

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

2023

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2023 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) C
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: MANAGED INCOME PORTFOLIO II COMMINGLED POOL
1b Three-digit plan number (PN): 025
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): FIDELITY MANAGEMENT TRUST COMPANY
2b Employer Identification Number (EIN): 04-3022712
2c Plan Sponsor's telephone number
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). 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(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) 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	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u> 0 </u> (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 0

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023

A Name of plan <u>MANAGED INCOME PORTFOLIO II COMMINGLED POOL</u>	B Three-digit plan number (PN) ▶	<u>025</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FIDELITY MANAGEMENT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>04-3022712</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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d Entity code

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

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

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d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	ABX AIR, INC. PIP	
b Name of plan sponsor	ABX AIR, INC. PIP	c EIN-PN 91-1091619-005
a Plan name	ACE HARDWARE 401(K)	
b Name of plan sponsor	ACE HARDWARE CORPORATION	c EIN-PN 36-0700810-001
a Plan name	ACR ELECTRONICS	
b Name of plan sponsor	ACR ELECTRONICS, INC.	c EIN-PN 27-0440420-001
a Plan name	ACUSHNET 401(K)	
b Name of plan sponsor	ACUSHNET COMPANY	c EIN-PN 04-2591836-010
a Plan name	ADVANCE 401(K) PLAN	
b Name of plan sponsor	ADVANCE PUBLICATIONS, INC.	c EIN-PN 13-5576716-012
a Plan name	AECOM CARIBE	
b Name of plan sponsor	AECOM TECHNOLOGY CORPORATION	c EIN-PN 47-1336341-102
a Plan name	PLANS AECOM	
b Name of plan sponsor	AECOM TECHNOLOGY CORPORATION	c EIN-PN 61-1088522-055
a Plan name	AERA SAVINGS PLAN	
b Name of plan sponsor	AERA ENERGY SERVICES CO.	c EIN-PN 77-0456453-002
a Plan name	AJRD RET SAVINGS	
b Name of plan sponsor	AEROJET ROCKETDYNE HOLDINGS, INC.	c EIN-PN 34-0244000-334
a Plan name	AGC AUTOMOTIVE	
b Name of plan sponsor	AGC AUTOMOTIVE AMERICAS CO.	c EIN-PN 25-1059306-333
a Plan name	AGC CHEMICALS	
b Name of plan sponsor	AGC CHEMICALS AMERICAS, INC.	c EIN-PN 94-3343075-001
a Plan name	AGC ELECTRONICS	
b Name of plan sponsor	AGC ELECTRONICS AMERICA A DIVISION OF AG	c EIN-PN 25-1059306-021

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	AGC FLAT GLASS	
b Name of plan sponsor	AGC FLAT GLASS NORTH AMERICA, INC.	c EIN-PN 25-1059306-001
a Plan name	AGC FLAT GLASS	
b Name of plan sponsor	AGC FLAT GLASS NORTH AMERICA, INC.	c EIN-PN 25-1059306-010
a Plan name	AHLSTROM SAVINGS PLN	
b Name of plan sponsor	AHLSTROM USA INC.	c EIN-PN 22-3031627-001
a Plan name	ALPA BARGAINING	
b Name of plan sponsor	AIR LINE PILOTS ASSOCIATION INTERNATIONA	c EIN-PN 36-0710830-005
a Plan name	ALPA DEFERRED SAVING	
b Name of plan sponsor	AIR LINE PILOTS ASSOCIATION INTERNATIONA	c EIN-PN 36-0710830-006
a Plan name	ALPA MGT & NON-BARG	
b Name of plan sponsor	AIR LINE PILOTS ASSOCIATION INTERNATIONA	c EIN-PN 36-0710830-004
a Plan name	ALASKA PISP	
b Name of plan sponsor	ALASKA AIR GROUP, INC.	c EIN-PN 92-0009235-011
a Plan name	ALEXANDER/RYAN MARIN	
b Name of plan sponsor	ALEXANDER/LALIZAS, L.L.C.	c EIN-PN 76-0379330-003
a Plan name	ALLIANCE LAUNDRY LLC	
b Name of plan sponsor	ALLIANCE LAUNDRY SYSTEMS LLC	c EIN-PN 39-1927923-003
a Plan name	AMENTUM 401(K)	
b Name of plan sponsor	AMENTUM SERVICES, INC.	c EIN-PN 27-1628265-001
a Plan name	ABC RETIREMENT PLAN	
b Name of plan sponsor	AMERICAN BUILDERS & CONTRACTORS SUPPLY C	c EIN-PN 39-1413708-001
a Plan name	ABC UNION 401K	
b Name of plan sponsor	AMERICAN BUILDERS & CONTRACTORS SUPPLY C	c EIN-PN 39-1413708-003

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	ACIPCO 401(K)	
b Name of plan sponsor	AMERICAN CAST IRON PIPE CO.	c EIN-PN 63-0844266-001
a Plan name	ACIPCO 401K	
b Name of plan sponsor	AMERICAN CAST IRON PIPE CO.	c EIN-PN 63-0844266-001
a Plan name	AMWAY HOTEL 401K	
b Name of plan sponsor	AMWAY	c EIN-PN 38-2239010-003
a Plan name	AMWAY RSP	
b Name of plan sponsor	AMWAY	c EIN-PN 38-1736584-002
a Plan name	ADI TIP PLAN	
b Name of plan sponsor	ANALOG DEVICES	c EIN-PN 04-2348234-003
a Plan name	APACHE 401(K) PLAN	
b Name of plan sponsor	APACHE CORPORATION	c EIN-PN 41-0747868-002
a Plan name	APACHE RETRMNT PLAN	
b Name of plan sponsor	APACHE CORPORATION	c EIN-PN 41-0747868-003
a Plan name	ATG UNION PLAN	
b Name of plan sponsor	APEX TOOL GROUP, LLC	c EIN-PN 76-0626755-002
a Plan name	TOOL GROUP 401K PLAN	
b Name of plan sponsor	APEX TOOL GROUP, LLC	c EIN-PN 27-1996059-001
a Plan name	APTIV HOURLY 401K	
b Name of plan sponsor	APTIV	c EIN-PN 27-0791190-004
a Plan name	APTIV SALARIED 401K	
b Name of plan sponsor	APTIV	c EIN-PN 27-0791190-002
a Plan name	ARDAGH 401(K) PLAN	
b Name of plan sponsor	ARDAGH GROUP	c EIN-PN 35-1958205-009

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	ARDAGH BARGAINING	
b Name of plan sponsor	ARDAGH GROUP	c EIN-PN 35-1958205-010
a Plan name	AFI 401(K)	
b Name of plan sponsor	ARMSTRONG FLOORING, INC.	c EIN-PN 47-4303305-002
a Plan name	ARMSTRONG S&I PLAN	
b Name of plan sponsor	ARMSTRONG WORLD INDUSTRIES, INC.	c EIN-PN 23-0366390-014
a Plan name	AAFES 401(K) PLAN	
b Name of plan sponsor	ARMY & AIR FORCE EXCHANGE SERVICE	c EIN-PN 75-1232789-003
a Plan name	ASTECH ENGINEERED	
b Name of plan sponsor	ASTECH ENGINEERED PRODUCTS, INC.	c EIN-PN 87-4187721-001
a Plan name	ATKORE 401K RSP	
b Name of plan sponsor	ATKORE	c EIN-PN 90-0631477-001
a Plan name	ATLAS VENTURE	
b Name of plan sponsor	ATLAS VENTURE LIFE SCIENCE ADVISORS LLC	c EIN-PN 47-2411602-001
a Plan name	AUTOZONE 401(K) PLAN	
b Name of plan sponsor	AUTOZONE, INC.	c EIN-PN 62-1482048-001
a Plan name	AVANGRID 401(K) PLAN	
b Name of plan sponsor	AVANGRID MANAGEMENT COMPANY, LLC	c EIN-PN 45-5063049-003
a Plan name	AVID TECHNOLOGY	
b Name of plan sponsor	AVID TECHNOLOGY, INC.	c EIN-PN 04-2977748-001
a Plan name	AVNET 401(K)	
b Name of plan sponsor	AVNET, INC.	c EIN-PN 11-1890605-102
a Plan name	BANNER HEALTH 401(K)	
b Name of plan sponsor	BANNER HEALTH	c EIN-PN 45-0233470-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BARNES & NOBLE 401K	
b Name of plan sponsor	BARNES & NOBLE, INC.	c EIN-PN 06-1196501-001
a Plan name	BARNES RSP	
b Name of plan sponsor	BARNES GROUP INC.	c EIN-PN 06-0247840-012
a Plan name	BRISTOLDIVUNION 401K	
b Name of plan sponsor	BARNES GROUP INC.	c EIN-PN 06-0247840-021
a Plan name	UAW 629 SAVINGS PLAN	
b Name of plan sponsor	BARNES GROUP INC.	c EIN-PN 06-0247840-020
a Plan name	BARRICK RET PLAN	
b Name of plan sponsor	BARRICK GOLD OF NORTH AMERICA, INC.	c EIN-PN 98-0031163-010
a Plan name	BAUSCH & LOMB 401K	
b Name of plan sponsor	BAUSCH & LOMB AMERICAS INC.	c EIN-PN 85-4359919-001
a Plan name	BAUSCH HEALTH 401K	
b Name of plan sponsor	BAUSCH HEALTH COMPANIES INC.	c EIN-PN 33-0628076-001
a Plan name	BAYLOR COLLEGE 401A	
b Name of plan sponsor	BAYLOR COLLEGE OF MEDICINE	c EIN-PN 74-1613878-008
a Plan name	BERTELSMANN 401(K)	
b Name of plan sponsor	BERTELSMANN INC.	c EIN-PN 95-2949493-004
a Plan name	BPG 401(K)	
b Name of plan sponsor	BERTELSMANN INC.	c EIN-PN 23-1873471-002
a Plan name	FPI RETIREMENT	
b Name of plan sponsor	BERTELSMANN INC.	c EIN-PN 13-3621012-001
a Plan name	OFFSET UNION PLAN	
b Name of plan sponsor	BERTELSMANN INC.	c EIN-PN 23-1873471-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BIOVENTUS 401(K)	
b	Name of plan sponsor	BIOVENTUS LLC	c EIN-PN 45-3935628-001
a	Plan name	BLACK KNIGHT 401(K)	
b	Name of plan sponsor	BLACK KNIGHT	c EIN-PN 26-1547801-002
a	Plan name	BLOUNT 457(B) PLAN	
b	Name of plan sponsor	BLOUNT MEMORIAL HOSPITAL	c EIN-PN 62-0505512-004
a	Plan name	BLOUNT RET PLAN	
b	Name of plan sponsor	BLOUNT MEMORIAL HOSPITAL	c EIN-PN 62-0505512-
a	Plan name	BLUECROSS BLUESHIELD	
b	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF MA, INC.	c EIN-PN 04-1045815-002
a	Plan name	BLUE DIAMOND GROWERS	
b	Name of plan sponsor	BLUE DIAMOND GROWERS	c EIN-PN 94-0355780-004
a	Plan name	BMW SAVINGS PLAN	
b	Name of plan sponsor	BMW	c EIN-PN 22-2013053-002
a	Plan name	BNP PARIBAS 401(K)	
b	Name of plan sponsor	BNP PARIBAS US WHOLESALE HOLDINGS, CORP.	c EIN-PN 94-1677765-003
a	Plan name	BURGER BOAT CO	
b	Name of plan sponsor	BURGER BOAT COMPANY	c EIN-PN 39-1749596-001
a	Plan name	CABINETWORKS GROUP	
b	Name of plan sponsor	CABINETWORKS GROUP, INC.	c EIN-PN 46-0786059-001
a	Plan name	CAPGEMINI 401K PLAN	
b	Name of plan sponsor	CAPGEMINI AMERICA, INC.	c EIN-PN 22-2575929-002
a	Plan name	CAP/401(K) PLAN	
b	Name of plan sponsor	CAPITAL ACCUMULATION PLAN	c EIN-PN 91-1091619-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CAREFIRST 401K PLAN	
b	Name of plan sponsor	CAREFIRST BLUECROSS BLUESHIELD	c EIN-PN 52-2069215-002
a	Plan name	CATALENT 401(K)	
b	Name of plan sponsor	CATALENT PHARMA SOLUTIONS, INC.	c EIN-PN 13-3523163-011
a	Plan name	CATHEDRAL CORPORATIO	
b	Name of plan sponsor	CATHEDRAL CORPORATION	c EIN-PN 14-0576820-005
a	Plan name	CBRE 401(K) PLAN	
b	Name of plan sponsor	CBRE SERVICES, INC.	c EIN-PN 52-1616016-001
a	Plan name	CDW 401(K) PLAN	
b	Name of plan sponsor	CDW LLC	c EIN-PN 36-3310735-001
a	Plan name	CENCORA	
b	Name of plan sponsor	CENCORA, INC.	c EIN-PN 23-2353106-010
a	Plan name	CENTRUS SAVINGS PLAN	
b	Name of plan sponsor	CENTRUS ENERGY CORP.	c EIN-PN 52-2107911-001
a	Plan name	CF 401(K) PLAN	
b	Name of plan sponsor	CF INDUSTRIES HOLDINGS, INC.	c EIN-PN 20-2697511-001
a	Plan name	CME 401(K) SAVINGS	
b	Name of plan sponsor	CHICAGO MERCANTILE EXCHANGE	c EIN-PN 36-4340266-002
a	Plan name	CINTI BELL RETIRE	
b	Name of plan sponsor	CINCINNATI BELL, INC.	c EIN-PN 31-1056105-002
a	Plan name	CINTI BELL SVGS&SEC	
b	Name of plan sponsor	CINCINNATI BELL, INC.	c EIN-PN 31-1056105-002
a	Plan name	HAWAIIANTEL HRLY PLN	
b	Name of plan sponsor	CINCINNATI BELL, INC.	c EIN-PN 16-1710376-

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	CITY OF DALLAS 401K	
b Name of plan sponsor	CITY OF DALLAS	c EIN-PN 75-6000508-001
a Plan name	CITY OF DALLAS 457	
b Name of plan sponsor	CITY OF DALLAS	c EIN-PN 75-6000508-
a Plan name	CITY OF DALLAS PST	
b Name of plan sponsor	CITY OF DALLAS	c EIN-PN 75-6000508-
a Plan name	CLIFFS SALARIED	
b Name of plan sponsor	CLEVELAND-CLIFFS INC.	c EIN-PN 34-1464672-001
a Plan name	IRON HOURLY	
b Name of plan sponsor	CLEVELAND-CLIFFS INC.	c EIN-PN 34-0677332-010
a Plan name	MINNESOTA HOURLY	
b Name of plan sponsor	CLEVELAND-CLIFFS INC.	c EIN-PN 34-1120353-010
a Plan name	NORTHSHORE MINING CO	
b Name of plan sponsor	CLEVELAND-CLIFFS INC.	c EIN-PN 84-1116857-001
a Plan name	ORE MINING SALARIED	
b Name of plan sponsor	CLEVELAND-CLIFFS INC.	c EIN-PN 34-1120353-001
a Plan name	CN U.S. SAVINGS PLAN	
b Name of plan sponsor	CN	c EIN-PN 13-2673944-001
a Plan name	STELLAR 401K PLAN	
b Name of plan sponsor	CN	c EIN-PN 36-3901405-001
a Plan name	CNH HOURLY RET PLAN	
b Name of plan sponsor	CNH INDUSTRIAL	c EIN-PN 39-1982756-005
a Plan name	CNH RETIREMENT PLAN	
b Name of plan sponsor	CNH INDUSTRIAL	c EIN-PN 39-1982756-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	COCA-COLA	
b Name of plan sponsor	COCA-COLA BOTTLING COMPANY UNITED, INC.	c EIN-PN 58-0148710-003
a Plan name	CCCB 401(K) PLAN	
b Name of plan sponsor	COCA-COLA CONSOLIDATED, INC.	c EIN-PN 20-0234821-003
a Plan name	CCCI 401(K) PLAN	
b Name of plan sponsor	COCA-COLA CONSOLIDATED, INC.	c EIN-PN 56-0950585-002
a Plan name	COMAU LLC	
b Name of plan sponsor	COMAU LLC	c EIN-PN 38-2296242-001
a Plan name	PIP	
b Name of plan sponsor	COMMERCE BANCSHARES, INC.	c EIN-PN 43-0889454-001
a Plan name	COMPASS 401(K) PLAN	
b Name of plan sponsor	COMPASS GROUP USA INC	c EIN-PN 56-1874931-007
a Plan name	CONAGRA BRANDS RET INCOME SAV PLAN	
b Name of plan sponsor	CONAGRA BRANDS, INC.	c EIN-PN 90-6036918-002
a Plan name	CONAGRA BRANDS RET INCOME SAVINGS	
b Name of plan sponsor	CONAGRA BRANDS, INC.	c EIN-PN 47-0248710-014
a Plan name	CONCENTRIX RSP	
b Name of plan sponsor	CONCENTRIX CORPORATION	c EIN-PN 31-1598292-002
a Plan name	CMS SAVINGS PLAN	
b Name of plan sponsor	CONSUMERS ENERGY - CMS ENERGY	c EIN-PN 38-0442310-001
a Plan name	SAC COUNTY 457B	
b Name of plan sponsor	COUNTY OF SACRAMENTO	c EIN-PN 94-0000529-
a Plan name	VENTURA COUNTY 401K	
b Name of plan sponsor	COUNTY OF VENTURA	c EIN-PN 95-6000944-501

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VENTURA COUNTY 457B	
b	Name of plan sponsor	COUNTY OF VENTURA	c EIN-PN 95-6000944-501
a	Plan name	VENTURA CTY SRP 457	
b	Name of plan sponsor	COUNTY OF VENTURA	c EIN-PN 95-6000944-
a	Plan name	COVANCE 401(K) PLAN	
b	Name of plan sponsor	COVANCE INC.	c EIN-PN 22-3265977-001
a	Plan name	CREDIT SUISSE 401K	
b	Name of plan sponsor	CREDIT SUISSE SECURITIES (USA) LLC	c EIN-PN 05-0546650-002
a	Plan name	CRH AMERICAS 401(K)	
b	Name of plan sponsor	CRH AMERICAS, INC.	c EIN-PN 95-3962933-001
a	Plan name	CROWELL & MORING LLP	
b	Name of plan sponsor	CROWELL & MORING	c EIN-PN 52-1319917-001
a	Plan name	CSLB HOLDINGS	
b	Name of plan sponsor	CSLB HOLDINGS INC.	c EIN-PN 80-0120293-001
a	Plan name	CULMEN INTERNATIONAL	
b	Name of plan sponsor	CULMEN INTERNATIONAL, LLC	c EIN-PN 20-1816766-001
a	Plan name	C-W S&I PLAN	
b	Name of plan sponsor	CURTISS-WRIGHT CORPORATION	c EIN-PN 13-0612970-004
a	Plan name	DAIRY FARMERS 401K	
b	Name of plan sponsor	DAIRY FARMERS OF AMERICA, INC.	c EIN-PN 43-0905874-032
a	Plan name	DFA SMARTCHOICE PLAN	
b	Name of plan sponsor	DAIRY FARMERS OF AMERICA, INC.	c EIN-PN 43-0905874-002
a	Plan name	DANAHER 401K PLAN	
b	Name of plan sponsor	DANAHER CORPORATION	c EIN-PN 59-1995548-004

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	DELEK US 401(K) PLAN	
b Name of plan sponsor	DELEK US HOLDINGS, INC.	c EIN-PN 52-2319066-001
a Plan name	DIAGEO NORTH AMERICA	
b Name of plan sponsor	DIAGEO NORTH AMERICA, INC.	c EIN-PN 06-1067908-001
a Plan name	DIAGEO UNION 401K	
b Name of plan sponsor	DIAGEO NORTH AMERICA, INC.	c EIN-PN 06-1067908-011
a Plan name	USVI	
b Name of plan sponsor	DIAGEO NORTH AMERICA, INC.	c EIN-PN 66-0714219-001
a Plan name	DIAMOND OFFSHORE	
b Name of plan sponsor	DIAMOND OFFSHORE MANAGEMENT COMPANY	c EIN-PN 13-3560049-001
a Plan name	DO IT BEST SAVINGS	
b Name of plan sponsor	DO IT BEST CORP.	c EIN-PN 35-0792867-001
a Plan name	DONALDSON RET SAVING	
b Name of plan sponsor	DONALDSON COMPANY, INC.	c EIN-PN 41-0222640-007
a Plan name	DSM NA DEF CONT PLAN	
b Name of plan sponsor	DSM NORTH AMERICA, INC.	c EIN-PN 58-1858661-001
a Plan name	DYNATRACE, INC.	
b Name of plan sponsor	DYNATRACE LLC	c EIN-PN 47-2362151-001
a Plan name	EASTMAN EIP/ESOP	
b Name of plan sponsor	EASTMAN CHEMICAL COMPANY	c EIN-PN 62-1539359-002
a Plan name	ENHANCED MATCH	
b Name of plan sponsor	ECOLAB INC.	c EIN-PN 41-0231510-007
a Plan name	ENTERPRISE HOLDINGS	
b Name of plan sponsor	ENTERPRISE HOLDINGS	c EIN-PN 43-1233684-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	ENVISTA SAVINGS PLAN	
b Name of plan sponsor	ENVISTA HOLDINGS CORPORATION	c EIN-PN 83-2206728-001
a Plan name	EQT EE SAVINGS PLAN	
b Name of plan sponsor	EQT CORPORATION	c EIN-PN 25-0464690-202
a Plan name	ERNST & YOUNG 401(K)	
b Name of plan sponsor	ERNST & YOUNG, LLP	c EIN-PN 34-6565596-112
a Plan name	VESERIS	
b Name of plan sponsor	ES OPCO USA LLC	c EIN-PN 84-3689531-001
a Plan name	EXPERIAN 401K PLAN	
b Name of plan sponsor	EXPERIAN	c EIN-PN 31-1343192-001
a Plan name	FDNM FAIRBANKS DAILY	
b Name of plan sponsor	FDNM FAIRBANKS DAILY NEWS-MINER, LLC	c EIN-PN 92-0018312-002
a Plan name	IVECO	
b Name of plan sponsor	FIAT POWERTRAIN TECHNOLOGIES OF NORTH AM	c EIN-PN 23-2808268-002
a Plan name	FLSMIDTH 401(K) PLAN	
b Name of plan sponsor	FLSMIDTH INC. AND ITS USA AFFILIATES	c EIN-PN 23-0606560-009
a Plan name	FMC SAVINGS PLAN	
b Name of plan sponsor	FMC CORPORATION	c EIN-PN 94-0479804-061
a Plan name	FORTIVE 401(K) PLAN	
b Name of plan sponsor	FORTIVE CORPORATION	c EIN-PN 47-5654583-001
a Plan name	FORTREA 401(K) PLAN	
b Name of plan sponsor	FORTREA	c EIN-PN 22-3265977-002
a Plan name	FOUNDATION 401K PLAN	
b Name of plan sponsor	FOUNDATION HEALTH PARTNERS	c EIN-PN 81-3021580-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FRONTIER 401(K) PLAN	
b	Name of plan sponsor	FRONTIER COMMUNICATIONS	c EIN-PN 06-0619596-005
a	Plan name	FRONTIER MIDATLANTIC	
b	Name of plan sponsor	FRONTIER COMMUNICATIONS	c EIN-PN 06-0619596-053
a	Plan name	GATX CORPORATION	
b	Name of plan sponsor	GATX CORPORATION	c EIN-PN 36-1124040-004
a	Plan name	GATX SAVINGS PLAN	
b	Name of plan sponsor	GATX CORPORATION	c EIN-PN 36-1124040-002
a	Plan name	GENON ENERGY, INC.	
b	Name of plan sponsor	GENON ENERGY, INC.	c EIN-PN 56-2368220-010
a	Plan name	GERBER CHILDRENSWEAR	
b	Name of plan sponsor	GERBER CHILDRENSWEAR LLC	c EIN-PN 03-0442752-002
a	Plan name	GERDAU 401(K) PLAN	
b	Name of plan sponsor	GERDAU	c EIN-PN 59-0792436-005
a	Plan name	GERDAU BARG PLAN	
b	Name of plan sponsor	GERDAU	c EIN-PN 38-1872178-001
a	Plan name	GERDAU SAV PLAN-GLN	
b	Name of plan sponsor	GERDAU	c EIN-PN 59-0792436-001
a	Plan name	GERDAU SAV PLAN-GSN	
b	Name of plan sponsor	GERDAU	c EIN-PN 38-1872178-001
a	Plan name	GGLO, LLC	
b	Name of plan sponsor	GGLO, LLC	c EIN-PN 91-1319710-002
a	Plan name	GILBANE	
b	Name of plan sponsor	GILBANE, INC.	c EIN-PN 05-0147010-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GILEAD SCIENCES 401K	
b	Name of plan sponsor	GILEAD SCIENCES, INC.	c EIN-PN 94-3047598-001
a	Plan name	GIVAUDAN 401K PLAN	
b	Name of plan sponsor	GIVAUDAN	c EIN-PN 31-1707845-003
a	Plan name	GKN GROUP RSP	
b	Name of plan sponsor	GKN AEROSPACE INC.	c EIN-PN 62-1382461-001
a	Plan name	GKN US RSP	
b	Name of plan sponsor	GKN DRIVELINE NORTH AMERICA, INC.	c EIN-PN 62-1382461-001
a	Plan name	GLASSBRIDGE 401K	
b	Name of plan sponsor	GLASSBRIDGE ENTERPRISE INC.	c EIN-PN 41-1838504-002
a	Plan name	GLOBAL PAYMENTS 401K	
b	Name of plan sponsor	GLOBAL PAYMENTS	c EIN-PN 58-2567903-001
a	Plan name	MILLMAN COMPANIES	
b	Name of plan sponsor	GREAT CENTRAL LUMBER COMPANY	c EIN-PN 43-0636488-004
a	Plan name	HANBURY EVANS WRIGHT VLATTAS COMPANY 401K	
b	Name of plan sponsor	HANBURY EVANS WRIGHT VLATTAS CO	c EIN-PN 54-1099578-001
a	Plan name	LEHIGH HANSON 401(K)	
b	Name of plan sponsor	HEIDELBERG MATERIALS	c EIN-PN 81-4086708-016
a	Plan name	DIAL HOURLY	
b	Name of plan sponsor	HENKEL OF AMERICA	c EIN-PN 41-1372525-004
a	Plan name	HENKEL 401(K) DC PL	
b	Name of plan sponsor	HENKEL OF AMERICA	c EIN-PN 41-1372525-003
a	Plan name	HENKEL PR RETIREMENT	
b	Name of plan sponsor	HENKEL OF AMERICA	c EIN-PN 66-0266147-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	HENKEL PR SAVINGS	
b Name of plan sponsor	HENKEL OF AMERICA	c EIN-PN 66-0266147-002
a Plan name	HOLOGIC, INC. SIP	
b Name of plan sponsor	HOLOGIC, INC.	c EIN-PN 04-2902449-001
a Plan name	THE NORTHERN TRUST COMPANY TTEE HONEYWELL SVGS & OWNERSHIP PL - DV	
b Name of plan sponsor	HONEYWELL INTERNATIONAL INC.	c EIN-PN 22-2640650-302
a Plan name	BLUE CROSS NJ PLAN	
b Name of plan sponsor	HORIZON BLUE CROSS BLUE SHIELD OF NJ	c EIN-PN 22-0999690-001
a Plan name	HOUGHTON MIFFLIN	
b Name of plan sponsor	HOUGHTON MIFFLIN COMPANY	c EIN-PN 04-1456030-003
a Plan name	HUNT THRIFT PLAN	
b Name of plan sponsor	HUNT CONSOLIDATED, INC.	c EIN-PN 75-1727234-002
a Plan name	HYDRO SAVINGS PLAN	
b Name of plan sponsor	HYDRO EXTRUSION USA, LLC	c EIN-PN 58-2216096-001
a Plan name	ICU MEDICAL INC. 401K PLAN	
b Name of plan sponsor	ICU MEDICAL, INC.	c EIN-PN 33-0022692-002
a Plan name	INDIANA STATE OF	
b Name of plan sponsor	INDIANA STATE DEFERRED COMPENSATION FUND	c EIN-PN
a Plan name	INFOSYS LIMITED	
b Name of plan sponsor	INFOSYS LIMITED	c EIN-PN 58-1760235-001
a Plan name	INFOSYS LIMITED TAX	
b Name of plan sponsor	INFOSYS LIMITED	c EIN-PN 58-1760235-002
a Plan name	GARDNER DENVER IAR	
b Name of plan sponsor	INGERSOLL-RAND COMPANY	c EIN-PN 76-0419383-006

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	INGERSOLL RAND RSP	
b Name of plan sponsor	INGERSOLL-RAND COMPANY	c EIN-PN 76-0419383-002
a Plan name	INOVA 401(K) PLAN	
b Name of plan sponsor	INOVA HEALTH SYSTEM	c EIN-PN 54-1071867-002
a Plan name	INVACARE RSP	
b Name of plan sponsor	INVACARE CORP.	c EIN-PN 95-2680965-005
a Plan name	JOHNS MANVILLE 401K	
b Name of plan sponsor	JOHNS MANVILLE CORPORATION	c EIN-PN 84-0856796-005
a Plan name	KA 401K SAL WAR PLAN	
b Name of plan sponsor	KAISER ALUMINUM FABRICATED PRODUCTS	c EIN-PN 56-2553181-001
a Plan name	KA 401K SALARY PLAN	
b Name of plan sponsor	KAISER ALUMINUM FABRICATED PRODUCTS	c EIN-PN 56-2553181-003
a Plan name	KAISER ALUMINUM	
b Name of plan sponsor	KAISER ALUMINUM FABRICATED PRODUCTS	c EIN-PN 94-0928288-057
a Plan name	KAMAN CORPORATION	
b Name of plan sponsor	KAMAN CORPORATION	c EIN-PN 06-0613548-010
a Plan name	KELLWOOD	
b Name of plan sponsor	KELLWOOD COMPANY	c EIN-PN 36-2472410-004
a Plan name	DPSG UNION SAV. PLN	
b Name of plan sponsor	KEURIG DR PEPPER INC.	c EIN-PN 06-1074905-007
a Plan name	KDP 401(K) PLAN	
b Name of plan sponsor	KEURIG DR PEPPER INC.	c EIN-PN 98-0517725-007
a Plan name	KLA 401(K) PLAN	
b Name of plan sponsor	KLA CORPORATION	c EIN-PN 04-2564110-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	KONE INC. SAV. PLAN	
b Name of plan sponsor	KONE INC.	c EIN-PN 36-2357423-004
a Plan name	EPTA US	
b Name of plan sponsor	KYSOR WARREN EPTA US CORPORATION	c EIN-PN 61-1918959-001
a Plan name	L.L.BEAN 401K PLAN	
b Name of plan sponsor	L.L.BEAN, INC.	c EIN-PN 01-0026590-002
a Plan name	LABCORP 401(K) PLAN	
b Name of plan sponsor	LABORATORY CORPORATION OF AMERICA	c EIN-PN 13-3757370-003
a Plan name	LVSC 401(K) PLAN	
b Name of plan sponsor	LAS VEGAS SANDS CORP.	c EIN-PN 86-0863398-001
a Plan name	GREAT WEST TRUST CO, LLC HANSON AGGREGATES E SUPP RET PLAN	
b Name of plan sponsor	LEHIGH HANSON COMPANY	c EIN-PN 81-4086708-178
a Plan name	GREAT-WEST TRUST COMPANY LLC TTEE F LEHIGH HANSON	
b Name of plan sponsor	LEHIGH HANSON COMPANY	c EIN-PN 81-4086708-016
a Plan name	GREAT-WEST TRUST COMPANY LLC TTEE F LEHIGH HANSON RET SAVINGS & INVST P	
b Name of plan sponsor	LEHIGH HANSON COMPANY	c EIN-PN 81-4086708-005
a Plan name	LENNOX 401(K)	
b Name of plan sponsor	LENNOX INTERNATIONAL INC.	c EIN-PN 42-0991521-042
a Plan name	LENNOX 401(K)	
b Name of plan sponsor	LENNOX INTERNATIONAL INC.	c EIN-PN 42-0991521-045
a Plan name	LENOVO SAVINGS PLAN	
b Name of plan sponsor	LENOVO	c EIN-PN 52-2449153-002
a Plan name	LORAL SAVINGS PLAN	
b Name of plan sponsor	LORAL SPACE & COMMUNICATIONS INC.	c EIN-PN 23-1602217-334

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	LSC SAVINGS PLAN	
b Name of plan sponsor	LSC COMMUNICATIONS LLC	c EIN-PN 37-1804157-001
a Plan name	MANTECH 401(K) PLAN	
b Name of plan sponsor	MANTECH INTERNATIONAL CORP.	c EIN-PN 22-1852179-002
a Plan name	MARATHON THRIFT PLAN	
b Name of plan sponsor	MARATHON OIL COMPANY	c EIN-PN 25-1410539-003
a Plan name	MARELLI 401(K) PLAN	
b Name of plan sponsor	MARELLI NORTH CAROLINA USA LLC	c EIN-PN 56-1996839-003
a Plan name	MARINE CORPS NAF	
b Name of plan sponsor	MARINE CORPS COMMUNITY SERVICES	c EIN-PN 53-0196952-002
a Plan name	MARSHFIELD 401K PLAN	
b Name of plan sponsor	MARSHFIELD CLINIC	c EIN-PN 39-0452970-002
a Plan name	MARSHFIELD ERP PLAN	
b Name of plan sponsor	MARSHFIELD CLINIC	c EIN-PN 39-0452970-001
a Plan name	MENTOR GRAPHICS PLAN	
b Name of plan sponsor	MENTOR GRAPHICS CORP	c EIN-PN 93-0786033-001
a Plan name	MERCY HEALTH 403(B)	
b Name of plan sponsor	MERCY MEDICAL CENTER	c EIN-PN 42-0698295-501
a Plan name	MICRO FOCUS	
b Name of plan sponsor	MICRO FOCUS US INC.	c EIN-PN 52-2328686-002
a Plan name	MICRON TECHNOLOGY	
b Name of plan sponsor	MICRON TECHNOLOGY, INC.	c EIN-PN 75-1618004-004
a Plan name	MSTS EE 401K	
b Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES, LLC	c EIN-PN 26-0111283-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	MSTS REP EE 401K	
b Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES, LLC	c EIN-PN 26-0111283-003
a Plan name	MITSUBISHI ELECTRIC	
b Name of plan sponsor	MITSUBISHI ELECTRIC US, INC.	c EIN-PN 33-0909808-001
a Plan name	MKS 401(K) PLAN	
b Name of plan sponsor	MKS INSTRUMENTS, INC.	c EIN-PN 04-2277512-001
a Plan name	MOHAWK RSP 1	
b Name of plan sponsor	MOHAWK INDUSTRIES, INC.	c EIN-PN 58-2185429-001
a Plan name	MOHAWK RSP 2	
b Name of plan sponsor	MOHAWK INDUSTRIES, INC.	c EIN-PN 58-2185429-002
a Plan name	MCG DCP	
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	c EIN-PN 52-2137541-
a Plan name	MCG EOP	
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	c EIN-PN 30-0606393-
a Plan name	MCG POLICE DROP	
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	c EIN-PN 30-0606393-
a Plan name	MCG RSP	
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	c EIN-PN 52-6000980-
a Plan name	MCGEO DROP PLAN	
b Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	c EIN-PN 30-0606393-
a Plan name	MOODY'S PPP	
b Name of plan sponsor	MOODYS CORPORATION	c EIN-PN 13-3998945-011
a Plan name	MOVEERO INC.	
b Name of plan sponsor	MOVEERO, INC.	c EIN-PN 42-0921728-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BACHARACH HOURLY401K	
b Name of plan sponsor	MSA SAFETY	c EIN-PN 46-4914866-003
a Plan name	MSA SAFETY RSP	
b Name of plan sponsor	MSA SAFETY	c EIN-PN 25-0668780-002
a Plan name	ELCO CHEVROLET	
b Name of plan sponsor	MSH CHEVROLET CADILLAC, INC.	c EIN-PN 43-1381175-001
a Plan name	MURPHY OIL 401(K)	
b Name of plan sponsor	MURPHY OIL CORPORATION	c EIN-PN 71-0361522-008
a Plan name	NBA REFEREES 401K	
b Name of plan sponsor	NATIONAL BASKETBALL ASSOCIATION	c EIN-PN 26-3863272-334
a Plan name	NBA RETIREMENT PLAN	
b Name of plan sponsor	NATIONAL BASKETBALL ASSOCIATION	c EIN-PN 13-5582586-334
a Plan name	WNBA 401K PLAN	
b Name of plan sponsor	NATIONAL BASKETBALL ASSOCIATION	c EIN-PN 13-3921549-330
a Plan name	NATIONAL ENERGY/GAS	
b Name of plan sponsor	NATIONAL ENERGY & GAS TRANSMISSION	c EIN-PN 94-3316236-001
a Plan name	THE VANGUARD FID TRUST CO TTEE NATIONAL GRID USA COMPANIES	
b Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY	c EIN-PN 04-1663150-007
a Plan name	NEWS CORP 401(K)	
b Name of plan sponsor	NC TRANSACTION, INC.	c EIN-PN 13-5034940-001
a Plan name	NEWELL BRANDS 401(K)	
b Name of plan sponsor	NEWELL BRANDS	c EIN-PN 36-1953130-012
a Plan name	NEWSDAY 401(K) PLAN	
b Name of plan sponsor	NEWSDAY L.L.C.	c EIN-PN 83-1344169-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NIELSENIQ	
b	Name of plan sponsor	NIELSEN CONSUMER LLC	c EIN-PN 84-5108832-001
a	Plan name	NIXON PEABODY RSP I	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-001
a	Plan name	NIXON PEABODY RSP II	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-023
a	Plan name	NIXON PEABODY RSPAA	
b	Name of plan sponsor	NIXON PEABODY LLP	c EIN-PN 16-0764720-001
a	Plan name	NRG AFF EMP SAV PL	
b	Name of plan sponsor	NRG ENERGY, INC.	c EIN-PN 41-1960764-001
a	Plan name	NTT DATA AMERICAS	
b	Name of plan sponsor	NTT DATA AMERICAS, INC.	c EIN-PN 04-2437166-003
a	Plan name	NTT DATA EAS PR	
b	Name of plan sponsor	NTT DATA AMERICAS, INC.	c EIN-PN 04-2437166-501
a	Plan name	NUCOR CORPORATION	
b	Name of plan sponsor	NUCOR CORPORATION	c EIN-PN 13-1860817-334
a	Plan name	NVENT RSIP	
b	Name of plan sponsor	NVENT ELECTRIC PLC	c EIN-PN 82-3123161-001
a	Plan name	NVIDIA 401(K) PLAN	
b	Name of plan sponsor	NVIDIA CORPORATION	c EIN-PN 94-3177549-001
a	Plan name	NYPRO DC PLAN	
b	Name of plan sponsor	NYPRO INC.	c EIN-PN 04-2193872-003
a	Plan name	OCEAN SPRAY	
b	Name of plan sponsor	OCEAN SPRAY CRANBERRIES, INC.	c EIN-PN 04-1215610-007

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	OCEAN SPRAY	
b Name of plan sponsor	OCEAN SPRAY CRANBERRIES, INC.	c EIN-PN 04-1215610-006
a Plan name	OGE ENERGY CORP	
b Name of plan sponsor	OGE ENERGY CORP.	c EIN-PN 73-1481638-003
a Plan name	OBE 401(K) PLAN	
b Name of plan sponsor	OLDCASTLE BUILDINGENVELOPE, INC.	c EIN-PN 75-2196684-002
a Plan name	OMM RSP	
b Name of plan sponsor	OMELVENY & MYERS LLP	c EIN-PN 95-1066597-001
a Plan name	OMNICOM SAVINGS PLAN	
b Name of plan sponsor	OMNICOM GROUP	c EIN-PN 13-1514814-004
a Plan name	OREGON TOOL 401K PLN	
b Name of plan sponsor	OREGON TOOL, INC	c EIN-PN 63-0780521-006
a Plan name	OSHKOSH CORPORATION	
b Name of plan sponsor	OSHKOSH CORPORATION	c EIN-PN 39-1260696-001
a Plan name	OSHKOSH PRODUCTION	
b Name of plan sponsor	OSHKOSH CORPORATION	c EIN-PN 39-0520270-004
a Plan name	OWENS CORNING SP	
b Name of plan sponsor	OWENS CORNING	c EIN-PN 43-2109021-004
a Plan name	OWENS CORNING SSP	
b Name of plan sponsor	OWENS CORNING	c EIN-PN 43-2109021-014
a Plan name	PACCAR SIP	
b Name of plan sponsor	PACCAR INC	c EIN-PN 91-0351110-002
a Plan name	ILWU-PMA 401(K) PLAN	
b Name of plan sponsor	PACIFIC MARITIME ASSOCIATION	c EIN-PN 94-1126322-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	PMA 401(K) PLAN	
b Name of plan sponsor	PACIFIC MARITIME ASSOCIATION	c EIN-PN 94-2914940-001
a Plan name	PRSIP	
b Name of plan sponsor	PANASONIC CORPORATION OF NORTH AMERICA	c EIN-PN 22-2504913-003
a Plan name	PASSCO	
b Name of plan sponsor	PASSCO COMPANIES, LLC	c EIN-PN 20-3448699-001
a Plan name	PENTAIR RSIP	
b Name of plan sponsor	PENTAIR, INC.	c EIN-PN 41-0907434-002
a Plan name	PERATON CORP. 401K	
b Name of plan sponsor	PERATON CORPORATION	c EIN-PN 81-5224276-002
a Plan name	PFG EE SAVINGS PLAN	
b Name of plan sponsor	PERFORMANCE FOOD GROUP, INC.	c EIN-PN 84-0629503-002
a Plan name	PILLSBURY RSP	
b Name of plan sponsor	PILLSBURY WINTHROP SHAW PITTMAN LLP	c EIN-PN 94-1311126-005
a Plan name	PLATINUM EQUITY	
b Name of plan sponsor	PLATINUM EQUITY, LLC	c EIN-PN 95-4666134-001
a Plan name	PONDERAY NEWSPRINT	
b Name of plan sponsor	PONDERAY NEWSPRINT COMPANY	c EIN-PN 91-1814612-001
a Plan name	PWMA EMPLOYEE PLAN	
b Name of plan sponsor	PORTER WRIGHT MORRIS & ARTHUR LLP	c EIN-PN 31-4373657-002
a Plan name	PWMA PARTNER PLAN	
b Name of plan sponsor	PORTER WRIGHT MORRIS & ARTHUR LLP	c EIN-PN 31-4373657-003
a Plan name	PROTECTIVE LIFE 401K	
b Name of plan sponsor	PROTECTIVE LIFE CORPORATION	c EIN-PN 95-2492236-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	401(A) SERVICE PLAN	
b Name of plan sponsor	PROVIDENCE	c EIN-PN 51-0216586-
a Plan name	401(K) SAVINGS PLAN	
b Name of plan sponsor	PROVIDENCE	c EIN-PN 51-0216586-010
a Plan name	SJHS/CHS 401(K) PLAN	
b Name of plan sponsor	PROVIDENCE	c EIN-PN 95-3589356-004
a Plan name	SWEDISH 401(K) PLAN	
b Name of plan sponsor	PROVIDENCE	c EIN-PN 91-0433740-010
a Plan name	TALLER SJH BUILDER 401K PSP AND TR	
b Name of plan sponsor	PROVIDENCE ST. JOSEPH HEALTH	c EIN-PN 95-3589356-004
a Plan name	PUBLICIS 401K PLAN	
b Name of plan sponsor	PUBLICIS	c EIN-PN 36-2677628-002
a Plan name	PURE WAFER, INC.	
b Name of plan sponsor	PURE WAFER, INC	c EIN-PN 71-1020986-001
a Plan name	QUANTA SERVICES 401K	
b Name of plan sponsor	QUANTA SERVICES INC.	c EIN-PN 74-2851603-001
a Plan name	QUEST DIAGNOSTICS	
b Name of plan sponsor	QUEST DIAGNOSTICS INCORPORATED	c EIN-PN 16-1387862-001
a Plan name	VANGUARD FIDUCIARY TRUST CO TTEE QRG 401K RET SAVINGS PLAN FOR	
b Name of plan sponsor	QURATE RETAIL GROUP (QRG)	c EIN-PN 47-4942380-001
a Plan name	VANGUARD FIDUCIARY TRUST CO TTEE QRG 401K RET SAVINGS PLAN FOR	
b Name of plan sponsor	QURATE RETAIL GROUP (QRG)	c EIN-PN 01-0520036-001
a Plan name	VANGUARD FIDUCIARY TRUST CO TTEE QRG 401K RET SAVINGS PLAN FOR QXH	
b Name of plan sponsor	QURATE RETAIL GROUP (QRG)	c EIN-PN 23-2414041-005

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	MJN PR SAVINGS PLAN
b	Name of plan sponsor	RECKITT BENCKISER, NORTH AMERICA
c	EIN-PN	26-3546226-002
a	Plan name	ATLAS PAPER 401K
b	Name of plan sponsor	RESOLUTE FP US INC.
c	EIN-PN	20-5777191-002
a	Plan name	RESOLUTE US SAVINGS
b	Name of plan sponsor	RESOLUTE FP US INC.
c	EIN-PN	62-0721803-001
a	Plan name	REVVITY
b	Name of plan sponsor	REVVITY, INC.
c	EIN-PN	04-2052042-001
a	Plan name	RBC USA RET&SAV PLAN
b	Name of plan sponsor	ROYAL BANK OF CANADA
c	EIN-PN	41-1228350-003
a	Plan name	RPM 401(K) PLAN
b	Name of plan sponsor	RPM INTERNATIONAL INC.
c	EIN-PN	02-0642224-011
a	Plan name	RPM UNION 401K PLAN
b	Name of plan sponsor	RPM INTERNATIONAL INC.
c	EIN-PN	02-0642224-007
a	Plan name	RSM US RETIREMENT PL
b	Name of plan sponsor	RSM US, LLP
c	EIN-PN	42-0714325-001
a	Plan name	RUSH ENTERPRISES
b	Name of plan sponsor	RUSH ENTERPRISES, INC.
c	EIN-PN	74-2786267-001
a	Plan name	SANMINA 401(K)
b	Name of plan sponsor	SANMINA CORPORATION
c	EIN-PN	77-0228183-001
a	Plan name	SARGENTO PRF SHR PLN
b	Name of plan sponsor	SARGENTO FOODS INC.
c	EIN-PN	39-0859334-002
a	Plan name	HOSPITALITY VENTURES
b	Name of plan sponsor	SAS INSTITUTE INC.
c	EIN-PN	20-1103957-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PRESTONWOOD CC 401K	
b	Name of plan sponsor	SAS INSTITUTE INC.	c EIN-PN 56-1750016-001
a	Plan name	SAS RETIREMENT PLAN	
b	Name of plan sponsor	SAS INSTITUTE INC.	c EIN-PN 56-1133017-001
a	Plan name	SCHAEFFLER GROUP USA	
b	Name of plan sponsor	SCHAEFFLER GROUP USA INC.	c EIN-PN 57-0517596-003
a	Plan name	SCHINDLER ELEVATOR	
b	Name of plan sponsor	SCHINDLER ELEVATOR CORPORATION	c EIN-PN 34-1270056-002
a	Plan name	SCHINDLER PR	
b	Name of plan sponsor	SCHINDLER ELEVATOR CORPORATION	c EIN-PN 34-1270056-008
a	Plan name	SCHOLASTIC INC.	
b	Name of plan sponsor	SCHOLASTIC CORP.	c EIN-PN 04-2777224-004
a	Plan name	SCRIPPS HEALTH 401H	
b	Name of plan sponsor	SCRIPPS HEALTH	c EIN-PN 95-1684089-001
a	Plan name	SCRIPPSHEALTH 401A	
b	Name of plan sponsor	SCRIPPS HEALTH	c EIN-PN 95-1684089-002
a	Plan name	SHIPMG 401K PLAN	
b	Name of plan sponsor	SCRIPPS HEALTH	c EIN-PN 45-3998554-001
a	Plan name	SEALED AIR 401K & PS	
b	Name of plan sponsor	SEALED AIR CORPORATION	c EIN-PN 65-0654331-002
a	Plan name	SELECT MEDICAL CORP	
b	Name of plan sponsor	SELECT MEDICAL CORPORATION	c EIN-PN 23-2872718-001
a	Plan name	SMW 73 OFFICERS PLAN	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL UNION 73	c EIN-PN 36-6120880-

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SMW 73 PENS WELFARE	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL UNION 73	c EIN-PN 36-6503783-
a	Plan name	SMW LOCAL 73 ANNUITY	
b	Name of plan sponsor	SHEET METAL WORKERS LOCAL UNION 73	c EIN-PN 36-1764263-003
a	Plan name	SHW 401K PLAN	
b	Name of plan sponsor	SHERWIN-WILLIAMS	c EIN-PN 34-0526850-001
a	Plan name	SHW HOURLY 401K	
b	Name of plan sponsor	SHERWIN-WILLIAMS	c EIN-PN 34-0526850-022
a	Plan name	SHW PIP PENSION	
b	Name of plan sponsor	SHERWIN-WILLIAMS	c EIN-PN 34-0526850-002
a	Plan name	SHIRE 401(K) PLAN	
b	Name of plan sponsor	SHIRE HOLDINGS US AG	c EIN-PN 61-1323690-001
a	Plan name	SIGNODE INDUSTRIAL GROUP LLC	
b	Name of plan sponsor	SIGNODE INDUSTRIAL GROUP LLC	c EIN-PN 80-0935607-002
a	Plan name	SIGNODE RETIREMENT PLAN	
b	Name of plan sponsor	SIGNODE INDUSTRIAL GROUP LLC	c EIN-PN 80-0935607-001
a	Plan name	STB CASH OR DEFERRED	
b	Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	c EIN-PN 13-5395280-004
a	Plan name	STB LLP P/S	
b	Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	c EIN-PN 13-5395280-003
a	Plan name	STB OLD LEGAL	
b	Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	c EIN-PN 13-5395280-002
a	Plan name	STB SUPP P/S	
b	Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	c EIN-PN 13-5395280-050

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	SMITH & NEPHEW	
b Name of plan sponsor	SMITH & NEPHEW, INC.	c EIN-PN 51-0123924-008
a Plan name	SMITHS GROUP	
b Name of plan sponsor	SMITHS GROUP	c EIN-PN 22-3015350-002
a Plan name	SOLVAY US SAVINGS PLAN	
b Name of plan sponsor	SOLVAY USA	c EIN-PN 22-3539954-010
a Plan name	SAVINGS PLAN SOLVAY US	
b Name of plan sponsor	SOLVAY USA INC.	c EIN-PN 22-3539954-010
a Plan name	SPX SVGS. & STK PLAN	
b Name of plan sponsor	SPX	c EIN-PN 38-1016240-005
a Plan name	STEEL PARTNERS 401K	
b Name of plan sponsor	STEEL SERVICES LTD	c EIN-PN 13-5129420-010
a Plan name	TECHNICAL	
b Name of plan sponsor	TECHNICAL DEVELOPMENT CORPORATION	c EIN-PN 04-2441030-004
a Plan name	TECHNICOLOR 401K	
b Name of plan sponsor	TECHNICOLOR USA, INC.	c EIN-PN 35-1724835-001
a Plan name	TECHNIP ENERGIES RSP	
b Name of plan sponsor	TECHNIP ENERGIES USA, INC.	c EIN-PN 76-0386371-002
a Plan name	TECHNIPFMC RSP	
b Name of plan sponsor	TECHNIPFMC PLC	c EIN-PN 36-4446761-002
a Plan name	TEGRIA RCM GROUP 401K PLAN	
b Name of plan sponsor	TEGRIA RCM	c EIN-PN
a Plan name	TVA 401K	
b Name of plan sponsor	TENNESSEE VALLEY AUTHORITY	c EIN-PN 04-2467232-

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TERADYNE, INC SAVING	
b	Name of plan sponsor	TERADYNE, INC.	c EIN-PN 04-6342093-001
a	Plan name	TEXAS FARM BUREAU	
b	Name of plan sponsor	TEXAS FARM BUREAU	c EIN-PN 74-1145986-003
a	Plan name	CPG SIPP 401(K)	
b	Name of plan sponsor	THE CHURCH PENSION FUND	c EIN-PN 13-6104558-
a	Plan name	ECRSVP 403(B)	
b	Name of plan sponsor	THE CHURCH PENSION FUND	c EIN-PN 13-6104558-
a	Plan name	EPISCOPL LAY EE 403B	
b	Name of plan sponsor	THE CHURCH PENSION FUND	c EIN-PN 13-6104558-
a	Plan name	EPISCOPL LAY ER 401A	
b	Name of plan sponsor	THE CHURCH PENSION FUND	c EIN-PN 13-6104558-
a	Plan name	RETIREMENT SAVINGS	
b	Name of plan sponsor	THE HANOVER INSURANCE COMPANY	c EIN-PN 13-5129825-002
a	Plan name	MANITOWOC 401K PLAN	
b	Name of plan sponsor	THE MANITOWOC COMPANY, INC.	c EIN-PN 39-0448110-001
a	Plan name	NMG RSP	
b	Name of plan sponsor	THE NEIMAN MARCUS GROUP LLC	c EIN-PN 95-4119509-001
a	Plan name	THE NYRA ASSOC. INC.	
b	Name of plan sponsor	THE NEW YORK RACING ASSOCIATION, INC.	c EIN-PN 11-1902398-001
a	Plan name	NIELSEN 401K SAV PL	
b	Name of plan sponsor	THE NIELSEN COMPANY	c EIN-PN 22-2145575-002
a	Plan name	PROGRESSIVE 401(K)	
b	Name of plan sponsor	THE PROGRESSIVE CORPORATION	c EIN-PN 34-0963169-003

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	SCOTTS 401K	
b Name of plan sponsor	THE SCOTTS COMPANY LLC	c EIN-PN 31-1414921-001
a Plan name	SEATTLE TIMES 401(K)	
b Name of plan sponsor	THE SEATTLE TIMES COMPANY	c EIN-PN 91-0403890-005
a Plan name	EXEL 401K PLAN	
b Name of plan sponsor	THE SUPPLY CHAIN PLAN	c EIN-PN 04-2801160-001
a Plan name	GENESIS LOGISTICS	
b Name of plan sponsor	THE SUPPLY CHAIN PLAN	c EIN-PN 22-3590938-001
a Plan name	SUP CHAIN RET SVG PL	
b Name of plan sponsor	THE SUPPLY CHAIN PLAN	c EIN-PN 04-2801160-001
a Plan name	TIBBETT & BRITTEN	
b Name of plan sponsor	THE SUPPLY CHAIN PLAN	c EIN-PN 98-0149758-001
a Plan name	NON-UNION TRADE RSP	
b Name of plan sponsor	THE TURNER CORPORATION	c EIN-PN 13-3209884-002
a Plan name	THE TURNER CORP.	
b Name of plan sponsor	THE TURNER CORPORATION	c EIN-PN 13-3209884-002
a Plan name	401(A) AUTOMATIC	
b Name of plan sponsor	THE UNIVERSITY OF KANSAS HEALTH SYSTEM	c EIN-PN 48-1202402-
a Plan name	457(B) BOOST	
b Name of plan sponsor	THE UNIVERSITY OF KANSAS HEALTH SYSTEM	c EIN-PN 48-1202402-
a Plan name	INVESTMENT PLUS PLAN	
b Name of plan sponsor	THE WILLIAMS COMPANIES, INC.	c EIN-PN 73-0569878-008
a Plan name	IND SOLUTIONS 401K	
b Name of plan sponsor	THYSSENKRUPP NORTH AMERICA, LLC	c EIN-PN 39-1858155-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TK SYSTEM ENG	
b	Name of plan sponsor	THYSSENKRUPP NORTH AMERICA, LLC	c EIN-PN 30-0018348-002
a	Plan name	TKNA 401K PLAN	
b	Name of plan sponsor	THYSSENKRUPP NORTH AMERICA, LLC	c EIN-PN 23-0443060-002
a	Plan name	TITANX ENGINE	
b	Name of plan sponsor	TITANX ENGINE COOLING, INC	c EIN-PN 26-1260408-001
a	Plan name	TK AIRPORT PLAN	
b	Name of plan sponsor	TK ELEVATOR	c EIN-PN 62-1211267-009
a	Plan name	TK ELEVATOR RSP	
b	Name of plan sponsor	TK ELEVATOR	c EIN-PN 62-1211267-001
a	Plan name	TOPPAN MERRILL 401K	
b	Name of plan sponsor	TOPPAN MERRILL LLC	c EIN-PN 83-1174166-001
a	Plan name	TPRI 401(K) PLAN	
b	Name of plan sponsor	TOTAL PETROCHEMICALS & REFINING USA, INC	c EIN-PN 75-0990403-525
a	Plan name	TEFUS 401(K) PLAN	
b	Name of plan sponsor	TOTALENERGIES FINANCE USA, INC.	c EIN-PN 23-3060301-003
a	Plan name	TRANSOCEAN	
b	Name of plan sponsor	TRANSOCEAN INC.	c EIN-PN 66-0582307-001
a	Plan name	TRIVIUM 401K PLAN	
b	Name of plan sponsor	TRIVIUM PACKAGING	c EIN-PN 25-1864585-011
a	Plan name	TRIVIUM UNION PLAN	
b	Name of plan sponsor	TRIVIUM PACKAGING	c EIN-PN 25-1864585-001
a	Plan name	TRONICOM CORPORATION	
b	Name of plan sponsor	TRONICOM CORPORATION	c EIN-PN 43-1306403-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	HEALTH FITNESS 401K	
b Name of plan sponsor	TRUSTMARK SERVICES COMPANY	c EIN-PN 41-1580506-001
a Plan name	TRUSTMARK 401K PLAN	
b Name of plan sponsor	TRUSTMARK SERVICES COMPANY	c EIN-PN 27-0056662-001
a Plan name	TRUSTMARK HEALTH	
b Name of plan sponsor	TRUSTMARK SERVICES COMPANY	c EIN-PN 35-1846036-001
a Plan name	ULTRA ELECTRONICS	
b Name of plan sponsor	ULTRA ELECTRONICS INC.	c EIN-PN 06-1506005-001
a Plan name	RELY PLAN	
b Name of plan sponsor	UNIGROUP C.A.	c EIN-PN 43-0561790-002
a Plan name	BIG RIVER STEEL	
b Name of plan sponsor	UNITED STATES STEEL CORPORATION	c EIN-PN 25-1897152-
a Plan name	U.S. STEEL CORP.	
b Name of plan sponsor	UNITED STATES STEEL CORPORATION	c EIN-PN 25-0996816-029
a Plan name	USSTEEL SAVINGS PLAN	
b Name of plan sponsor	UNITED STATES STEEL CORPORATION	c EIN-PN 25-1897152-028
a Plan name	CHANGE HEALTHCARE	
b Name of plan sponsor	UNITEDHEALTH GROUP	c EIN-PN 20-5731067-001
a Plan name	UHS 401K	
b Name of plan sponsor	UNIVERSAL HEALTH SERVICES, INC.	c EIN-PN 23-2077891-001
a Plan name	UNC ORP	
b Name of plan sponsor	UNIVERSITY OF NORTH CAROLINA SYSTEM	c EIN-PN
a Plan name	UWMF 401K PLAN	
b Name of plan sponsor	UNIVERSITY OF WISCONSIN MEDICAL FOUNDATI	c EIN-PN 39-1824445-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	UWMF RETIREMENT PLAN	
b	Name of plan sponsor	UNIVERSITY OF WISCONSIN MEDICAL FOUNDATI	c EIN-PN 39-1824445-001
a	Plan name	UNUM GROUP 401(K)	
b	Name of plan sponsor	UNUM GROUP	c EIN-PN 62-1598430-002
a	Plan name	US FOODS 401(K) PLAN	
b	Name of plan sponsor	US FOODS	c EIN-PN 36-3642294-001
a	Plan name	VALEO, INC.	
b	Name of plan sponsor	VALEO NORTH AMERICA, INC.	c EIN-PN 13-3744485-001
a	Plan name	VALOR HEALTHCARE	
b	Name of plan sponsor	VALOR HEALTHCARE, INC.	c EIN-PN 20-3585174-002
a	Plan name	VENETIAN 401K PLAN	
b	Name of plan sponsor	VENETIAN LAS VEGAS GAMING, LLC	c EIN-PN 86-2889081-001
a	Plan name	VERALTO 401K PLAN	
b	Name of plan sponsor	VERALTO CORPORATION	c EIN-PN 92-1941413-
a	Plan name	VINCE HOLDING CORP.	
b	Name of plan sponsor	VINCE HOLDING CORP.	c EIN-PN 75-3264870-001
a	Plan name	JOSTENS 401(K) PLAN	
b	Name of plan sponsor	VISANT CORPORATION	c EIN-PN 90-0207875-008
a	Plan name	VANGUARD FIDUCIARY TRUST COMPANY VISTA OUTDOOR INC 401K PLAN	
b	Name of plan sponsor	VISTA OUTDOOR INC.	c EIN-PN 47-1016855-001
a	Plan name	VISTEON IP	
b	Name of plan sponsor	VISTEON	c EIN-PN 38-3519512-005
a	Plan name	VONTIER 401(K) PLAN	
b	Name of plan sponsor	VONTIER BUSINESS SERVICES LLC	c EIN-PN 85-2604205-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a Plan name	VONTIER UNION 401(K)	
b Name of plan sponsor	VONTIER BUSINESS SERVICES LLC	c EIN-PN 85-2604205-002
a Plan name	WRB PROFIT SHARING	
b Name of plan sponsor	W. R. BERKLEY CORPORATION	c EIN-PN 22-1867895-001
a Plan name	WABTEC CORPORATION	
b Name of plan sponsor	WABTEC CORPORATION	c EIN-PN 25-1615902-004
a Plan name	401(K) SAVINGS PLAN	
b Name of plan sponsor	WEBSTER	c EIN-PN 06-0273620-003
a Plan name	WEGMANS 401(K) PLAN	
b Name of plan sponsor	WEGMANS FOOD MARKETS, INC.	c EIN-PN 16-1309424-001
a Plan name	WCPC RETIREMENT PLAN	
b Name of plan sponsor	WEST CARROLLTON PARCHMENT & CONVERTING,	c EIN-PN 46-4058490-002
a Plan name	WCPC UNION PLAN	
b Name of plan sponsor	WEST CARROLLTON PARCHMENT & CONVERTING,	c EIN-PN 46-4058490-001
a Plan name	WILLIAMS INT'L CO.	
b Name of plan sponsor	WILLIAMS INTERNATIONAL	c EIN-PN 38-3232737-003
a Plan name	WFG SAVINGS PLAN	
b Name of plan sponsor	WILLKIE FARR & GALLAGHER LLP	c EIN-PN 13-5536844-069
a Plan name	WINSTON EE SAVINGS	
b Name of plan sponsor	WINSTON & STRAWN LLP	c EIN-PN 36-1975990-001
a Plan name	WINSTON RET PLAN	
b Name of plan sponsor	WINSTON & STRAWN LLP	c EIN-PN 36-1975990-002
a Plan name	WOLTERS KLUWER 401K	
b Name of plan sponsor	WOLTERS KLUWER US CORPORATION	c EIN-PN 13-3577870-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	REDDAWAY PLAN	
b Name of plan sponsor	YELLOW CORPORATION	c EIN-PN 48-0948788-001
a Plan name	REDDAWAY PLAN	
b Name of plan sponsor	YELLOW CORPORATION	c EIN-PN 48-0948788-001
a Plan name	YELLOW CORPORATION	
b Name of plan sponsor	YELLOW CORPORATION	c EIN-PN 48-0948788-002
a Plan name	ZF 401(K) PLAN	
b Name of plan sponsor	ZF NORTH AMERICA, INC.	c EIN-PN 14-1857697-001
a Plan name	ZF 401(K) PLAN	
b Name of plan sponsor	ZF NORTH AMERICA, INC.	c EIN-PN 13-3369789-058
a Plan name	ZIMMER BIOMET 401(K)	
b Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	c EIN-PN 13-4151777-002
a Plan name	ZIMMER BIOMET PR	
b Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	c EIN-PN 13-4151777-001
a Plan name	ZIMMER DOVER UNION	
b Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	c EIN-PN 81-0550216-001
a Plan name	ZIONS BANCORP	
b Name of plan sponsor	ZIONS BANCORPORATION	c EIN-PN 87-0227400-006
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 10/01/2022 and ending 09/30/2023	
A Name of plan MANAGED INCOME PORTFOLIO II COMMINGLED POOL	B Three-digit plan number (PN) ▶ 025
C Plan sponsor's name as shown on line 2a of Form 5500 FIDELITY MANAGEMENT TRUST COMPANY	D Employer Identification Number (EIN) 04-3022712

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	34876358	95990984
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	373837851	197866313
(2) U.S. Government securities	1c(2)	11398657940	9028563160
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	8229826041	7818300594
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	295058629	223919752

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	20332256819	17364640803
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	5388423	4632989
i Acquisition indebtedness	1i		
j Other liabilities	1j	-1618540311	-1434390669
k Total liabilities (add all amounts in lines 1g through 1j)	1k	-1613151888	-1429757680
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21945408707	18794398483

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	400106395	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		400106395
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		400106395

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)	3519331916	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3519331916
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	31784703	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		31784703
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3551116619

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-3151010224
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:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.