

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2022</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I	Annual Report Identification Information						
For calendar plan year 2022 or fiscal plan year beginning <u>04/01/2022</u> and ending <u>07/08/2022</u>							
A	This return/report is for: <table style="width:100%; border: none;"> <tr> <td style="width:50%;"><input type="checkbox"/> a multiemployer plan</td> <td style="width:50%;"><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</td> </tr> <tr> <td><input type="checkbox"/> a single-employer plan</td> <td><input checked="" type="checkbox"/> a DFE (specify) <u>C</u></td> </tr> </table>	<input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)	<input type="checkbox"/> a single-employer plan	<input checked="" type="checkbox"/> a DFE (specify) <u>C</u>		
<input type="checkbox"/> a multiemployer plan	<input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)						
<input type="checkbox"/> a single-employer plan	<input checked="" type="checkbox"/> a DFE (specify) <u>C</u>						
B	This return/report is: <table style="width:100%; border: none;"> <tr> <td style="width:50%;"><input type="checkbox"/> the first return/report</td> <td style="width:50%;"><input checked="" type="checkbox"/> the final return/report</td> </tr> <tr> <td><input type="checkbox"/> an amended return/report</td> <td><input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)</td> </tr> </table>	<input type="checkbox"/> the first return/report	<input checked="" type="checkbox"/> the final return/report	<input type="checkbox"/> an amended return/report	<input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)		
<input type="checkbox"/> the first return/report	<input checked="" type="checkbox"/> the final return/report						
<input type="checkbox"/> an amended return/report	<input checked="" type="checkbox"/> a short plan year return/report (less than 12 months)						
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>						
D	Check box if filing under: <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> Form 5558</td> <td style="width:33%;"><input type="checkbox"/> automatic extension</td> <td style="width:33%;"><input type="checkbox"/> the DFVC program</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> special extension (enter description)</td> </tr> </table>	<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program	<input type="checkbox"/> special extension (enter description)		
<input type="checkbox"/> Form 5558	<input type="checkbox"/> automatic extension	<input type="checkbox"/> the DFVC program					
<input type="checkbox"/> special extension (enter description)							
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/>						

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2015 TRUST SELECT</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>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan</td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>VANGUARD FIDUCIARY TRUST COMPANY</u> <u>100 VANGUARD BOULEVARD</u> <u>MALVERN, PA 19355</u>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">2b Employer Identification Number (EIN) <u>47-6935471</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>610-669-1000</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> </tr> </table>	2b Employer Identification Number (EIN) <u>47-6935471</u>	2c Plan Sponsor's telephone number <u>610-669-1000</u>	2d Business code (see instructions)	
2b Employer Identification Number (EIN) <u>47-6935471</u>					
2c Plan Sponsor's telephone number <u>610-669-1000</u>					
2d Business code (see instructions)					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>05/12/2023</u>	<u>DIANE M KOCH</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). 6a(1) Total number of active participants at the beginning of the plan year 6a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p>	<p style="font-size: x-small;">OMB No. 1210-0110</p> <hr/> <p style="font-size: large; font-weight: bold;">2022</p> <hr/> <p style="font-size: small; font-weight: bold;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 07/08/2022		
A Name of plan VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2015 TRUST SELECT	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 VANGUARD FIDUCIARY TRUST COMPANY	D Employer Identification Number (EIN) 47-6935471	

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: VANGUARD RETIREMENT 2015 MASTER TR		
b Name of sponsor of entity listed in (a): VANGUARD FIDUCIARY TRUST COMPANY		
c EIN-PN 51-6590134-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)		
<small>(Complete as many entries as needed to report all participating plans)</small>		
a	Plan name	ACCENTURE UNITED STATES PROFIT SHARING AND 401(K) TRUST
b	Name of plan sponsor	ACCENTURE LLP
c	EIN-PN	36-7274695-001
a	Plan name	ATH RETIREMENT PLAN AND TRUST
b	Name of plan sponsor	ADVANCED TECHNOLOGY HOLDING, LLC
c	EIN-PN	26-4662192-001
a	Plan name	ADVOCATE AURORA HEALTH 401(K) PLAN
b	Name of plan sponsor	ADVOCATE AURORA HEALTH, INC.
c	EIN-PN	82-4184596-002
a	Plan name	AECOM DC RETIREMENT PLAN MASTER TRUST
b	Name of plan sponsor	AECOM
c	EIN-PN	81-6281769-108
a	Plan name	HONDA 401(K) SAVINGS PLAN
b	Name of plan sponsor	AMERICAN HONDA MOTOR COMPANY INC
c	EIN-PN	95-2041006-335
a	Plan name	ASTRAZENECA SAVINGS AND SECURITY PLAN
b	Name of plan sponsor	ASTRAZENECA PHARMACEUTICALS LP
c	EIN-PN	23-2967016-002
a	Plan name	AVAGO TECHNOLOGIES US INC 401(K) PLAN
b	Name of plan sponsor	AVAGO TECHNOLOGIES US INC
c	EIN-PN	20-3387670-001
a	Plan name	BAE SYSTEMS EMPLOYEES SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	BAE SYSTEMS INC
c	EIN-PN	22-3537950-003
a	Plan name	BASF CORPORATION PENSION MASTER TRUST
b	Name of plan sponsor	BASF CORPORATION
c	EIN-PN	16-1090809-101
a	Plan name	BAYER CORPORATION SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	BAYER CORPORATION
c	EIN-PN	25-1339219-051
a	Plan name	BECHTEL NR PROGRAM DC MASTER TRUST
b	Name of plan sponsor	BECHTEL MARINE PROPULSION CORPORATION
c	EIN-PN	45-3559445-001
a	Plan name	CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN
b	Name of plan sponsor	CHEVRON CORPORATION
c	EIN-PN	94-0890210-001

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	COMCAST CORPORATION RETIREMENT - INVESTMENT PLAN	
b Name of plan sponsor	COMCAST CORPORATION	c EIN-PN 27-0000798-001
a Plan name	TARGET DATE FUND MTIA	
b Name of plan sponsor	CONSOLIDATED NUCLEAR SECURITY LLC	c EIN-PN 45-4482782-003
a Plan name	CORNING INCORPORATED INVESTMENT PLAN	
b Name of plan sponsor	CORNING INCORPORATED	c EIN-PN 16-0393470-002
a Plan name	COX ENTERPRISES, INC. 401(K) PLAN	
b Name of plan sponsor	COX ENTERPRISES, INC.	c EIN-PN 58-1035149-003
a Plan name	CUMMINS INC AND AFFIL RETIREMENT AND SAVINGS TRUST	
b Name of plan sponsor	CUMMINS INC	c EIN-PN 23-2662529-102
a Plan name	PROFIT SHARING RETIREMENT PLAN FOR DIVISIONS AND SUBSIDIARIES OF EMERSON ELECTRIC CO.	
b Name of plan sponsor	EMERSON ELECTRIC CO.	c EIN-PN 43-0259330-114
a Plan name	EMERSON ELECTRIC CO. EMPLOYEE SAVINGS INVESTMENT PLAN	
b Name of plan sponsor	EMERSON ELECTRIC COMPANY	c EIN-PN 43-0259330-016
a Plan name	EMERSON ELECTRIC CO. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	EMERSON ELECTRIC COMPANY	c EIN-PN 43-0259330-101
a Plan name	ERNST & YOUNG RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ERNST & YOUNG U.S. LLP	c EIN-PN 34-6565596-112
a Plan name	FACEBOOK 401(K) PLAN	
b Name of plan sponsor	FACEBOOK INC	c EIN-PN 20-1665019-001
a Plan name	FARMERS GROUP, INC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	FARMERS GROUP, INC.	c EIN-PN 95-0725935-002
a Plan name	FEDERAL EXPRESS CORPORATION PILOTS RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	FEDERAL EXPRESS CORPORATION	c EIN-PN 71-0427007-007

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FEDEX CORPORATION	c EIN-PN 62-1721435-001
a	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN II	
b	Name of plan sponsor	FEDEX CORPORATION	c EIN-PN 62-1721435-004
a	Plan name	FEDEX OFFICE AND PRINT SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FEDEX OFFICE AND PRINT SERVICES, INC.	c EIN-PN 77-0433330-001
a	Plan name	FIDELITY NATIONAL INFORMATION SERVICES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FIDELITY NATIONAL INFORMATION SERVICES, INC.	c EIN-PN 37-1490331-001
a	Plan name	FIRST DATA CORPORATION	
b	Name of plan sponsor	FIRST DATA CORPORATION	c EIN-PN 47-0731996-002
a	Plan name	REVISED PROFIT SHARING PLAN FOR THE EMPLOYEES OF THE GOVERNMENT	
b	Name of plan sponsor	GEICO CORPORATION	c EIN-PN 52-1135801-001
a	Plan name	FEDEX SCA EMPLOYEES 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENCO INFRASTRUCTURE SOLUTIONS, INC.	c EIN-PN 02-0617854-001
a	Plan name	GROUP HEALTH PLAN INC 401(K) PLAN	
b	Name of plan sponsor	GROUP HEALTH PLAN INC	c EIN-PN 41-0797853-003
a	Plan name	RAMSEY CLINIC AND RAMSEY FOUNDATION EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	GROUP HEALTH PLAN INC	c EIN-PN 41-0797853-008
a	Plan name	HEALTHPARTNERS SERVICES INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEALTHPARTNERS SERVICES INC	c EIN-PN 41-1683568-004
a	Plan name	HUTCHINSON HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUTCHINSON HEALTH	c EIN-PN 84-1715908-001
a	Plan name	IU HEALTH 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INDIANA UNIVERSITY HEALTH INC.	c EIN-PN 35-1955872-005

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	JACOBS 401(K) PLUS SAVINGS PLAN	
b	Name of plan sponsor	JACOBS ENGINEERING GROUP INC.	c EIN-PN 95-4081636-002
a	Plan name	JACOBS UNION 401(K) PLUS SAVINGS PLAN	
b	Name of plan sponsor	JACOBS ENGINEERING GROUP, INC.	c EIN-PN 95-4081636-005
a	Plan name	JACOBS TECHNOLOGY, INC. EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	JACOBS TECHNOLOGY, INC.	c EIN-PN 62-0510412-003
a	Plan name	KOCH COMPANIES DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor	KOCH INDUSTRIES INC	c EIN-PN 27-0627941-001
a	Plan name	LAKEVIEW HEALTH 401K PLAN	
b	Name of plan sponsor	LAKEVIEW HEALTH SERVICES INC	c EIN-PN 22-2215112-001
a	Plan name	LEIDOS BIOMEDICAL RESEARCH, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	LEIDOS BIOMEDICAL RESEARCH, INC.	c EIN-PN 33-0653185-002
a	Plan name	LEIDOS BIOMEDICAL RESEARCH, INC. CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	LEIDOS BIOMEDICAL RESEARCH, INC.	c EIN-PN 33-0653185-003
a	Plan name	LEIDOS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LEIDOS, INC.	c EIN-PN 95-3630868-004
a	Plan name	LLNS DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	LLNS BENEFITS AND INVESTMENT COMMITTEE	c EIN-PN 45-3246656-001
a	Plan name	LANS DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	LOS ALAMOS NATIONAL SECURITY	c EIN-PN 45-3246495-001
a	Plan name	LOWES 401(K) PLAN	
b	Name of plan sponsor	LOWES COMPANIES, INC.	c EIN-PN 56-0578072-003
a	Plan name	MACYS INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor	MACY'S INC.	c EIN-PN 13-3324058-014

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	MARRIOTT INTERNATIONAL, INC. POOLED INVESTMENT TRUST FOR PARTICIPANT DIRECTED ACCOUNTS
b	Name of plan sponsor	MARRIOTT INTERNATIONAL, INC.
c	EIN-PN	52-2055918-003
a	Plan name	US DEFINED CONTRIBUTION PLAN TRUST
b	Name of plan sponsor	MARS INCORPORATED
c	EIN-PN	22-1594774-005
a	Plan name	MEASUREMENT SOLUTIONS PROFIT SHARING PLAN
b	Name of plan sponsor	MEASUREMENT SOLUTIONS
c	EIN-PN	41-0766812-001
a	Plan name	THE NON-EXEMPT 401(K) PLAN AND TRUST OF THE METHODIST HOSPITAL
b	Name of plan sponsor	MEDVEST INCORPORATED
c	EIN-PN	76-0182470-335
a	Plan name	NATIONAL GRID USA COMPANIES INCENTIVE THRIFT PLAN II
b	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY, INC.
c	EIN-PN	04-1663150-007
a	Plan name	NTESS SAVINGS AND INCOME PLAN
b	Name of plan sponsor	NATIONAL TECHNOLOGY AND ENGINEERING SOLUTIONS OF SANDIA LLC
c	EIN-PN	85-0097942-008
a	Plan name	THE LONG ISLAND HOME 401(K) PLAN
b	Name of plan sponsor	NORTHWELL HEALTH INC.
c	EIN-PN	11-2837244-003
a	Plan name	NORTHWELL HEALTH 401(K) PLAN
b	Name of plan sponsor	NORTHWELL HEALTH, INC.
c	EIN-PN	11-3418133-001
a	Plan name	NORTHWESTERN MEMORIAL EMPLOYEE 401(K) PRE TAX SAVINGS PLAN
b	Name of plan sponsor	NORTHWESTERN MEMORIAL HEALTHCARE
c	EIN-PN	36-3152959-003
a	Plan name	ORACLE CORPORATION 401(K) SAVINGS & INVESTMENT PLAN
b	Name of plan sponsor	ORACLE CORPORATION
c	EIN-PN	54-2185193-001
a	Plan name	PARK NICOLLET HEALTH SERVICES 401K RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	PARK NICOLLET HEALTH SERVICES
c	EIN-PN	36-3465840-002
a	Plan name	PFIZER SAVINGS PLAN
b	Name of plan sponsor	PFIZER INC
c	EIN-PN	13-5315170-002

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	PHILIPS NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	PHILIPS NORTH AMERICA LLC	c EIN-PN 13-3429115-005
a	Plan name	QTC MANAGEMENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	QTC MANAGEMENT, INC.	c EIN-PN 95-3948968-003
a	Plan name	QUALCOMM INCORPORATED EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	QUALCOMM INCORPORATED	c EIN-PN 95-3685934-001
a	Plan name	REGIONS HOSPITAL RETIREMENT SAVINGS 401K PLAN	
b	Name of plan sponsor	REGIONS HOSPITAL	c EIN-PN 41-0956618-001
a	Plan name	SCPMG KEOGH PLAN FKA SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP	
b	Name of plan sponsor	SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP	c EIN-PN 95-1750445-008
a	Plan name	SCPMG PHYSICIANS 401(K) FKA SCPMG PHYSICIANS TAX SAVINGS RETIREMENT	
b	Name of plan sponsor	SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP	c EIN-PN 95-1750445-009
a	Plan name	STATE FARM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	c EIN-PN 37-0533100-002
a	Plan name	STRYKER CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	STRYKER CORPORATION	c EIN-PN 38-1239739-002
a	Plan name	THE HARTFORD RETIREMENT PLAN FOR U.S. EMPLOYEES	
b	Name of plan sponsor	THE HARTFORD FINANCIAL SERVICES GROUP, INC.	c EIN-PN 13-3317783-001
a	Plan name	THE DEFINED CONTRIBUTION PLAN OF THE METHODIST HOSPITAL	
b	Name of plan sponsor	THE METHODIST HOSPITAL	c EIN-PN 76-0125391-334
a	Plan name	THE POLYCLINIC, A P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE POLYCLINIC, PLLC	c EIN-PN 91-0369070-001
a	Plan name	THE VANGUARD RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	THE VANGUARD GROUP, INC.	c EIN-PN 23-1945930-002

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	TOYOTA MOTOR NORTH AMERICA, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	TOYOTA MOTOR NORTH AMERICA, INC
c	EIN-PN	95-3141669-002
a	Plan name	TRANE TECHNOLOGIES COMPANY EMPLOYEE SAVINGS PLAN MASTER TRUST
b	Name of plan sponsor	TRANE TECHNOLOGIES COMPANY LLC
c	EIN-PN	47-6602897-002
a	Plan name	THE TRAVELERS 401(K) SAVINGS PLAN
b	Name of plan sponsor	TRAVELERS COMPANIES, INC.
c	EIN-PN	41-0518860-002
a	Plan name	TRINET 401K PLAN
b	Name of plan sponsor	TRINET HR III, INC
c	EIN-PN	48-1304650-334
a	Plan name	TRUIST FINANCIAL CORPORATION 401(K) SAVINGS PLAN
b	Name of plan sponsor	TRUIST FINANCIAL CORPORATION
c	EIN-PN	56-0939887-003
a	Plan name	U.S. BANK 401(K) SAVINGS PLAN
b	Name of plan sponsor	U.S. BANCORP
c	EIN-PN	41-0255900-004
a	Plan name	UBS 401(K) PLAN TRUST
b	Name of plan sponsor	UBS AG
c	EIN-PN	98-0186363-002
a	Plan name	UNION PACIFIC CORPORATION THRIFT PLAN
b	Name of plan sponsor	UNION PACIFIC CORPORATION
c	EIN-PN	13-2626465-004
a	Plan name	CHICAGO AND NORTH WESTERN RAILWAY COMPANY PROFIT SHARING AND RETIREMEN
b	Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY
c	EIN-PN	94-6001323-002
a	Plan name	UNION PACIFIC AGREEMENT EMPLOYEE 401(K) RETIREMENT THRIFT PLAN
b	Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY
c	EIN-PN	94-6001323-015
a	Plan name	UNIVERSITY OF SOUTHERN CALIFORNIA DEFINED CONTRIBUTION RETIREMENT PLAN
b	Name of plan sponsor	UNIVERSITY OF SOUTHERN CALIFORNIA
c	EIN-PN	95-1642394-002
a	Plan name	KECK MEDICINE OF USC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	UNIVERSITY OF SOUTHERN CALIFORNIA
c	EIN-PN	95-1642394-005

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 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 07/08/2022	
A Name of plan VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2015 TRUST SELECT	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 VANGUARD FIDUCIARY TRUST COMPANY	D Employer Identification Number (EIN) 47-6935471

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

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

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	4345796000	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	3003000	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	3003000	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	4342793000	0

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-287053000
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-287053000
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	126000	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		126000
j Total expenses. Add all expense amounts in column (b) and enter total	2j		126000
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-287179000
l Transfers of assets:			
(1) To this plan	2l(1)		115794000
(2) From this plan.....	2l(2)		4171408000

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

- (1)** Unmodified **(2)** Qualified **(3)** Disclaimer **(4)** Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

- (1)** DOL Regulation 2520.103-8 **(2)** DOL Regulation 2520.103-12(d) **(3)** neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

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

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

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

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

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