.00
Total Benefit Payments	2(e)(4)	2(e)	\$134,475,689.79
F. Corrective Distributions	2(f)	2(f)	\$18,174.56
G. Deemed Distributions of Participant Loans	2(g)	2(g)	\$119,736.15
H. Interest Expense	2(h)		\$0.00
I. Administrative Expenses-Professional Fees	2(i)(1)		\$0.00
Administrative Expenses-Contract Admin Fee	2(i)(2)		\$0.00
Administrative Expenses-Adv./Manag. Fees	2(i)(3)		\$130,980.08
Administrative Expenses-Other	2(i)(4)		\$519,271.67
Total Administrative Expenses	2(i)(5)	2(h)	\$650,251.75
J. Total Expenses	2(j)(b)	2(j)	\$135,263,852.25
NET INCOME AND RECONCILIATION			
K. Net Income/Loss	2(k)	2(k)	\$158,942,201.13
L. Transfer of Assets to this Plan	2(l)(1)	2(l)	\$0.00
Transfer of Assets from this Plan	2(l)(2)	2(l)	\$0.00
Net Amount of Intra-Plan Transfers			\$0.00
Assets Converted/Transferred to Fidelity			\$0.00
Adjust. to prior year balance			\$0.00
Net Assets - Beginning of Year 12/31/2020			\$1,168,537,301.78
Net Assets - End of Year 12/31/2021			\$1,327,479,502.91

Assets are presented at fair value with the exception to fully benefit responsive investment contracts which are presented at contract value as in previous years. See Chapter 7 of the Fidelity Auditor's Guide for financial statement presentation and disclosure information.

AVERY DENNISON SAVINGS PLAN DECEMBER 31, 2021		REF to table as named						match backup from		consolidated											
mappe	DR (CR)	TCNAV	TCDE	BLNK	SAQU	FLOAN	TOPS	DEFX	O1E1	OCU0	OCU2	OCU3	OCU4	OCU5	OCU6	OCU7	OCU8	OCU9			
		CAPITAL PRESERVATION	AVERY DENNISON STOCK	COMPANY PAYSOPESOP	BROKERAGELNKL	SHARE TRANSFER ACCT	FLOAN	TOPS	JPM US GOVT MM CAP	BTC LP IDX 2065 M	BTC LP IDX RET M	BTC LP IDX 2028 M	BTC LP IDX 2030 M	BTC LP IDX 2035 M	BTC LP IDX 2040 M	BTC LP IDX 2045 M	BTC LP IDX 2050 M	BTC LP IDX 2055 M	BTC LP IDX 2060 M		
ASSETS																					
Investments																					
C		Cash and Equivalents	2,021,340	2,531,248	135,656	11,870,942	-	-	525,818	-	-	-	-	-	-	-	-	-	-	-	
W		Wrapper contracts	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SG		Synthetic GICs	97,695,908	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
INV		Mutual fund on CCI	-	-	-	98,523,387	0	-	(525,818)	525,818	2,713,273	62,582,495	79,622,585	128,675,717	86,391,064	82,564,154	50,975,142	47,735,931	36,643,114	10,714,083	
CS		Company Common Stock	-	276,543,864	13,520,896	-	23,132,754	-	-	-	-	-	-	-	-	-	-	-	-	-	
SAG		Separate account GICs	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
TI		Total Investments	98,717,248	279,075,112	13,656,554	110,394,329	23,132,754	-	525,818	2,713,273	62,582,495	79,622,585	128,675,717	86,391,064	82,564,154	50,975,142	47,735,931	36,643,114	10,714,083		
PL		Participant Loans	-	-	-	-	14,205,556	226,978	-	-	-	-	-	-	-	-	-	-	-	-	
REEC		Employee Contributions	-	-	-	-	-	275,534	-	-	-	-	-	-	-	-	-	-	-	-	
RENC	(590)	Employer Contributions	-	590	-	-	-	189,821	-	-	-	-	-	-	-	-	-	-	-	-	
AI		Interest & Dividends	-	20	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
R		Transfer of assets related to plan merger	-	-	-	-	-	10,601,607	-	-	-	-	-	-	-	-	-	-	-	-	
OA		Other	-	4,384	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	(590)	Total Receivables	-	4,384	-	-	-	11,066,962	-	-	-	-	-	-	-	-	-	-	-	-	
		Total Assets	98,716,658	279,080,106	13,656,555	110,394,329	23,132,754	14,205,556	11,203,940	525,818	2,713,273	62,582,495	79,622,585	128,675,717	86,391,064	82,564,154	50,975,142	47,735,931	36,643,114	10,714,083	
LIABILITIES & PLAN EQUITY																					
Liabilities																					
FP		Fees payable	(168,451)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
IP		Interest payable	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SP		Payable for securities purchased	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
DP		Distributions payable	(8,250)	(8,312)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
LOC		Line of Credit	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
OL	(14)	Other	(204,147)	-	-	(150)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
		Total Liabilities	(176,755)	(213,469)	-	(150)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
CV		Adjustment to CV	(1,307,751)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
E		Plan equity	(86,232,152)	(278,866,847)	(13,656,554)	(110,394,329)	(23,132,754)	(14,205,556)	(11,293,940)	(525,818)	(2,713,273)	(62,582,495)	(79,622,585)	(128,675,717)	(86,391,064)	(82,564,154)	(50,975,142)	(47,735,931)	(36,643,114)	(10,714,083)	
		Total Liabilities & Plan Equity	(86,716,658)	(279,080,106)	(13,656,554)	(110,394,329)	(23,132,754)	(14,205,556)	(11,293,940)	(525,818)	(2,713,273)	(62,582,495)	(79,622,585)	(128,675,717)	(86,391,064)	(82,564,154)	(50,975,142)	(47,735,931)	(36,643,114)	(10,714,083)	
Investment Income																					
INT		Interest	(1,690,049)	-	-	(1,188)	-	(130,980)	-	-	-	-	-	-	-	-	-	-	-	-	
DV		Dividends	-	(3,543,045)	-	(183,782)	-	(7,046,639)	-	-	(212)	-	-	-	-	-	-	-	-	-	
		Net (App)Opp in the FV	-	-	-	-	-	(300,304)	-	-	-	-	-	-	-	-	-	-	-	-	
RL		Realized (Gains)/Losses	-	(33,755,056)	(2,175,256)	(2,063,687)	(2,715,028)	-	-	(17,159)	(2,426,121)	(3,058,819)	(3,221,636)	(1,834,974)	(1,517,109)	(1,251,124)	(2,270,814)	(1,225,589)	(298,364)	-	
U		Unrealized (App)Opp	-	(50,736,225)	(2,189,071)	(8,565,197)	(4,555,568)	-	-	(236,914)	(1,994,972)	(3,520,319)	(9,821,424)	(8,307,824)	(9,417,310)	(5,881,734)	(5,210,521)	(4,247,275)	(1,084,527)	-	
L		Total Net (App)Opp in FV	-	(84,491,281)	(4,374,328)	(8,658,884)	(7,270,596)	-	-	(254,074)	(4,421,093)	(6,579,138)	(13,043,060)	(10,142,798)	(10,534,419)	(7,132,868)	(7,481,535)	(6,472,867)	(1,382,891)	-	
L		Loans (net)	50,415	(21,761)	-	(253,276)	-	263,074	112,519	(15,686)	(137,686)	(263,177)	(105,588)	(168,992)	89,649	215,362	195,027	112,821	-	-	
LI	(36,216)	Interest on loans	-	(33,177)	-	(20,169)	-	(73,133)	-	(752)	(22,020)	(44,055)	(86,365)	(97,347)	(113,209)	(77,648)	(62,645)	(52,011)	(10,451)	-	
BF		Balance Forward	-	(200)	-	-	700	-	-	-	-	-	-	-	-	-	-	-	-	-	
ADJ	(119)	Adjustment	-	(41)	-	(0)	-	-	-	-	-	0	(2)	(19)	(4)	0	1	35	-	-	
TRI		Plan Transfers in	(0)	-	-	-	-	(10,810,605)	-	-	(17,980)	-	-	-	-	-	-	-	-	-	
TRD		Plan Transfers Out	0	-	-	-	-	(1,115)	-	262	180	134	-	-	-	218	-	-	-	347	
EEC	(3,120,650)	Employee Contributions	-	(1,472,187)	-	(2,237,200)	-	(275,534)	-	(996,003)	(1,931,721)	(4,013,462)	(5,712,818)	(4,657,121)	(4,805,158)	(3,994,861)	(4,024,880)	(3,617,123)	(2,016,273)	-	
ERC		Employer Contributions	121,911	(24,763,485)	-	-	-	(189,821)	-	-	19	2	68	269	3	27	965	-	-	-	
F	125,733	Fees not charged to participants / Misc	-	11,779	3,862	-	9,168	-	6,862	21,298	32,042	29,050	31,715	3,364,124	3,373,795	3,364,124	3,373,795	3,364,124	3,373,795	-	
D		Distributions	17,367,325	26,755,615	2,178,836	3,820,443	2,689,026	1,322,131	10,294,360	77,276	11,893,457	11,536,192	9,193,817	3,576,747	3,373,795	3,364,124	3,373,795	3,364,124	3,373,795	-	
ITR		Interfund Transfers	1,164,147	32,063,104	482,343	6,725,897	670,405	-	(16,864)	(10,130,743)	(1,773,427)	1,692,966	(4,906,414)	(4,969,056)	(2,438,745)	(2,015,967)	(4,377,190)	(1,725,784)	(2,498,187)	-	
		Total Distributions in Plan Equity	13,982,488	(66,425,189)	(1,923,043)	(7,550,520)	(4,201,608)	1,532,272	(1,293,940)	266,065	(2,553,470)	7,273,448	(4,346,748)	(14,271,327)	(13,897,767)	(14,564,130)	(12,598,781)	(7,281,587)	(8,383,049)	-	
Plan Equity																					
EQ		Beginning of Year	(112,214,649)	(223,441,458)	(11,733,507)	(102,743,348)	(18,931,146)	(15,737,626)	(793,983)	(158,795)	(89,855,943)	(75,375,836)	(113,954,690)	(72,493,306)	(68,010,015)	(38,876,361)	(40,443,944)	(28,380,074)	(6,277,701)	-	
		End of Year	(86,232,152)	(278,866,847)	(13,656,554)	(110,394,174)	(23,132,754)	(14,205,556)	(525,818)	(2,713,273)	(62,582,495)	(79,622,585)	(128,675,717)	(86,391,064)	(82,564,154)	(50,975,142)	(47,735,931)	(36,643,114)	(10,714,083)	-	

C:\Users\0130357\Desktop\Andy\02. Consolidated Trial Balance\01. 2021 Cons TB Savings Plan (AD Confidential) 5/25/2022 4:21 PM

SUMMARY OF PLAN OPERATIONS (TOTALS)

	<u>TOTAL FUND ACTIVITY</u>	<u>TOTAL LOAN ACTIVITY</u>	<u>TOTAL PLAN ACTIVITY</u>
Market Value as of 12/31/2020	\$1,152,808,216.59	\$16,122,044.67	\$1,168,930,261.26
Adjustment to Prior Year	\$0.00	(\$8,197.07)	(\$8,197.07)
A. TOTAL RECEIPTS			
Contributions/Employer			
PRIOR CO. MATCH-MATURED	\$48.34	\$0.00	\$48.34
CURRENT CO. MATCH-STOCK	\$12,683,936.48	\$0.00	\$12,683,936.48
EMPLOYER NON-ELECTIVE	\$11,946,171.34	\$0.00	\$11,946,171.34
Contributions/Employee			
PRE-TAX/FLEX CREDITS	\$36,340,481.91	\$0.00	\$36,340,481.91
EMPLOYEE AFTER-TAX	\$3,080,370.01	\$0.00	\$3,080,370.01
DENNISON ROLLOVER	\$984,850.39	\$0.00	\$984,850.39
PRETAX EMPLOYEE CATCH-UP	\$1,588,650.95	\$0.00	\$1,588,650.95
PRIOR COMPANY/ROLLOVER	\$8,961,040.96	\$0.00	\$8,961,040.96
AFTER-TAX ROLLOVER	\$222,844.50	\$0.00	\$222,844.50
Interest and Dividends	\$5,640,904.05	\$0.00	\$5,640,904.05
Realized Gain/(Loss)	\$23,934,965.91	\$0.00	\$23,934,965.91
Unrealized Gain/(Loss)	\$172,174,650.99	\$0.00	\$172,174,650.99
Loan Repayment (Principal)	\$6,462,873.57	(\$6,462,873.57)	\$0.00
Loan Repayment (Interest)	\$723,543.81	\$98,897.57	\$822,441.38
Exchange In	\$150,480,686.36	\$0.00	\$150,480,686.36
Forfeiture Credit	\$1,120,353.36	\$0.00	\$1,120,353.36
Balance Forward	\$0.00	\$0.00	\$0.00
Transfer In	\$39,662.85	\$0.00	\$39,662.85
Adjustment (+)	\$15,706,913.17	\$0.00	\$15,706,913.17
TOTAL RECEIPTS	\$452,092,948.95	(\$6,363,976.00)	\$445,728,972.95
B. TOTAL DISBURSEMENTS			
Benefit Payments	(\$133,291,469.52)	(\$1,202,394.83)	(\$134,493,864.35)
Forfeiture Debit	(\$1,120,353.36)	\$0.00	(\$1,120,353.36)
Administrative Fee	(\$519,263.66)	\$0.00	(\$519,263.66)
Exchange Out	(\$150,480,686.36)	\$0.00	(\$150,480,686.36)
Loan Withdrawal	(\$6,179,800.00)	\$6,179,800.00	\$0.00
Transfer Out	(\$39,662.85)	\$0.00	(\$39,662.85)
Adjustment (-)	(\$36.92)	\$0.00	(\$36.92)
Offset/Previously Defaulted Loans	\$0.00	(\$78,086.95)	(\$78,086.95)
TOTAL DISBURSEMENTS	(\$291,631,272.67)	\$4,899,318.22	(\$286,731,954.45)
Market Value as of 12/31/2021	\$1,313,269,892.87	\$14,649,189.82	\$1,327,919,082.69

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: SHARE TRANSFER ACCT

	<u>CASH</u>	<u>SHARES</u>
Market Value as of 12/31/2020	\$18,931,145.72	122,049.808
Adjustment to Prior Year	\$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
PRIOR CO. MATCH-MATURED	\$0.00	0.000
CURRENT CO. MATCH-STOCK	\$0.00	0.000
EMPLOYER NON-ELECTIVE	\$0.00	0.000
Contributions/Employee		
PRE-TAX/FLEX CREDITS	\$0.00	0.000
EMPLOYEE AFTER-TAX	\$0.00	0.000
DENNISON ROLLOVER	\$0.00	0.000
PRETAX EMPLOYEE CATCH-UP	\$0.00	0.000
PRIOR COMPANY/ROLLOVER	\$0.00	0.000
AFTER-TAX ROLLOVER	\$0.00	0.000
Interest and Dividends	\$292,216.33	1,423.870
Realized Gain/(Loss)	\$777,152.71	0.000
Unrealized Gain/(Loss)	\$6,493,441.67	0.000
Loan Repayment (Principal)	\$0.00	0.000
Loan Repayment (Interest)	\$0.00	0.000
Exchange In	\$0.00	0.000
Forfeiture Credit	\$0.00	0.000
Balance Forward	\$0.00	0.000
Transfer In	\$0.00	0.000
Adjustment (+)	\$0.00	0.000
TOTAL RECEIPTS	\$7,562,810.71	1,423.870
B. TOTAL DISBURSEMENTS		
Benefit Payments	(\$2,681,638.55)	(13,153.516)
Forfeiture Debit	\$0.00	0.000
Administrative Fee	(\$9,158.32)	(48.937)
Exchange Out	(\$670,405.45)	(3,457.012)
Loan Withdrawal	\$0.00	0.000
Transfer Out	\$0.00	0.000
Adjustment (-)	\$0.00	0.000
TOTAL DISBURSEMENTS	(\$3,361,202.32)	(16,659.465)
Market Value as of 12/31/2021	\$23,132,754.11	106,814.213

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: AVERY DENNISON STOCK*

	<u>CASH</u>	<u>SHARES</u>
Market Value as of 12/31/2020	\$223,454,792.42	1,639,914.813
Adjustment to Prior Year	\$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
PRIOR CO. MATCH-MATURED	\$0.00	0.000
CURRENT CO. MATCH-STOCK	\$12,811,631.81	72,893.549
EMPLOYER NON-ELECTIVE	\$11,941,853.23	67,939.613
Contributions/Employee		
PRE-TAX/FLEX CREDITS	\$1,150,795.15	6,597.239
EMPLOYEE AFTER-TAX	\$116,236.16	641.554
DENNISON ROLLOVER	\$4,021.00	21.854
PRETAX EMPLOYEE CATCH-UP	\$70,807.30	377.816
PRIOR COMPANY/ROLLOVER	\$130,337.83	703.534
AFTER-TAX ROLLOVER	\$0.00	0.000
Interest and Dividends	\$3,474,658.87	19,304.124
Realized Gain/(Loss)	\$13,860,013.68	0.000
Unrealized Gain/(Loss)	\$70,631,314.35	0.000
Loan Repayment (Principal)	\$313,418.53	1,780.763
Loan Repayment (Interest)	\$33,176.74	189.798
Exchange In	\$4,959,930.39	28,509.284
Forfeiture Credit	\$0.00	0.000
Balance Forward	\$0.00	0.000
Transfer In	\$0.00	0.000
Adjustment (+)	\$41.31	0.337
TOTAL RECEIPTS	\$119,498,236.35	198,959.465
B. TOTAL DISBURSEMENTS		
Benefit Payments	(\$26,697,308.81)	(153,214.658)
Forfeiture Debit	(\$160,379.61)	(1,090.468)
Administrative Fee	(\$71,773.91)	(428.902)
Exchange Out	(\$36,823,921.61)	(212,049.108)
Loan Withdrawal	(\$291,657.00)	(1,607.024)
Transfer Out	(\$38,733.15)	(197.543)
Adjustment (-)	\$0.00	0.000
TOTAL DISBURSEMENTS	(\$64,083,774.09)	(368,587.703)
Market Value as of 12/31/2021	\$278,869,254.68	1,470,286.575

* Please Note: The financial information included in the market value for certain line items in the Summary of Plan Operations may differ slightly from value of the net assets reported in the Summary of Net Trust Assets and 5500 Worksheet. This difference may be due to rounding and/or the timing of the posting of certain transactions, trade versus settlement date. Please use the financial information reported in the Summary of Net Trust Assets and the 5500 Worksheet to prepare the audit and Form 5500. Please refer to the year-end reconciliation, which is available upon request, and Chapter 7 of the Auditor's Guide for details.

SUMMARY OF PLAN OPERATIONS (FUND)

FUND: COMPANY PAYSOP/ESOP*

	<u>CASH</u>	<u>SHARES</u>
Market Value as of 12/31/2020	\$11,733,553.10	85,702.674
Adjustment to Prior Year	\$0.00	0.000
A. TOTAL RECEIPTS		
Contributions/Employer		
PRIOR CO. MATCH-MATURED	\$0.00	0.000
CURRENT CO. MATCH-STOCK	\$0.00	0.000
EMPLOYER NON-ELECTIVE	\$0.00	0.000
Contributions/Employee		
PRE-TAX/FLEX CREDITS	\$0.00	0.000
EMPLOYEE AFTER-TAX	\$0.00	0.000
DENNISON ROLLOVER	\$0.00	0.000
PRETAX EMPLOYEE CATCH-UP	\$0.00	0.000
PRIOR COMPANY/ROLLOVER	\$0.00	0.000
AFTER-TAX ROLLOVER	\$0.00	0.000
Interest and Dividends	\$183,767.31	1,015.550
Realized Gain/(Loss)	\$571,523.73	0.000
Unrealized Gain/(Loss)	\$3,802,662.10	0.000
Loan Repayment (Principal)	\$0.00	0.000
Loan Repayment (Interest)	\$0.00	0.000
Exchange In	\$0.00	0.000
Forfeiture Credit	\$0.00	0.000
Balance Forward	\$0.00	0.000
Transfer In	\$0.00	0.000
Adjustment (+)	\$0.00	0.000
TOTAL RECEIPTS	\$4,557,953.14	1,015.550
B. TOTAL DISBURSEMENTS		
Benefit Payments	(\$2,178,839.27)	(12,184.078)
Forfeiture Debit	\$0.00	0.000
Administrative Fee	(\$3,878.84)	(23.026)
Exchange Out	(\$452,343.12)	(2,865.115)
Loan Withdrawal	\$0.00	0.000
Transfer Out	\$0.00	0.000
Adjustment (-)	\$0.00	0.000
TOTAL DISBURSEMENTS	(\$2,635,061.23)	(15,072.219)
Market Value as of 12/31/2021	\$13,656,445.01	71,646.005

* Please Note: The financial information included in the market value for certain line items in the Summary of Plan Operations may differ slightly from value of the net assets reported in the Summary of Net Trust Assets and 5500 Worksheet. This difference may be due to rounding and/or the timing of the posting of certain transactions, trade versus settlement date. Please use the financial information reported in the Summary of Net Trust Assets and the 5500 Worksheet to prepare the audit and Form 5500. Please refer to the year-end reconciliation, which is available upon request, and Chapter 7 of the Auditor's Guide for details.

Fiduciary Liability Insurance

<u>Insurer:</u>	Berkshire Hathaway Specialty Insurance Zurich American Insurance Company ARCH Insurance Company	<u>Policy Number:</u>	42-EPC-318678-01 FLC 9006843-18 FDX1000062-00
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Coverage Period: November 15, 2021 through November 15, 2022

Coverage: Insures the liabilities of acts, errors or omissions in the administration of employee benefits and savings plans; coverage includes violations of fiduciary obligations, responsibilities or duties under employee benefit laws; coverage includes defense costs, settlements, judgments, fines or penalties (where legally permitted) and certain other costs

Limit: \$ 30,000,000 for all claims and defense costs

Deductibles: \$ 2,500,000 for securities claims
\$ 250,000 for other claims
\$ 0 for non-indemnifiable claims

Key Exclusions: Any deliberate criminal or deliberate fraudulent act committed by the Insured; knowingly or willful violation of the law; workers' compensation type liability; employment discrimination or wrongful termination; NLRA or WARN type liability; non-monetary fixed benefits; and claims not reported timely

Claim Reporting: Report any claims to or suspected claims immediately to the Law and Risk Management departments

Captive's Involvement: None

This summary is for convenience and AVY's internal use only; the actual insurance policy is the sole document governing insurance coverage

Classification: Avery Dennison - Secret

Summary of 5% Reportable Transactions
Pursuant to Department of Labor Regulation (DOL) 2520.103-6(c)
For the Plan Year Ending 12/31/2021

Beginning Plan Balance(1):	\$1,168,537,301.78
5% of Beginning Balance (applicable for IRS Form 5500, Schedule H filers):	\$58,426,865.09

Schedule below is a record of all non-participant directed transactions pursuant to IRS Form 5500 instructions.

Transactions pursuant to DOL Sec. 2520.103-6(c) (1)(i) and 2520.103-6(d):

A transaction within the plan year, with respect to any plan asset, involving amount in excess of 5% for Schedule H filers of the current value of plan assets.

Description of <u>Asset/Transaction</u>	Date	Purchase <u>Price</u>	Sales <u>Price</u>	Expenses <u>Incurred</u>	Cost of <u>Assets</u>	Realized <u>Gain/Loss</u>	% to <u>Bal</u>
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*** NO REPORTABLE TRANSACTIONS ***



Department of Labor regulations require that reportable transactions be determined based on the value of the plan assets as of the beginning of the plan year, (unless the Form 5500 is being filed for the initial plan year -- in which case the value of the plan assets as of the end of the plan year is used). Please note that if your plan converted to Fidelity during the plan year, or Fidelity did not recordkeep all of the plan assets as of the beginning of the plan year, Fidelity is unable to determine the actual value of the plan assets as of the beginning of the plan year. Therefore, the beginning of year value reflected on this report would not be correct. You should apply the value of the transactions identified on this report to the actual value of the assets as of the beginning of the plan year to determine whether or not they are reportable (i.e., exceed 5% of the actual value of plan assets as of the beginning of the year).

Summary of 5% Reportable Transactions
Pursuant to Department of Labor Regulation (DOL) 2520.103-6(c)
For the Plan Year Ending 12/31/2021

Beginning Plan Balance(1):	\$1,168,537,301.78
5% of Beginning Balance (applicable for IRS Form 5500, Schedule H filers):	\$58,426,865.09

Schedule below is a record of all non-participant directed transactions pursuant to IRS Form 5500 instructions.

Transactions pursuant to DOL Sec. 2520.103-6(c) (1)(iii) and 2520.103-6(d):

Any transaction within the plan year involving securities of the same issue if within the plan year any series of transactions with respect to such securities, when aggregated, involves an amount in excess of 5% for Schedule H filers of the current value of plan assets.

Description of <u>Asset/Transaction</u>	Total # of <u>Purch</u>	Total Amount of <u>Purchases</u>	Total # of <u>Sales</u>	Total Amount of <u>Sales</u>	Cost of Assets <u>Sold</u>	Net Realized <u>Gain/Loss</u>	% to <u>Bal</u>
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*** NO REPORTABLE TRANSACTIONS ***



Department of Labor regulations require that reportable transactions be determined based on the value of the plan assets as of the beginning of the plan year, (unless the Form 5500 is being filed for the initial plan year -- in which case the value of the plan assets as of the end of the plan year is used). Please note that if your plan converted to Fidelity during the plan year, or Fidelity did not recordkeep all of the plan assets as of the beginning of the plan year, Fidelity is unable to determine the actual value of the plan assets as of the beginning of the plan year. Therefore, the beginning of year value reflected on this report would not be correct. You should apply the value of the transactions identified on this report to the actual value of the assets as of the beginning of the plan year to determine whether or not they are reportable (i.e., exceed 5% of the actual value of plan assets as of the beginning of the year).

AVERY DENNISON COMPANY STOCK
Purchase/Sales Transactions
For the Plan Year Ended 12/31/2021

Shares Rollforward									
	Shares YE 2020	Buy	Sell	Shares YE 2021	variance	Cost basis YE 2021	Buy	Sell	Realized gain
Fund: TCAV	1,428,673	125,715	<E-1a>	(277,462)	<E-1b>	1,276,926	E-3	-	\$ 105,440,473
Fund: TCDE	75,001	550	↓	(13,119)	↓	62,432	E-4	-	2,105,284
Fund: SAQU	122,049	-	(15,235)	<E-5a>	(15,235)	106,814	E-2	-	4,124,034
Total shares	1,625,723	126,265	(305,816)	1,446,172	Sch. H	-	Unrealized	\$ 25.3	FN 5
Market price	\$ 155.11			\$ 216.57	E2-4	Gain(Loss) at YE			
Market value	\$ 252,165,895			\$ 313,197,470	<ConstB>	\$ 111,669,791	\$ 201,527,679		
				a		b	= a-b		

Buy		Sell		Realized gain	
c	d	e	f	g	h
Proceeds	Cost	Proceeds	Cost	Realized gain	
\$ 54,780,807	<E-1c>	\$ (21,025,751)	<E-1e>	\$ 33,755,056	= c+d
\$ 2,604,624	<E-1c>	\$ (429,368)	<E-1e>	\$ 2,175,255	
3,068,986	SEQUES29	(353,960)	<E-5b>	2,715,026	<E-5c>
\$ 60,454,416	✓	\$ (21,809,079)		\$ 38,645,337	tie to RG(L) TB
FN 5	60.5				

From: Melinda Wong [mailto:melinda.wong@averydennison.com]
Sent: Wednesday, April 20, 2016 4:12 PM
To: McGillcuddy, Brian; Sigismondo, Michael
Cc: Frohlich, Michelle; Schock, Michelle
Subject: Re: Stock buys/sells report

Brian, Michael,

Can you give us some background on the purpose/how the SAQU fund works?

- 1) Does the SAQU fund buy/sell shares off the open market? Or are they liquidated out of TCAV/TCDE and transferred to SAQU? [McGillcuddy, Brian] it is a share accounted fund and sells as need to raise cash. There are no buys as it is closed to contributions and exchanges in
- 2) Last year the SAQU housed our SHARE plan transfer. Going forward, should we only see activity out of this fund? [McGillcuddy, Brian] yes, until these participants liquidate the their holdings Or will there be continuing operating activity? [McGillcuddy, Brian] it does allow exchanges out and payouts
- 3) Is the # of physical company stock shares (AVY NYSE ticker, not the SAQU fund shares) 209,009? [McGillcuddy, Brian] yes, it does not have a cash component.

Unrealized Gain/(Loss) during the year	
CY	201,527,679
PY	144,036,737
During the year	57,490,943
Per TB	57,490,864
Difference	79 immaterial pass

Historical Price Lookup

Lookup Month:

December

 Lookup Day:

31

 Lookup Year:

2021

SUBMIT

Week of December 27, 2021

Date Requested	Closing Price	Volume	Split Adjustment Factor	Open Price	Day High	Day Low
December 27, 2021	\$212.50	196,159	1:1	\$209.27	\$212.57	\$208.75
December 28, 2021	\$214.79	186,423	1:1	\$212.42	\$216.03	\$212.42
December 29, 2021	\$217.11	329,417	1:1	\$214.61	\$218.22	\$214.42
December 30, 2021	\$215.28	223,839	1:1	\$218.34	\$219.41	\$215.00
December 31, 2021	\$216.57	171,009	1:1	\$214.42	\$217.55	\$214.42

Account Name	Account ID	Transaction Header	Category	Security Identifier	Security Description	Trade Date	Settlement	Transaction	The Price -	Contract	Base Cost (Book Value)	Trade Expense	Principal Base	Realized G/L - Base	Box Income	Total Transaction Amount
Avery Dennison Fidelity Common Stock Fund	10462	INCOME	COMMON STOCKS	F15611109	AVERY DENNISON CORP	1/17/2021	1/17/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	44,442.22
						6/16/2021	6/16/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	47,068.24
						9/15/2021	9/15/2021	0.0000	0.0000		0.00	0.00	0.00	0.00	0.00	46,544.64
						12/15/2021	12/15/2021	0.0000	0.0000		0.00	0.00	0.00	0.00	0.00	45,713.00
						COMMON STOCKS Total										183,768.10
			STDS AND MONEY MARKETS	F16175108	FIDELITY GOVERNMENT PORTFOLIO/CONSTITUTION	1/1/2021	1/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00
						1/4/2021	1/4/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00
						2/1/2021	2/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00
						2/16/2021	2/16/2021	0.0000	0.0000		0.00	0.00	0.00	0.00	0.00	0.00
						3/1/2021	3/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00
						4/1/2021	4/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00
						4/1/2021	4/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00
						5/1/2021	5/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00
						5/1/2021	5/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00
						6/1/2021	6/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00
6/1/2021						6/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00	
7/1/2021	7/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
8/1/2021	8/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
8/1/2021	8/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
9/1/2021	9/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
10/1/2021	10/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
11/1/2021	11/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00	0.00						
12/1/2021	12/1/2021	0.0000	0.000000		0.00	0.00	0.00	0.00	0.00							

4/2/2021	4/2/2021	1,187,132.7200	1.000000		1,187,132.72	0.00	-1,187,132.72	0.00		-1,187,132.72	0.00
4/2/2021	4/2/2021	1,478,152.9800	1.000000		1,478,152.98	0.00	-1,478,152.98	0.00		-1,478,152.98	0.00
4/28/2021	4/28/2021	6,764.8900	1.000000		6,764.89	0.00	-6,764.89	0.00		-6,764.89	0.00
4/29/2021	4/29/2021	565,401.9000	1.000000		565,401.90	0.00	-565,401.90	0.00		-565,401.90	0.00
5/1/2021	5/1/2021	17,180.00	1.000000		17,180.00	0.00	-17,180.00	0.00		-17,180.00	0.00
5/6/2021	5/6/2021	793,812.8100	1.000000		793,812.81	0.00	-793,812.81	0.00		-793,812.81	0.00
5/7/2021	5/7/2021	17,739.8000	1.000000		17,739.80	0.00	-17,739.80	0.00		-17,739.80	0.00
5/10/2021	5/10/2021	45,142.6600	1.000000		45,142.66	0.00	-45,142.66	0.00		-45,142.66	0.00
5/13/2021	5/13/2021	525,185.1400	1.000000		525,185.14	0.00	-525,185.14	0.00		-525,185.14	0.00
5/7/2021	5/7/2021	5,214.7400	1.000000		5,214.74	0.00	-5,214.74	0.00		-5,214.74	0.00
5/10/2021	5/10/2021	1,017,087.0300	1.000000		1,017,087.03	0.00	-1,017,087.03	0.00		-1,017,087.03	0.00
5/19/2021	5/19/2021	45,188.4500	1.000000		45,188.45	0.00	-45,188.45	0.00		-45,188.45	0.00
5/27/2021	5/27/2021	18,484.6900	1.000000		18,484.69	0.00	-18,484.69	0.00		-18,484.69	0.00
6/1/2021	6/1/2021	21,540.00	1.000000		21,540.00	0.00	-21,540.00	0.00		-21,540.00	0.00
6/4/2021	6/4/2021	1,299,139.2400	1.000000		1,299,139.24	0.00	-1,299,139.24	0.00		-1,299,139.24	0.00
6/10/2021	6/10/2021	54,839.2700	1.000000		54,839.25	0.00	-54,839.25	0.00		-54,839.25	0.00
6/11/2021	6/11/2021	148,871.8000	1.000000		148,871.80	0.00	-148,871.80	0.00		-148,871.80	0.00
6/16/2021	6/16/2021	802,371.8000	1.000000		802,371.28	0.00	-802,371.28	0.00		-802,371.28	0.00
6/18/2021	6/18/2021	18,400.1800	1.000000		18,400.18	0.00	-18,400.18	0.00		-18,400.18	0.00
6/21/2021	6/21/2021	5,014.5700	1.000000		5,014.57	0.00	-5,014.57	0.00		-5,014.57	0.00
6/23/2021	6/23/2021	1,884.2200	1.000000		1,884.22	0.00	-1,884.22	0.00		-1,884.22	0.00
6/26/2021	6/26/2021	347,492.8100	1.000000		347,492.81	0.00	-347,492.81	0.00		-347,492.81	0.00
7/1/2021	7/1/2021	20.35	1.000000		20.35	0.00	-20.35	0.00		-20.35	0.00
7/1/2021	7/1/2021	854,901.94	1.000000		854,901.94	0.00	-854,901.94	0.00		-854,901.94	0.00
7/2/2021	7/2/2021	183.9370	1.000000		183.937	0.00	-183.937	0.00		-183.937	0.00
7/6/2021	7/6/2021	127,695.1300	1.000000		127,695.13	0.00	-127,695.13	0.00		-127,695.13	0.00
7/6/2021	7/6/2021	16,761.9100	1.000000		16,761.91	0.00	-16,761.91	0.00		-16,761.91	0.00
7/14/2021	7/14/2021	1,486,304.9200	1.000000		1,486,304.92	0.00	-1,486,304.92	0.00		-1,486,304.92	0.00
7/15/2021	7/15/2021	758,889.9600	1.000000		758,889.96	0.00	-758,889.96	0.00		-758,889.96	0.00
7/16/2021	7/16/2021	546,923.79	1.000000		546,923.79	0.00	-546,923.79	0.00		-546,923.79	0.00
7/26/2021	7/26/2021	179,801.9000	1.000000		179,801.90	0.00	-179,801.90	0.00		-179,801.90	0.00
7/30/2021	7/30/2021	214,960.5400	1.000000		214,960.54	0.00	-214,960.54	0.00		-214,960.54	0.00
8/2/2021	8/2/2021	19.7200	1.000000		19.72	0.00	-19.72	0.00		-19.72	0.00
8/26/2021	8/26/2021	570,229.2200	1.000000		570,229.22	0.00	-570,229.22	0.00		-570,229.22	0.00
8/30/2021	8/30/2021	715,266.0500	1.000000		715,266.05	0.00	-715,266.05	0.00		-715,266.05	0.00
8/30/2021	8/30/2021	822,381.1000	1.000000		822,381.10	0.00	-822,381.10	0.00		-822,381.10	0.00
8/30/2021	8/30/2021	1,311,188.1500	1.000000		1,311,188.15	0.00	-1,311,188.15	0.00		-1,311,188.15	0.00
8/31/2021	8/31/2021	115,359.8000	1.000000		115,359.80	0.00	-115,359.80	0.00		-115,359.80	0.00
8/31/2021	8/31/2021	5,712.1600	1.000000		5,712.16	0.00	-5,712.16	0.00		-5,712.16	0.00
9/1/2021	9/1/2021	19.11	1.000000		19.11	0.00	-19.11	0.00		-19.11	0.00
9/1/2021	9/1/2021	824,449.1000	1.000000		824,449.10	0.00	-824,449.10	0.00		-824,449.10	0.00
9/1/2021	9/1/2021	505,149.83	1.000000		505,149.83	0.00	-505,149.83	0.00		-505,149.83	0.00
9/1/2021	9/1/2021	276,822.9100	1.000000		276,822.91	0.00	-276,822.91	0.00		-276,822.91	0.00
9/16/2021	9/16/2021	647,566.0800	1.000000		647,566.08	0.00	-647,566.08	0.00		-647,566.08	0.00
9/30/2021	9/30/2021	118,454.0000	1.000000		118,454.00	0.00	-118,454.00	0.00		-118,454.00	0.00
10/1/2021	10/1/2021	20.7900	1.000000		20.79	0.00	-20.79	0.00		-20.79	0.00
10/4/2021	10/4/2021	99,562.7900	1.000000		99,562.79	0.00	-99,562.79	0.00		-99,562.79	0.00
10/4/2021	10/4/2021	852,254.7900	1.000000		852,254.79	0.00	-852,254.79	0.00		-852,254.79	0.00
10/15/2021	10/15/2021	2,896.7200	1.000000		2,896.71	0.00	-2,896.71	0.00		-2,896.71	0.00
10/18/2021	10/18/2021	533,977.5400	1.000000		533,977.54	0.00	-533,977.54	0.00		-533,977.54	0.00
10/19/2021	10/19/2021	45,111.1200	1.000000		45,111.12	0.00	-45,111.12	0.00		-45,111.12	0.00
10/27/2021	10/27/2021	766,488.7900	1.000000		766,488.79	0.00	-766,488.79	0.00		-766,488.79	0.00
11/1/2021	11/1/2021	20.7800	1.000000		20.78	0.00	-20.78	0.00		-20.78	0.00
11/1/2021	11/1/2021	22,201.7800	1.000000		22,201.79	0.00	-22,201.79	0.00		-22,201.79	0.00
11/1/2021	11/1/2021	1,686,173.7900	1.000000		1,686,173.79	0.00	-1,686,173.79	0.00		-1,686,173.79	0.00
11/12/2021	11/12/2021	1,267,397.8900	1.000000		1,267,397.89	0.00	-1,267,397.89	0.00		-1,267,397.89	0.00
11/18/2021	11/18/2021	653,247.2400	1.000000		653,247.24	0.00	-653,247.24	0.00		-653,247.24	0.00
11/18/2021	11/18/2021	595,884.1000	1.000000		595,884.10	0.00	-595,884.10	0.00		-595,884.10	0.00
11/27/2021	11/27/2021	2,495.8400	1.000000		2,495.84	0.00	-2,495.84	0.00		-2,495.84	0.00
11/27/2021	11/27/2021	41,797.9300	1.000000		41,797.93	0.00	-41,797.93	0.00		-41,797.93	0.00
12/1/2021	12/1/2021	20.2200	1.000000		20.22	0.00	-20.22	0.00		-20.22	0.00
12/1/2021	12/1/2021	20.3300	1.000000		20.33	0.00	-20.33	0.00		-20.33	0.00
12/18/2021	12/18/2021	999,053.3800	1.000000		999,053.38	0.00	-999,053.38	0.00		-999,053.38	0.00
12/18/2021	12/18/2021	707,686.1300	1.000000		707,686.13	0.00	-707,686.13	0.00		-707,686.13	0.00
12/18/2021	12/18/2021	725,141.5200	1.000000		725,141.52	0.00	-725,141.52	0.00		-725,141.52	0.00
12/1/2021	12/1/2021	2,849.4500	1.000000		2,849.45	0.00	-2,849.45	0.00		-2,849.45	0.00
12/1/2021	12/1/2021	550,055.9400	1.000000		550,055.94	0.00	-550,055.94	0.00		-550,055.94	0.00
12/16/2021	12/16/2021	650,565.7000	1.000000		650,565.70	0.00	-650,565.70	0.00		-650,565.70	0.00
12/19/2021	12/19/2021	518,492.8000	1.000000		518,492.80	0.00	-518,492.80	0.00		-518,492.80	0.00
					43,017,852.48	0.00	-43,017,852.48	0.00		-43,017,852.48	0.00
STPS AND MONEY MARKET Total											
PURCHASES Total											
REVERSE REPOS											
4/2/2021	4/2/2021	1,187,132.7200	1.000000		1,187,132.72	0.00	-1,187,132.72	0.00		-1,187,132.72	0.00
4/2/2021	4/2/2021	1,478,152.9800	1.000000		1,478,152.98	0.00	-1,478,152.98	0.00		-1,478,152.98	0.00
4/28/2021	4/28/2021	6,764.8900	1.000000		6,764.89	0.00	-6,764.89	0.00		-6,764.89	0.00
4/29/2021	4/29/2021	565,401.9000	1.000000		565,401.90	0.00	-565,401.90	0.00		-565,401.90	0.00
5/1/2021	5/1/2021	17,180.00	1.000000		17,180.00	0.00	-17,180.00	0.00		-17,180.00	0.00
5/6/2021	5/6/2021	793,812.8100	1.000000		793,812.81	0.00	-793,812.81	0.00		-793,812.81	0.00
5/7/2021	5/7/2021	17,739.8000	1.000000		17,739.80	0.00	-17,739.80	0.00		-17,739.80	0.00
5/10/2021	5/10/2021	45,142.6600	1.000000		45,142.66	0.00	-45,142.66	0.00		-45,142.66	0.00
5/13/2021	5/13/2021	525,185.1400	1.000000		525,185.14	0.00	-525,185.14	0.00		-525,185.14	0.00
5/7/2021	5/7/2021	5,214.7400	1.000000		5,214.74	0.00	-5,214.74	0.00		-5,214.74	0.00
5/10/2021	5/10/2021	1,017,087.0300	1.000000		1,017,087.03	0.00	-1,017,087.03	0.00		-1,017,087.03	0.00
5/19/2021	5/19/2021	45,188.4500	1.000000		45,188.45	0.00	-45,188.45	0.00		-45,188.45	0.00
5/27/2021	5/27/2021	18,484.6900	1.000000		18,484.69	0.00	-18,484.69	0.00		-18,484.69	0.00
6/1/2021	6/1/2021	21,540.00	1.000000		21,540.00	0.00	-21,540.00	0.00		-21,540.00	0.00
6/4/2021	6/4/2021	1,299,139.2400	1.000000		1,299,139.24	0.00	-1,299,139.24	0.00		-1,299,139.24	0.00
6/10/2021	6/10/2021	54,839.2700	1.000000		54,839.25	0.00	-54,839.25	0.00		-54,839.25	0.00
6/11/2021	6/11/2021	148,871.8000	1.000000		148,871.80	0.00	-148,871.80	0.00		-148,871.80	0.00
6/16/2021	6/16/2021	802,371.8000	1.000000		802,371.28	0.00	-802,371.28	0.00		-802,371.28	0.00
6/18/2021	6/18/2021	18,400.1800	1.000000		18,400.18	0.00	-18,400.18	0.00		-18,400.18</	

	7/7/2021	7/28/2021	-246.0000	205.000000		-18.9900	0.00	50,442.30	31,446.62	0.00	50,442.30
	7/9/2021	7/30/2021	-3,700.0000	211.287000		-289.0000	1.71	312,234.21	362,390.00	0.00	674,229.21
	7/9/2021	8/7/2021	-3,500.0000	220.203000		-570.0000	3.75	735,205.50	465,031.80	0.00	735,205.50
	8/3/2021	8/9/2021	-3,700.0000	213.107000		-381.7600	4.02	788,468.20	501,290.16	0.00	788,468.20
	8/7/2021	8/9/2021	-3,500.0000	212.218000		-272.8500	3.79	742,713.26	474,056.35	0.00	742,713.26
	8/9/2021	9/15/2021	-4,300.0000	213.187000		-331.9700	4.88	857,449.34	583,701.88	0.00	857,449.34
	9/11/2021	9/11/2021	90.9400	217.100000		37.7000	0.00	68,331.00	42,837.45	0.00	68,331.00
	9/16/2021	9/20/2021	-5,500.0000	218.910000		-585.5500	6.08	1,330,744.27	763,189.63	0.00	1,330,744.27
	9/20/2021	9/17/2021	-310.0000	218.280000		-24.3100	0.00	87,668.80	43,435.54	0.00	87,668.80
	9/20/2021	9/27/2021	-464.0000	224.890000		-10.9700	0.00	104,705.34	68,267.87	0.00	104,705.34
	9/20/2021	9/17/2021	-3.0000	218.430000		-24.90	0.00	679.80	445.28	0.00	679.80
	9/21/2021	9/7/2021	-3,100.0000	227.342000		-242.5600	3.59	704,737.89	462,340.90	0.00	704,737.89
	9/21/2021	9/7/2021	-3,700.0000	225.117900		-290.6700	4.23	818,647.93	542,972.07	0.00	818,647.93
	9/21/2021	9/15/2021	-1,254.0000	224.940000		-107.0900	0.00	238,380.76	168,811.87	0.00	238,380.76
	9/21/2021	9/21/2021	-2,800.0000	225.765000		-187.8000	3.12	612,201.34	271,860.97	0.00	612,201.34
	9/21/2021	9/24/2021	-38.0000	223.120000		-3.0100	0.00	8,486.18	5,472.52	0.00	8,486.18
	9/24/2021	9/24/2021	-3,000.0000	222.071000		-287.2200	3.40	668,390.70	428,271.72	0.00	668,390.70
	9/29/2021	9/24/2021	-666.0000	212.420000		-178.0000	0.00	145,478.38	88,599.69	0.00	145,478.38
	9/29/2021	10/5/2021	-4,700.0000	219.337000		-516.8000	5.12	1,280,025.64	629,251.27	0.00	1,280,025.64
	9/30/2021	10/6/2021	-3,700.0000	220.142000		-395,050.90	3.97	777,499.23	482,437.24	0.00	777,499.23
	10/6/2021	10/11/2021	-1,004.0000	206.770000		-80,180.00	0.00	207,307.08	127,435.19	0.00	207,307.08
	10/14/2021	10/16/2021	-2,900.0000	207.793000		-251.7500	3.07	602,323.18	370,532.06	0.00	602,323.18
	10/19/2021	10/21/2021	-3,800.0000	211.011000		-402.9700	4.90	802,151.39	497,137.81	0.00	802,151.39
	10/21/2021	10/22/2021	-14.0000	216.370000		-1.9800	0.00	3,961.92	2,177.55	0.00	3,961.92
	10/22/2021	10/25/2021	-31.0000	217.100000		-2,496.00	0.00	6,742.50	4,254.04	0.00	6,742.50
	10/27/2021	10/29/2021	-2,149.0000	218.100000		-172.9000	0.00	488,124.98	295,812.62	0.00	488,124.98
	10/27/2021	10/26/2021	-19.0000	208.180000		-1,179.80	0.00	31,179.80	16,174.22	0.00	31,179.80
	11/2/2021	11/16/2021	-7,500.0000	217.541000		-398,498.38	8.10	1,588,815.38	995,330.64	0.00	1,588,815.38
	11/8/2021	11/9/2021	-25.1000	226.4000		-2,431.25	0.00	57,299.44	36,846.19	0.00	57,299.44
	11/9/2021	11/12/2021	-5,300.0000	225.517000		-208,407.20	6.10	1,195,176.76	766,709.50	0.00	1,195,176.76
	11/16/2021	11/18/2021	-2,500.0000	226.481000		-251.0700	3.35	656,735.29	421,228.08	0.00	656,735.29
	11/17/2021	11/18/2021	-2,700.0000	222.142000		-224.8400	1.06	599,864.35	380,625.75	0.00	599,864.35
	11/20/2021	12/2/2021	-3,600.0000	228.078000		-284,111.81	3.82	749,053.58	454,941.77	0.00	749,053.58
	12/10/2021	12/10/2021	-3,300.0000	215.430000		-709,891.10	3.82	709,588.12	439,697.02	0.00	709,588.12
	12/10/2021	12/11/2021	-11.0000	212.830000		-20.9700	0.00	47,698.35	27,619.25	0.00	47,698.35
	12/11/2021	12/14/2021	-1,347.0000	218.430000		-118.2800	0.00	291,141.81	178,219.23	0.00	291,141.81
	12/14/2021	12/15/2021	-221.0000	208.120000		-18,151.12	0.00	46,038.72	27,886.40	0.00	46,038.72
	12/16/2021	12/20/2021	-2,600.0000	213.064000		-213,596.73	2.81	511,346.69	317,789.96	0.00	511,346.69
	12/21/2021	12/28/2021	-3,500.0000	208.994000		-309.6500	4.16	815,050.60	494,386.57	0.00	815,050.60
	12/27/2021	12/16/2021	-2,407.0000	217.110000		-187.8000	3.40	488,281.97	271,755.13	0.00	488,281.97
	12/27/2021	12/27/2021	-3,500.0000	217.219000		-288,007.88	3.88	759,856.97	470,849.11	0.00	759,856.97
COMMON STOCKS AND MONEY MARKETS						-21,021,760.87	367.95	54,780,806.64	33,753,055.77	0.00	54,780,806.64
STPL GOV	11/17/108	FEDERAL GOVERNMENT PORTFOLIO INSTITUTION									
	1/4/2021	1/4/2021	-304,682.3400	1.000000		-304,682.34	0.00	304,682.34	0.00	0.00	304,682.34
	1/5/2021	1/5/2021	-489,789.2400	1.000000		-489,789.24	0.00	489,789.24	0.00	0.00	489,789.24
	1/6/2021	1/6/2021	-583,634.6000	1.000000		-583,634.60	0.00	583,634.60	0.00	0.00	583,634.60
	1/12/2021	1/12/2021	-173,542.6100	1.000000		-173,542.61	0.00	173,542.61	0.00	0.00	173,542.61
	1/13/2021	1/13/2021	-98,082.7100	1.000000		-98,082.71	0.00	98,082.71	0.00	0.00	98,082.71
	1/14/2021	1/14/2021	-171,972.5600	1.000000		-171,972.56	0.00	171,972.56	0.00	0.00	171,972.56
	1/19/2021	1/19/2021	-239,583.9300	1.000000		-239,583.93	0.00	239,583.93	0.00	0.00	239,583.93
	1/20/2021	1/20/2021	-161,096.4800	1.000000		-161,096.48	0.00	161,096.48	0.00	0.00	161,096.48
	1/21/2021	1/21/2021	-130,519.9300	1.000000		-130,519.93	0.00	130,519.93	0.00	0.00	130,519.93
	1/25/2021	1/25/2021	-12,343.9900	1.000000		-12,343.99	0.00	12,343.99	0.00	0.00	12,343.99
	1/26/2021	1/26/2021	-284,614.4600	1.000000		-284,614.46	0.00	284,614.46	0.00	0.00	284,614.46
	1/27/2021	1/27/2021	-156,691.7900	1.000000		-156,691.79	0.00	156,691.79	0.00	0.00	156,691.79
	2/1/2021	2/1/2021	-16,665.6400	1.000000		-16,665.64	0.00	16,665.64	0.00	0.00	16,665.64
	2/2/2021	2/2/2021	-965,039.4300	1.000000		-965,039.43	0.00	965,039.43	0.00	0.00	965,039.43
	2/3/2021	2/3/2021	-130,980.8000	1.000000		-130,980.80	0.00	130,980.80	0.00	0.00	130,980.80
	2/4/2021	2/4/2021	-5,401.0200	1.000000		-5,401.02	0.00	5,401.02	0.00	0.00	5,401.02
	2/9/2021	2/9/2021	-131,722.0800	1.000000		-131,722.08	0.00	131,722.08	0.00	0.00	131,722.08
	2/10/2021	2/10/2021	-72,090.4200	1.000000		-72,090.42	0.00	72,090.42	0.00	0.00	72,090.42
	2/11/2021	2/11/2021	-45,724.9700	1.000000		-45,724.97	0.00	45,724.97	0.00	0.00	45,724.97
	2/12/2021	2/12/2021	-158,124.7700	1.000000		-158,124.77	0.00	158,124.77	0.00	0.00	158,124.77
	2/16/2021	2/16/2021	-36,168.2700	1.000000		-36,168.27	0.00	36,168.27	0.00	0.00	36,168.27
	2/17/2021	2/17/2021	-219,614.1600	1.000000		-219,614.16	0.00	219,614.16	0.00	0.00	219,614.16
	2/18/2021	2/18/2021	644,200.7100	1.000000		644,200.71	0.00	644,200.71	0.00	0.00	644,200.71
	2/24/2021	2/24/2021	-82,424.7900	1.000000		-82,424.79	0.00	82,424.79	0.00	0.00	82,424.79
	2/25/2021	2/25/2021	-484,221.4100	1.000000		-484,221.41	0.00	484,221.41	0.00	0.00	484,221.41
	2/26/2021	2/26/2021	-4,699.3000	1.000000		-4,699.30	0.00	4,699.30	0.00	0.00	4,699.30
	3/2/2021	3/2/2021	923,747.3700	1.000000		923,747.37	0.00	923,747.37	0.00	0.00	923,747.37
	3/3/2021	3/3/2021	-283,261.4600	1.000000		-283,261.46	0.00	283,261.46	0.00	0.00	283,261.46
	3/9/2021	3/9/2021	106,217.5000	1.000000		106,217.50	0.00	106,217.50	0.00	0.00	106,217.50
	3/9/2021	3/9/2021	-230,116.3100	1.000000		-230,116.31	0.00	230,116.31	0.00	0.00	230,116.31
	3/10/2021	3/10/2021	541,786.3800	1.000000		541,786.38	0.00	541,786.38	0.00	0.00	541,786.38
	3/12/2021	3/12/2021	-235,398.5700	1.000000		-235,398.57	0.00	235,398.57	0.00	0.00	235,398.57
	3/16/2021	3/16/2021	-1,593,125.2500	1.000000		-1,593,125.25	0.00	1,593,125.25	0.00	0.00	1,593,125.25
	3/16/2021	3/16/2021	-11,287.6400	1.000000		-11,287.64	0.00	11,287.64	0.00	0.00	11,287.64
	3/22/2021	3/22/2021	-99,449.3200	1.000000		-99,449.32	0.00	99,449.32	0.00	0.00	99,449.32
	3/23/2021	3/23/2021	-147,749.7900	1.000000		-147,749.79	0.00	147,749.79	0.00	0.00	147,749.79
	3/24/2021	3/24/2021	-162,211.7900	1.000000		-162,211.79	0.00	162,211.79	0.00	0.00	162,211.79
	3/29/2021	3/29/2021	-7,989.2200	1.000000		-7,989.22	0.00	7,989.22	0.00	0.00	7,989.22
	3/30/2021	3/30/2021	-241,721.2700	1.000000		-241,721.27	0.00	241,721.27	0.00	0.00	241,721.27
	4/5/2021	4/5/2021	-172,401.0300	1.000000		-172,401.03	0.00	172,401.03	0.00	0.00	172,401.03
	4/6/2021	4/6/2021	-449,813.1700	1.000000		-449,813.17	0.00	449,813.17	0.00	0.00	449,813.17
	4/7/2021	4/7/2021	-49,393.1600	1.000000		-49,393.16	0.00	49,393.16	0.00	0.00	49,393.16
	4/8/2021	4/8/2021	-161,122.9000	1.000000		-161,122.90	0.00	161,122.90	0.00	0.00	161,122.90
	4/12/2021	4/12/2021	-162,608.5700	1.000000		-162,608.57	0.00	162,608.5			

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equal to **ALL**.

Report of Independent Registered Public Accounting Firm

The Plan Administrator and Participants
Avery Dennison Corporation Employee Savings Plan

Opinion on the Financial Statements

We have audited the accompanying statements of net assets available for benefits of the Avery Dennison Corporation Employee Savings Plan (the “Plan”) as of December 31, 2021 and 2020, the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes (collectively, referred to as the “financial statements”). In our opinion, the financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the year ended December 31, 2021, in conformity with accounting principles generally accepted in the United States of America.

Basis for Opinion

These financial statements are the responsibility of the Plan’s management. Our responsibility is to express an opinion on the Plan’s financial statements based on our audits. We are a public accounting firm registered with the Public Company Accounting Oversight Board (United States) (PCAOB) and are required to be independent with respect to the Plan in accordance with U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether due to error or fraud. The Plan is not required to have, nor were we engaged to perform, an audit of its internal control over financial reporting. As part of our audits we are required to obtain an understanding of internal control over financial reporting but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control over financial reporting. Accordingly, we express no such opinion.

Our audits included performing procedures to assess the risks of material misstatement of the financial statements, whether due to error or fraud, and performing procedures to respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audits provide a reasonable basis for our opinion.

Opinion on the Supplemental Information

The supplemental information included in Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2021, has been subjected to audit procedures performed in conjunction with the audit of the Plan's financial statements. The supplemental information is the responsibility of the Plan's management. Our audit procedures included determining whether the supplemental information reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information presented in the supplemental information. In forming our opinion on the supplemental information in the accompanying schedule, we evaluated whether the supplemental information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. In our opinion, the supplemental information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole.

Moss Adams LLP

Los Angeles, California
June 10, 2022

We have served as the Plan's auditor since 2020.

Report of Independent Auditors

The Plan Administrator and Participants
Avery Dennison Corporation Employee Savings Plan

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of Avery Dennison Corporation Employee Savings Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of December 31, 2021 and 2020, and the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of Avery Dennison Corporation Employee Savings Plan as of December 31, 2021 and 2020, and the changes in its net assets available for benefits for the year ended December 31, 2021, in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Avery Dennison Corporation Employee Savings Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Avery Dennison Corporation Employee Savings Plan's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

Management is also responsible for maintaining a current plan instrument, including all plan amendments, administering the plan, and determining that the plan's transactions that are presented and disclosed in the financial statements are in conformity with the plan's provisions, including maintaining sufficient records with respect to each of the participants, to determine the benefits due or which may become due to such participants.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for purpose of expressing an opinion on the effectiveness of Avery Dennison Corporation Employee Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Avery Dennison Corporation Employee Savings Plan's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Other Matter***Supplemental Schedule Required by ERISA***

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2021, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including the form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion, the information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Los Angeles, California
June 10, 2022

**UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
WASHINGTON, D.C. 20549**

FORM 11-K

(Mark One)

☒ **ANNUAL REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the fiscal year ended December 31, 2021

OR

☐ **TRANSITION REPORT PURSUANT TO SECTION 15(d) OF THE SECURITIES EXCHANGE ACT OF 1934**

For the transition period from _____ to _____

Commission file number 1-7685

A. Full title of the plan and the address of the plan, if different from that of the issuer named below:

AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN

B. Name of issuer of the securities held pursuant to the plan and the address of its principal executive office:

AVERY DENNISON CORPORATION
8080 Norton Parkway
Mentor, Ohio 44060

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AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN

FISCAL YEAR 2021 ANNUAL REPORT ON FORM 11-K

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The Avery Dennison Corporation Employee Savings Plan (the “Plan”) is subject to the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). In lieu of the requirements of Items 1-3 of Form 11-K, the financial statements of the Plan and the supplemental information presented herein have been prepared in accordance with the financial reporting requirements of ERISA.

Report of Independent Registered Public Accounting Firm

The Plan Administrator and Participants
Avery Dennison Corporation Employee Savings Plan

Opinion on the Financial Statements

We have audited the accompanying statements of net assets available for benefits of the Avery Dennison Corporation Employee Savings Plan (the “Plan”) as of December 31, 2021 and 2020, the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related notes (collectively, referred to as the “financial statements”). In our opinion, the financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2021 and 2020, and the changes in net assets available for benefits for the year ended December 31, 2021, in conformity with accounting principles generally accepted in the United States of America.

Basis for Opinion

These financial statements are the responsibility of the Plan’s management. Our responsibility is to express an opinion on the Plan’s financial statements based on our audits. We are a public accounting firm registered with the Public Company Accounting Oversight Board (United States) (PCAOB) and are required to be independent with respect to the Plan in accordance with U.S. federal securities laws and the applicable rules and regulations of the Securities and Exchange Commission and the PCAOB.

We conducted our audits in accordance with the standards of the PCAOB. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement, whether due to error or fraud. The Plan is not required to have, nor were we engaged to perform, an audit of its internal control over financial reporting. As part of our audits we are required to obtain an understanding of internal control over financial reporting but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control over financial reporting. Accordingly, we express no such opinion.

Our audits included performing procedures to assess the risks of material misstatement of the financial statements, whether due to error or fraud, and performing procedures to respond to those risks. Such procedures included examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements. Our audits also included evaluating the accounting principles used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audits provide a reasonable basis for our opinion.

Opinion on the Supplemental Information

The supplemental information included in Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2021, has been subjected to audit procedures performed in conjunction with the audit of the Plan’s financial statements. The supplemental information is the responsibility of the Plan’s management. Our audit procedures included determining whether the supplemental information reconciles to the financial statements or the underlying accounting and other records, as applicable, and performing procedures to test the completeness and accuracy of the information presented in the supplemental information. In forming our opinion on the supplemental information in the accompanying schedule, we evaluated whether the supplemental information, including its form and content, is presented in conformity with the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended. In our opinion, the supplemental information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole.

/s/ Moss Adams LLP

Los Angeles, California
June 10, 2022

We have served as the Plan’s auditor since 2020.

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

(In millions)	December 31,	
	2021	2020
Assets		
Investments, at fair value	\$ 1,217.3	\$ 1,044.8
Fully benefit-responsive investment contracts, at contract value	96.4	108.6
Receivables:		
Notes receivable from participants	14.4	15.7
Transfer of assets related to plan merger	10.6	—
Other receivables	.4	—
Total assets	1,339.1	1,169.1
Liabilities		
Other payables	.4	.6
Total liabilities	.4	.6
Net assets available for benefits	\$ 1,338.7	\$ 1,168.5

See Notes to Financial Statements

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

(In millions)	2021
Additions:	
Investment income:	
Interest income	\$ 1.8
Dividend income	11.1
Net appreciation in fair value of investments	204.7
Net investment income	217.6
Interest on notes receivable from participants	.8
Contributions:	
Participant contributions	41.3
Employer contributions	24.8
Participant rollover contributions	10.2
Total contributions	76.3
Total additions	294.7
Deductions:	
Benefits paid to participants	(134.7)
Administrative expenses	(.6)
Total deductions	(135.3)
Net increase in net assets available for benefits before plan merger	159.4
Transfer related to plan merger	10.8
Net increase in net assets available for benefits	170.2
Net assets available for benefits:	
Beginning of year	1,168.5
End of year	\$ 1,338.7

See Notes to Financial Statements

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

1. Summary Description of the Plan

The following description of the Avery Dennison Corporation Employee Savings Plan (the “Plan”) is provided for financial reporting purposes only. For information regarding the terms and conditions of the Plan for benefit purposes, participants should refer to the Plan document.

General

The Plan covers eligible U.S. employees of Avery Dennison Corporation (the “Company”), the Plan Sponsor and Plan Administrator. The Plan is a defined contribution plan subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

The Plan is a “safe harbor 401(k) plan” under the Internal Revenue Code (“IRC”).

Company Contributions

The Company makes an automatic contribution equal to 3% of an eligible employee’s eligible compensation regardless of the participant’s contributions to the Plan and a matching contribution of 50% of the first 7% of eligible compensation that is contributed by an eligible employee each pay period.

An additional Plan feature provides an annual “true-up” Company contribution to ensure that participants receive the maximum Company matching contribution for which they are eligible. At the end of each year, the participant’s maximum Company matching contribution is calculated using the participant’s annualized average contribution percentage. If the participant’s actual Company matching contribution received during the year is less than the participant’s maximum Company matching contribution, then the difference is deposited as a lump sum into the eligible participant’s account as soon as administratively feasible following the Plan year-end.

The Company can elect to contribute in Company stock or cash. Both cash and stock contributions are invested according to participant elections on file. In 2021, all Company contributions were made in Company stock.

Participant Contributions

Eligible employees are automatically enrolled in the Plan with a pretax contribution rate of 7% after 30 days of employment, unless the employee affirmatively elects not to participate. Participants direct the investment of their contributions into investment options offered under the Plan. If a participant does not make an investment election, the contributions are invested in the applicable Plan qualified default investment alternative.

Participants can contribute any whole percentage (up to 100% less payroll deductions) of their eligible compensation as pretax contributions and from 1% to 25% of their eligible compensation as after-tax contributions, in each case subject to applicable Internal Revenue Service (“IRS”) contribution limits. Participants can make one election that covers their regular pretax contributions and, if eligible, their catch-up contributions, subject to applicable IRS contribution limits.

At the start of each calendar year, a participant’s contributions will default to the pretax contribution election on file. A pretax contribution election automatically converts to an after-tax contribution election (referred to as the “spillover feature”) once a participant reaches the IRS annual pretax contribution limit during a calendar year, which remains in effect for the remainder of the year. Participants have the opportunity to opt out of the automatic spillover feature and cease making contributions once they reach the IRS annual pretax contribution limit.

Participants are automatically enrolled in an annual increase program if the sum of their pretax and after-tax contribution rates is greater than 0% but less than 15% (10% prior to January 2021). A participant’s pretax contribution rate increases by 1% annually if it exceeds 0% on the determination date selected by the Plan Administrator. If a participant’s pretax contribution rate is 0% on the determination date and the participant is contributing after-tax dollars, then the participant’s after-tax contribution rate will increase by 1%. Participants may opt out of this program or elect to participate in an optional affirmative increase program under which they choose their annual contribution increase (up to a maximum of 3%).

Participant Accounts

Each participant’s account is credited with the participant’s contributions, the Company’s contributions, and earnings on these contributions. The participant’s entire benefit under the Plan is provided from the participant’s vested account balance.

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AVERY DENNISON CORPORATION

EMPLOYEE SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Rollovers

Eligible employees are permitted to contribute eligible rollover distributions into the Plan, including direct rollovers.

Vesting and Forfeitures

Employee contributions and earnings thereon are immediately fully vested. Company contributions and earnings thereon are fully vested after two years of service. Company contributions also vest upon a participant's death or 65th birthday or if the Plan is terminated or discontinued, provided in each case that the participant is an employee at the time. In addition, participants who die while performing qualified military service become fully vested in their Company contributions and earnings thereon.

If a participant's employment terminates prior to vesting, all Company contributions and earnings thereon are forfeited, and may be used to pay administrative expenses of the Plan or offset future Company contributions. The amount of forfeitures used to offset Company contributions was \$.1 million for the year ended December 31, 2021. The amount of forfeitures used to pay administrative expenses of the Plan was \$.1 million for the year ended December 31, 2021. The amounts of forfeitures available to pay administrative plan expenses and offset future contributions as of December 31, 2021 and 2020 were \$1.9 million and \$.9 million, respectively.

Payment of Benefits

Participants generally may withdraw or make rollover contributions from their vested account balance when they retire or terminate employment with the Company. Participants may make hardship withdrawals, withdrawals at age 59½, and certain other withdrawals from specified vested accounts during their employment, subject to legal and/or Plan restrictions and requirements.

Notes Receivable from Participants

Participants have the right, subject to certain limitations and requirements, to borrow from certain Plan accounts. In general, loans cannot exceed the lesser of \$50,000 or 50% of the participant's vested account balance at the time the loan is taken and must bear reasonable interest rates commensurate with interest rates charged by persons in the business of lending money for loans made under similar circumstances. At the time that each loan is made, the interest rate is established as of the first day of each Plan quarter and fixed at a rate equal to the prime rate (as published by Reuters) plus 1%. Each loan is an asset of the applicable participant's account on the date of borrowing. The loan must be repaid within five years unless the loan is for the purchase of a principal residence, in which case the loan term may be five, ten, or 15 years, as elected by the participant. Interest payments are credited to the applicable participant's account.

In April 2020, the Plan implemented certain provisions of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act. As a result, the Plan allowed participants to suspend making loan repayments after April 2020 until January 1, 2021.

Administrative Expenses

Investment management fees and certain administrative expenses are paid by the Plan or paid directly from the participants' accounts, as permitted by law. All other administrative expenses of the Plan are paid by the Company.

Plan Termination

The Company currently intends to continue the Plan. However, the Company reserves the right to change, amend, terminate or discontinue the Plan at any time, subject to applicable laws and regulations. In the event of Plan termination, any unvested participant would become fully vested in the participant's Company contributions and all account assets would be distributed to the participants (or their beneficiaries).

Plan Merger

On February 28, 2020, the Company completed the acquisition of Smartrac's Transponder division ("Smartrac"), a manufacturer of radio-frequency identification products.

Effective after the close of business on December 31, 2021, the Smartrac Technology Fletcher, Inc. 401(k) Plan ("SMT Plan") was merged into the Plan ("Plan Merger"). As a result, the assets from SMT Plan were transferred to the Plan. Investments of \$10.6 million was recorded as "Transfer of assets related to plan merger" and \$.2 million of outstanding participant loans was recorded as "Notes receivable from participants" in the Statements of Net Assets Available for Benefits as of December 31, 2021. The transfer of all SMT Plan assets to the Plan was completed on January 3, 2022.

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

2. Summary of Significant Accounting Policies

Basis of Presentation

The accompanying financial statements are prepared on the accrual basis of accounting, in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Risks and Uncertainties

The Plan's assets are invested at participants' discretion in various investment fund options under the Plan. The value, liquidity, and related income of these securities are exposed to various risks, including, but not limited to, changes in interest rates, foreign currency exchange rates, credit quality, and volatility with respect to the holdings within individual funds, as well as to changes in global economic conditions, including real estate values, delinquencies and defaults, and the outlook and performance of financial markets. It is reasonably possible that the values of investment securities could decline in the near term and that such declines could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits. Given recent volatility in the financial markets, it is reasonably possible that investment values could decline significantly in subsequent periods.

Use of Estimates

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions for the reporting period and as of the financial statement date. These estimates and assumptions affect the reported amounts of net assets available for benefits and the reported amounts of changes in net assets available for benefits. Actual results could differ from these estimates.

Investment Contracts

Fully benefit-responsive investment contracts are measured at their respective contract values in the Statements of Net Assets Available for Benefits because that is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. Refer to Note 3, "Investment Contracts," for more information.

Valuation of Investments

All investments, except fully benefit-responsive investment contracts, are reported at fair value, including those measured using the net asset value ("NAV") as a practical expedient. Refer to Note 4, "Fair Value Measurements," for more information.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. No allowance for credit losses had been recorded as of December 31, 2021 or 2020. If a participant were to stop making loan repayments and the Plan Administrator deems the participant's loan to be in default, the participant's loan balance would be reduced and a benefit payment would be recorded.

Income Recognition

Purchases and sales of securities are recorded on a trade-date basis. Dividend income is accrued on the ex-dividend date. Interest income from other investments is accrued as earned.

Realized gains or losses on sales of securities are computed on an average cost basis. Unrealized appreciation or depreciation in the fair value of investments is the change in their fair value during the Plan's calendar year.

Net appreciation or depreciation in fair value of investments includes gains and losses on investments bought, sold and held during the year, and is reported in the Statement of Changes in Net Assets Available for Benefits.

Contributions

Participant and Company contributions are recorded on an accrual basis. Company contributions are reported net of forfeiture credits used to offset contributions.

Benefit Payments

All benefits are payable from net assets available for benefits. Benefits are recorded when paid.

Other Receivables and Other Payables

Other receivables include accrued amounts related to participant and Company contributions and sales of securities recorded on a trade-date basis and settled in the following calendar year. Other payables include accrued amounts related to administrative expenses and purchases of securities recorded on a trade-date basis and settled in the following calendar year.

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

Evaluation of Subsequent Events

Management evaluated subsequent events through June 10, 2022, the date the financial statements were available to be issued.

3. Investment Contracts

Included in the Plan's investments is a fixed income fund that invests in fully benefit-responsive guaranteed investment contracts ("GICs") issued and guaranteed by insurance companies or other financial institutions to transact all qualified participant withdrawals at a minimum of contract value (principal plus accrued interest). Included in the fixed income fund are synthetic GICs, which are backed by a segregated portfolio of bonds or units of collective funds that are owned directly by the fund.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value, which represents contributions plus interest earned, less benefits paid and transfers to other funds. However, if one or all of the contracts were to be terminated prior to the expiration date and the Plan's assets withdrawn, the amount received by the Plan could be less than the contract value under the relevant provisions of the agreements. Withdrawals and transfers resulting from certain events may limit the ability of the Plan to transact at contract value with the issuer of fully benefit-responsive investment contracts. These events include the following: (1) amendments to the Plan (including complete or partial Plan termination or merger with another plan); (2) competing fund transfers or violation of certain investment transaction provisions; (3) an early retirement program, group termination, group layoff, facility closing, or similar program; (4) bankruptcy of the Company or other Company events that cause a significant withdrawal of assets from the Plan; and (5) the failure of the Plan to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. In these instances, market value would likely be used to determine payouts to participants. In general, contract termination and settlement at values other than the contract amounts are allowed due to changes in the qualification status of the Company or the Plan, breach of material obligations under the contract and misrepresentation by the contract holder, or failure of the underlying portfolio to conform to the pre-established investment guidelines. At this time, the Company does not believe that an event that would limit the Plan's ability to transact with participants at contract value is probable.

4. Fair Value Measurements

Certain plan investments are valued based on a three-tier fair value hierarchy. The hierarchy gives the highest priority to Level 1 measurements and the lowest priority to Level 3 measurements. Inputs to the valuation methodology for the three levels of the fair value hierarchy are described below:

- Level 1 Unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.
- Level 3 Unobservable and significant to the fair value measurement.

If an asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

The level of an asset or liability within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The valuation techniques used must maximize the use of observable inputs and minimize the use of unobservable inputs.

The valuation methodologies and investment strategies used for assets measured at fair value are described below.

- *Common stock:* Valued at the closing price reported on the active market on which the individual securities are traded.
- *Money market funds:* Valued at quoted market prices, which represent the NAV of shares held at year-end.
- *Self-directed brokerage accounts:* Included mutual funds, which are valued at quoted market prices representing the NAV of shares held at year-end, as well as cash.
- *Collective investment trusts:* Valued at NAV per unit as a practical expedient. The funds offered by the Plan include ones with different saving objectives, such as growth, income, and inflation, as well as target date retirement funds. These investments are redeemable daily and settle within three days with no restrictions.

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AVERY DENNISON CORPORATION EMPLOYEE SAVINGS PLAN NOTES TO FINANCIAL STATEMENTS

The methodologies described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in different fair value measurements as of the reporting date.

The following table sets forth Plan investments measured at fair value as of December 31, 2021:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
(In millions)	Total			
Company common stock	\$ 313.2	\$ 313.2	\$ —	\$ —
Money market funds	5.2	5.2	—	—
Self-directed brokerage accounts	110.4	110.4	—	—
Total investments in the fair value hierarchy	\$ 428.8	\$ 428.8	\$ —	\$ —
Collective investment trusts ⁽¹⁾	788.5			
Investments at fair value	\$ 1,217.3			

⁽¹⁾ Investments measured at fair value using NAV per share as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to reconcile to total Plan investments at fair value.

The following table sets forth Plan investments measured at fair value as of December 31, 2020:

		Fair Value Measurements Using		
		Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Other Unobservable Inputs (Level 3)
(In millions)	Total			
Company common stock	\$ 252.2	\$ 252.2	\$ —	\$ —
Money market funds	6.9	6.9	—	—
Self-directed brokerage accounts	102.8	102.8	—	—
Total investments in the fair value hierarchy	\$ 361.9	\$ 361.9	\$ —	\$ —
Collective investment trusts ⁽¹⁾	682.9			
Investments at fair value	\$ 1,044.8			

⁽¹⁾ Investments measured at fair value using NAV per share as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to reconcile to total Plan investments at fair value.

5. Related Party Transactions and Party-in-Interest Transactions

The Plan invests in shares of short-term investments and deposits managed by Fidelity Management Trust Company (“FMTC”). FMTC is the Custodian, Trustee, and Recordkeeper as defined by the Plan and, therefore, transactions related to these investments qualify as party-in-interest transactions. As of December 31, 2021 and 2020, the market values of investments in funds managed by FMTC were \$88.8 million and \$81.3 million, respectively.

The Plan also invests in collective investment trusts issued by BlackRock Institutional Trust Company N.A. (“BlackRock”), Aon Collective Investment Trust (“Aon”) and State Street Global Advisors Trust Company (“State Street”), all of which are investment managers of funds offered by the Plan. As of December 31, 2021 and 2020, the market values of investments in funds managed by BlackRock were \$658.3 million and \$592.5 million, respectively. As of December 31, 2021 and 2020, the market values of investments in funds managed by Aon were \$150.7 million and \$140 million, respectively. As of December 31, 2021 and 2020, the market values of investments in funds managed by State Street were \$49.1 million and \$29.3 million, respectively.

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS

The Plan has a Company Unitized Stock Fund, which primarily invests in Company common stock, as well as cash. The Company is the Plan Sponsor and Plan Administrator and, therefore, transactions related to Company common stock qualify as party-in-interest transactions. As of December 31, 2021 and 2020, the market values of investments in Company common stock were \$313.2 million and \$252.2 million, respectively. During the year ended December 31, 2021, the Plan purchased \$25.3 million and sold \$60.5 million of Company common stock.

The Company Unitized Stock Fund has a daily line of credit feature administered by FMTC. FMTC received an exemption from the Department of Labor (“DOL”) from ERISA prohibited transaction rules allowing credit line interest costs to be paid by the Company Unitized Stock Fund. No borrowed funds were outstanding as of December 31, 2021 and 2020. Interest costs paid by the Unitized Stock Fund were immaterial for the year ended December 31, 2021 and were included in “Administrative expenses” in the Statement of Changes in Net Assets Available for Benefits.

6. Tax Status

The Plan received a determination letter in April 2018 from the IRS indicating that the Plan is designed in accordance with applicable sections of the IRC. Although the Plan has been amended subsequent to the period covered by the determination letter, the Plan Administrator believes that the Plan remains designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, is qualified and tax-exempt.

GAAP requires the Plan Administrator to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has concluded that, as of December 31, 2021 and 2020, there were no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits of the Plan for any tax periods in progress.

7. Concentration of Credit Risk

Included in the Plan’s investments is a fixed income fund in which the Plan directly owns the underlying investments. The fixed income fund invests primarily in a mix of medium-term investment contracts issued by insurance companies and banks with high credit ratings, as well as in professionally managed portfolios of high-grade, short- and medium-term fixed income securities. Although the fixed income fund contains a diversified portfolio, the ultimate performance of the fund is dependent upon the ability of the underlying parties to honor their obligations. The Plan has entered into wrap contracts under investment management agreements for a portion of the fixed income fund with insurance companies or financial institutions. Although it may be exposed to losses in the event of nonpayment by insurance companies or financial institutions, the Plan does not anticipate any such losses.

8. Reconciliation of Financial Statements to Form 5500

The table below reconciles net assets available for benefits per the financial statements to the Form 5500.

(In millions)	December 31,	
	2021	2020
Net assets available for benefits per the financial statements	\$ 1,338.7	\$ 1,168.5
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	1.3	4.5
Net assets available for benefits per the Form 5500	\$ 1,340.0	\$ 1,173.0

The table below reconciles net increase in net assets available for benefits per the financial statements to the Form 5500.

(In millions)	2021
Net increase in net assets available for benefits per the financial statements	\$ 170.2
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(3.2)
Net increase in net assets available for benefits per the Form 5500	\$ 167.0

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AVERY DENNISON CORPORATION

EMPLOYEE SAVINGS PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2021

(Dollars in millions)

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost **	(e) Value
	Cash and Cash Equivalents:			
*	Fidelity Institutional Money Market Government Portfolio	Money market fund	\$	4.7
	JPMorgan U.S. Government Money Market Fund	Money market fund		.5
	Total			5.2
	*Self-directed Brokerage Accounts	Cash, money market fund, and mutual funds		110.4
	Synthetic Guaranteed Investment Contracts:			
	<i>Voya Retirement Insurance and Annuity Company (Contract MCA-60247):</i>			
*	BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund	Collective fixed income fund		4.1
*	BlackRock 1-3 Year Government Bond Index Fund	Collective fixed income fund		4.0
*	BlackRock Asset-Backed Securities Index Fund	Collective fixed income fund		3.5
*	BlackRock Commercial Mortgage-Backed Securities Index Fund	Collective fixed income fund		1.3
*	BlackRock Intermediate Term Credit Bond Index Fund	Collective fixed income fund		3.4
*	BlackRock Mortgage-Backed Securities Index Fund	Collective fixed income fund		5.4
	Wrap contract			—
	Total			21.7
	<i>Transamerica Premier Life Insurance (Contract MDA01159TR):</i>			
*	BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund	Collective fixed income fund		1.3
*	BlackRock 1-3 Year Government Bond Index Fund	Collective fixed income fund		2.8
*	BlackRock Asset-Backed Securities Index Fund	Collective fixed income fund		3.3
*	BlackRock Commercial Mortgage-Backed Securities Index Fund	Collective fixed income fund		1.3
*	BlackRock Intermediate Term Credit Bond Index Fund	Collective fixed income fund		5.9
*	BlackRock Intermediate Government Bond Index Fund	Collective fixed income fund		1.0
*	BlackRock Mortgage-Backed Securities Index Fund	Collective fixed income fund		5.2
	Wrap contract			—
	Total			20.8
	<i>Prudential (Contract GA 62338):</i>			
	Prudential Core Conservative Intermediate Bond Fund	Collective fixed income fund		21.4
	Wrap contract			—
	Total			21.4
	<i>Pacific Life Insurance Company (Contract G-27553.01.0001):</i>			
*	BlackRock 1-3 Year Credit Bond Index Non-Lendable Fund	Collective fixed income fund		9.4
*	BlackRock 1-3 Year Government Bond Index Fund	Collective fixed income fund		5.0
*	BlackRock Asset-Backed Securities Index Fund	Collective fixed income fund		4.3
*	BlackRock Commercial Mortgage-Backed Securities Index Fund	Collective fixed income fund		1.7
*	BlackRock Mortgage-Backed Securities Index Fund	Collective fixed income fund		6.7
	Wrap contract			—
	Total			27.1
	<i>Nationwide (Contract STA_ADN_IP_0517):</i>			
	AEP Texas Central Transition F AEPTC 2019-1 A1	Corporate bond, due 2/01/2027, par \$0.3, 2.06%		.2
	Bank 2017-BNK5 A2	Corporate bond, due 6/15/2060, par \$0.4, 2.99%		.4
	CNH Equipment Trust CNH 2020-A A3	Corporate bond, due 6/16/2025, par \$0.3, 1.16%		.2
	Capital One Multi Asset Execution Trust COMET 2021-A1 A1	Corporate bond, due 7/15/2026, par \$0.4, 0.55%		.4
	CitiGroup Commercial Mortgage CGCMT 2013-GC15 AAB	Corporate bond, due 9/10/2046, par \$0.8, 3.94%		.3
	Discover Card Execution Note T DCENT 2021-A1 A1	Corporate bond, due 9/15/2026, par \$0.3, 0.58%		.3
	Fannie Mae FNR 2014-84 KA	Agency bond, due 11/25/2040, par \$1.8, 3%		.1

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AVERY DENNISON CORPORATION

EMPLOYEE SAVINGS PLAN

SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

As of December 31, 2021

(Dollars in millions)

(a) (b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment (including maturity date, rate of interest, collateral, par or maturity value)	(d) Cost **	(e) Value
Fannie Mae FNR 2016-21 BV	Agency bond, due 6/25/2039, par \$0.3, 3%		.3
Fannie Mae FNR 2017-43 A	Agency bond, due 8/25/2044, par \$0.6, 3.5%		.2
Fannie Mae FNR 2018-12 P	Agency bond, due 3/25/2046, par \$0.8, 3%		.2
Fannie Mae FNR 2021-45 EA	Agency bond, due 8/25/2034, par \$0.3, 2.5%		.3
Freddie Mac FHR 4041 PT	Agency bond, due 5/15/2027, par \$3.2, 4.5%		.1
Freddie Mac FHR 4571 CA	Agency bond, due 4/15/2043, par \$0.6, 2.5%		.2
Freddie Mac FHR 5007 AG	Agency bond, due 10/15/2046, par \$0.6, 1.5%		.2
Freddie Mac FHR 5094 DA	Agency bond, due 1/25/2031, par \$0.4, 1%		.3
GM Financial Consumer Automobile GMCAR 2020-2 A3	Corporate bond, due 12/16/2024, par \$0.4, 1.49%		.3
Government National Mortgage A GNR 2013-41 PA	Agency bond, due 4/20/2040, par \$1.2, 2.5%		.1
Government National Mortgage A GNR 2016-17 YA	Agency bond, due 12/20/2042, par \$0.9, 2%		.1
Government National Mortgage A GNR 2020-78 CA	Agency bond, due 9/20/2034, par \$0.3, 2.5%		.1
Government National Mortgage A GNR 2020-164 KP	Agency bond, due 11/20/2050, par \$0.5, 1.75%		.4
John Deere Owner Trust JDOT 2021-A A3	Corporate bond, due 9/15/2025, par \$0.2, 0.36%		.2
Public Service New Hampshire F PSNH 2018-1 A1	Corporate bond, due 2/1/2026, par \$0.3, 3.09%		.1
Toyota Auto Receivables Owner TAOT 2021-A A3	Corporate bond, due 5/15/2025, par \$0.5, 0.26%		.5
US Treasury N/B T 0 10/23 0.125	Treasury bond, due 10/15/2023, par \$0.8, 0.13%		.8
WF RBS Commercial Mortgage Trust WFRBS 2012-C9 A3	Corporate bond, due 11/15/2045, par \$0.4, 2.87%		.4
Wrap contract			—
Total			6.7
Total fair market value of underlying assets, synthetic guaranteed investment contracts			97.7
Common stock			
* Avery Dennison Corporation	Common stock, 1,446,172 shares		313.2
Collective Investment Trusts:			
* Aon Growth Fund	Collective investment trust		134.8
* Aon Income Fund	Collective investment trust		10.0
* Aon Inflation Strategy Fund	Collective investment trust		5.9
* LifePath® Index Retirement Non-Lendable Fund M	Collective investment trust		62.6
* LifePath® Index 2025 Non-Lendable Fund M	Collective investment trust		79.6
* LifePath® Index 2030 Non-Lendable Fund M	Collective investment trust		128.7
* LifePath® Index 2035 Non-Lendable Fund M	Collective investment trust		86.4
* LifePath® Index 2040 Non-Lendable Fund M	Collective investment trust		82.6
* LifePath® Index 2045 Non-Lendable Fund M	Collective investment trust		51.0
* LifePath® Index 2050 Non-Lendable Fund M	Collective investment trust		47.7
* LifePath® Index 2055 Non-Lendable Fund M	Collective investment trust		36.7
* LifePath® Index 2060 Non-Lendable Fund M	Collective investment trust		10.7
* LifePath® Index 2065 Non-Lendable Fund M	Collective investment trust		2.7
* State Street S&P 500® Index Non-Lending Series Fund Class K	Collective investment trust		49.1
Total			788.5
Total investments, at fair value			\$ 1,315.0
* Notes receivable from participants	Interest rates ranging between 3.25% - 9.50%, with various maturities through 2036		\$ 14.4

* Indicates party-in-interest to the Plan for which a statutory exemption exists.

** Cost information is not included because it is not required under ERISA for participant-directed investments.

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the Administrator of the Plan has duly caused this annual report to be signed on its behalf by the undersigned hereunto duly authorized.

AVERY DENNISON CORPORATION
EMPLOYEE SAVINGS PLAN

Date: June 10, 2022

By: /s/ Gregory S. Lovins

Gregory S. Lovins
Senior Vice President and Chief Financial Officer

Consent of Independent Registered Public Accounting Firm

We consent to the incorporation by reference in the Registration Statements (Nos. 33-1132, 33-3645, 33-58921, 333-166837, and 333-197631) on Form S-8 of Avery Dennison Corporation of our report dated June 10, 2022, relating to the statements of net assets available for benefits of the Avery Dennison Corporation Employee Savings Plan as of December 31, 2021 and 2020, the related statement of changes in net assets available for benefits for the year ended December 31, 2021, and the related supplemental information as of December 31, 2021, appearing in this Annual Report on Form 11-K of Avery Dennison Corporation Employee Savings Plan as of and for the year ended December 31, 2021.

/s/ Moss Adams LLP

Los Angeles, California
June 10, 2022