

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I Annual Report Identification Information</b>	
For calendar plan year 2022 or fiscal plan year beginning <u>04/01/2022</u> and ending <u>07/08/2022</u>	
<b>A</b> This return/report is for:	<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>B</b> This return/report is:	<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)
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	▶ <input type="checkbox"/>
<b>D</b> Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)
<b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .	▶ <input type="checkbox"/>

<b>Part II Basic Plan Information</b> —enter all requested information	
<p><b>1a</b> Name of plan <u>VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2015 TRUST PLUS</u></p> <p><b>2a</b> 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></p> <p><u>100 VANGUARD BOULEVARD</u> <u>MALVERN, PA 19355</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</u></p> <p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>90-0735891</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>610-669-1000</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<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

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

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

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**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.

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

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**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 \_\_\_\_\_

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**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

**2022**

**This Form is Open to Public Inspection.**

For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 07/08/2022

<b>A</b> Name of plan <u>VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2015 TRUST PLUS</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>VANGUARD FIDUCIARY TRUST COMPANY</u>		<b>D</b> Employer Identification Number (EIN) <u>90-0735891</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)

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

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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)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	ABB INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ABB INC.	<b>c</b> EIN-PN 36-3100018-302
<b>a</b>	Plan name	ADOBE INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ADOBE INC.	<b>c</b> EIN-PN 77-0019522-001
<b>a</b>	Plan name	AEROTEK, INC. PREVAILING WAGE 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AEROTEK, INC.	<b>c</b> EIN-PN 52-1822806-004
<b>a</b>	Plan name	AIR LIQUIDE AND AIRGAS 401K PLAN	
<b>b</b>	Name of plan sponsor	AIR LIQUIDE AND AIRGAS	<b>c</b> EIN-PN 75-3174747-008
<b>a</b>	Plan name	ALLEGIS GROUP INC RETIREMENT SAVINGS PL TWO	
<b>b</b>	Name of plan sponsor	ALLEGIS GROUP, INC.	<b>c</b> EIN-PN 52-1304931-002
<b>a</b>	Plan name	ALLEGIS GROUP, INC RETIREMENT SAVINGS THREE	
<b>b</b>	Name of plan sponsor	ALLEGIS GROUP, INC.	<b>c</b> EIN-PN 52-1304931-003
<b>a</b>	Plan name	ALLEGIS GROUP, INC. RETIREMENT SAVINGS PLAN ONE	
<b>b</b>	Name of plan sponsor	ALLEGIS GROUP, INC.	<b>c</b> EIN-PN 52-1304931-004
<b>a</b>	Plan name	ALLY FINANCIAL INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALLY FINANCIAL, INC.	<b>c</b> EIN-PN 38-0572512-001
<b>a</b>	Plan name	ALTABLUE INC. 401K	
<b>b</b>	Name of plan sponsor	ALTABLUE INC.	<b>c</b> EIN-PN 47-4484298-001
<b>a</b>	Plan name	AMERICAN AIR LIQUIDE HOLDINGS INC ENHANCED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN AIR LIQUIDE HOLDINGS INC	<b>c</b> EIN-PN 75-3174747-007
<b>a</b>	Plan name	AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN INTERNATIONAL GROUP INC	<b>c</b> EIN-PN 13-2592361-003
<b>a</b>	Plan name	AMERICAN INTERNATIONAL GROUP INC INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN INTERNATIONAL GROUP INC	<b>c</b> EIN-PN 13-2592361-003

<b>Part II Information on Participating Plans (to be completed by DFEs)</b>		
<small>(Complete as many entries as needed to report all participating plans)</small>		
<b>a</b>	Plan name	ANHEUSER BUSCH 401(K) SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	ANHEUSER BUSCH COMPANIES, LLC
<b>c</b>	EIN-PN	43-1162835-059
<b>a</b>	Plan name	BREWERY CONFERENCE ANHEUSER BUSCH DEFINED CONTRIBUTION PLAN
<b>b</b>	Name of plan sponsor	ANHEUSER BUSCH, LLC AND THE INTL BROTHERHOOD OF TEAMSTERS
<b>c</b>	EIN-PN	43-0161000-037
<b>a</b>	Plan name	APPLIED MATERIALS INC EMPLOYEE SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	APPLIED MATERIALS INC
<b>c</b>	EIN-PN	94-1655526-333
<b>a</b>	Plan name	BAPTIST HEALTHCARE SYSTEM INC RETIREMENT ACCUMULATION PLAN
<b>b</b>	Name of plan sponsor	BAPTIST HEALTHCARE SYSTEM INC
<b>c</b>	EIN-PN	61-0444707-002
<b>a</b>	Plan name	BAPTIST HEALTH DECONESS 401(K) PLAN
<b>b</b>	Name of plan sponsor	BAPTIST HEALTHCARE SYSTEM INC.
<b>c</b>	EIN-PN	61-0444707-003
<b>a</b>	Plan name	BAXTER INTERNATIONAL INC. AND SUBSIDIARIES U.S. RETIREMENT SAVINGS PLA
<b>b</b>	Name of plan sponsor	BAXTER INTERNATIONAL INC.
<b>c</b>	EIN-PN	36-0781620-023
<b>a</b>	Plan name	BAYCARE HEALTH SYSTEM RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BAYCARE HEALTH SYSTEM
<b>c</b>	EIN-PN	59-2796965-001
<b>a</b>	Plan name	BNSF RAILWAY COMPANY NON SALARIED EMPLOYEES 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BNSF RAILWAY COMPANY
<b>c</b>	EIN-PN	41-6034000-006
<b>a</b>	Plan name	BOSTON SCIENTIFIC CORPORATION 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	BOSTON SCIENTIFIC CORPORATION
<b>c</b>	EIN-PN	04-2695240-001
<b>a</b>	Plan name	BROWN AND ROOT INDUSTRIAL SERVICES 401(K) PLAN
<b>b</b>	Name of plan sponsor	BROWN AND ROOT INDUSTRIAL SERVICES, LLC
<b>c</b>	EIN-PN	47-3996049-013
<b>a</b>	Plan name	BURLINGTON NORTHERN SANTA FE INVESTMENT AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	BURLINGTON NORTHERN SANTA FE, LLC
<b>c</b>	EIN-PN	27-1754839-002
<b>a</b>	Plan name	CARGILL EMPLOYEE RETIREMENT ACCOUNT PLAN
<b>b</b>	Name of plan sponsor	CARGILL, INCORPORATED
<b>c</b>	EIN-PN	41-0177680-018

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	CARGILL INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	CARGILL, INCORPORATED	<b>c</b> EIN-PN 41-0177680-013
<b>a</b>	Plan name	THE CARGILL PARTNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	CARGILL, INCORPORATED	<b>c</b> EIN-PN 41-0177680-015
<b>a</b>	Plan name	CBRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CBRE SERVICES INC	<b>c</b> EIN-PN 52-1616016-001
<b>a</b>	Plan name	COMMSCOPE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COMMSCOPE, INC.	<b>c</b> EIN-PN 36-4135495-001
<b>a</b>	Plan name	CONOCOPHILLIPS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONOCOPHILLIPS COMPANY	<b>c</b> EIN-PN 73-0400345-022
<b>a</b>	Plan name	THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	<b>c</b> EIN-PN 13-5009340-004
<b>a</b>	Plan name	THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED EDISON COMPANY OF NEW YORK, INC.	<b>c</b> EIN-PN 13-5009340-004
<b>a</b>	Plan name	CONSUMERS ENERGY COMPANY EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONSUMERS ENERGY COMPANY	<b>c</b> EIN-PN 38-0442310-002
<b>a</b>	Plan name	DOMINION HOURLY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DOMINION ENERGY INC	<b>c</b> EIN-PN 54-1229715-005
<b>a</b>	Plan name	DYNISCO COLLECTIVE BARGAINING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNISCO PARENT, INC.	<b>c</b> EIN-PN 20-1333891-002
<b>a</b>	Plan name	EASTMAN INVESTMENT AND EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	EASTMAN CHEMICAL COMPANY	<b>c</b> EIN-PN 62-1539359-002
<b>a</b>	Plan name	ENVISION HEALTHCARE	
<b>b</b>	Name of plan sponsor	ENVISION HEALTHCARE CORPORATION	<b>c</b> EIN-PN 62-1493316-002

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	ERICSSON US 401K PLAN	
<b>b</b> Name of plan sponsor	ERICSSON INC.	<b>c</b> EIN-PN 06-1119960-006
<b>a</b> Plan name	ESSENTIA HEALTH RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ESSENTIA HEALTH	<b>c</b> EIN-PN 20-0360007-002
<b>a</b> Plan name	FARM CREDIT FOUNDATIONS DEFINED CONTRIBUTION 401K PLAN	
<b>b</b> Name of plan sponsor	FARM CREDIT FOUNDATIONS	<b>c</b> EIN-PN 41-1717543-001
<b>a</b> Plan name	FEDERAL HOME LOAN MORTGAGE CORP THRIFT 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	FEDERAL HOME LOAN MORTGAGE CORP	<b>c</b> EIN-PN 52-0904874-002
<b>a</b> Plan name	FIRST AMERICAN FINANCIAL CORPORATION 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	FIRST AMERICAN FINANCIAL CORPORATION	<b>c</b> EIN-PN 26-1911571-003
<b>a</b> Plan name	NNPP CONTRACTOR DC MASTER TRUST	
<b>b</b> Name of plan sponsor	FLUOR MARINE PROPULSION LLC	<b>c</b> EIN-PN 35-7220852-001
<b>a</b> Plan name	USFL SAVINGS PLAN	
<b>b</b> Name of plan sponsor	FOX CORP	<b>c</b> EIN-PN 83-2044074-001
<b>a</b> Plan name	FOX SAVINGS PLAN	
<b>b</b> Name of plan sponsor	FOXCORP HOLDINGS LLC	<b>c</b> EIN-PN 83-2044074-002
<b>a</b> Plan name	FREEPORT-MCMORAN INC. EMPLOYEE CAPITAL ACCUMULATION PROGRAM	
<b>b</b> Name of plan sponsor	FREEPORT-MCMORAN INC.	<b>c</b> EIN-PN 74-2480931-001
<b>a</b> Plan name	GANNETT MEDIA CORP. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GANNETT MEDIA CORP.	<b>c</b> EIN-PN 47-2390983-100
<b>a</b> Plan name	GENERAL MILLS 401(K) PLAN	
<b>b</b> Name of plan sponsor	GENERAL MILLS INC	<b>c</b> EIN-PN 41-0274440-002
<b>a</b> Plan name	GSK 401(K) PLAN	
<b>b</b> Name of plan sponsor	GLAXOSMITHKLINE LLC	<b>c</b> EIN-PN 23-1099050-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	GLOBAL PAYMENTS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL PAYMENTS INC.	<b>c</b> EIN-PN 58-2567903-001
<b>a</b>	Plan name	HSBC NORTH AMERICA (U.S.) TAX REDUCTION INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	HSBC NORTH AMERICA HOLDINGS INC.	<b>c</b> EIN-PN 23-2186091-005
<b>a</b>	Plan name	INTUIT INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTUIT INC	<b>c</b> EIN-PN 77-0034661-001
<b>a</b>	Plan name	IQVIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IQVIA INC.	<b>c</b> EIN-PN 06-1506026-004
<b>a</b>	Plan name	JETBLUE AIRWAYS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JETBLUE AIRWAYS CORPORATION	<b>c</b> EIN-PN 87-0617894-001
<b>a</b>	Plan name	JM FAMILY ASSOCIATES PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JM FAMILY ENTERPRISES, INC.	<b>c</b> EIN-PN 59-1390794-003
<b>a</b>	Plan name	JOINT INDUSTRY BOARD EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY	<b>c</b> EIN-PN 13-0891035-002
<b>a</b>	Plan name	KBRWYLE TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KBRWYLE TECHNOLOGY SOLUTIONS, LLC	<b>c</b> EIN-PN 52-0741967-014
<b>a</b>	Plan name	KELLOGG BROWN AND ROOT, INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KELLOGG BROWN AND ROOT LLC	<b>c</b> EIN-PN 20-3897734-007
<b>a</b>	Plan name	TECHNICAL STAFFING RESOURCES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KELLOGG BROWN AND ROOT LLC	<b>c</b> EIN-PN 20-3897734-001
<b>a</b>	Plan name	KEURIG DR PEPPER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEURIG DR PEPPER INC.	<b>c</b> EIN-PN 98-0517725-010
<b>a</b>	Plan name	MASSACHUSETTS INSTITUTE OF TECHNOLOGY SUPPLEMENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASSACHUSETTS INSTITUTE OF TECHNOLOGY	<b>c</b> EIN-PN 04-2103594-005

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	MCKESSON 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCKESSON CORPORATION	<b>c</b> EIN-PN 94-3207296-002
<b>a</b>	Plan name	401(K) SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	MERCK KGAA DARMSTADT, GERMANY	<b>c</b> EIN-PN 04-2170233-001
<b>a</b>	Plan name	MEREDITH SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	MEREDITH CORPORATION	<b>c</b> EIN-PN 42-0410230-004
<b>a</b>	Plan name	ASRC DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C O RETIREMENT MANAGER	<b>c</b> EIN-PN 11-1724631-008
<b>a</b>	Plan name	BFG WAGE DEFINED CONTRIBUTION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C O RETIREMENT MANAGER	<b>c</b> EIN-PN 11-1724631-037
<b>a</b>	Plan name	MICHELIN 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C O RETIREMENT MANAGER	<b>c</b> EIN-PN 11-1724631-003
<b>a</b>	Plan name	MICRON TECHNOLOGY INC RETIREMENT AT MICRON (RAM) PLAN	
<b>b</b>	Name of plan sponsor	MICRON TECHNOLOGY INC	<b>c</b> EIN-PN 75-1618004-004
<b>a</b>	Plan name	MUFG UNION BANK NA 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MUFG UNION BANK NA	<b>c</b> EIN-PN 94-0304228-015
<b>a</b>	Plan name	NEPTUNE TECHNOLOGY GROUP, INC RETIREMENT SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	NEPTUNE TECHNOLOGY GROUP INC	<b>c</b> EIN-PN 13-4192672-001
<b>a</b>	Plan name	NEXTERA ENERGY, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NEXTERA ENERGY, INC	<b>c</b> EIN-PN 59-2449419-002
<b>a</b>	Plan name	NISSAN EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NISSAN NORTH AMERICA, INC.	<b>c</b> EIN-PN 95-2108010-006
<b>a</b>	Plan name	NRG AFFILIATES EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NRG AFFILIATE SERVICES INC	<b>c</b> EIN-PN 41-1960764-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	ERICKSON COMMUNITY 401(K) PLAN	
<b>b</b> Name of plan sponsor	OAK CREST VILLAGE, INC.	<b>c</b> EIN-PN 52-1874053-002
<b>a</b> Plan name	OLIVER RUBBER COMPANY 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	OLIVER RUBBER COMPANY, LLC	<b>c</b> EIN-PN 26-1467411-001
<b>a</b> Plan name	PHILLIPS 66 SAVINGS PLAN	
<b>b</b> Name of plan sponsor	PHILLIPS 66 COMPANY	<b>c</b> EIN-PN 37-1652702-002
<b>a</b> Plan name	RELX INCUS SALARY INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	RELX INC	<b>c</b> EIN-PN 52-1471842-005
<b>a</b> Plan name	REPUBLIC SERVICES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	REPUBLIC SERVICES, INC.	<b>c</b> EIN-PN 65-0716904-003
<b>a</b> Plan name	REPUBLIC SERVICES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	REPUBLIC SERVICES, INC.	<b>c</b> EIN-PN 65-0716904-003
<b>a</b> Plan name	REPUBLIC SERVICES, INC. COMPREHENSIVE PLAN	
<b>b</b> Name of plan sponsor	REPUBLIC SERVICES, INC.	<b>c</b> EIN-PN 65-0716904-006
<b>a</b> Plan name	REPUBLIC SERVICES, INC. COMPREHENSIVE PLAN	
<b>b</b> Name of plan sponsor	REPUBLIC SERVICES, INC.	<b>c</b> EIN-PN 65-0716904-006
<b>a</b> Plan name	REPUBLIC SERVICES, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	REPUBLIC SERVICES, INC.	<b>c</b> EIN-PN 65-0716904-002
<b>a</b> Plan name	REPUBLIC SERVICES, INC. EMPLOYEE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	REPUBLIC SERVICES, INC.	<b>c</b> EIN-PN 65-0716904-002
<b>a</b> Plan name	ROPER TECHNOLOGIES, INC. EMPLOYEES RETIREMENT SAVINGS 003 PLAN	
<b>b</b> Name of plan sponsor	ROPER TECHNOLOGIES, INC.	<b>c</b> EIN-PN 51-0263969-003
<b>a</b> Plan name	ROPER TECHNOLOGIES, INC. EMPLOYEES RETIREMENT SAVINGS 004 PLAN	
<b>b</b> Name of plan sponsor	ROPER TECHNOLOGIES, INC.	<b>c</b> EIN-PN 51-0263969-004

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	SAP AMERICA, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SAP AMERICA, INC.	<b>c</b> EIN-PN 36-3556041-001
<b>a</b> Plan name	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	SCIENCE APPLICATIONS INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 30-6419427-001
<b>a</b> Plan name	SSM HEALTH 401(K) PLAN	
<b>b</b> Name of plan sponsor	SSM HEALTH CARE CORPORATION	<b>c</b> EIN-PN 46-6029223-005
<b>a</b> Plan name	SSM HEALTH DEFINED CONTRIBUTION PLAN	
<b>b</b> Name of plan sponsor	SSM HEALTH CARE CORPORATION	<b>c</b> EIN-PN 46-6029223-001
<b>a</b> Plan name	SSM HEALTH TAX DEFERRED ANNUITY PLAN	
<b>b</b> Name of plan sponsor	SSM HEALTH CARE CORPORATION	<b>c</b> EIN-PN 46-6029223-002
<b>a</b> Plan name	STARBUCKS CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	STARBUCKS CORPORATION	<b>c</b> EIN-PN 91-1325671-001
<b>a</b> Plan name	STEELCASE INC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	STEELCASE INC	<b>c</b> EIN-PN 38-0819050-001
<b>a</b> Plan name	CLESTRA HAUSERMAN 401K DEFERRED SAVINGS PLAN	
<b>b</b> Name of plan sponsor	STEELCASE, INC.	<b>c</b> EIN-PN 38-0819050-019
<b>a</b> Plan name	SYSCO CORPORATION EMPLOYEES 401(K) PLAN	
<b>b</b> Name of plan sponsor	SYSCO CORPORATION	<b>c</b> EIN-PN 74-1648137-015
<b>a</b> Plan name	TEXTRON SAVINGS PLAN	
<b>b</b> Name of plan sponsor	TEXTRON, INC.	<b>c</b> EIN-PN 05-0315468-030
<b>a</b> Plan name	THE BOSTON CONSULTING GROUP, INC. EMPLOYEES PROFIT SHARING RETIREMENT	
<b>b</b> Name of plan sponsor	THE BOSTON CONSULTING GROUP, INC.	<b>c</b> EIN-PN 04-2432614-001
<b>a</b> Plan name	THE BOSTON CONSULTING GROUP, INC. EMPLOYEES SAVINGS PLAN AND PROFIT	
<b>b</b> Name of plan sponsor	THE BOSTON CONSULTING GROUP, INC.	<b>c</b> EIN-PN 04-2432614-004

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	THE GOODYEAR TIRE & RUBBER COMPANY COMMINGLED TRUST TARGET RETIREMENT	
<b>b</b>	Name of plan sponsor	THE GOODYEAR TIRE & RUBBER COMPANY	<b>c</b> EIN-PN 13-3227454-017
<b>a</b>	Plan name	THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORATORY PENSION PLAN A	
<b>b</b>	Name of plan sponsor	THE JOHNS HOPKINS UNIVERSITY APPLIED PHYSICS LABORATORY LLC JHU APL	<b>c</b> EIN-PN 52-0595111-001
<b>a</b>	Plan name	THE TJX COMPANIES, INC. GENERAL SAVINGS/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE TJX COMPANIES, INC.	<b>c</b> EIN-PN 04-2207613-004
<b>a</b>	Plan name	VMWARE INC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VMWARE INC	<b>c</b> EIN-PN 94-3292913-002
<b>a</b>	Plan name	WHIRLPOOL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WHIRLPOOL CORPORATION	<b>c</b> EIN-PN 38-1490038-001
<b>a</b>	Plan name	WOOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WOOD GROUP US HOLDINGS INC	<b>c</b> EIN-PN 76-0688757-001
<b>a</b>	Plan name	THE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	WPP GROUP USA, INC.	<b>c</b> EIN-PN 20-4031493-001
<b>a</b>	Plan name	NEW CENTURY ENERGIES, INC. EMPLOYEES SAVINGS AND STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	XCEL ENERGY INC.	<b>c</b> EIN-PN 41-0448030-005
<b>a</b>	Plan name	NUCLEAR MANAGEMENT COMPANY, LLC NMC SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	XCEL ENERGY INC.	<b>c</b> EIN-PN 41-0448030-012
<b>a</b>	Plan name	NEW CENTURY ENERGIES, INC. EMPLOYEE INVESTMENT PLAN FOR BARGAINING UNI	
<b>b</b>	Name of plan sponsor	XCEL ENERGY, INC.	<b>c</b> EIN-PN 41-0448030-006
<b>a</b>	Plan name	XCEL ENERGY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	XCEL ENERGY, INC.	<b>c</b> EIN-PN 41-0448030-003
<b>a</b>	Plan name	ZURICH SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ZURICH AMERICAN INSURANCE COMPANY	<b>c</b> EIN-PN 36-4233459-003

**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**

For calendar plan year 2022 or fiscal plan year beginning **04/01/2022** and ending **07/08/2022**

<b>A</b> Name of plan VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2015 TRUST PLUS		<b>B</b> Three-digit plan number (PN) ►	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 VANGUARD FIDUCIARY TRUST COMPANY		<b>D</b> Employer Identification Number (EIN) 90-0735891	

**Part I Asset and Liability Statement**

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

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>	4542000	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>		
<b>(B)</b> Common.....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>		
<b>(8)</b> Participant loans.....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	2562740000	0
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

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	2567282000	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	4593000	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	4593000	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	2562689000	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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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)		
(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 .....	<b>2b(6)</b>		-174428000
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		-174428000
<b>Expenses</b>			
<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>	145000	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		145000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		145000
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-174573000
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		75031000
(2) From this plan.....	<b>2l(2)</b>		2463147000

**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
<b>4a</b>			

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