

<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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**Part I Annual Report Identification Information**  
 For calendar plan year 2022 or fiscal plan year beginning 04/01/2022 and ending 07/08/2022

**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) C

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

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

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

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

**Part II Basic Plan Information**—enter all requested information

<p><b>1a</b> Name of plan  <u>VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2015 TRUST I</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>001</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>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN)  <u>90-6083953</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

<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 <b>VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2015 TRUST I</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <b>VANGUARD FIDUCIARY TRUST COMPANY</b>		<b>D</b> Employer Identification Number (EIN) <b>90-6083953</b>

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

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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)

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

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

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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	8TH AVENUE FOOD AND PROVISIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	8TH AVENUE FOOD AND PROVISIONS, INC.	<b>c</b> EIN-PN 82-4745288-001
<b>a</b>	Plan name	MASTER TRUST AGREEMENT FOR THE ADM 401(K) AND EMPLOYEE STOCK OWNERSHIP	
<b>b</b>	Name of plan sponsor	ARCHER DANIELS MIDLAND COMPANY	<b>c</b> EIN-PN 27-1701330-031
<b>a</b>	Plan name	AGILENT TECHNOLOGIES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGILENT TECHNOLOGIES INC	<b>c</b> EIN-PN 77-0518772-003
<b>a</b>	Plan name	ALASKA AIRLINES, INC. ALASKASAVER PLAN	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES, INC.	<b>c</b> EIN-PN 92-0009235-017
<b>a</b>	Plan name	ALASKA AIRLINES, INC. COPS, MRP AND DISPATCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES, INC.	<b>c</b> EIN-PN 92-0009235-013
<b>a</b>	Plan name	ALASKA AIRLINES, INC. FLIGHT ATTENDANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALASKA AIRLINES, INC.	<b>c</b> EIN-PN 92-0009235-012
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR IAMAW LODGE 10 RICHMOND	
<b>b</b>	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.	<b>c</b> EIN-PN 27-1539745-006
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR LINCOLNSHIRE UNION	
<b>b</b>	Name of plan sponsor	NOVELIS ALR ALUMINUM, LLC	<b>c</b> EIN-PN 20-8451513-003
<b>a</b>	Plan name	ALERIS 401(K) PLAN FOR UMW LOCAL 4994, UHRICHSVILLE	
<b>b</b>	Name of plan sponsor	NOVELIS ALR RECYCLING OF OHIO, LLC	<b>c</b> EIN-PN 75-2421405-001
<b>a</b>	Plan name	ALLEGHENY TECHNOLOGIES INCORPORATED MASTER TRUST	
<b>b</b>	Name of plan sponsor	ALLEGHENY TECHNOLOGIES INCORPORATED	<b>c</b> EIN-PN 25-1792394-060
<b>a</b>	Plan name	ALLIANCE DATA SYSTEMS 401(K) AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ADS ALLIANCE DATA SYSTEMS INC	<b>c</b> EIN-PN 13-3163498-001
<b>a</b>	Plan name	AMCOR RIGID PACKAGING SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	AMCOR RIGID PACKAGING USA, LLC	<b>c</b> EIN-PN 36-4126680-001

<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	AMCOR SPECIALTY CARTONS AMERICAS 401(K) RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	AMCOR SPECIALTY CARTONS AMERICAS LLC
<b>c</b>	EIN-PN	98-0080783-004
<b>a</b>	Plan name	AMENTUM 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	AMENTUM GOVERNMENT SERVICES PARENT HOLDINGS LLC
<b>c</b>	EIN-PN	84-4015419-001
<b>a</b>	Plan name	AMENTUM CONTRACT EMPLOYEE 401K PLAN
<b>b</b>	Name of plan sponsor	AMENTUM GOVERNMENT SERVICES PARENT HOLDINGS LLC
<b>c</b>	EIN-PN	84-4015419-002
<b>a</b>	Plan name	AMERICAN FAMILY 401(K) PLAN
<b>b</b>	Name of plan sponsor	AMERICAN FAMILY MUTUAL INS CO. S.I.
<b>c</b>	EIN-PN	39-0273710-002
<b>a</b>	Plan name	THE AMETEK RETIREMENT AND SAVINGS PLAN
<b>b</b>	Name of plan sponsor	AMETEK INC
<b>c</b>	EIN-PN	14-1682544-078
<b>a</b>	Plan name	AMTRAK S RETIREMENT SAVINGS PLAN FOR AGREEMENT EMPLOYEES
<b>b</b>	Name of plan sponsor	NATIONAL RAILROAD PASSENGER CORPORATION
<b>c</b>	EIN-PN	52-0910053-003
<b>a</b>	Plan name	ANDERSEN 401K PLAN
<b>b</b>	Name of plan sponsor	ANDERSEN CORPORATION
<b>c</b>	EIN-PN	41-0123208-002
<b>a</b>	Plan name	ARAMCO U.S. SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ARAMCO SHARED BENEFITS COMPANY
<b>c</b>	EIN-PN	84-4364434-002
<b>a</b>	Plan name	ARCADIS US INC RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ARCADIS US INC
<b>c</b>	EIN-PN	57-0373224-002
<b>a</b>	Plan name	ARGONNE NATIONAL LABORATORY 401(A) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	UCHICAGO ARGONNE LLC ARGONNE NATIONAL LABORATORY
<b>c</b>	EIN-PN	68-0628477-009
<b>a</b>	Plan name	ARROW ELECTRONICS SAVINGS PLAN
<b>b</b>	Name of plan sponsor	ARROW ELECTRONICS, INC.
<b>c</b>	EIN-PN	11-1806155-006
<b>a</b>	Plan name	ARTHUR J GALLAGHER AND CO EMPLOYEES SAVINGS AND THRIFT PLAN
<b>b</b>	Name of plan sponsor	ARTHUR J GALLAGHER AND CO
<b>c</b>	EIN-PN	36-2481781-001

<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	ASHLAND LLC MASTER TRUST	
<b>b</b> Name of plan sponsor	ASHLAND LLC	<b>c</b> EIN-PN 20-0865835-030
<b>a</b> Plan name	ASSURANT 401(K) PLAN	
<b>b</b> Name of plan sponsor	ASSURANT, INC.	<b>c</b> EIN-PN 39-1126612-002
<b>a</b> Plan name	AUDACY INC. 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	AUDACY INC.	<b>c</b> EIN-PN 23-1701044-004
<b>a</b> Plan name	AUTODESK 401(K) PLAN	
<b>b</b> Name of plan sponsor	AUTODESK, INC.	<b>c</b> EIN-PN 94-2819853-001
<b>a</b> Plan name	AVANTOR RETIREMENT SAVINGS 401(K) PLAN AND TRUST	
<b>b</b> Name of plan sponsor	AVANTOR, INC.	<b>c</b> EIN-PN 81-3921566-002
<b>a</b> Plan name	AVAYA INC MASTER TRUST	
<b>b</b> Name of plan sponsor	AVAYA INC	<b>c</b> EIN-PN 04-3528515-101
<b>a</b> Plan name	BAIN AND COMPANY, INC. 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BAIN AND COMPANY, INC.	<b>c</b> EIN-PN 04-2878322-005
<b>a</b> Plan name	FIRST HAWAIIAN INC 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	FIRST HAWAIIAN INC	<b>c</b> EIN-PN 99-0156159-002
<b>a</b> Plan name	BARRICK RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BARRICK GOLD CORPORATION OF NORTH AMERICA, INC.	<b>c</b> EIN-PN 98-0065088-001
<b>a</b> Plan name	BATTELLE EMPLOYEES SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BATTELLE MEMORIAL INSTITUTE	<b>c</b> EIN-PN 31-4379427-003
<b>a</b> Plan name	BELK 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BELK STORES SERVICES INC	<b>c</b> EIN-PN 56-0616731-333
<b>a</b> Plan name	BELLRING BRANDS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BELLRING BRANDS, INC.	<b>c</b> EIN-PN 83-4096323-001

<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	BEMIS COMPANY, INC. MASTER DEFINED CONTRIBUTION TRUST	
<b>b</b>	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.	<b>c</b> EIN-PN 43-0178130-010
<b>a</b>	Plan name	BEMIS DEFINED CONTRIBUTION PENSION PLAN	
<b>b</b>	Name of plan sponsor	BEMIS COMPANY INC.	<b>c</b> EIN-PN 43-0178130-008
<b>a</b>	Plan name	BEMIS INVESTMENT INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor	BEMIS COMPANY INC.	<b>c</b> EIN-PN 43-0178130-003
<b>a</b>	Plan name	BHE PIPELINE GROUP LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BHE PIPELINE GROUP LLC	<b>c</b> EIN-PN 94-2213782-001
<b>a</b>	Plan name	BIMBO BAKERIES USA DEFINED CONTRIBUTION SAVINGS PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	BBU INC	<b>c</b> EIN-PN 61-1621204-200
<b>a</b>	Plan name	BORGWARNER INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BORGWARNER INC.	<b>c</b> EIN-PN 13-3404508-066
<b>a</b>	Plan name	BREAD FINANCIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BREAD FINANCIAL HOLDINGS, INC	<b>c</b> EIN-PN 13-3163498-001
<b>a</b>	Plan name	BRFHH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BRF HOSPITAL HOLDINGS, LLC DBA OCHSNER LSU HOSPITALS	<b>c</b> EIN-PN 46-3179229-003
<b>a</b>	Plan name	BROWN RUDNICK LLP 401K PROFIT SHARING PLAN A	
<b>b</b>	Name of plan sponsor	BROWN RUDNICK LLP	<b>c</b> EIN-PN 04-3108175-003
<b>a</b>	Plan name	BRUNSWICK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRUNSWICK CORPORATION	<b>c</b> EIN-PN 36-0848180-154
<b>a</b>	Plan name	BRUNSWICK REWARDS PLAN	
<b>b</b>	Name of plan sponsor	BRUNSWICK CORPORATION	<b>c</b> EIN-PN 36-0848180-170
<b>a</b>	Plan name	BURNS AND MCDONNELL INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BURNS AND MCDONNELL INC	<b>c</b> EIN-PN 43-1393692-002

<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	BURNS AND MCDONNELL INC EMPLOYEE STOCK OWNERSHIP PLAN
<b>b</b>	Name of plan sponsor	BURNS AND MCDONNELL INC
<b>c</b>	EIN-PN	43-1393692-001
<b>a</b>	Plan name	BWXT THRIFT PLAN
<b>b</b>	Name of plan sponsor	BWX TECHNOLOGIES, INC.
<b>c</b>	EIN-PN	72-1172705-002
<b>a</b>	Plan name	CALIFORNIA AND VICINITY FIELD IRONWORKERS ANNUITY TRUST FUND
<b>b</b>	Name of plan sponsor	BOARD TRUSTEES CALIFORNIA AND VICINITY FIELD IRONWORKERS ANNUITY TRST
<b>c</b>	EIN-PN	95-3304279-001
<b>a</b>	Plan name	CAMPBELL SOUP COMPANY 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CAMPBELL SOUP COMPANY
<b>c</b>	EIN-PN	21-0419870-008
<b>a</b>	Plan name	CANON BUSINESS PROCESS SERVICES RETIREMENT AND INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	CANON BUSINESS PROCESS SERVICES, INC.
<b>c</b>	EIN-PN	13-3978583-001
<b>a</b>	Plan name	CANON EMPLOYEE SAVINGS AND RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CANON U.S.A., INC.
<b>c</b>	EIN-PN	13-2561772-001
<b>a</b>	Plan name	CANON NANOTECHNOLOGIES 401(K) PLAN
<b>b</b>	Name of plan sponsor	CANON NANOTECHNOLOGIES, INC.
<b>c</b>	EIN-PN	74-2994370-001
<b>a</b>	Plan name	CENTERPOINT ENERGY SAVINGS PLAN
<b>b</b>	Name of plan sponsor	CENTERPOINT ENERGY INC
<b>c</b>	EIN-PN	74-0694415-015
<b>a</b>	Plan name	CGI TECHNOLOGIES AND SOLUTIONS INC 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	CGI TECHNOLOGIES AND SOLUTIONS INC
<b>c</b>	EIN-PN	54-0856778-001
<b>a</b>	Plan name	CGI TECHNOLOGIES AND SOLUTIONS, INC. 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	CGI TECHNOLOGIES AND SOLUTIONS, INC.
<b>c</b>	EIN-PN	54-0856778-001
<b>a</b>	Plan name	CHICAGO REGIONAL COUNCIL OF CARPENTERS SUPPLEMENTAL RETIREMENT
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF CHGO REG COUNCIL OF CARPENTERS SUPPLEMENTAL RETIR
<b>c</b>	EIN-PN	80-0636673-001
<b>a</b>	Plan name	CHS INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	CHS INC.
<b>c</b>	EIN-PN	41-0251095-014

<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	CHS INC. 401(K) PLAN FOR UNION PRODUCTION EMPLOYEES	
<b>b</b> Name of plan sponsor	CHS INC.	<b>c</b> EIN-PN 41-0251095-028
<b>a</b> Plan name	CNH INDUSTRIAL USA DEFINED CONTRIBUTION MASTER TRUST	
<b>b</b> Name of plan sponsor	FIAT INDUSTRIAL USA RETIREMENT BOARD	<b>c</b> EIN-PN 04-6766755-001
<b>a</b> Plan name	COMMERCIAL METALS COMPANIES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	COMMERCIAL METALS COMPANY	<b>c</b> EIN-PN 75-0725338-001
<b>a</b> Plan name	CONAGRA BRANDS RET INCOME SAVINGS PLAN MASTER TRUST	
<b>b</b> Name of plan sponsor	CONAGRA BRANDS INC	<b>c</b> EIN-PN 90-6036918-002
<b>a</b> Plan name	CONDUENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CONDUENT BUSINESS SERVICES LLC	<b>c</b> EIN-PN 32-0293031-333
<b>a</b> Plan name	CORDILLERA AND AFFILIATED COMPANIES 401(K) DEFERRED COMPENSATION PLAN	
<b>b</b> Name of plan sponsor	CORDILLERA CORPORATION	<b>c</b> EIN-PN 84-0718345-334
<b>a</b> Plan name	CORDILLERA AND AFFILIATED COMPANIES MONEY PURCHASE PENSION PLAN	
<b>b</b> Name of plan sponsor	CORDILLERA CORPORATION	<b>c</b> EIN-PN 84-0718345-333
<b>a</b> Plan name	AMENDED AND RESTATED CRANE CO. SAVINGS AND INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	CRANE HOLDINGS CO.	<b>c</b> EIN-PN 88-0706021-038
<b>a</b> Plan name	DART CONTAINER CORPORATION EMPLOYEES 401(K) PLUS PLAN	
<b>b</b> Name of plan sponsor	DART CONTAINER OF MICHIGAN, LLC	<b>c</b> EIN-PN 06-1720526-001
<b>a</b> Plan name	THE DEAN FOODS COMPANY MASTER TRUST	
<b>b</b> Name of plan sponsor	DEAN FOODS COMPANY	<b>c</b> EIN-PN 27-0459175-001
<b>a</b> Plan name	DEUTSCHE BANK MATCHED SAVINGS PLAN	
<b>b</b> Name of plan sponsor	DEUTSCHE BANK AMERICAS HOLDING CORP	<b>c</b> EIN-PN 13-3645372-002
<b>a</b> Plan name	DOLLAR TREE RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	DOLLAR TREE, INC.	<b>c</b> EIN-PN 26-2018846-001

<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	DOVER CORPORATION RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	DOVER CORPORATION
<b>c</b>	EIN-PN	53-0257888-030
<b>a</b>	Plan name	E. AND J. GALLO WINERY RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	E. AND J. GALLO WINERY
<b>c</b>	EIN-PN	94-1009696-011
<b>a</b>	Plan name	E. AND J. GALLO WINERY UNION RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	E. AND J. GALLO WINERY
<b>c</b>	EIN-PN	94-1009696-015
<b>a</b>	Plan name	ENTERPRISE PRODUCTS COMPANY MASTER TRUST
<b>b</b>	Name of plan sponsor	ENTERPRISE PRODUCTS COMPANY
<b>c</b>	EIN-PN	74-1675622-005
<b>a</b>	Plan name	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE INC 401(K) INVESTMENT AND
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE INC
<b>c</b>	EIN-PN	95-2775732-001
<b>a</b>	Plan name	EUROFINS SCIENTIFIC, INC. 401(K) INCENTIVE SAVINGS PLAN
<b>b</b>	Name of plan sponsor	EUROFINS NSC US, INC.
<b>c</b>	EIN-PN	27-3225082-002
<b>a</b>	Plan name	EXPEDIA RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	EXPEDIA, INC
<b>c</b>	EIN-PN	91-1996083-002
<b>a</b>	Plan name	FEDERAL NATIONAL MORTGAGE ASSOCIATION RETIREMENT SAVINGS PLAN FOR EMPLOYEES
<b>b</b>	Name of plan sponsor	FEDERAL NATIONAL MORTGAGE ASSOCIATION
<b>c</b>	EIN-PN	52-0883107-001
<b>a</b>	Plan name	FINRA SAVINGS PLUS PLAN
<b>b</b>	Name of plan sponsor	FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.
<b>c</b>	EIN-PN	53-0088710-003
<b>a</b>	Plan name	FIRST REPUBLIC BANK 401(K) PLAN
<b>b</b>	Name of plan sponsor	FIRST REPUBLIC BANK
<b>c</b>	EIN-PN	80-0513856-002
<b>a</b>	Plan name	G3 ENTERPRISES, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	G3 ENTERPRISES, INC.
<b>c</b>	EIN-PN	94-1081077-001
<b>a</b>	Plan name	GARTNER INC SAVINGS AND INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	GARTNER INC
<b>c</b>	EIN-PN	04-3099750-002

<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	GENERAL ATOMICS 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GENERAL ATOMICS	<b>c</b> EIN-PN 95-3735102-002
<b>a</b>	Plan name	GENESIS ADMINISTRATIVE SERVICES 401(K) PLAN 1	
<b>b</b>	Name of plan sponsor	GENESIS HEALTHCARE CORPORATION	<b>c</b> EIN-PN 20-0023783-001
<b>a</b>	Plan name	GENESIS ADMINISTRATIVE SERVICES 401(K) PLAN 2	
<b>b</b>	Name of plan sponsor	GENESIS HEALTHCARE CORPORATION	<b>c</b> EIN-PN 20-0023783-002
<b>a</b>	Plan name	GORDON FOOD SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GORDON FOOD SERVICE, INC.	<b>c</b> EIN-PN 38-1249848-001
<b>a</b>	Plan name	GREATER LAKES MENTAL HEALTHCARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MULTICARE HEALTH SYSTEM	<b>c</b> EIN-PN 91-1352172-002
<b>a</b>	Plan name	THE GUARDIAN MASTER INVESTMENT TRUST PLAN	
<b>b</b>	Name of plan sponsor	THE GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	<b>c</b> EIN-PN 13-5123390-026
<b>a</b>	Plan name	HAWAIIAN AIRLINES 401K PLAN FOR FLIGHT ATTENDANTS	
<b>b</b>	Name of plan sponsor	HAWAIIAN AIRLINES INC	<b>c</b> EIN-PN 99-0042880-005
<b>a</b>	Plan name	HAWAIIAN AIRLINES INC PILOTS 401K PLAN	
<b>b</b>	Name of plan sponsor	HAWAIIAN AIRLINES INC	<b>c</b> EIN-PN 99-0042880-007
<b>a</b>	Plan name	HAWAIIAN AIRLINES INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HAWAIIAN AIRLINES INC	<b>c</b> EIN-PN 99-0042880-008
<b>a</b>	Plan name	HBC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HBC US HOLDINGS LLC	<b>c</b> EIN-PN 99-0372181-001
<b>a</b>	Plan name	HEARTLAND DENTAL 401(K) AND STOCK PARTICIPATION PLAN	
<b>b</b>	Name of plan sponsor	HEARTLAND DENTAL, LLC	<b>c</b> EIN-PN 01-0854205-001
<b>a</b>	Plan name	HORIZON AIR SAVINGS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	HORIZON AIR INDUSTRIES, INC.	<b>c</b> EIN-PN 91-1201373-002

<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	INDIANA KENTUCKY OHIO REGIONAL COUNCIL OF CARPENTERS DEFINED CONTRIBUTION PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOARD TRUSTEES IN KY OH REGIONAL COUNCIL OF CARPENTERS DC PENSION PLAN	<b>c</b> EIN-PN 35-1833932-001
<b>a</b>	Plan name	IDAHO NATIONAL LABORATORY EMPLOYEE INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BATELLE ENERGY ALLIANCE, LLC AND FLUOR IDAHO, LLC	<b>c</b> EIN-PN 68-0588324-001
<b>a</b>	Plan name	INTERCONTINENTAL EXCHANGE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERCONTINENTAL EXCHANGE INC	<b>c</b> EIN-PN 46-2286804-001
<b>a</b>	Plan name	J C PENNEY CORPORATION INC SAVINGS PROFIT SHARING AND STOCK OWNERSHIP	
<b>b</b>	Name of plan sponsor	JC PENNEY CORPORATION INC	<b>c</b> EIN-PN 13-5583779-003
<b>a</b>	Plan name	KEMPER CORPORATION 40(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KEMPER CORPORATION	<b>c</b> EIN-PN 95-4255452-003
<b>a</b>	Plan name	KEYSIGHT TECHNOLOGIES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEYSIGHT TECHNOLOGIES INC	<b>c</b> EIN-PN 46-4254555-003
<b>a</b>	Plan name	KIRKLAND AND ELLIS LLP DEFINED CONTRIBUTION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KIRKLAND AND ELLIS LLP	<b>c</b> EIN-PN 36-1326630-003
<b>a</b>	Plan name	KOMATSU MINING CORP RETIREMENT SAVINGS PLAN (F K A JOY GLOBA	
<b>b</b>	Name of plan sponsor	KOMATSU MINING CORP	<b>c</b> EIN-PN 39-1566457-005
<b>a</b>	Plan name	KWIK TRIP PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KWIK TRIP INC	<b>c</b> EIN-PN 39-1036365-001
<b>a</b>	Plan name	LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTIVE THRIFT PLAN I	
<b>b</b>	Name of plan sponsor	LONG ISLAND ELECTRIC UTILITY SERVCO LLC	<b>c</b> EIN-PN 45-4652143-002
<b>a</b>	Plan name	LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTIVE THRIFT PLAN II	
<b>b</b>	Name of plan sponsor	LONG ISLAND ELECTRIC UTILITY SERVCO LLC	<b>c</b> EIN-PN 45-4652143-003
<b>a</b>	Plan name	MARITIME ASSOCIATION I.L.A. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE BOARD OF THE TRUSTEES OF THE MARITIME ASSOCIATION I.L.A.	<b>c</b> EIN-PN 76-0527865-002

<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	MCDERMOTT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	MCDERMOTT INVESTMENTS	<b>c</b> EIN-PN 74-1032246-004
<b>a</b> Plan name	MCGEE RETIREMENT READINESS PLAN	
<b>b</b> Name of plan sponsor	MCGEE AIR SERVICES, INC.	<b>c</b> EIN-PN 81-2044238-001
<b>a</b> Plan name	MEMORIAL HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	MEMORIAL HEALTH SYSTEM	<b>c</b> EIN-PN 37-1110690-002
<b>a</b> Plan name	MILLERCOORS LLC CONSOLIDATED RETIREMENT AND THRIFT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	MILLERCOORS LLC	<b>c</b> EIN-PN 26-2387410-049
<b>a</b> Plan name	MORGAN, LEWIS AND BOCKIUS LLP DEFINED CONTRIBUTION PLAN	
<b>b</b> Name of plan sponsor	MORGAN, LEWIS AND BOCKIUS LLP	<b>c</b> EIN-PN 23-0891050-009
<b>a</b> Plan name	MORGAN, LEWIS AND BOCKIUS LLP TAX SAVER RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	MORGAN, LEWIS AND BOCKIUS LLP	<b>c</b> EIN-PN 23-0891050-005
<b>a</b> Plan name	MTI DISTRIBUTING 401(K) PLAN	
<b>b</b> Name of plan sponsor	MTI DISTRIBUTING INC	<b>c</b> EIN-PN 41-1939333-002
<b>a</b> Plan name	MULTICARE HEALTH SYSTEM 401(K) PLAN	
<b>b</b> Name of plan sponsor	MULTICARE HEALTH SYSTEM	<b>c</b> EIN-PN 91-1352172-005
<b>a</b> Plan name	MULTICARE HEALTH SYSTEM RETIREMENT ACCOUNT PLAN	
<b>b</b> Name of plan sponsor	MULTICARE HEALTH SYSTEM	<b>c</b> EIN-PN 91-1352172-002
<b>a</b> Plan name	MUNICH RE U.S. SAVINGS PLAN	
<b>b</b> Name of plan sponsor	MUNICH REINSURANCE AMERICA, INC.	<b>c</b> EIN-PN 13-4924125-003
<b>a</b> Plan name	NATIONAL DISTRIBUTING COMPANY, INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	NATIONAL DISTRIBUTING COMPANY, INC	<b>c</b> EIN-PN 58-0516238-004
<b>a</b> Plan name	NATIONAL RAILROAD PASSENGER CORPORATION SAVINGS PLAN	
<b>b</b> Name of plan sponsor	NATIONAL RAILROAD PASSENGER CORPORATION	<b>c</b> EIN-PN 52-0910053-333

<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	NAVOS 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	NAVOS	<b>c</b> EIN-PN 91-0848698-002
<b>a</b> Plan name	NETAPP INC EMPLOYEES 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	NETAPP	<b>c</b> EIN-PN 77-0307520-001
<b>a</b> Plan name	NETFLIX 401(K) PLAN	
<b>b</b> Name of plan sponsor	NETFLIX, INC.	<b>c</b> EIN-PN 77-0467272-001
<b>a</b> Plan name	NOG E HOURLY EMPLOYEES SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BABCOCK AND WILCOX NUCLEAR OPERATIONS GROUP, INC.	<b>c</b> EIN-PN 26-1523776-001
<b>a</b> Plan name	NORTHSHORE UNIVERSITY HEALTHSYSTEM RETIREMENT CONTRIBUTION PLAN	
<b>b</b> Name of plan sponsor	NORTHSHORE UNIVERSITY HEALTHSYSTEM	<b>c</b> EIN-PN 36-2167060-006
<b>a</b> Plan name	NOVELIS SAVINGS AND RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	NOVELIS CORPORATION	<b>c</b> EIN-PN 41-2098321-034
<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>a</b> Plan name	NUCLEAR FUEL SERVICES, INC. SAVINGS PLAN FOR HOURLY EMPLOYEES	
<b>b</b> Name of plan sponsor	NUCLEAR FUEL SERVICES, INC.	<b>c</b> EIN-PN 52-0788632-005
<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	NV ENERGY 401(K) PLAN	
<b>b</b> Name of plan sponsor	NV ENERGY, INC.	<b>c</b> EIN-PN 88-0198358-002
<b>a</b> Plan name	OCCIDENTAL PETROLEUM CORPORATION SAVINGS PLAN	
<b>b</b> Name of plan sponsor	OCCIDENTAL PETROLEUM CORPORATION	<b>c</b> EIN-PN 95-4035997-001
<b>a</b> Plan name	OCHSNER CLINIC FOUNDATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	OCHSNER CLINIC FOUNDATION	<b>c</b> EIN-PN 72-0502505-002

<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	OHIO GAS COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OHIO GAS COMPANY	<b>c</b> EIN-PN 34-4320120-002
<b>a</b>	Plan name	PALO ALTO FOUNDATION MEDICAL GROUP INC 401(K) MASTER TRUST	
<b>b</b>	Name of plan sponsor	PALO ALTO FOUNDATION MEDICAL GROUP INC	<b>c</b> EIN-PN 51-0656809-004
<b>a</b>	Plan name	PARSONS CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARSONS CORPORATION	<b>c</b> EIN-PN 95-3232481-115
<b>a</b>	Plan name	PEABODY SOUTHEAST MINING UMWA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEABODY SOUTHEAST MINING, LLC	<b>c</b> EIN-PN 61-1901165-001
<b>a</b>	Plan name	PELLA CORPORATION MASTER TRUST	
<b>b</b>	Name of plan sponsor	PELLA CORPORATION	<b>c</b> EIN-PN 80-0265639-401
<b>a</b>	Plan name	PERKINS COIE RETIREMENT AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PERKINS COIE LLP	<b>c</b> EIN-PN 91-0591206-003
<b>a</b>	Plan name	PERKINS COIE SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	PERKINS COIE LLP	<b>c</b> EIN-PN 91-0591206-006
<b>a</b>	Plan name	PERRIGO COMPANY PROFIT SHARING AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	PERRIGO COMPANY	<b>c</b> EIN-PN 38-2799573-003
<b>a</b>	Plan name	PERFORMANCE FOOD GROUP EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PERFORMANCE FOOD GROUP INC	<b>c</b> EIN-PN 84-0629503-002
<b>a</b>	Plan name	PEABODY INVESTMENTS CORP. EMPLOYEE RETIREMENT ACCOUNT	
<b>b</b>	Name of plan sponsor	PEABODY INVESTMENTS CORP.	<b>c</b> EIN-PN 20-0480084-003
<b>a</b>	Plan name	PLUMBERS LOCAL UNION NO 1 EMPLOYEE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PLUMBERS LOCAL UNION NO 1 EMPLOYEE 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 13-3877439-003
<b>a</b>	Plan name	POLARIS INDUSTRIES INC 401K RET SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	POLARIS INDUSTRIES INC	<b>c</b> EIN-PN 41-1857431-001

<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	POST HOLDINGS, INC. SAVINGS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	POST HOLDINGS, INC.	<b>c</b> EIN-PN 45-3355106-001
<b>a</b>	Plan name	PRECISION CASTPARTS CORP 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PRECISION CASTPARTS CORP	<b>c</b> EIN-PN 93-0460598-004
<b>a</b>	Plan name	WOLTERS KLUWER 401(K) PLAN (F K A PROFIT SHARING PLAN OF WOLTERS	
<b>b</b>	Name of plan sponsor	WOLTERS KLUWER UNITED STATES INC	<b>c</b> EIN-PN 13-3577870-002
<b>a</b>	Plan name	PROSPECT MEDICAL RETIREMENT SAVINGS PLAN A	
<b>b</b>	Name of plan sponsor	PROSPECT MEDICAL HOLDINGS INC	<b>c</b> EIN-PN 33-0564370-001
<b>a</b>	Plan name	PROSPECT MEDICAL RETIREMENT SAVINGS PLAN B	
<b>b</b>	Name of plan sponsor	PROSPECT MEDICAL	<b>c</b> EIN-PN 37-1747940-003
<b>a</b>	Plan name	PUBLIC SERVICE ENTERPRISE GROUP INC. THRIFT & TAX DEFERRED SAVINGS PLA	
<b>b</b>	Name of plan sponsor	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	<b>c</b> EIN-PN 22-2625848-004
<b>a</b>	Plan name	REF CHEM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REF CHEM LP	<b>c</b> EIN-PN 75-1294894-002
<b>a</b>	Plan name	REPUBLIC NATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor	REPUBLIC NATIONAL DISTRIBUTING COMPANY, INC	<b>c</b> EIN-PN 20-5543506-004
<b>a</b>	Plan name	ROCK HOLDINGS AND ASSOCIATED COMPANIES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROCK HOLDINGS, INC.	<b>c</b> EIN-PN 51-0415135-005
<b>a</b>	Plan name	RV RETAILER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RV RETAILER LLC	<b>c</b> EIN-PN 83-0728758-001
<b>a</b>	Plan name	SABRE INC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SABRE INC	<b>c</b> EIN-PN 75-2109502-002
<b>a</b>	Plan name	SALEM HEALTH HOSPITALS AND CLINICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SALEM HEALTH	<b>c</b> EIN-PN 93-0823471-002

<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	THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	SAVANNAH RIVER NUCLEAR SOLUTIONS SOLUTIONS, LLC	<b>c</b> EIN-PN 32-0255508-334
<b>a</b>	Plan name	SCHNEIDER NATIONAL, INC. 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SCHNEIDER NATIONAL, INC.	<b>c</b> EIN-PN 39-1258315-002
<b>a</b>	Plan name	SEAGATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEAGATE US LLC	<b>c</b> EIN-PN 77-0545987-001
<b>a</b>	Plan name	SEALED AIR CORPORATION 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEALED AIR CORPORATION	<b>c</b> EIN-PN 65-0654331-002
<b>a</b>	Plan name	SEDGWICK 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SEDGWICK CLAIMS MANAGEMENT SERVICES INC	<b>c</b> EIN-PN 36-2685608-001
<b>a</b>	Plan name	SIGNIFY NORTH AMERICA CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIGNIFY NORTH AMERICA CORPORATION	<b>c</b> EIN-PN 04-3391805-002
<b>a</b>	Plan name	SKANSKA HOURLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKANSKA USA CIVIL, INC.	<b>c</b> EIN-PN 54-0406660-003
<b>a</b>	Plan name	SKANSKA RETIREMENT PLAN PLUS	
<b>b</b>	Name of plan sponsor	SKANSKA USA INC.	<b>c</b> EIN-PN 46-0466061-001
<b>a</b>	Plan name	SKANSKA USA BUILDING, INC. PENSION BENEFIT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SKANSKA USA BUILDING, INC.	<b>c</b> EIN-PN 22-3752540-001
<b>a</b>	Plan name	SMITH AND NEPHEW US SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SMITH AND NEPHEW INC	<b>c</b> EIN-PN 51-0123924-008
<b>a</b>	Plan name	SNC LAVALIN US RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	THE SNC LAVALIN CORPORATION	<b>c</b> EIN-PN 73-0972002-001
<b>a</b>	Plan name	SONEPAR USA 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	SONEPAR MANAGEMENT US INC	<b>c</b> EIN-PN 23-2975775-001

<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	SOUTHERN REGIONAL MEDICAL CENTER 401 A PLAN
<b>b</b>	Name of plan sponsor	SOUTHERN REGIONAL MEDICAL CENTER
<b>c</b>	EIN-PN	58-1955423-001
<b>a</b>	Plan name	SRI INTERNATIONAL BASIC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SRI INTERNATIONAL
<b>c</b>	EIN-PN	94-1160950-001
<b>a</b>	Plan name	STATE EMPLOYEES CREDIT UNION RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	STATE EMPLOYEE S CREDIT UNION
<b>c</b>	EIN-PN	56-0475645-001
<b>a</b>	Plan name	STERIS CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	STERIS CORPORATION
<b>c</b>	EIN-PN	34-1482024-001
<b>a</b>	Plan name	SUPERIOR TUBE COMPANY INC UNION 401(K) PLAN
<b>b</b>	Name of plan sponsor	AMETEK INC
<b>c</b>	EIN-PN	86-1118863-001
<b>a</b>	Plan name	TAMCO SAVINGS PLAN FOR RANCHO CUCAMONGA UNITED STEEL WORKERS EMPLOYEES
<b>b</b>	Name of plan sponsor	COMMERCIAL METALS COMPANY
<b>c</b>	EIN-PN	95-2906884-005
<b>a</b>	Plan name	TELEPHONE AND DATA SYSTEMS INC PENSION PLAN
<b>b</b>	Name of plan sponsor	TELEPHONE AND DATA SYSTEMS INC
<b>c</b>	EIN-PN	36-2669023-008
<b>a</b>	Plan name	THE AUTO CLUB GROUP 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE AUTO CLUB GROUP AND AUTO CLUB INSURANCE ASSOCIATION
<b>c</b>	EIN-PN	38-0477270-335
<b>a</b>	Plan name	THE CLOROX COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE CLOROX COMPANY
<b>c</b>	EIN-PN	31-0595760-001
<b>a</b>	Plan name	THE HERSHEY COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE HERSHEY COMPANY
<b>c</b>	EIN-PN	23-0691590-010
<b>a</b>	Plan name	THE HUNTINGTON 401K PLAN
<b>b</b>	Name of plan sponsor	HUNTINGTON BANCSHARES INCORPORATED
<b>c</b>	EIN-PN	31-0724920-002
<b>a</b>	Plan name	NATURE CONSERVANCY SAVINGS & RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE NATURE CONSERVANCY
<b>c</b>	EIN-PN	53-0242652-003

<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 NEW YORK TIMES COMPANIES SUPPLEMENTAL RETIREMENT AND INVESTMENT	
<b>b</b>	Name of plan sponsor	THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-014
<b>a</b>	Plan name	THE NEW YORK TIMES COMPANY PAYROLL INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-012
<b>a</b>	Plan name	THE NEW YORK TIMES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE NEW YORK TIMES COMPANY	<b>c</b> EIN-PN 13-1102020-020
<b>a</b>	Plan name	THE NIELSEN COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TNC US HOLDINGS INC	<b>c</b> EIN-PN 22-2145575-002
<b>a</b>	Plan name	THE RSM US LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RSM US LLP	<b>c</b> EIN-PN 42-0714325-001
<b>a</b>	Plan name	SAVINGS PLAN FOR THE EMPLOYEES OF AMERICAN WATER WORKS CO INC	
<b>b</b>	Name of plan sponsor	AMERICAN WATER WORKS COMPANY, INC.	<b>c</b> EIN-PN 51-0063696-003
<b>a</b>	Plan name	THE TORO COMPANY MASTER TRUST	
<b>b</b>	Name of plan sponsor	THE TORO COMPANY	<b>c</b> EIN-PN 41-0580470-099
<b>a</b>	Plan name	THE WILLIAMS INVESTMENT PLUS PLAN	
<b>b</b>	Name of plan sponsor	THE WILLIAMS COMPANIES INC	<b>c</b> EIN-PN 73-0569878-008
<b>a</b>	Plan name	THOMPSONGAS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSONGAS LLC	<b>c</b> EIN-PN 47-5059833-002
<b>a</b>	Plan name	THOROUGHbred RETIREMENT INVESTMENT PLAN OF NORFOLK SOUTHERN CORPORATIO	
<b>b</b>	Name of plan sponsor	NORFOLK SOUTHERN CORPORATION	<b>c</b> EIN-PN 52-1188014-003
<b>a</b>	Plan name	THRIFT AND INVESTMENT PLAN OF NORFOLK SOUTHERN CORPORATION AND	
<b>b</b>	Name of plan sponsor	NORFOLK SOUTHERN CORPORATION	<b>c</b> EIN-PN 52-1188014-002
<b>a</b>	Plan name	TRANSDIGM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSDIGM, INC.	<b>c</b> EIN-PN 34-1750032-001

<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	TRANSOCEAN US SAVINGS PLAN	
<b>b</b> Name of plan sponsor	TRANSOCEAN INC	<b>c</b> EIN-PN 66-0582307-002
<b>a</b> Plan name	TE CONNECTIVITY RETIREMENT SAVINGS AND INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	TE CONNECTIVITY CORPORATION	<b>c</b> EIN-PN 23-0332575-008
<b>a</b> Plan name	U.S. ANESTHESIA PARTNERS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	U.S. ANESTHESIA PARTNERS, INC.	<b>c</b> EIN-PN 46-0872971-001
<b>a</b> Plan name	UBER TECHNOLOGIES INC 401K PLAN	
<b>b</b> Name of plan sponsor	GLOBAL BENEFITS COMMITTEE	<b>c</b> EIN-PN 45-2647441-001
<b>a</b> Plan name	UNIVERSAL MUSIC GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	UMG RECORDINGS, INC.	<b>c</b> EIN-PN 13-2613071-002
<b>a</b> Plan name	USG CORPORATION INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	USG CORPORATION	<b>c</b> EIN-PN 36-3329400-002
<b>a</b> Plan name	VERICAST COPR. 401(K) PLAN	
<b>b</b> Name of plan sponsor	VERICAST CORP.	<b>c</b> EIN-PN 58-0278260-003
<b>a</b> Plan name	VERITIV RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	VERITIV CORPORATION	<b>c</b> EIN-PN 46-3234977-002
<b>a</b> Plan name	WEYERHAEUSER 401(K) PLAN	
<b>b</b> Name of plan sponsor	WEYERHAEUSER COMPANY	<b>c</b> EIN-PN 91-0470860-035
<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	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	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>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2022</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2022 or fiscal plan year beginning <b>04/01/2022</b> and ending <b>07/08/2022</b>			
<b>A</b> Name of plan <b>VANGUARD FIDUCIARY TRUST COMPANY TARGET RETIREMENT 2015 TRUST I</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;"><b>001</b></td> </tr> </table>	<b>B</b> Three-digit plan number (PN) ►	<b>001</b>
<b>B</b> Three-digit plan number (PN) ►	<b>001</b>		
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>VANGUARD FIDUCIARY TRUST COMPANY</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>D</b> Employer Identification Number (EIN)</td> <td style="width:30%; text-align: center;"><b>90-6083953</b></td> </tr> </table>	<b>D</b> Employer Identification Number (EIN)	<b>90-6083953</b>
<b>D</b> Employer Identification Number (EIN)	<b>90-6083953</b>		

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

<b>Assets</b>		(a) Beginning of Year	(b) End of Year
<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>	5139000	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>	2380801000	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	2385940000	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5207000	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5207000	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	2380733000	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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		-164864000
(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>		-164864000
<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>	196000	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		196000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		196000
<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>		-165060000
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		65728000
(2) From this plan.....	<b>2l(2)</b>		2281401000

**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 \_\_\_\_\_.