

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022	
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) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	▶ ☒
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	▶ ☐

Part II	Basic Plan Information —enter all requested information
1a Name of plan NCR SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 052
	1c Effective date of plan 05/01/1985
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) NCR CORPORATION 864 SPRING ST NW ATLANTA, GA 30308	2b Employer Identification Number (EIN) 31-0387920 2c Plan Sponsor's telephone number 937-445-5000 2d Business code (see instructions) 334110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2023	MANDY CRUZ RIVERA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 17163
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 11692 6a(2) 10310 6b 267 6c 5818 6d 16395 6e 74 6f 16469 6g 15757 6h 9
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3H 3J b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ 1 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NCR SAVINGS PLAN	B Three-digit plan number (PN) ▶	052
C Plan sponsor's name as shown on line 2a of Form 5500 NCR CORPORATION	D Employer Identification Number (EIN) 31-0387920	

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

1 Coverage Information:

(a) Name of insurance carrier
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	007532168	3	01/01/2022	12/31/2022

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
23	0

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
MICHAEL J CARUSO
627 MAIN ST
BETHLEHEM, PA 18018-3801

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
15	0	COMMISSIONS	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RICHARD R ONEILL
12350 CRESTVIEW CT
EDINBORO, PA 16412-1319

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8	0	COMMISSIONS	3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

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

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

b	Premiums paid to carrier	6b	2338
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount..... Specify nature of costs ▶	6d	

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

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

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

b	Balance at the end of the previous year	7b	0
----------	---	-----------	----------

c	Additions: (1) Contributions deposited during the year	7c(1)		
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)		
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		

(6) Total additions	7c(6)	0
---------------------------	--------------	----------

d	Total of balance and additions (add lines 7b and 7c(6))	7d	0
----------	--	-----------	----------

e Deductions:

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

(5) Total deductions	7e(5)	0
----------------------------	--------------	----------

f	Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0
----------	--	-----------	----------

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	0
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. Specify nature of costs.	10b	

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2022
		This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NCR SAVINGS PLAN	B Three-digit plan number (PN) ▶	052
C Plan sponsor's name as shown on line 2a of Form 5500 NCR CORPORATION	D Employer Identification Number (EIN) 31-0387920	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID INV INST OPS CO
04-2647786

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID MGMT TRUST CO
04-2723880

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

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

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

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

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

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

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

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

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

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

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

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

FID INST ASSET MGMT

20-4659714

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	863634	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID INV INST OPS CO

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64 65	RECORDKEEPER	689002	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AON HEWITT

36-3109431

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	NONE	234066	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

STRATEGIC ADVISORS, INC.

04-2654524

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	142813	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FID MGMT TRUST CO

04-2723880

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	63500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CARRS RIGGS & INGRAM

72-1396621

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	59500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WELLS CAPITAL MANAGEMENT

95-3692822

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	38383	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NORTHERN TRUST INVESTMENTS, N.A.

36-2723087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	33480	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AXIOM INTERNATIONAL INVESTORS LLC

13-4021938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	23315	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

LSV CAPITAL MANAGEMENT

23-2772200

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 51	NONE	15961	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CROWE, LLP

35-0921680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	14400	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FID INV INST OPS CO	60	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MULTIPLE MUTUAL FUND COMPANIES 04-2647786	SUB-TRANSFER AGENCY FEES SEE ATTACHMENT TO LINE 2(H) FOR FORMULAS

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
---	--	---

For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan NCR SAVINGS PLAN	B Three-digit plan number (PN) ►	052
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NCR CORPORATION	D Employer Identification Number (EIN) 31-0387920	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
--------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL-MID CAP CORE COMM POOL				
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT CO				
c EIN-PN 20-4659714-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8652401		
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH INDEX RETIREMENT FUND				
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.				
c EIN-PN 26-4019464-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 166502565		
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH IDX 2025 NON-LENDABLE FUND				
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.				
c EIN-PN 26-4020456-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 225969369		
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH IDX 2030 NON-LENDABLE FUND				
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.				
c EIN-PN 26-4020542-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 226074696		
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH IDX 2035 NON-LENDABLE FUND				
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.				
c EIN-PN 26-4020637-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184821778		
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH IDX 2040 NON-LENDABLE FUND				
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.				
c EIN-PN 26-4020715-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 133652772		
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH IDX 2045 NON-LENDABLE FUND				
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.				
c EIN-PN 26-4020794-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 94986533		

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH IDX 2050 NON-LENDABLE FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 26-4020887-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 67496923
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH IDX 2055 NON-LENDABLE FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 27-1620812-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31960269
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH IDX 2060 NON-LENDABLE FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 47-2022883-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14850383
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFEPATH IDX 2065 NON-LENDABLE FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 84-1770109-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4896857
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLL DAILY S&P 500 EQUITY		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.A.		
c EIN-PN 45-6138589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 231076314
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLL DAILY RUSSELL 2000		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.A.		
c EIN-PN 45-6138589-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51311632
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLL DAILY EAFE INDEX FUND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.A.		
c EIN-PN 45-6138589-017	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 25270510
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI-QM COLL DAILY AGGREGATE BOND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST INVESTMENTS, N.A.		
c EIN-PN 45-6138589-029	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29123968
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INSTITUTIONAL CASH COMM POOL		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MGMT CO		
c EIN-PN 20-4659714-055	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>NCR SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>052</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NCR CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0387920</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	31173758	1767251
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	62442386	3391298
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	18830822	59856304
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	394424	0
(B) Common.....	1c(4)(B)	122355249	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants).....	1c(7)		
(8) Participant loans.....	1c(8)	17969037	19333291
(9) Value of interest in common/collective trusts.....	1c(9)	1705260336	1496646970
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts.....	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	170191236	97772376
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	38160388	29729368

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	2166777636	1708496858

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	62868599	4432108
i Acquisition indebtedness	1i		
j Other liabilities	1j	982630	911364
k Total liabilities (add all amounts in lines 1g through 1j)	1k	63851229	5343472

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2102926407	1703153386
---	-----------	------------	------------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	39224019	
(B) Participants	2a(1)(B)	92782206	
(C) Others (including rollovers)	2a(1)(C)	8955102	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		140961327
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1175913	
(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)	856181	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2032094
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	132963	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2399521	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2532484
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	215240376	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	228250904	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-13010528
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-304212438
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-26348387
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-198045448
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	199433928	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		199433928
f Corrective distributions (see instructions)	2f		22578
g Certain deemed distributions of participant loans (see instructions)	2g		93013
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	73900	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1117585	
(4) Other	2i(4)	986569	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2178054
j Total expenses. Add all expense amounts in column (b) and enter total	2j		201727573
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-399773021
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

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

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

(1) Name: **CARR, RIGGS & INGRAM LLC**

(2) EIN: **72-1396621**

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		30000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
4k		X	
l Has the plan failed to provide any benefit when due under the plan?			
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n	X		

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

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection.
For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022		
A Name of plan NCR SAVINGS PLAN		B Three-digit plan number (PN) ► 052
C Plan sponsor's name as shown on line 2a of Form 5500 NCR CORPORATION		D Employer Identification Number (EIN) 31-0387920
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☐ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2022 v. 220413		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:		
	a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....	14a	
	b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14b	
	c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year.....	15a	
	b The corresponding number for the second preceding plan year.....	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐		

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

18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐
19	If the total number of participants is 1,000 or more, complete lines (a) through (c) a Enter the percentage of plan assets held as: Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____% b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____
20	PBGC missed contribution reporting requirements. If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20. a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☐ No b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box: ☐ Yes. ☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date. ☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date. ☐ No. Other. Provide explanation _____

NCR Savings Plan

**Financial Statements and Supplemental Schedule
December 31, 2022 and 2021**

NCR Savings Plan
Index
December 31, 2022 and 2021

	Page(s)
Report of Independent Auditors	1-4
Financial Statements:	
Statements of Net Assets Available for Benefits.....	5
Statement of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-14
Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	15
 * Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA) have been omitted because the conditions under which they are required are not present.	

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of
NCR Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of NCR Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of NCR Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of NCR Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS AND INGRAM, LLC

Atlanta, Georgia
October 10, 2023

NCR Savings Plan
Statements of Net Assets Available for Benefits
December 31, 2022 and 2021

<i>December 31,</i>	2022	2021
Assets		
Investments, at fair value	\$1,684,005,018	\$2,055,192,450
Contributions receivable:		
Employer	1,767,251	31,173,758
Notes receivable from participants	19,333,291	17,969,037
Due from broker for securities sold	3,391,298	62,442,386
	1,708,496,858	2,166,777,631
Liabilities		
Due to broker for securities purchased	4,432,108	62,868,599
Accrued expenses	911,363	982,630
	5,343,471	63,851,229
Net assets available for benefits	\$ 1,703,153,387	\$ 2,102,926,402

The accompanying notes are an integral part of these financial statements.

NCR Savings Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2022

	December 31, 2021
Investment income (loss)	
Net depreciation in fair value of investments	\$ (343,571,353)
Dividends and Interest	3,708,397
Total investment income (loss)	<u>(339,862,956)</u>
Contributions	
Participant	92,782,206
Employer, net of forfeitures	39,224,019
Rollovers	8,955,102
Total contributions	<u>140,961,327</u>
Interest on notes receivable from participants	<u>856,181</u>
Total net additions	<u>(198,045,448)</u>
Deductions from net assets attributed to:	
Benefits paid to participants	199,549,513
Administrative expenses	2,178,054
Total deductions	<u>201,727,567</u>
Net decrease in net assets available for benefits	<u>(399,773,015)</u>
Net assets available for benefits	
Beginning of year	<u>2,102,926,402</u>
End of year	<u><u>\$ 1,703,153,387</u></u>

The accompanying notes are an integral part of these financial statements.

NCR Savings Plan

Notes to Financial Statements

Year Ended December 31, 2022

1. Description of the Plan

General

The NCR Savings Plan (the Plan) is a defined contribution plan established on May 1, 1985, by NCR Corporation (NCR, Employer, Administrator, or the Company) to give the Company's employees more control over, and participation in, the accumulation of capital for their retirement. For a complete description of the Plan, participants should refer to the Plan Document. For a summary of the Plan terms, participants should refer to the Summary Plan Description for the Plan (including any subsequent Summaries of Material Modifications).

The Plan is designed to qualify as a profit-sharing plan with a qualified cash or deferred arrangement under Section 401(k) of the Internal Revenue Code of 1986, as amended. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The terms of the Plan described below are applicable to the majority of participants. Different terms are applicable for a small group of participants in the Plan due to the mergers of legacy 401(k) plans into the Plan. While terms of certain participants may vary slightly from the terms described below, all participants have substantially the same benefits and requirements.

Some administrative functions are performed by employees of the Company. No compensation is remitted to the Company for these services.

Plan assets are held and managed by Fidelity Management Trust Company, the trustee and qualified institution for the Plan, which invests contributions and Plan earnings and makes investment transactions. Fidelity Workplace Services provides certain recordkeeping services acts as the third party administrator for the Plan, performing certain plan administration, annual ERISA compliance testing, and the preparation of the Form 5500.

Eligibility

The Plan covers substantially all U.S. employees of the Company and its domestic subsidiaries, except for employees covered by a collective bargaining agreement unless there is an agreement making the Plan available to eligible employees in a collective bargaining unit.

Contributions and Funding

All eligible employees of the Company could defer a portion of their compensation by making tax-deferred contributions, as well as Roth 401(k) and after tax contributions, to the Plan. The maximum on pre-tax contribution, after tax contribution, Roth 401(k) contribution and total contribution is 50% of eligible compensation for all employees. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan has an automatic enrollment feature whereby, unless the participant opts out of participation, the participant is automatically enrolled to defer 6% of their compensation, as defined. The maximum contribution percentage limits vary based upon the participant's gross salary. Contributions are subject to certain IRS limits.

Effective on and after April 1, 2015, the Company matched employee contributions by contributing:

- 50 cents for each dollar of employee contributions, up to 10% of eligible pay, plus an additional 1 dollar for each dollar of employee contributions for the next 2% of eligible pay, for employees classified as customer engineers and earned less than a prescribed amount of compensation with NCR during the prior calendar year.
- 50 cents for each dollar of employee contributions, up to 10% of eligible pay in matching contributions for all other employees at any time during 2021.

NCR Savings Plan

Notes to Financial Statements

Year Ended December 31, 2022

Effective January 1, 2022, the Plan changed from an annual matching program to a per pay period matching program that includes a matching contribution “true-up” that is funded subsequent to year end. For the Plan year ended December 31, 2021, substantially all of the company matching contribution was funded subsequent to year end.

For non-unionized Puerto Rico employees, the Company matched 25 cents for each dollar of employee contributions up to the first 6% of eligible pay. For unionized Puerto Rico employees, the Company matched 25 cents for each dollar of employee contributions up to the first 10% of eligible pay. The Company match for these employees is provided on a per pay period basis.

In accordance with the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA), the Plan allows employees aged 50 and older to elect to make an additional catch-up contribution during the Plan year up to 60% of their eligible compensation.

Participants direct their contributions, as well as the Company’s matching contributions, into various investment strategies. The investment strategies are comprised of a combination of mutual funds, separately managed accounts, a brokeragelink account, and common/collective trusts and are managed to derive returns subject to the associated risk tolerance.

Vesting and Forfeitures

Participants are immediately vested in their contributions plus actual earnings thereon. Effective January 1, 2022, the Plan was amended so that every actively employed participant as of January 1, 2022 shall be 100% vested in employer Discretionary contributions and employer matching contributions. Any participant who is not actively employed as of this date shall remain subject to the prior vesting provisions described below.

For eligible employees as of the last regularly scheduled pay date of the 2016 Plan Year or later, the vesting schedule for Company match and discretionary contributions is as follows:

<u>Years of Service</u>	<u>Percent Vested</u>
Less than 2 years	0%
2 years	50%
3 or more years	100%

For all other participants, company matching contributions generally vest in increments of one-fifth each year, over a five-year period beginning on the participant’s hire date.

Participants become immediately and fully vested in their account (i) upon attainment of age 65, (ii) upon termination of employment due to a “reduction in force,” (iii) in the event of death, or (iv) in the event of total and permanent disability. Upon termination of employment, participants are entitled to full distribution of their contributions and all vested Company matching contributions; all non-vested Company matching contributions are forfeited. At December 31, 2022 and 2021, forfeited nonvested accounts totaled \$1,318,000 and \$576,000 respectively. These forfeitures are generally reallocated and used to reduce future Company matching contributions. Forfeitures of approximately \$400,000 were used to offset Company matching contributions during the year ended December 31, 2022.

Participant Accounts

Each participant’s account is credited with the participant’s contributions. Participants who are employees on the last regularly scheduled pay date of the Plan year are also credited with Company matching contributions early in the following year. Plan earnings are allocated based on participant account balances and individual investments that make up those balances. Participant accounts are valued on a daily basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account balance.

NCR Savings Plan

Notes to Financial Statements

Year Ended December 31, 2022

Participants may withdraw any employee tax-deferred contributions or Roth 401(k) contributions during their employment in the case of a "hardship" (as defined by the Plan), and participants may withdraw after-tax employee contributions for any reason. The participants may not withdraw any Company matching contributions or any earnings on Company matching or employee contributions until they terminate employment with the Company.

Notes Receivable from Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to \$50,000 less their highest outstanding loan balance in the last 12 months, or 50 percent of their vested account balance, whichever is less. The loans are collateralized by the balance in the participant's accounts and bear interest at a fixed rate based on the Reuters prime rate plus 1%. Following a change in the prime rate, the new interest rate will be effective for new loans taken on or after the first business day of the next month. Generally, the term of the loan may be between one and five years. Loans that are used for the purchase of a primary residence may have a longer term. Principal and interest is paid ratably through monthly payroll deductions. Upon default, participants are considered to have received a distribution and are subject to income taxes on the distribution amount.

Withdrawals and Benefits

Participants may withdraw vested balances upon reaching the age of 59 and 1/2, or upon a participant's termination or disability. A participant's beneficiary shall be eligible to receive a distribution of the participant's account upon death of the participant. Hardship withdrawals, as defined by the Plan, may be made from all employee contributions at any time subject to approval by the Plan's Administrator. On termination of service, participants receive a lump-sum amount equal to the value of the vested portion of their account if it is less than \$1,000. Terminated participants with more than \$5,000 in vested benefits may elect to receive a lump-sum payment, quarterly installment payments, or leave the vested benefits within the Plan until reaching the above noted retirement age, death and/or disability. Terminated participants with vested benefits greater than \$1,000 but less than \$5,000 have 45 days to elect to receive a lump-sum payment or quarterly installment payments. If no election is made within 45 days, their vested balances will be rolled over to an individual retirement account.

Hardship Withdrawals

As permitted by the Internal Revenue Code (IRC) and in accordance with the plan agreement, a participant may request a financial hardship withdrawal if they experience a severe financial hardship. The participant must meet the condition that they cannot relieve the amount of the need by stopping the elective contributions to the Plan. The financial hardship withdrawal may not exceed the amount of the financial hardship or the value of the vested portion of the participant's balance, whichever is less.

Termination of the Plan

The Company currently has no plans to terminate the Plan; however, the Company reserves the right to terminate the Plan at any time by action of the Board of Directors. No amendment or termination of the Plan may adversely affect a participant's accrued benefits on the date of the amendment or termination. No amendment may change the requirement that the assets of the NCR Savings Plan Trust (the Trust) be used for the exclusive benefit of the participants, the former participants and the beneficiaries.

In the event of a Company cessation of Plan contributions, the Company may, at its option, continue the Trust in existence or cause the Trust to be liquidated. If the Trust is not liquidated, distributions would be made to the various participants when they cease employment. In the event of a termination of the Plan, the Trust would be liquidated and distributions would be made to the various participants, former participants and beneficiaries in a single lump sum promptly after liquidation is effective.

NCR Savings Plan

Notes to Financial Statements

Year Ended December 31, 2022

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP). The Financial Accounting Standards Board (FASB) provides authoritative guidance regarding U.S. GAAP through the Accounting Standards Codification (ASC) and related Accounting Standards Updates (ASUs).

Use of Estimates

The preparation of U.S. GAAP financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Risk and Uncertainties

The Plan provides for various investment options in several investment securities and instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in value of investment securities will occur in the near term and that these changes could materially affect amounts reported in the Plan's financial statements.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value or net asset value, depending on the underlying investments. Investments in money market funds are short term investments valued at the net asset value (NAV) comprised of various marketable instruments with maturities averaging ninety days or less. The underlying securities in these funds are quoted in active markets. Investments in mutual funds are valued at the NAV of shares held by the Plan, which approximates fair value. Investments in common collective trust funds include various index funds. The net asset values of the Plan's interest in the index funds are based on the information reported by the fund managers as of the financial statement dates. The index funds provide for daily redemptions by the Plan at reported NAVs with no advance notice requirement. Under unusual circumstances redemptions may be suspended should the withdrawal cause a material adverse impact on other participating plans. Fair values for these investments within the index funds are based on quoted prices in active markets and securities valued using either observable inputs or quotations from inactive markets. Common stock, preferred stock, and exchange traded funds are valued at the closing price reported on the active market on which the security is traded. All common collective trust funds have daily liquidity and are not subject to any redemption restrictions at the measurement date. The funds have different trading terms varying from one to three days.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest is recorded on an accrual basis.

The Plan presents in its Statement of Changes in Net Assets Available for Benefits the net appreciation/depreciation in fair value of investments, which consists of the realized gains and losses as well as the unrealized gains and losses on those investments.

Notes Receivable from Participants

Notes receivable from participants are valued at their outstanding balances, plus accrued but unpaid interest. Interest income is recorded on accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2022 or 2021.

Due to and from Broker for Securities Purchased and Sold

These items are primarily pending security settlements.

NCR Savings Plan

Notes to Financial Statements

Year Ended December 31, 2022

Plan Expenses

All initial and ongoing administrative costs of the Plan are paid by the Company, except for a \$50 participant loan application fee, a participant recordkeeping fee and investment advisory fees. Brokerage fees and commissions are included in the cost of investments when purchased and in determining the net proceeds on sales of investments. Investment management fees are paid from the respective assets of the investment option.

Payments to Withdrawing Participants

The Plan records payments to withdrawing participants at the time of disbursement.

Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were available to be issued, October 10, 2023 See Note 7 for relevant disclosure.

3. Information Certified by the Qualified Institution

At December 31, 2022 and 2021, the Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, certain information related to investments, notes receivable from participants, and due to/from brokers for securities purchased and sold, disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2022 and 2021, and net appreciation(depreciation) in fair value of investments, interest and dividends, and interest income on notes receivable from participants for the year ended December 31, 2022, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Fidelity Management Trust Company (the trustee of the Plan).

4. Fair Value Measurements

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. There are three levels of inputs that may be used to measure fair values:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets in active markets;
- Quoted prices for identical or similar assets in inactive markets;
- Inputs, other than quoted prices, that are observable for the asset;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's fair value measurement level within the fair value hierarchy is based on the lowest level of the input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

NCR Savings Plan

Notes to Financial Statements

Year Ended December 31, 2022

The following is a description of the valuation methodologies used for these items, as well as the general classification of such items pursuant to the fair value hierarchy:

Common Stock- Valued at the closing price reported on the active markets on which the securities are traded and is classified within Level 1 in the fair value hierarchy tables below.

Mutual Funds – Valued at the closing price reported on the active markets on which the securities are traded and is classified within Level 1 in the fair value hierarchy tables below.

Derivatives – Valued by an independent pricing service. The derivatives are priced via observable market assumptions at a bid side or closing valuation point, with appropriate adjustments for liquidity and credit risk.

Brokerage Link Account – The Self-directed brokerage account holds mutual funds and money market funds valued at the quoted NAV of shares held by the Plan at year-end.

Money Market Funds – value is based on NAV per share or unit as a practical expedient as reported by the fund manager, multiplied by the number of shares or units held as of the measurement date. Accordingly, these NAV based investments have been excluded from the fair value hierarchy.

Common Collective Trust Funds –The Plan's CCTs are valued based on NAV per share or unit as a practical expedient as reported by the fund manager, multiplied by the number of shares or units held as of the measurement date. Accordingly, these NAV based investments have been excluded from the fair value hierarchy.

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

The following table sets forth by level within the fair value hierarchy the Plan's investment assets at fair value as of December 31, 2022:

	Investment Assets at Fair Value as of December 31 , 2022		
	Level 1	Level 2	Total
Mutual funds	\$ 166,280,721	\$ -	\$ 166,280,721
Brokeragelink account	29,729,728	-	29,729,728
Total investments, at fair value	<u>\$ 196,010,449</u>	<u>\$ -</u>	<u>196,010,449</u>
Common collective trust funds ^(A)			<u>1,487,994,569</u>
Total investments, at net asset value			<u>1,487,994,569</u>
Total investment assets			<u><u>\$ 1,684,005,018</u></u>

NCR Savings Plan

Notes to Financial Statements

Year Ended December 31, 2022

The following table sets forth by level within the fair value hierarchy the Plan's investment assets at fair value as of December 31, 2021:

	Investment Assets at Fair Value as of December 31, 2021		
	Level 1	Level 2	Total
Common stocks	\$ 122,355,249	\$ -	\$ 122,355,249
Mutual funds	394,423	-	394,423
Derivative asset (liability)	170,191,236	-	170,191,236
Brokeragelink account	38,160,385	-	38,160,385
Total investments, at fair value	<u>\$ 331,101,293</u>	<u>\$ -</u>	<u>331,101,293</u>
Money market funds ^(A)			18,830,822
Common collective trust funds ^(A)			1,705,260,335
Total investments, at net asset value			<u>1,724,091,157</u>
Total investment assets			<u><u>\$ 2,055,192,450</u></u>

(A) Investments that are measured at fair value using the net asset value per share (or its equivalent) practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the table are intended to permit reconciliation of the fair value hierarchy to the amounts presented in the Statement of Net Assets Available for Benefits. As of December 31, 2022, there were no known unfunded commitments and redemptions can occur daily.

5. Tax Status

The IRS has determined and informed the Company by a letter dated February 10, 2023 that the Plan and related trust are designed in accordance with applicable sections of the IRC. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt.

Tax positions are recognized only if it is "more likely than not" that the tax position be sustained in a tax examination, with a tax examination being presumed to occur. The amount recognized is the largest amount that is greater than 50% likely of being realized on examination. For tax positions not meeting the "more likely than not" test, no tax position is recorded. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

6. Related Party Transactions

The Plan's primary investment manager is Fidelity Management Trust Company. An affiliate of Fidelity serves as the record keeper for the Plan's participant data. The Company also provides certain administrative, accounting and recordkeeping services to the Plan for which it is not compensated. None of these related party transactions are prohibited transactions as defined under ERISA.

NCR Savings Plan
Notes to Financial Statements
Year Ended December 31, 2022

7. Subsequent Events

The Board of Directors has unanimously approved a plan to separate NCR into two independent, publicly traded companies. The separation is targeted for the end of 2023. The administrative effect on the Plan is currently undetermined.

NCR Savings Plan

Supplemental Schedule

The NCR Savings Plan
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)**
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lender, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost ***	(e) Current Value
	NTGI-QM COL DLY SP500 EQ INDX	Common Collective Trust Fund		\$ 231,076,316
	LIFEPATH INDEX 2030 NL FUND F	Common Collective Trust Fund		226,074,696
	BTC LIFEPATH 2025 INDEX FUND F	Common Collective Trust Fund		225,969,369
	BTC LIFEPATH 2035 INDEX FUND F	Common Collective Trust Fund		184,821,778
	LIFEPATH INDX RETIRE FUND NL F	Common Collective Trust Fund		166,502,565
	LIFEPATH INDEX 2040 NL FUND F	Common Collective Trust Fund		133,652,772
	BTC LIFEPATH 2045 INDEX FUND F	Common Collective Trust Fund		94,986,533
	BTC LIFEPATH 2050 INDEX FUND F	Common Collective Trust Fund		67,496,923
	NTGI-QM RUSL 2000 EQ INDX FD	Common Collective Trust Fund		51,311,632
	BTC LIFEPATH 2055 INDX FD NL-F	Common Collective Trust Fund		31,960,269
	NTGI-QM AGGREGATE BOND INDX FD	Common Collective Trust Fund		29,123,968
	NTGI-QM DAILY EAFE INDX FD	Common Collective Trust Fund		25,270,510
	BLACKRCKLFPTH IDX 2060 NL FN F	Common Collective Trust Fund		14,850,383
	BLACKROCK LIFE PATH INDEX 2065	Common Collective Trust Fund		4,896,857
				<u>1,487,994,569</u>
	JPM US GOVT MM CAP	Mutual Funds		59,855,944
	OAKMARK INST	Mutual Funds		25,967,408
	DODGE & COX INTL STK	Mutual Funds		11,788,529
	EV INC FND BOSTON R6	Mutual Funds		7,430,925
*	FID MID CAP IDX	Mutual Funds		34,032,280
*	FID INFL PR BD IDX	Mutual Funds		10,672,642
*	FID LT TR BD IDX	Mutual Funds		7,880,592
	FIAM SMID CAP CL O	Mutual Funds		8,652,401
				<u>166,280,721</u>
*	Brokerage Link	Self Directed Accounts		29,729,728
*	Notes Receivable From Participants	Notes Receivable From Participants ⁽¹⁾		<u>19,333,291</u>
				<u>\$ 1,703,338,309</u>

(1) Interest rates are between 4.25% and 10.50%. The notes are due at various dates through 2042.

* Party in interest

** This schedule represents those assets required to be reported under Department of Labor Section 2520.103-11 and Form 5500 Schedule H, Line 4i.

*** Per Department of Labor Section 2520.103-11(d) , cost may be omitted as all investments are participant directed.

INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of
NCR Savings Plan

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit

We have performed audits of the accompanying financial statements of NCR Savings Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statement of changes in net assets available for benefits for the year ended December 31, 2022, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of NCR Savings Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2022 and 2021 and for the year ended December 31, 2022, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

In our opinion, based on our audits and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of NCR Savings Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

Accordingly, the objective of an ERISA Section 103(a)(3)(C) audit is not to express an opinion about whether the financial statements as a whole are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Supplemental Schedule Required by ERISA

The supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2022, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedule, other than the information in the supplemental schedule that agreed to or is derived from the certified investment information, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- the information in the supplemental schedule related to assets held by and certified to by a qualified institution agrees to or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Carr, Riggs & Ingram, L.L.C.

CARR, RIGGS AND INGRAM, LLC

Atlanta, Georgia
October 10, 2023

Schedule C, Line 2(h) Formula Descriptions

NCR Savings Plan
EIN: 31-0387920, PN: 052
Plan Year Ending: December 31, 2022

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
AB LARGE CAP GROWTH CLASS A	8000 IH 10 WEST	SUITE 1400, 14TH FLOOR	SAN ANTONIO	TX	78230	0.40%
ABERDEEN U.S. SMALL CAP EQ FD CL A	1735 MARKET ST.	32ND FLOOR	PHILADELPHIA	PA	19103	0.40%
ADV PREFERRED GOLD BULLION STRAT	1445 RESEARCH BLVD.	SUITE 530	ROCKVILLE	MD	20850	0.40%
ADVISORS CAPITAL SM-MID CAP INV	100 SALEM ST.		SMITHFIELD	RI	02917	0.40%
ADVISORS CAPITAL US DIVIDEND FD	100 SALEM ST.		SMITHFIELD	RI	02917	0.40%
AKRE FOCUS FUND RETAIL	777 E. WISCONSIN AVE.	4TH FLOOR	MILWAUKEE	WI	53202	0.40%
ALGER HEALTH SCIENCES FD CL A	600 PLAZA ONE	6TH FLOOR	JERSITY CITY	NJ	07311	0.40%
ALLSPRING DISC LG CAP GROWTH	525 MARKET ST.	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING INDEX ASSET ALLOC A	525 MARKET ST.	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%
ALLSPRING PRECIOUS METALS CL A	525 MARKET ST.	MAC #A0103-122	SAN FRANCISCO	CA	94105	0.40%
AMANA DEVELOPING WORLD FUND	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMANA DEVELOPING WORLD INST	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.10%
AMANA GROWTH FUND INST	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.10%
AMANA INCOME FUND INST	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.10%
AMANA MUTUAL FUND TRUST GROWTH	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMANA MUTUAL FUND TRUST INCOME	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMANA PARTICIPATION FD INV CLASS	1300 NORTH STATE STREET		BELLINGHAM	WA	98225	0.40%
AMERICAN BALANCED CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN BEACON ARK TRANS INN INV	220 EAST LAS COLINAS BLVD.	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN BEACON SND PT FLT RT	220 EAST LAS COLINAS BLVD.	SUITE 1200	IRVING	TX	75039	0.40%
AMERICAN CEN FOCUSED DYNAMIC GROWTH	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY CHGAL GOLD INV CL	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN CENTURY UTILITIES INVESTOR	4400 MAIN ST.	1ST FLOOR	KANSAS CITY	MO	64111	0.35%
AMERICAN FUNDAMENTALINVESTORS CL F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN HIGH INCOME CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN NEW PERSPECTIVE CLASS F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
AMERICAN SMALL CAP WORLD CLASS A	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	\$18.00
AMERICAN STRATEGIC BOND FUND F1	3500 WISEMAN BLVD.		SAN ANTONIO	TX	78251-4321	0.37%
ANCHOR RISK MANAGED EQUITY STRAT	15 ENTERPRISE		ALISO VIEJO	CA	92656	0.40%
AQR MANAGED FUTURES STRAT HV CL N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
AQR RISK BALANCED COMMOD STRAT FD N	1 GREENWICH PLAZA		GREENWICH	CT	06830	0.40%
ARIEL FUND	811 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
ARTISAN HIGH INCOME FUND INVESTOR	875 E. WISCONSIN AVE.	SUITE 800	MILWAUKEE	WI	53202	0.39%
BARON DISCOVERY FUND RETAIL SHARES	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON EMERGING MARKETS FUND RETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON FOCUSED GROWTH FUND	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON GLOBAL ADVANTAGE FD RETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON PARTNERS FUND	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BARON REAL ESTATE FUND RETAIL	767 5TH AVENUE	49TH FLOOR	NEW YORK	NY	10153	0.40%
BERKSHIRE FOCUS FUND	475 MILAN DRIVE	SUITE 103	SAN JOSE	CA	95134	0.40%
BLACKROCK COMMODITY STRAT FUND CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK HIGH EQUITY INCOME CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK MID CAP GROWTH EQ CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BLACKROCK TECH OPPORTUNITIES CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.40%
BNY MELLON MIDCAP INDEX INVESTOR	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.35%
BNY MELLON NATURAL RESOURCES A	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON SMALL MIDCAP GROWTH A	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.40%
BNY MELLON SMALLCAP STOCK INDEX INV	144 GLENN CURTISS BLVD.	8TH FLOOR	UNIONDALE	NY	11556	0.35%
BOSTON PARTNERS LONGSHORT RESEARCH	223 WILMINGTON WEST CHESTER PIKE	#216	CHADDS FORD	PA	19317	0.40%
BRIDGEWAY ULTRA SMALL CO MARKET	20 GREENWAY PLAZA	SUITE 450	HOUSTON	TX	77046	0.10%
BROWN INTL SMALL COMPANY INSTL	1290 BROADWAY	SUITE 1100	DENVER	CO	80203	0.10%
CALAMOS HEDGED EQUITY INCOME CL A	2020 CALAMOS COURT		NAPERVILLE	IL	60563	0.40%
COLUMBIA COMMODITY STRATEGY FUND CL A	225 FRANKLIN STREET	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA CONVERTIBLE SECS FD A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA DIVIDEND INCOME CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA SMALL CAP GROWTH FD I CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COLUMBIA THERMOSTAT CL A	225 FRANKLIN ST.	BX25 10320	BOSTON	MA	02110	0.40%
COMMERCE VALUE INSTITUTIONAL	922 WALNUT ST.	4TH FLOOR	KANSAS CITY	MO	64106	0.35%
CONESTOGA SMALL CAP INVESTOR CLASS	225 PICTORIA DRIVE	SUITE 450	CINCINNATI	OH	45246	0.40%
DELAWARE IVY EMER MKTS EQ	2005 MARKET ST.		PHILADELPHIA	PA	19103	0.40%
DFA EMERGING MARKETS SMALL CAP	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERMEDIATE GOVT FI PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL CORE EQUITY	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL SMALL COMPANY	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA INTERNATIONAL SUSTAIN CORE 1	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US CORE EQUITY I	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US LARGE CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US MICRO CAP PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US SMALL CAP VALUE PRTF INSTL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DFA US VECTOR EQUITY PRTF INSTL CL	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIMENSIONAL GLOBAL EQUITY PORT INST	6300 BEE CAVES ROAD	BUILDING ONE	AUSTIN	TX	78746	0.02%
DIREXION MONTHLY SM CAP BULL 2X INV	155 SEAPORT BOULEVARD	SUITE P8	BOSTON	MA	02210	0.40%
DODGE & COX INTL STK I	04-2456637					0.10%
DOUBLELINE SHILLER EN CAP CL N	777 E. WISCONSIN AVE.		MILWAUKEE	WI	53202	0.40%
DRIEHAUS SMALL CAP GROWTH INSTL CL	25 EAST ERIE STREET		CHICAGO	IL	60611	0.12%
DRIEHAUS SMALL MID CAP GROWTH FUND	25 EAST ERIE STREET		CHICAGO	IL	60611	0.12%
EP INTERNATIONAL BOND FUND CLI	LOTS 81-82, STREET C	SUITE 204	DORADO	PR	00646	0.10%
EUROPAC GOLD FUND CLASS A	LOTS 81-82, STREET C	SUITE 204	DORADO	PR	00646	0.08%
EVENTIDE MULTI ASSET INC CL N	80 ARKAY	SUITE 110	HAUPPAUGE	NY	11788	0.40%
FEDERATED MDT SM CAP CORE FD CL A	4000 ERICSSON DRIVE		WARRENDALE	PA	15086-7515	0.40%
FIRST EAGLE GOLD CLASS A	1345 AVENUE OF THE AMERICAS	48TH FLOOR	NEW YORK	NY	10105	0.40%

Schedule C, Line 2(h) Formula Descriptions

NCR Savings Plan
EIN: 31-0387920, PN: 052
Plan Year Ending: December 31, 2022

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
FIRSTHAND TECHNOLOGY OPPS FUND	150 ALMADEN BLVD.	SUITE 1250	SAN JOSE	CA	95113	0.40%
FRANKLIN BIOTECH DISCOVERY FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN DYNATECH FUND A	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FRANKLIN INCOME CLASS A1	100 FOUNTAIN PARKWAY		ST. PETERSBURG	FL	33716	\$16.00
FROST TOTAL RETURN BOND FD INVESTOR	PO BOX 2509		SAN ANTONIO	TX	78299-2509	0.40%
GABELLI UTILITIES FUND CLASS A	401 THEODORE FREMD. AVE.		RYE	NY	10580	0.10%
GLENMEDE LARGE CAP GROWTH	1650 MARKET ST.	SUITE 1200	PHILADELPHIA	PA	19103	0.40%
GOLDMAN SACHS COMMODITY STRAT FD A	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.40%
GOLDMAN SACHS ENERGY INFRASTRUCTURE	71 S. WACKER DR.	4TH FLOOR	CHICAGO	IL	60606	0.40%
GUGGENHEIM LIMITED DURATION CL P	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
GUGGENHEIM TOTAL RETURN BOND CL P	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
HARBOR CAP APP INST	111 S. WACKER DR.	34TH FLOOR	CHICAGO	IL	60606	0.10%
HARTFORD STRATEGIC INC FUND CL A	100 MATSONFORD RD.	SUITE 300	RADNOR	PA	19087	0.35%
HCM INCOME PLUS FUND INVESTOR	1145 HEMBREE ROAD		ROSWELL	GA	30076	0.40%
HENNESSY SMALL CAP FINANCIAL INV CL	7250 REDWOOD BLVD.	SUITE 200	NOVATO	CA	94945	0.40%
INTERNET ULTRASECTORPRO FD INVESTOR	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
INVESCO ENERGY CLASS A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO INTL SM MD CO A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
INVESCO OPPENHEIMER GOLD & SPEC A	11 GREENWAY PLAZA	SUITE 100	HOUSTON	TX	77046	0.40%
ISHARES MSCI EAFE INTL IDX CL A	40 EAST 52ND STREET		NEW YORK	NY	10022	0.30%
JACOB INTERNET	727 2ND STREET	SUITE 106	HERMOSA BEACH	CA	90254	0.40%
JANUS HENDERSON FORTY T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JANUS HENDERSON GLOBAL TECHNOLOGY T	151 DETROIT ST.		DENVER	CO	80206	0.35%
JOHN HANCOCK REAL ESTATE SECURITIES	601 CONGRESS ST.	9TH FLOOR	BOSTON	MA	02210	0.40%
JPMORGAN HEDGED EQUITY 2 FUND A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN HEDGED EQUITY 3 FUND A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN HEDGED EQUITY CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
JPMORGAN LARGE CAP GROWTH CLASS A	1111 POLARIS PARKWAY		COLUMBUS	OH	43240	0.40%
KINETICS GLOBAL FUND NO LOAD CL SHS	470 PARK AVENUE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS MARKET OPPORTUNITIES FD	470 PARK AVENUE SOUTH		NEW YORK	NY	10016	0.40%
KINETICS PARADIGM FUND	470 PARK AVENUE SOUTH		NEW YORK	NY	10016	0.40%
LAZARD GLOBAL LISTED INFRASTRUCT	30 ROCKEFELLER PLAZA	57TH FLOOR	NEW YORK	NY	10112	0.15%
LORD ABBETT MICRO CAP GROWTH FUND A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.45%
LORD ABBETT SHORT DURATION INC CL A	90 HUDSON STREET	10TH FLOOR	JERSEY CITY	NJ	07302	0.37%
MADISON DIVIDEND INCOME FUND CL Y	550 SCIENCE DRIVE		MADISON	WI	53711	0.40%
MANNING NAPIER PROBLEND EXTD CL S	290 WOODCLIFF DR.		FAIRPORT	NY	14450	0.40%
MATTHEWS ASIAN INNOVATORS FD INVST	4 EMBARCADERO CENTER	SUITE 550	SAN FRANCISCO	CA	94111	0.40%
METROPOLITAN WEST HY BOND CL M	865 SOUTH FIGUEROA STREET	#1400	LOS ANGELES	CA	90017	0.40%
METROPOLITAN WEST TOT RET BOND CL M	865 SOUTH FIGUEROA STREET	#1400	LOS ANGELES	CA	90017	0.35%
MFS MID CAP GROWTH CLASS A	111 HUNTINGTON AVE.		BOSTON	MA	02199-7632	0.40%
MORGAN STA INST INC SM CO GROWTH I	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.10%
MORGAN STAN INST INC INCEPTION CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY DISCOVERY PORT CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL INSIGHT CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GLOBAL OPPORTUNITY A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY GROWTH PORTFOLIO A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSIGHT CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSTL ADVANTAGE CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INSTL INTL OPP CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MORGAN STANLEY INTL ADVANTAGE CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
MSIF US CORE CL A	522 FIFTH AVENUE	4TH FLOOR	NEW YORK	NY	10036	0.40%
NEUBERGER BERMAN LARGE CAP VAL INST	1290 AVENUE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	0.15%
NEUBERGER BERMAN LONG SHORT FD CL A	1290 AVENUE OF THE AMERICAS	22ND FLOOR	NEW YORK	NY	10104-0002	\$12.00
NUVEEN NWQ FLEXIBLE INC FUND CL A	333 W. WACKER DR.		CHICAGO	IL	60606	0.40%
PARAMETRIC COMMODITY STRAT INV CL	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
PARAMETRIC INTL EQUITY INV CL	TWO INTERNATIONAL PLACE		BOSTON	MA	02110	0.40%
PARNASSUS CORE EQUITY INVESTOR	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS MID CAP	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PARNASSUS VALUE EQUITY INVESTOR	ONE MARKET STREET	STEUART TOWER, SUITE 1600	SAN FRANCISCO	CA	94105	0.40%
PENN CAPITAL MGD ALPHA SMID CP EQ	1200 INTREPID AVE.	SUITE 400	PHILADELPHIA	PA	19112	0.12%
PFG AMERICAN FUNDS GROWTH STRT CL R	777 108TH AVE. NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG EQUITY INDEX FOCUSED STRATEGY R	777 108TH AVE. NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PFG SECTOR EQUITY BUS CYCLE STRAT R	777 108TH AVE. NE	SUITE 2100	BELLEVUE	WA	98004	0.40%
PIMCO INCOME FUND CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PIMCO PREFERRED&CAPITAL SECS CL A	1633 BROADWAY		NEW YORK	NY	10019	0.40%
PRIMECAP ODYSSEY GROWTH FUND	2020 E. FINANCIAL WAY	SUITE 100	GLENORA	CA	91741	0.10%
PRINCIPAL BLUE CHIP FUND CL A	620 COOLIDGE DRIVE	SUITE 300	FOLSOM	CA	95630	0.40%
RYDEX NASDAQ 100 2X STRATEGY CL H	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
RYDEX PRECIOUS METALS INVESTOR CL	9601 BLACKWELL RD.	SUITE 500	ROCKVILLE	MD	20850	0.40%
SEMICONDUCTOR ULTRA SECTOR PRO FD	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
SHELTON NASDAQ 100 INDEX	PO BOX 87		DENVER	CO	80201-0087	0.12%
SHELTON SUSTAINABLE EQ INV	PO BOX 87		DENVER	CO	80201-0087	0.40%
T ROWE PRICE BLUE CHIP GROWTH INC	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE COMM & TECH INVESTOR	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE DIVIDEND GROWTH	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE FINANCIAL SERVICES	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL STOCK	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GLOBAL TECHNOLOGY	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE GROWTH STOCK	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE HEALTH SCIENCES	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTL JAPAN	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE INTRNL DISCIP EQ INV	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%

Schedule C, Line 2(h) Formula Descriptions

NCR Savings Plan
EIN: 31-0387920, PN: 052
Plan Year Ending: December 31, 2022

Indirect compensation in the form of sub-transfer agency fees was paid to: Fidelity Investments Institutional Operations Company, EIN: 04-2647786

Payor Name	Street Address 1	Street Address 2	City	State	Zip	Compensation
T ROWE PRICE SMALL CAP VALUE FUND	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE SPECT MOD GROWTH	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE ULTRA SHORT TERM BD	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE US EQUITY RESEARCH	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
T ROWE PRICE VALUE	4515 PAINTERS MILL RD.		OWINGS MILLS	MD	21117	0.15%
THE INTERNET FUND	470 PARK AVENUE SOUTH		NEW YORK	NY	10016	0.40%
THRIVENT LARGE CAP GROWTH FUND CL A	4321 N. BALLARD ROAD		APPLETON	WI	54919-0001	0.10%
TIAA-CREF REAL ESTATE SEC INSTL	730 THIRD AVENUE		NEW YORK	NY	10017	0.10%
TOEWS HEDGED US FUND	1750 ZION ROAD		NORTHFIELD	NJ	08225-1844	0.10%
TOUCHSTONE SANDS CAP SEL GR CL Z	303 BROADWAY	SUITE 1100	CINCINNATI	OH	45202-4203	0.40%
TRANSAMERICA CAPITAL GROWTH CL A	4333 EDGEWOOD ROAD NE		CEDAR RAPIDS	IA	52499	0.40%
ULTRA CHINA PRO FUND INVESTOR CLASS	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
ULTRA EMERGING MRKTSPRO FD INVT CL	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
ULTRA NASDAQ-100 PRO FUND INV CL	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
ULTRA SMALL CAP PROFUND INV SHS	7501 WISCONSIN AVE.	SUITE 1000 EAST TOWER	BETHESDA	MD	20814	0.40%
USAA GROWTH & TAX STRATEGY RETAIL	9800 FREDERICKSBURG RD.		SAN ANTONIO	TX	78288	0.10%
VALUE LINE ASSET ALLOCATION INV	7 TIMES SQUARE	21ST FLOOR	NEW YORK	NY	10036	0.40%
VALUE LINE CAPITAL APPRECIATION INV	7 TIMES SQUARE	21ST FLOOR	NEW YORK	NY	10036	0.40%
VALUE LINE SMALL CAP OPPS INV FD	7 TIMES SQUARE	21ST FLOOR	NEW YORK	NY	10036	0.40%
VAN ECK INTL INVESTORS GOLD CL A	666 3RD AVENUE	9TH FLOOR	NEW YORK	NY	10017	0.38%
VIRTUS KAR INTL SMALL CAP CL A	101 SUMMIT LAKE DR.	SUITE 201	GREENFIELD	MA	01301	0.40%
VIRTUS KAR MID CAP GROWTH FUND CL A	101 SUMMIT LAKE DR.	SUITE 201	GREENFIELD	MA	01301	0.40%
VIRTUS KAR SMALL CAP GROWTH CL A	101 SUMMIT LAKE DR.	SUITE 201	GREENFIELD	MA	01301	0.40%
VIRTUS KAR SMALL CAP GROWTH FD CL I	101 SUMMIT LAKE DR.	SUITE 201	GREENFIELD	MA	01301	0.15%
VIRTUS ZEVENBERGEN INNOVATIVE GR	101 SUMMIT LAKE DR.	SUITE 201	GREENFIELD	MA	01301	0.40%
VOYA CORPORATE LEADERS 100 CLASS A	7337 E. DOUBLETREE RANCH RD		SCOTTSDALE	AZ	85258	0.40%
WASATCH HOISINGTON US TREASURY	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.25%
WASATCH MICROCAP VALUE FUND	505 WAKARA WAY	SUITE 300	SALT LAKE CITY	UT	84108	0.40%
WESTERN ASSET MACRO OPPS CL A	620 8TH AVENUE	49TH FLOOR	NEW YORK	NY	10018	0.40%

The NCR Savings Plan
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)**
December 31, 2022

(a)	(b) Identity of Issue, Borrower, Lender, or Similar Party	(c) Description of Investment including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost ***	(e) Current Value
	NTGI-QM COL DLY SP500 EQ INDX	Common Collective Trust Fund		\$ 231,076,316
	LIFEPATH INDEX 2030 NL FUND F	Common Collective Trust Fund		226,074,696
	BTC LIFEPATH 2025 INDEX FUND F	Common Collective Trust Fund		225,969,369
	BTC LIFEPATH 2035 INDEX FUND F	Common Collective Trust Fund		184,821,778
	LIFEPATH INDX RETIRE FUND NL F	Common Collective Trust Fund		166,502,565
	LIFEPATH INDEX 2040 NL FUND F	Common Collective Trust Fund		133,652,772
	BTC LIFEPATH 2045 INDEX FUND F	Common Collective Trust Fund		94,986,533
	BTC LIFEPATH 2050 INDEX FUND F	Common Collective Trust Fund		67,496,923
	NTGI-QM RUSL 2000 EQ INDX FD	Common Collective Trust Fund		51,311,632
	BTC LIFEPATH 2055 INDX FD NL-F	Common Collective Trust Fund		31,960,269
	NTGI-QM AGGREGATE BOND INDX FD	Common Collective Trust Fund		29,123,968
	NTGI-QM DAILY EAFE INDX FD	Common Collective Trust Fund		25,270,510
	BLACKRCKLFPth IDX 2060 NL FN F	Common Collective Trust Fund		14,850,383
	BLACKROCK LIFE PATH INDEX 2065	Common Collective Trust Fund		4,896,857
				<u>1,487,994,569</u>
	JPM US GOVT MM CAP	Mutual Funds		59,855,944
	OAKMARK INST	Mutual Funds		25,967,408
	DODGE & COX INTL STK	Mutual Funds		11,788,529
	EV INC FND BOSTON R6	Mutual Funds		7,430,925
*	FID MID CAP IDX	Mutual Funds		34,032,280
*	FID INFL PR BD IDX	Mutual Funds		10,672,642
*	FID LT TR BD IDX	Mutual Funds		7,880,592
	FIAM SMID CAP CL O	Mutual Funds		8,652,401
				<u>166,280,721</u>
*	Brokerage Link	Self Directed Accounts		29,729,728
*	Notes Receivable From Participants	Notes Receivable From Participants ⁽¹⁾		<u>19,333,291</u>
				<u>\$ 1,703,338,309</u>

(1) Interest rates are between 4.25% and 10.50%. The notes are due at various dates through 2042.

* Party in interest

** This schedule represents those assets required to be reported under Department of Labor Section 2520.103-11 and Form 5500 Schedule H, Line 4i.

*** Per Department of Labor Section 2520.103-11(d) , cost may be omitted as all investments are participant directed.