

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

- 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: FIDELITY CONTRAFUND COMMINGLED POOL
1b Three-digit plan number (PN): 133
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.

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>6a(1)</b></td><td style="width:90%;"></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">0</td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>	0	<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**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:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

<b>A</b> Name of plan <u>FIDELITY CONTRAFUND COMMINGLED POOL</u>	<b>B</b> Three-digit plan number (PN)	<u>▶</u> <u>133</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FIDELITY MANAGEMENT TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>04-3022712</u>	

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



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.)	
<b>a</b>	Plan name ACCENTURE UNITED STATES PROFIT SHARING AND 401(K) TRUST	
<b>b</b>	Name of plan sponsor ACCENTURE LLP	<b>c</b> EIN-PN 72-0542904-102
<b>a</b>	Plan name ACCENTURE UNITED STATES DISCRETIONARY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACCENTURE LLP	<b>c</b> EIN-PN 72-0542904-105
<b>a</b>	Plan name AGILENT TECHNOLOGIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor AGILENT TECHNOLOGIES, INC.	<b>c</b> EIN-PN 77-0518772-003
<b>a</b>	Plan name AHLSTROM RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AHLSTROM USA INC.	<b>c</b> EIN-PN 13-3509370-005
<b>a</b>	Plan name AIR METHODS CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor AIR METHODS CORPORATION	<b>c</b> EIN-PN 84-0915893-001
<b>a</b>	Plan name ALASKA AIRLINES INC PILOTS INVESTMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALASKA AIR GROUP, INC.	<b>c</b> EIN-PN 92-0009235-011
<b>a</b>	Plan name ALBERTSONS COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor ALBERTSONS COMPANIES, INC.	<b>c</b> EIN-PN 47-5579477-002
<b>a</b>	Plan name THE VONS COMPANIES INC PHARMACISTS 401K PLAN	
<b>b</b>	Name of plan sponsor ALBERTSONS COMPANIES, INC.	<b>c</b> EIN-PN 38-1623900-091
<b>a</b>	Plan name ALLINA HEALTH 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALLINA HEALTH	<b>c</b> EIN-PN 36-3261413-002
<b>a</b>	Plan name ALLISON TRANSMISSION HOURLY EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALLISON TRANSMISSION, INC.	<b>c</b> EIN-PN 26-0413897-002
<b>a</b>	Plan name ALLISON TRANSMISSION EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALLISON TRANSMISSION, INC.	<b>c</b> EIN-PN 26-0413897-001
<b>a</b>	Plan name ALSCO 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALSCO INC.	<b>c</b> EIN-PN 87-0252999-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	A&B RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALSTON & BIRD LLP	<b>c</b> EIN-PN 58-0137615-001
<b>a</b>	Plan name	APPLE 401K PLAN	
<b>b</b>	Name of plan sponsor	APPLE INC.	<b>c</b> EIN-PN 94-2404110-001
<b>a</b>	Plan name	ARCH CAPITAL GROUP US INC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARCH CAPITAL GROUP (U.S.) INC.	<b>c</b> EIN-PN 06-1424716-001
<b>a</b>	Plan name	ARKEMA INC EMPLOYEES RETIREMENT SAVINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	ARKEMA INC.	<b>c</b> EIN-PN 23-0960890-013
<b>a</b>	Plan name	ARKEMA INC RETIRE SAVINGS 401K PLAN FOR COLLECTIVELY BARG EMPL	
<b>b</b>	Name of plan sponsor	ARKEMA INC.	<b>c</b> EIN-PN 23-0960890-015
<b>a</b>	Plan name	ARNOLD & PORTER KAYE SCHOLER LLP PROFIT SHARING AND 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ARNOLD & PORTER KAYE SCHOLER LLP	<b>c</b> EIN-PN 53-0208605-001
<b>a</b>	Plan name	CONTRACT EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASGN INCORPORATED.	<b>c</b> EIN-PN 54-1773546-002
<b>a</b>	Plan name	ECS FEDERAL ENHANCED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ASGN INCORPORATED.	<b>c</b> EIN-PN 59-3176720-002
<b>a</b>	Plan name	ECS FEDERAL LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ASGN INCORPORATED.	<b>c</b> EIN-PN 59-3176720-001
<b>a</b>	Plan name	APEX SYSTEMS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ASGN INCORPORATED.	<b>c</b> EIN-PN 54-1773546-002
<b>a</b>	Plan name	ASGN INCORPORATED 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASGN INCORPORATED.	<b>c</b> EIN-PN 95-4023433-001
<b>a</b>	Plan name	ISP 401K PLAN	
<b>b</b>	Name of plan sponsor	ASHLAND INC.	<b>c</b> EIN-PN 20-0865835-030

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.)	
<b>a</b>	Plan name THE ASHLAND EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ASHLAND INC.	<b>c</b> EIN-PN 20-0865835-010
<b>a</b>	Plan name THE ASHLAND UNION EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ASHLAND INC.	<b>c</b> EIN-PN 20-0865835-020
<b>a</b>	Plan name ASSA ABLOY INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ASSA ABLOY INCORPORATED	<b>c</b> EIN-PN 93-0925319-001
<b>a</b>	Plan name THE ATLAS AIRINC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ATLAS AIR, INC.	<b>c</b> EIN-PN 84-1207329-001
<b>a</b>	Plan name AXIS SPECIALTY US SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor AXIS SPECIALTY U.S. SERVICES, INC.	<b>c</b> EIN-PN 41-2030082-001
<b>a</b>	Plan name BATESVILLE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BATESVILLE SERVICES LLC	<b>c</b> EIN-PN 26-1342272-006
<b>a</b>	Plan name BAUSCH LOMB AMERICAS INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BAUSCH & LOMB AMERICAS INC.	<b>c</b> EIN-PN 85-4359919-001
<b>a</b>	Plan name BAUSCH HEALTH 401K	
<b>b</b>	Name of plan sponsor BAUSCH HEALTH COMPANIES INC.	<b>c</b> EIN-PN 98-0448205-001
<b>a</b>	Plan name BIMBO BAKERIES USA SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BIMBO BAKERIES USA, INC.	<b>c</b> EIN-PN 75-2490530-001
<b>a</b>	Plan name BIMBO BAKERIES USA UNION SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BIMBO BAKERIES USA, INC.	<b>c</b> EIN-PN 75-2490530-003
<b>a</b>	Plan name BIOMERIEUX INC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BIOMERIEUX, INC.	<b>c</b> EIN-PN 43-1109770-001
<b>a</b>	Plan name BLACKSTONE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BLACKSTONE	<b>c</b> EIN-PN 13-3637000-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BLOOMBERG L.P. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLOOMBERG L.P.	<b>c</b> EIN-PN 13-3417984-001
<b>a</b>	Plan name	BLUESCOPE STEEL NORTH AMERICA	
<b>b</b>	Name of plan sponsor	BLUESCOPE STEEL NORTH AMERICA	<b>c</b> EIN-PN 23-2081882-041
<b>a</b>	Plan name	BMC SOFTWARE INC SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BMC SOFTWARE, INC.	<b>c</b> EIN-PN 74-2126120-001
<b>a</b>	Plan name	BOSTON COLLEGE 401K PLAN II	
<b>b</b>	Name of plan sponsor	BOSTON COLLEGE	<b>c</b> EIN-PN 04-2103545-002
<b>a</b>	Plan name	SAVINGS PLAN FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-012
<b>a</b>	Plan name	BRIDGESTONE AMERICAS INC TAXEFFICIENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-009
<b>a</b>	Plan name	BRIDGESTONE AMERICAS INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-015
<b>a</b>	Plan name	THE FIRESTONE POLYMERS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-016
<b>a</b>	Plan name	BRIDGESTONE AMERICAS INC INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIDGESTONE AMERICAS, INC.	<b>c</b> EIN-PN 88-0335067-017
<b>a</b>	Plan name	BROOKFIELD 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BROOKFIELD ASSET MANAGEMENT LLC	<b>c</b> EIN-PN 20-4473811-002
<b>a</b>	Plan name	CDW COWORKERS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CDW LLC	<b>c</b> EIN-PN 36-3310735-001
<b>a</b>	Plan name	CGI TECHNOLOGIES AND SOLUTIONS INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CGI TECHNOLOGIES AND SOLUTIONS	<b>c</b> EIN-PN 54-0856778-001

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.)	
<b>a</b>	Plan name CGI TECHNOLOGIES AND SOLUTIONS INC. SCA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CGI TECHNOLOGIES AND SOLUTIONS	<b>c</b> EIN-PN 54-0856778-002
<b>a</b>	Plan name CHEVRON PHILLIPS CHEMICAL CO LP 401K SVGS PROFITSHARING PLAN	
<b>b</b>	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL COMPANY	<b>c</b> EIN-PN 73-1587712-001
<b>a</b>	Plan name CHEVRON PHILLIPS CHEMICAL PUERTO RICO CORE LLC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL COMPANY	<b>c</b> EIN-PN 26-1428318-001
<b>a</b>	Plan name CHICKFILA INC 401K PLAN	
<b>b</b>	Name of plan sponsor CHICK-FIL-A, INC.	<b>c</b> EIN-PN 58-0941582-333
<b>a</b>	Plan name COCACOLA CONSOLIDATED INC 401K PLAN	
<b>b</b>	Name of plan sponsor COCA-COLA CONSOLIDATED, INC.	<b>c</b> EIN-PN 56-0950585-002
<b>a</b>	Plan name COCACOLA BOTTLING CO CONSOLIDATED BARGAINING EMPLOYEES 401K PLAN	
<b>b</b>	Name of plan sponsor COCA-COLA CONSOLIDATED, INC.	<b>c</b> EIN-PN 20-0234821-003
<b>a</b>	Plan name COUNTY OF ORANGE 401(A) PLAN	
<b>b</b>	Name of plan sponsor COUNTY OF ORANGE	<b>c</b> EIN-PN 95-6000928-
<b>a</b>	Plan name COUNTY OF ORANGE DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor COUNTY OF ORANGE	<b>c</b> EIN-PN 95-6000928-
<b>a</b>	Plan name COUNTY OF SACRAMENTO 401A PLAN	
<b>b</b>	Name of plan sponsor COUNTY OF SACRAMENTO	<b>c</b> EIN-PN 94-6000529-
<b>a</b>	Plan name COUNTY OF SACRAMENTO DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor COUNTY OF SACRAMENTO	<b>c</b> EIN-PN 94-6000529-
<b>a</b>	Plan name DASSAULT SYSTEMES EMPLOYEE SAVINGS PLAN PLUS	
<b>b</b>	Name of plan sponsor DASSAULT SYSTEMES AMERICAS CORP.	<b>c</b> EIN-PN 51-0379588-001
<b>a</b>	Plan name DELTA 401K RETIREMENT PLAN FOR SEASONAL EMPLOYEES	
<b>b</b>	Name of plan sponsor DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-021

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.)	
<b>a</b>	Plan name DELTA 401K RETIREMENT PLAN FOR SUBSIDIARIES	
<b>b</b>	Name of plan sponsor DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-020
<b>a</b>	Plan name DELTA 401K RETIREMENT PLAN FOR PILOTS	
<b>b</b>	Name of plan sponsor DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-014
<b>a</b>	Plan name DELTA 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-004
<b>a</b>	Plan name DELTA 401K RETIREMENT PLAN FOR PUERTO RICO	
<b>b</b>	Name of plan sponsor DELTA AIR LINES, INC.	<b>c</b> EIN-PN 58-0218548-030
<b>a</b>	Plan name DCI RETIREMENT SAVINGS AND EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor DONALDSON COMPANY, INC.	<b>c</b> EIN-PN 41-0222640-007
<b>a</b>	Plan name THE DOW CHEMICAL COMPANY EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor DOW INC.	<b>c</b> EIN-PN 38-1285128-002
<b>a</b>	Plan name DSM NORTH AMERICA DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor DSM NORTH AMERICA, INC.	<b>c</b> EIN-PN 58-1858661-001
<b>a</b>	Plan name EATON PERSONAL INVESTMENT PLAN EPIP	
<b>b</b>	Name of plan sponsor EATON	<b>c</b> EIN-PN 34-0196300-162
<b>a</b>	Plan name EATON SAVINGS PLAN ESP	
<b>b</b>	Name of plan sponsor EATON	<b>c</b> EIN-PN 34-0196300-055
<b>a</b>	Plan name ENDEAVOR AIR SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ENDEAVOR AIR, INC.	<b>c</b> EIN-PN 58-1605378-001
<b>a</b>	Plan name ENDEAVOR AIR PILOTS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ENDEAVOR AIR, INC.	<b>c</b> EIN-PN 58-1605378-002
<b>a</b>	Plan name ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN 2	
<b>b</b>	Name of plan sponsor ESSILORLUXOTTICA USA INC.	<b>c</b> EIN-PN 95-3194947-025

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.)	
<b>a</b>	Plan name <a href="#">ESSILORLUXOTTICA RETIREMENT SAVINGS PLAN 1</a>	
<b>b</b>	Name of plan sponsor <a href="#">ESSILORLUXOTTICA USA INC.</a>	<b>c</b> EIN-PN <a href="#">59-3294787-001</a>
<b>a</b>	Plan name <a href="#">EXPEDIA RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EXPEDIA GROUP</a>	<b>c</b> EIN-PN <a href="#">91-1996083-001</a>
<b>a</b>	Plan name <a href="#">FAIR ISAAC CORPORATION 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAIR ISAAC CORPORATION</a>	<b>c</b> EIN-PN <a href="#">94-1499887-003</a>
<b>a</b>	Plan name <a href="#">GEORGIA SYSTEM OPERATIONS CORPORATION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAMILY OF COMPANIES</a>	<b>c</b> EIN-PN <a href="#">58-2231207-003</a>
<b>a</b>	Plan name <a href="#">GEORGIA TRANSMISSION CORPORATION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAMILY OF COMPANIES</a>	<b>c</b> EIN-PN <a href="#">58-2231201-003</a>
<b>a</b>	Plan name <a href="#">OGLETHORPE POWER CORPORATION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FAMILY OF COMPANIES</a>	<b>c</b> EIN-PN <a href="#">58-1211925-002</a>
<b>a</b>	Plan name <a href="#">FANNIE MAE RETIREMENT SAVINGS PLAN 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FANNIE MAE</a>	<b>c</b> EIN-PN <a href="#">52-0883107-001</a>
<b>a</b>	Plan name <a href="#">FARM CREDIT BENEFITS ALLIANCE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FARM CREDIT BENEFITS ALLIANCE</a>	<b>c</b> EIN-PN <a href="#">57-1016947-002</a>
<b>a</b>	Plan name <a href="#">FARM CREDIT BENEFITS ALLIANCE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FARM CREDIT BENEFITS ALLIANCE</a>	<b>c</b> EIN-PN <a href="#">57-1016947-002</a>
<b>a</b>	Plan name <a href="#">FOLEY &amp; LARDNER LLP DEFINED CONTRIBUTION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOLEY &amp; LARDNER</a>	<b>c</b> EIN-PN <a href="#">39-0473800-007</a>
<b>a</b>	Plan name <a href="#">FORTREA 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FORTREA</a>	<b>c</b> EIN-PN <a href="#">22-3265977-002</a>
<b>a</b>	Plan name <a href="#">EMPLOYEE PROFIT SHARING RETIREMENT PLAN OF THE FOSTER FARMS GROUP</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOSTER FARMS</a>	<b>c</b> EIN-PN <a href="#">94-2382364-001</a>

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.)	
<b>a</b> Plan name	GANNETT FLEMING, INC. TAX DEFERRED 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GANNETT FLEMING AFFILIATES, INC.	<b>c</b> EIN-PN 25-1613591-002
<b>a</b> Plan name	GENERAL MOTORS PERSONAL SAVINGS PLAN PSP	
<b>b</b> Name of plan sponsor	GENERAL MOTORS	<b>c</b> EIN-PN 27-0383222-014
<b>a</b> Plan name	GENERAL MOTORS RETIREMENT SAVINGS PLAN RSP	
<b>b</b> Name of plan sponsor	GENERAL MOTORS	<b>c</b> EIN-PN 27-0383222-002
<b>a</b> Plan name	GM PERSONAL SAVINGS PLAN RETIREMENT ACCOUNT PSPRA	
<b>b</b> Name of plan sponsor	GENERAL MOTORS	<b>c</b> EIN-PN 38-2577506-014
<b>a</b> Plan name	GOODWIN PROCTER LLP PARTNERSHIP PROFIT SHARING SAVINGS PLAN II	
<b>b</b> Name of plan sponsor	GOODWIN PROCTER LLP	<b>c</b> EIN-PN 04-1378465-007
<b>a</b> Plan name	GOODWIN PROCTER LLP PARTNERSHIP PROFIT SHARING SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GOODWIN PROCTER LLP	<b>c</b> EIN-PN 04-1378465-001
<b>a</b> Plan name	GROWMARK 401K PLAN	
<b>b</b> Name of plan sponsor	GROWMARK, INC.	<b>c</b> EIN-PN 37-0815318-011
<b>a</b> Plan name	GROWMARK MEMBER COOPERATIVE 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GROWMARK, INC.	<b>c</b> EIN-PN 37-0815318-333
<b>a</b> Plan name	HARLEYDAVIDSON RETIREMENT SAVINGS PLAN 401K	
<b>b</b> Name of plan sponsor	HARLEY-DAVIDSON	<b>c</b> EIN-PN 39-1805420-002
<b>a</b> Plan name	HDR, INC. BEST PLAN AND ESOP	
<b>b</b> Name of plan sponsor	HDR INCORPORATED	<b>c</b> EIN-PN 47-0663756-007
<b>a</b> Plan name	RETIREMENT PLAN OF HENKEL PUERTO RICO INC	
<b>b</b> Name of plan sponsor	HENKEL OF AMERICA	<b>c</b> EIN-PN 66-0266417-001
<b>a</b> Plan name	HENKEL PUERTO RICO INC SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HENKEL OF AMERICA	<b>c</b> EIN-PN 66-0266417-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE DIAL CORPORATION 401K PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor	HENKEL OF AMERICA	<b>c</b> EIN-PN 41-1372525-004
<b>a</b>	Plan name	HENKEL 401K AND DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	HENKEL OF AMERICA	<b>c</b> EIN-PN 41-1372525-003
<b>a</b>	Plan name	HEXCEL CORPORATION SAVINGS PLAN FOR KENT UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	HEXCEL CORPORATION	<b>c</b> EIN-PN 94-1109521-049
<b>a</b>	Plan name	HEXCEL CORPORATION 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HEXCEL CORPORATION	<b>c</b> EIN-PN 94-1109521-003
<b>a</b>	Plan name	HITACHI EMPLOYEE 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HITACHI AMERICA, LTD.	<b>c</b> EIN-PN 13-1896069-002
<b>a</b>	Plan name	THE DEFINED CONTRIBUTION PLAN OF THE METHODIST HOSPITAL	
<b>b</b>	Name of plan sponsor	HOUSTON METHODIST	<b>c</b> EIN-PN 76-0125391-004
<b>a</b>	Plan name	ELECTRICAL WORKERS LOCAL NO 26 INDIVIDUAL ACCOUNT PLAN	
<b>b</b>	Name of plan sponsor	IBEW LOCAL 26	<b>c</b> EIN-PN 52-1250801-001
<b>a</b>	Plan name	IGT 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IGT GLOBAL SOLUTIONS CORPORATION	<b>c</b> EIN-PN 88-0173041-001
<b>a</b>	Plan name	IKEA RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IKEA NORTH AMERICA SERVICES, LLC	<b>c</b> EIN-PN 23-3005722-001
<b>a</b>	Plan name	INGERSOLL RAND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INGERSOLL RAND INC.	<b>c</b> EIN-PN 76-0419383-002
<b>a</b>	Plan name	GARDNER DENVER INC IAR PLAN	
<b>b</b>	Name of plan sponsor	INGERSOLL RAND INC.	<b>c</b> EIN-PN 76-0419383-006
<b>a</b>	Plan name	INNOUT BURGER ASSOCIATES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	IN-N-OUT BURGER, INC.	<b>c</b> EIN-PN 95-2246829-001

**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.)

<b>a</b> Plan name	INTERCONTINENTAL EXCHANGE INC 401K PLAN	
<b>b</b> Name of plan sponsor	INTERCONTINENTAL EXCHANGE, INC.	<b>c</b> EIN-PN 46-2286804-001
<b>a</b> Plan name	IQVIA 401K PLAN	
<b>b</b> Name of plan sponsor	IQVIA INC.	<b>c</b> EIN-PN 06-1506026-004
<b>a</b> Plan name	IRVINE COMPANY UNIFIED SAVINGS PLAN	
<b>b</b> Name of plan sponsor	IRVINE MANAGEMENT COMPANY	<b>c</b> EIN-PN 20-3874681-002
<b>a</b> Plan name	JUNIPER NETWORKS INC 401K PLAN	
<b>b</b> Name of plan sponsor	JUNIPER NETWORKS, INC.	<b>c</b> EIN-PN 77-0422528-001
<b>a</b> Plan name	KEYSIGHT TECHNOLOGIES INC 401K PLAN	
<b>b</b> Name of plan sponsor	KEYSIGHT TECHNOLOGIES, INC.	<b>c</b> EIN-PN 46-4254555-003
<b>a</b> Plan name	LABORATORY CORPORATION OF AMERICA HOLDINGS 401K PLAN	
<b>b</b> Name of plan sponsor	LABCORP HOLDINGS INC.	<b>c</b> EIN-PN 13-3757370-003
<b>a</b> Plan name	LENNOX INTERNATIONAL INC 401K PLAN FOR SALARIED EMPLOYEES	
<b>b</b> Name of plan sponsor	LENNOX INTERNATIONAL INC.	<b>c</b> EIN-PN 42-0991521-042
<b>a</b> Plan name	LENNOX INTERNATIONAL INC 401K PLAN FOR HOURLY EMPLOYEES	
<b>b</b> Name of plan sponsor	LENNOX INTERNATIONAL INC.	<b>c</b> EIN-PN 42-0991521-045
<b>a</b> Plan name	LENOVO SAVINGS PLAN	
<b>b</b> Name of plan sponsor	LENOVO	<b>c</b> EIN-PN 52-2449153-002
<b>a</b> Plan name	EMPLOYEE LONGTERM INVESTMENT AND SAVINGS PLAN OF LEVI STRAUSS CO	
<b>b</b> Name of plan sponsor	LEVI STRAUSS & CO.	<b>c</b> EIN-PN 94-0905160-026
<b>a</b> Plan name	EMPLOYEE SAVINGS AND INVESTMENT PLAN OF LEVI STRAUSS CO	
<b>b</b> Name of plan sponsor	LEVI STRAUSS & CO.	<b>c</b> EIN-PN 94-0905160-022
<b>a</b> Plan name	LEXMARK SAVINGS PLAN	
<b>b</b> Name of plan sponsor	LEXMARK INTERNATIONAL	<b>c</b> EIN-PN 06-1308215-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LOCKTON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOCKTON, INC.	<b>c</b> EIN-PN 90-0007886-002
<b>a</b>	Plan name	MACK UAW 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MACK TRUCKS, INC.	<b>c</b> EIN-PN 22-1582040-012
<b>a</b>	Plan name	MANTECH INTERNATIONAL 401K	
<b>b</b>	Name of plan sponsor	MANTECH INTERNATIONAL CORP.	<b>c</b> EIN-PN 22-1852179-002
<b>a</b>	Plan name	MARATHON OIL COMPANY THRIFT PLAN	
<b>b</b>	Name of plan sponsor	MARATHON OIL COMPANY	<b>c</b> EIN-PN 25-1410539-003
<b>a</b>	Plan name	SPEEDWAY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARATHON PETROLEUM CORPORATION	<b>c</b> EIN-PN 31-1551430-006
<b>a</b>	Plan name	MARATHON PETROLEUM THRIFT PLAN	
<b>b</b>	Name of plan sponsor	MARATHON PETROLEUM CORPORATION	<b>c</b> EIN-PN 31-1537655-010
<b>a</b>	Plan name	MARKEL CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARKEL	<b>c</b> EIN-PN 54-1959284-003
<b>a</b>	Plan name	MARRIOTT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARRIOTT INTERNATIONAL, INC.	<b>c</b> EIN-PN 52-2055918-004
<b>a</b>	Plan name	MCAFEE TAFT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MCAFEE & TAFT	<b>c</b> EIN-PN 73-0781676-001
<b>a</b>	Plan name	401K SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	MERCK KGAA, DARMSTADT, GERMANY	<b>c</b> EIN-PN 04-2170233-001
<b>a</b>	Plan name	MICROCHIP TECHNOLOGY INCORPORATED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MICROCHIP TECHNOLOGY INCORPORATED	<b>c</b> EIN-PN 86-0629024-001
<b>a</b>	Plan name	MICROSOFT CORPORATION SAVINGS PLUS 401K PLAN	
<b>b</b>	Name of plan sponsor	MICROSOFT CORPORATION	<b>c</b> EIN-PN 91-1144442-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MIDATLANTIC PERMANENTE MEDICAL GROUP PC 401K PLAN	
<b>b</b>	Name of plan sponsor	MID-ATLANTIC PERMANENTE MEDICAL GROUP PC	<b>c</b> EIN-PN 52-1196226-002
<b>a</b>	Plan name	MISSION SUPPORT AND TEST SERVICES LLC MSTs EMPLOYEE 401K PLAN	
<b>b</b>	Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES, LLC	<b>c</b> EIN-PN 81-0705502-002
<b>a</b>	Plan name	MSTs REP EE 401K	
<b>b</b>	Name of plan sponsor	MISSION SUPPORT AND TEST SERVICES, LLC	<b>c</b> EIN-PN 81-0705502-003
<b>a</b>	Plan name	NATIONAL INSTRUMENTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL INSTRUMENTS CORPORATION	<b>c</b> EIN-PN 74-1871327-001
<b>a</b>	Plan name	NAVIENT 401K SAVINGS PLAN FOR PUERTO RICO EMPLOYEES	
<b>b</b>	Name of plan sponsor	NAVIENT CORPORATION	<b>c</b> EIN-PN 46-4054283-002
<b>a</b>	Plan name	NAVIENT 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NAVIENT CORPORATION	<b>c</b> EIN-PN 46-4054283-001
<b>a</b>	Plan name	NAVY FEDERAL 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NAVY FEDERAL CREDIT UNION	<b>c</b> EIN-PN 53-0116705-002
<b>a</b>	Plan name	NETFLIX 401K PLAN	
<b>b</b>	Name of plan sponsor	NETFLIX, INC.	<b>c</b> EIN-PN 77-0467272-001
<b>a</b>	Plan name	NPINRCA EMPLOYEES SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	NIKON PRECISION INC	<b>c</b> EIN-PN 94-2837900-002
<b>a</b>	Plan name	NISOURCE INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NISOURCE INC.	<b>c</b> EIN-PN 35-2108964-005
<b>a</b>	Plan name	TOPS MARKETS LLC 401K SAVINGS PLAN FOR UNION ASSOCIATES	
<b>b</b>	Name of plan sponsor	NORTHEAST GROCERY, INC.	<b>c</b> EIN-PN 16-1592810-002
<b>a</b>	Plan name	NORTHEAST GROCERY 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST GROCERY, INC.	<b>c</b> EIN-PN 16-1592810-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NORTON ROSE FULBRIGHT US LLP 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTON ROSE FULBRIGHT	<b>c</b> EIN-PN 74-1201087-005
<b>a</b>	Plan name	NTESS SAVINGS AND INCOME PLAN	
<b>b</b>	Name of plan sponsor	NTESS	<b>c</b> EIN-PN 85-0097942-008
<b>a</b>	Plan name	NUCOR CORPORATION PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NUCOR CORPORATION	<b>c</b> EIN-PN 13-1860817-334
<b>a</b>	Plan name	NVIDIA CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	NVIDIA CORPORATION	<b>c</b> EIN-PN 94-3177549-001
<b>a</b>	Plan name	OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION PROGRAM	
<b>b</b>	Name of plan sponsor	OHIO PUBLIC EMPLOYEES DEFERRED COMPENSATION BOARD	<b>c</b> EIN-PN 31-1224569-
<b>a</b>	Plan name	EVIDENT SCIENTIFIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLYMPUS CORPORATION OF THE AMERICAS	<b>c</b> EIN-PN 56-2538906-001
<b>a</b>	Plan name	OLYMPUS CORPORATION OF THE AMERICAS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OLYMPUS CORPORATION OF THE AMERICAS	<b>c</b> EIN-PN 11-3046497-006
<b>a</b>	Plan name	OMNICOM GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OMNICOM GROUP	<b>c</b> EIN-PN 13-1514814-004
<b>a</b>	Plan name	OPEN TEXT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	OPEN TEXT, INC.	<b>c</b> EIN-PN 46-0525483-001
<b>a</b>	Plan name	ORACLE CORPORATION 401K SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ORACLE CORPORATION	<b>c</b> EIN-PN 54-2185193-001
<b>a</b>	Plan name	OWENS MINOR 401K SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OWENS & MINOR, INC.	<b>c</b> EIN-PN 54-1701843-002
<b>a</b>	Plan name	PACCAR INC SAVINGS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	PACCAR INC	<b>c</b> EIN-PN 91-0351110-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PEACEHEALTH 401K	
<b>b</b>	Name of plan sponsor	PEACEHEALTH	<b>c</b> EIN-PN 83-2849989-001
<b>a</b>	Plan name	PEACEHEALTH MEDICAL GROUP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEACEHEALTH	<b>c</b> EIN-PN 91-0939479-001
<b>a</b>	Plan name	PEACEHEALTH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PEACEHEALTH	<b>c</b> EIN-PN 91-0939479-002
<b>a</b>	Plan name	PEACEHEALTH SOUTHWEST MEDICAL CENTER EMPLOYER CONTRIBUTION	
<b>b</b>	Name of plan sponsor	PEACEHEALTH	<b>c</b> EIN-PN 91-0939479-003
<b>a</b>	Plan name	PERFORMANCE FOOD GROUP EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PERFORMANCE FOOD GROUP, INC.	<b>c</b> EIN-PN 84-0629503-002
<b>a</b>	Plan name	PETSMART INC SAVESMART 401K PLAN	
<b>b</b>	Name of plan sponsor	PETSMART, LLC	<b>c</b> EIN-PN 94-3024325-001
<b>a</b>	Plan name	PIXAR EMPLOYEE'S 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PIXAR ANIMATION STUDIOS	<b>c</b> EIN-PN 68-0086179-001
<b>a</b>	Plan name	PPG INDUSTRIES INC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PPG INDUSTRIES, INC.	<b>c</b> EIN-PN 25-0730780-384
<b>a</b>	Plan name	PREMIER INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PREMIER HEALTHCARE SOLUTIONS, INC.	<b>c</b> EIN-PN 33-0054358-002
<b>a</b>	Plan name	PREVOST CAR, INC. (A DIVISION OF PREVOST CAR (US) INC.) 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PREVOST CAR A DIVISION OF PREVOST CAR US INC.	<b>c</b> EIN-PN 14-1768147-002
<b>a</b>	Plan name	PRIVATE DIAGNOSTIC CLINIC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	PRIVATE DIAGNOSTIC CLINIC, PLLC	<b>c</b> EIN-PN 56-1029437-001
<b>a</b>	Plan name	PUBLICIS BENEFITS CONNECTION 401K PLAN	
<b>b</b>	Name of plan sponsor	PUBLICIS	<b>c</b> EIN-PN 36-2677628-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	QORVO 401K PLAN	
<b>b</b>	Name of plan sponsor	QORVO US, INC.	<b>c</b> EIN-PN 95-3654013-003
<b>a</b>	Plan name	QUALCOMM INCORPORATED EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	QUALCOMM, INC.	<b>c</b> EIN-PN 95-3685934-001
<b>a</b>	Plan name	QUANTUM CORPORATION EMPLOYEE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	QUANTUM CORPORATION	<b>c</b> EIN-PN 94-2665054-001
<b>a</b>	Plan name	QUEST DIAGNOSTICS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUEST DIAGNOSTICS INCORPORATED	<b>c</b> EIN-PN 16-1387862-333
<b>a</b>	Plan name	REGAL REXNORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REGAL REXNORD CORPORATION	<b>c</b> EIN-PN 39-0875718-009
<b>a</b>	Plan name	REGAL REXNORD RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	REGAL REXNORD CORPORATION	<b>c</b> EIN-PN 39-0875718-008
<b>a</b>	Plan name	RENESAS ELECTRONICS AMERICA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RENESAS ELECTRONICS AMERICA INC.	<b>c</b> EIN-PN 59-3590018-002
<b>a</b>	Plan name	REVVITY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	REVVITY, INC.	<b>c</b> EIN-PN 04-2052042-001
<b>a</b>	Plan name	ROCK HOLDINGS ASSOCIATED COMPANIES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ROCK HOLDINGS, INC.	<b>c</b> EIN-PN 51-0415135-005
<b>a</b>	Plan name	RPM INTERNATIONAL INC 401K TRUST AND PLAN	
<b>b</b>	Name of plan sponsor	RPM INTERNATIONAL INC.	<b>c</b> EIN-PN 02-0642224-011
<b>a</b>	Plan name	RPM INTERNATIONAL INC UNION 401K TRUST AND PLAN	
<b>b</b>	Name of plan sponsor	RPM INTERNATIONAL INC.	<b>c</b> EIN-PN 02-0642224-007
<b>a</b>	Plan name	RYDER SYSTEM INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RYDER SYSTEM, INC.	<b>c</b> EIN-PN 59-0739250-005

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SC JOHNSON SON INC EMPLOYEES DEFERRED PROFIT SHARING SAVINGS	
<b>b</b>	Name of plan sponsor	S.C. JOHNSON & SON, INC.	<b>c</b> EIN-PN 39-0379990-001
<b>a</b>	Plan name	SALESFORCE 401K PLAN	
<b>b</b>	Name of plan sponsor	SALESFORCE, INC.	<b>c</b> EIN-PN 94-3320693-001
<b>a</b>	Plan name	SARGENTO PROFIT SHARING AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SARGENTO FOODS INC.	<b>c</b> EIN-PN 39-0859334-002
<b>a</b>	Plan name	SEAGATE 401K PLAN	
<b>b</b>	Name of plan sponsor	SEAGATE TECHNOLOGY	<b>c</b> EIN-PN 77-0545987-001
<b>a</b>	Plan name	SEALED AIR CORPORATION 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SEALED AIR CORPORATION	<b>c</b> EIN-PN 65-0654331-002
<b>a</b>	Plan name	SEWARD KISSEL 401K PLAN ASSOCIATES	
<b>b</b>	Name of plan sponsor	SEWARD & KISSEL	<b>c</b> EIN-PN 13-5551783-003
<b>a</b>	Plan name	SEWARD KISSEL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEWARD & KISSEL	<b>c</b> EIN-PN 13-5551783-001
<b>a</b>	Plan name	THE SHERWINWILLIAMS COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	SHERWIN-WILLIAMS	<b>c</b> EIN-PN 34-0526850-001
<b>a</b>	Plan name	SALARIED EMPLOYEES REVISED PENSION INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	SHERWIN-WILLIAMS	<b>c</b> EIN-PN 34-0526850-010
<b>a</b>	Plan name	THE SHERWINWILLIAMS COMPANY HOURLY 401K PLAN	
<b>b</b>	Name of plan sponsor	SHERWIN-WILLIAMS	<b>c</b> EIN-PN 34-0526850-022
<b>a</b>	Plan name	STB LLP CASH OR DEFERRED PLAN FOR SENIOR COUNSEL COUNSEL AND ASSOC	
<b>b</b>	Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	<b>c</b> EIN-PN 13-5395280-004
<b>a</b>	Plan name	STB LLP PROFIT SHARING PLAN FOR PARTNERS AND NONLEGAL EMPLOYEES	
<b>b</b>	Name of plan sponsor	SIMPSON THACHER & BARTLETT LLP	<b>c</b> EIN-PN 13-5395280-003

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.)	
<b>a</b>	Plan name STB LLP RETIREMENT PLAN FOR LEGAL AND OTHER PERSONNEL	
<b>b</b>	Name of plan sponsor SIMPSON THACHER & BARTLETT LLP	<b>c</b> EIN-PN 13-5395280-002
<b>a</b>	Plan name STB LLP SUPPLEMENTAL PROFIT SHARING PLAN FOR PARTNERS	
<b>b</b>	Name of plan sponsor SIMPSON THACHER & BARTLETT LLP	<b>c</b> EIN-PN 13-5395280-050
<b>a</b>	Plan name SOUTHWEST GAS CORPORATION EMPLOYEES INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHWEST GAS CORPORATION	<b>c</b> EIN-PN 88-0085720-004
<b>a</b>	Plan name STATE EMPLOYEES CREDIT UNION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STATE EMPLOYEES CREDIT UNION	<b>c</b> EIN-PN 56-0475645-001
<b>a</b>	Plan name STATE OF MONTANA DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor STATE OF MONTANA	<b>c</b> EIN-PN 81-6001666-
<b>a</b>	Plan name STATE OF MONTANA DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor STATE OF MONTANA	<b>c</b> EIN-PN 81-6001666-009
<b>a</b>	Plan name STEPAN COMPANY SAVINGS AND INVESTMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STEPAN COMPANY	<b>c</b> EIN-PN 36-1823834-002
<b>a</b>	Plan name WESTERN RESERVE HEALTH EDUCATION 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STEWARD HEALTH CARE	<b>c</b> EIN-PN 45-2409508-001
<b>a</b>	Plan name STEWARD HEALTH CARE 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor STEWARD HEALTH CARE	<b>c</b> EIN-PN 27-2473240-001
<b>a</b>	Plan name STRYKER CORPORATION 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STRYKER CORPORATION	<b>c</b> EIN-PN 38-1239739-002
<b>a</b>	Plan name STRYKER PUERTO RICO SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STRYKER PUERTO RICO, LLC	<b>c</b> EIN-PN 66-0955512-001
<b>a</b>	Plan name SULLIVAN AND CROMWELL LLP SAVINGS PLAN FOR ASSOCIATES	
<b>b</b>	Name of plan sponsor SULLIVAN & CROMWELL LLP	<b>c</b> EIN-PN 13-5420320-004

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.)		
<b>a</b>	Plan name <b>SULLIVAN AND CROMWELL LLP EMPLOYEES SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SULLIVAN &amp; CROMWELL LLP</b>	<b>c</b> EIN-PN <b>13-5420320-003</b>
<b>a</b>	Plan name <b>SUMITOMO PHARMA AMERICA INC</b>	
<b>b</b>	Name of plan sponsor <b>SUMITOMO PHARMA AMERICA, INC.</b>	<b>c</b> EIN-PN <b>27-0534130-001</b>
<b>a</b>	Plan name <b>THE SAVINGS AND INVESTMENT PLAN FOR PUERTO RICAN EMPLOYEES OF SUNOVION</b>	
<b>b</b>	Name of plan sponsor <b>SUMITOMO PHARMA AMERICA, INC.</b>	<b>c</b> EIN-PN <b>27-0534130-</b>
<b>a</b>	Plan name <b>SYNEOS HEALTH SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYNEOS HEALTH</b>	<b>c</b> EIN-PN <b>33-0723120-001</b>
<b>a</b>	Plan name <b>SYNOPSIS SILICON VALLEY SCIENCE TECHNOLOGY OUTREACH FOUNDATION 401K</b>	
<b>b</b>	Name of plan sponsor <b>SYNOPSIS, INC.</b>	<b>c</b> EIN-PN <b>77-0520414-001</b>
<b>a</b>	Plan name <b>SYNOPSIS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYNOPSIS, INC.</b>	<b>c</b> EIN-PN <b>56-1546236-001</b>
<b>a</b>	Plan name <b>TERADATA SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TERADATA</b>	<b>c</b> EIN-PN <b>75-3236470-001</b>
<b>a</b>	Plan name <b>THE EPISCOPAL CHURCH LAY EMPLOYEES DEFINED CONTRIBUTION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CHURCH PENSION FUND</b>	<b>c</b> EIN-PN <b>13-5562193-</b>
<b>a</b>	Plan name <b>THE EPISCOPAL CHURCH LAY EMPLOYEES DEFINED CONTRIBUTION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CHURCH PENSION FUND</b>	<b>c</b> EIN-PN <b>13-5562193-</b>
<b>a</b>	Plan name <b>INVESTMENT PARTICIPATION PLAN FOR STAFF OF CPF AND AFFILIATES</b>	
<b>b</b>	Name of plan sponsor <b>THE CHURCH PENSION FUND</b>	<b>c</b> EIN-PN <b>13-5562193-</b>
<b>a</b>	Plan name <b>THE EPISCOPAL CHURCH RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CHURCH PENSION FUND</b>	<b>c</b> EIN-PN <b>13-5562193-</b>
<b>a</b>	Plan name <b>THE JM SMUCKER COMPANY EMPLOYEE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE J. M. SMUCKER COMPANY</b>	<b>c</b> EIN-PN <b>34-0538550-011</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	NEIMAN MARCUS GROUP LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE NEIMAN MARCUS GROUP LLC	<b>c</b> EIN-PN 95-4119509-003
<b>a</b>	Plan name	THE PERMANENTE MEDICAL GROUP INC SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	THE PERMANENTE MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-2728480-013
<b>a</b>	Plan name	THE PERMANENTE CONTRIBUTION PLAN OF THE PERMANENTE MEDICAL GROUP INC	
<b>b</b>	Name of plan sponsor	THE PERMANENTE MEDICAL GROUP, INC.	<b>c</b> EIN-PN 94-2728480-040
<b>a</b>	Plan name	THE SCOTTS COMPANY LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE SCOTTS COMPANY LLC	<b>c</b> EIN-PN 31-1414921-001
<b>a</b>	Plan name	TOYOTA MOTOR NORTH AMERICA INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOYOTA MOTOR NORTH AMERICA, INC.	<b>c</b> EIN-PN 95-3141669-002
<b>a</b>	Plan name	TRANE TECHNOLOGIES EMPLOYEE SAVINGS PLAN FOR BARGAINED EMPLOYEES	
<b>b</b>	Name of plan sponsor	TRANE TECHNOLOGIES	<b>c</b> EIN-PN 13-5156640-076
<b>a</b>	Plan name	PR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRANE TECHNOLOGIES	<b>c</b> EIN-PN 66-0777053-077
<b>a</b>	Plan name	TRANE TECHNOLOGIES EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRANE TECHNOLOGIES	<b>c</b> EIN-PN 13-5156640-078
<b>a</b>	Plan name	TRANE 401K AND THRIFT PLAN	
<b>b</b>	Name of plan sponsor	TRANE TECHNOLOGIES	<b>c</b> EIN-PN 25-0900465-002
<b>a</b>	Plan name	TRIMBLE INC SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRIMBLE INC.	<b>c</b> EIN-PN 94-2802192-002
<b>a</b>	Plan name	TYLER TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor	TYLER TECHNOLOGIES, INC.	<b>c</b> EIN-PN 75-2303920-002
<b>a</b>	Plan name	UNISYS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNISYS CORPORATION	<b>c</b> EIN-PN 38-0387840-004

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.)	
<b>a</b>	Plan name UNISYS SAVINGS PLAN FOR PUERTO RICO EMPLOYEES	
<b>b</b>	Name of plan sponsor UNISYS CORPORATION	<b>c</b> EIN-PN 38-0387840-017
<b>a</b>	Plan name UPSIPA 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE - AIRLINES	<b>c</b> EIN-PN 13-1686691-003
<b>a</b>	Plan name UPSIBT LOCAL 2727 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE - AIRLINES	<b>c</b> EIN-PN 13-1686691-004
<b>a</b>	Plan name UPSIBT LOCAL 2727 MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE - AIRLINES	<b>c</b> EIN-PN 13-1686691-001
<b>a</b>	Plan name UPSIPA DEFINED CONTRIBUTION MONEY PURCHASE PENSION PLAN	
<b>b</b>	Name of plan sponsor UNITED PARCEL SERVICE - AIRLINES	<b>c</b> EIN-PN 13-1686691-002
<b>a</b>	Plan name BIG RIVER STEEL 401K PLAN	
<b>b</b>	Name of plan sponsor UNITED STATES STEEL CORPORATION	<b>c</b> EIN-PN 25-1897152-040
<b>a</b>	Plan name U S STEEL CORPORATION SAVINGS FUND PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor UNITED STATES STEEL CORPORATION	<b>c</b> EIN-PN 25-1897152-003
<b>a</b>	Plan name USS 401K PLAN FOR USWREPRESENTED EMPLOYEES	
<b>b</b>	Name of plan sponsor UNITED STATES STEEL CORPORATION	<b>c</b> EIN-PN 25-1897152-028
<b>a</b>	Plan name UWMF 401K PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF WISCONSIN MEDICAL FOUNDATI	<b>c</b> EIN-PN 39-1824445-002
<b>a</b>	Plan name UWMF PHYSICIANS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY OF WISCONSIN MEDICAL FOUNDATI	<b>c</b> EIN-PN 39-1824445-001
<b>a</b>	Plan name REGENTS RETIREMENT PLAN OF THE UNIVERSITY SYSTEM OF GEORGIA	
<b>b</b>	Name of plan sponsor UNIVERSITY SYSTEM OF GEORGIA	<b>c</b> EIN-PN 58-6002348-002
<b>a</b>	Plan name UNUM GROUP 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UNUM GROUP	<b>c</b> EIN-PN 62-1598430-002

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.)	
<b>a</b>	Plan name VOLVO INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor VOLVO CONSTRUCTION EQUIPMENT NORTH AMERICA, LLC	<b>c</b> EIN-PN 38-2496821-004
<b>a</b>	Plan name VOLVO GROUP NORTH AMERICA VOLUNTARY INVESTMENT PRETAX PLAN	
<b>b</b>	Name of plan sponsor VOLVO GROUP NORTH AMERICA, INC.	<b>c</b> EIN-PN 58-2431188-008
<b>a</b>	Plan name VOLUNTARY INVESTMENT PRETAX PLAN FOR THE VOLVO GROUP NORTH AMERICA UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor VOLVO GROUP NORTH AMERICA, INC.	<b>c</b> EIN-PN 58-2431188-014
<b>a</b>	Plan name VOLVO PENTA MARINE PRODUCTS, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VOLVO PENTA MARINE PRODUCTS, LLC	<b>c</b> EIN-PN 62-1529065-001
<b>a</b>	Plan name W R BERKLEY CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W. R. BERKLEY CORPORATION	<b>c</b> EIN-PN 22-1867895-001
<b>a</b>	Plan name WR GRACE CO SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor W. R. GRACE & CO.	<b>c</b> EIN-PN 65-0773649-123
<b>a</b>	Plan name WR GRACE CO RETIREMENT CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor W. R. GRACE & CO.	<b>c</b> EIN-PN 65-0773649-124
<b>a</b>	Plan name WACHTELL LIPTON ROSEN KATZ SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WACHTELL, LIPTON, ROSEN & KATZ	<b>c</b> EIN-PN 13-1935773-003
<b>a</b>	Plan name WAKEFERN FOOD CORP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WAKEFERN FOOD CORP.	<b>c</b> EIN-PN 22-1434516-002
<b>a</b>	Plan name THE WEGMANS RETIREMENT 401K SAVINGS PLANS	
<b>b</b>	Name of plan sponsor WEGMANS FOOD MARKETS, INC.	<b>c</b> EIN-PN 16-1309424-001
<b>a</b>	Plan name WHOLE FOODS MARKET GROWING YOUR FUTURE 401K PLAN	
<b>b</b>	Name of plan sponsor WHOLE FOODS MARKET	<b>c</b> EIN-PN 74-1989366-001
<b>a</b>	Plan name WINSHAPE FOUNDATION INC 401K PLAN	
<b>b</b>	Name of plan sponsor WINSHAPE FOUNDATION, INC.	<b>c</b> EIN-PN 58-1595471-001

**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.)

<b>a</b>	Plan name	WISCONSIN DEFERRED COMPENSATION PROGRAM SECTION 457 (B) PLAN	<b>c</b>	EIN-PN	39-1103756-
<b>b</b>	Name of plan sponsor	WISCONSIN DEFERRED COMPENSATION BOARD	<b>c</b>	EIN-PN	39-1103756-
<b>a</b>	Plan name	WOLTERS KLUWER 401K PLAN	<b>c</b>	EIN-PN	13-3577870-002
<b>b</b>	Name of plan sponsor	WOLTERS KLUWER US CORPORATION	<b>c</b>	EIN-PN	13-3577870-002
<b>a</b>	Plan name	REDDAWAY HOURLY 401K PLAN	<b>c</b>	EIN-PN	04-3338185-008
<b>b</b>	Name of plan sponsor	YELLOW CORPORATION	<b>c</b>	EIN-PN	04-3338185-008
<b>a</b>	Plan name	YELLOW CORPORATION 401K PLAN	<b>c</b>	EIN-PN	04-3338185-002
<b>b</b>	Name of plan sponsor	YELLOW CORPORATION	<b>c</b>	EIN-PN	04-3338185-002
<b>a</b>	Plan name	YOUNG LIFE 401K PLAN	<b>c</b>	EIN-PN	84-0385934-001
<b>b</b>	Name of plan sponsor	YOUNG LIFE	<b>c</b>	EIN-PN	84-0385934-001
<b>a</b>	Plan name	ZIONS BANCORPORATION PAYSHELTER 401K AND ESOP PLAN	<b>c</b>	EIN-PN	87-0189025-006
<b>b</b>	Name of plan sponsor	ZIONS BANCORPORATION	<b>c</b>	EIN-PN	87-0189025-006
<b>a</b>	Plan name	ZOLL MEDICAL CORPORATION EMPLOYEE SAVINGS PLAN	<b>c</b>	EIN-PN	04-2711626-001
<b>b</b>	Name of plan sponsor	ZOLL MEDICAL CORPORATION	<b>c</b>	EIN-PN	04-2711626-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>10/01/2023</b> and ending <b>09/30/2024</b>	
<b>A</b> Name of plan <b>FIDELITY CONTRAFUND COMMINGLED POOL</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>133</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>FIDELITY MANAGEMENT TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>04-3022712</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	993012	409897
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	90283951	179453046
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2213782275	616071088
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	3134880	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	527082218	580466277
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	39117135379	58366333935
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	41952411715	59742734243
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	13568663	17756704
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	583425655	124262160
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	596994318	142018864
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	41355417397	59600715379

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	75314284	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	749285	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		76063569
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	358634896	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	1555547046	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	17287853257	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		19278098768

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>	838323943	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		838323943
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	194476843	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		194476843
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1032800786

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		18245297982
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

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

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.