

**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
  - 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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>FIDELITY GROWTH COMPANY COMMINGLED POOL</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>135</u> <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FIDELITY MANAGEMENT TRUST COMPANY</u>  <u>245 SUMMER ST</u> <u>BOSTON, MA 02210-1133</u>	<b>2b</b> Employer Identification Number (EIN) <u>04-3022712</u> <b>2c</b> Plan Sponsor's telephone number  <b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>04/03/2025</u>	<u>BRIAN HURTON</u>
	Signature of DFE	Date	Enter name of individual signing as 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> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(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
--	--

**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)
---	--

---

**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 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 0

---

<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>
---	--	---

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 GROWTH COMPANY COMMINGLED POOL</u>	<b>B</b> Three-digit plan number (PN)	<u>▶</u> <u>135</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)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

**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)

<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	ABX AIR INC PILOTS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ABX AIR, INC. PIP	<b>c</b> EIN-PN 91-1091619-005
<b>a</b>	Plan name	ADT SECURITY CORPORATION RETIREMENT SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	ADT LLC	<b>c</b> EIN-PN 45-4343781-002
<b>a</b>	Plan name	AECOM RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AECOM	<b>c</b> EIN-PN 61-1088522-055
<b>a</b>	Plan name	AECOM CARIBE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AECOM GLOBAL II, LLC	<b>c</b> EIN-PN 47-1336341-102
<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	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	AMENTUM 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AMENTUM SERVICES, INC.	<b>c</b> EIN-PN 27-1628265-001
<b>a</b>	Plan name	ACIPCO 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN CAST IRON PIPE CO.	<b>c</b> EIN-PN 63-0008070-002
<b>a</b>	Plan name	ACIPCO 401K	
<b>b</b>	Name of plan sponsor	AMERICAN CAST IRON PIPE CO.	<b>c</b> EIN-PN 63-0008070-003
<b>a</b>	Plan name	AMERICAN TOWER RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN TOWER CORPORATION	<b>c</b> EIN-PN 65-0723837-001
<b>a</b>	Plan name	AMSTED RETIREMENT SAVINGS PLAN FOR BARGAINING EMPLOYEES	
<b>b</b>	Name of plan sponsor	AMSTED INDUSTRIES, INC.	<b>c</b> EIN-PN 36-0730380-001
<b>a</b>	Plan name	AMSTED INDUSTRIES 401K PLAN FOR JOINT VENTURE EMPLOYEES	
<b>b</b>	Name of plan sponsor	AMSTED INDUSTRIES, INC.	<b>c</b> EIN-PN 36-0730380-124

<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	AMSTED INDUSTRIES EMPLOYEES CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	AMSTED INDUSTRIES, INC.	<b>c</b> EIN-PN 36-0730380-001
<b>a</b>	Plan name	AMWINS GROUP INC 401K PLAN	
<b>b</b>	Name of plan sponsor	AMWINS GROUP, INC.	<b>c</b> EIN-PN 13-4009411-001
<b>a</b>	Plan name	THE INVESTMENT PARTNERSHIP	
<b>b</b>	Name of plan sponsor	ANALOG DEVICES	<b>c</b> EIN-PN 04-6766631-003
<b>a</b>	Plan name	MONEY PURCHASE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	APACHE CORPORATION	<b>c</b> EIN-PN 41-0747868-003
<b>a</b>	Plan name	APACHE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	APACHE CORPORATION	<b>c</b> EIN-PN 41-0747868-002
<b>a</b>	Plan name	APPLIED MATERIALS INC EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	APPLIED MATERIALS, INC.	<b>c</b> EIN-PN 94-1655526-333
<b>a</b>	Plan name	ARCADIS U.S. INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARCADIS U.S., INC	<b>c</b> EIN-PN 57-0373224-002
<b>a</b>	Plan name	ARCOSA 401K PLAN	
<b>b</b>	Name of plan sponsor	ARCOSA, INC.	<b>c</b> EIN-PN 82-5339416-001
<b>a</b>	Plan name	ARUP US RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARUP US, INC.	<b>c</b> EIN-PN 36-2711213-002
<b>a</b>	Plan name	ASBURY AUTOMOTIVE GROUP LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ASBURY AUTOMOTIVE GROUP	<b>c</b> EIN-PN 23-2790555-001
<b>a</b>	Plan name	ATKORE INTERNATIONAL INC 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ATKORE	<b>c</b> EIN-PN 90-0631477-035
<b>a</b>	Plan name	BANNER HEALTH EMPLOYEES 401K	
<b>b</b>	Name of plan sponsor	BANNER HEALTH	<b>c</b> EIN-PN 45-0233470-002

<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	MBS TEXTBOOK EXCHANGE LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARNES & NOBLE EDUCATION, INC.	<b>c</b> EIN-PN 43-1379686-001
<b>a</b>	Plan name	BARNES AND NOBLE EDUCATION 401K PLAN	
<b>b</b>	Name of plan sponsor	BARNES & NOBLE EDUCATION, INC.	<b>c</b> EIN-PN 46-0599018-001
<b>a</b>	Plan name	BARNES NOBLE 401K PLAN	
<b>b</b>	Name of plan sponsor	BARNES & NOBLE, INC.	<b>c</b> EIN-PN 06-1196501-001
<b>a</b>	Plan name	BARRICK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BARRICK GOLD OF NORTH AMERICA, INC.	<b>c</b> EIN-PN 98-0065088-001
<b>a</b>	Plan name	BCS FINANCIAL CORPORATION TAXFAVORED SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	BCS FINANCIAL CORPORATION	<b>c</b> EIN-PN 36-4247278-002
<b>a</b>	Plan name	BD 401K PLAN	
<b>b</b>	Name of plan sponsor	BECTON, DICKINSON & CO.	<b>c</b> EIN-PN 22-0760120-011
<b>a</b>	Plan name	BD SAVINGS PLAN FOR PUERTO RICO EMPLOYEES	
<b>b</b>	Name of plan sponsor	BECTON, DICKINSON & CO.	<b>c</b> EIN-PN 66-0560107-001
<b>a</b>	Plan name	BIOGEN 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BIOGEN INC.	<b>c</b> EIN-PN 33-0112644-001
<b>a</b>	Plan name	BJC 401K PLAN	
<b>b</b>	Name of plan sponsor	BJC HEALTHCARE	<b>c</b> EIN-PN 43-1617558-003
<b>a</b>	Plan name	BLUECROSS BLUESHIELD ASSOCIATION TAXFAVORED SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD ASSOCIATION	<b>c</b> EIN-PN 13-5656874-002
<b>a</b>	Plan name	BLUE CROSS BLUE SHIELD OF FLORIDA 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF FLORIDA	<b>c</b> EIN-PN 59-2015694-002
<b>a</b>	Plan name	WEBTPA EMPLOYER SERVICES LLC 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF FLORIDA	<b>c</b> EIN-PN 59-2015694-001

<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	DIAGNOSTIC CLINIC MEDICAL GROUP RETIREMENT401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF FLORIDA	<b>c</b> EIN-PN 59-3307922-003
<b>a</b>	Plan name	BLUE CROSS BLUE SHIELD OF KANSAS TAXFAVORED SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF KANSAS	<b>c</b> EIN-PN 48-0952857-002
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF KANSAS CITY 401K PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF KANSAS CITY	<b>c</b> EIN-PN 43-1257251-002
<b>a</b>	Plan name	BLUE CROSS BLUE SHIELD OF LOUISIANA TAXFAVORED SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF LOUISIANA	<b>c</b> EIN-PN 23-7384555-002
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF MA INC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF MA, INC.	<b>c</b> EIN-PN 04-1045815-002
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF MINNESOTA EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF MINNESOTA	<b>c</b> EIN-PN 41-0984460-002
<b>a</b>	Plan name	BLUECROSS BLUESHIELD OF MISSISSIPPI TAX FAVORED SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF MISSISSIPPI	<b>c</b> EIN-PN 64-0295748-003
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA 401K PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA	<b>c</b> EIN-PN 56-0894904-003
<b>a</b>	Plan name	PNHP TARGET BENEFIT	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA	<b>c</b> EIN-PN 56-0894904-002
<b>a</b>	Plan name	BCBS OF SOUTH CAROLINA DOLLARS AND SENSE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF SOUTH CAROLINA	<b>c</b> EIN-PN 57-0287419-002
<b>a</b>	Plan name	BLUECROSS BLUESHIELD OF VERMONT 401K RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF VERMONT	<b>c</b> EIN-PN 03-0277307-003
<b>a</b>	Plan name	BLUECROSS BLUESHIELD OF WYOMING TAX FAVORED SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF WYOMING	<b>c</b> EIN-PN 83-0231011-002

<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	BLUE CROSS OF IDAHO HEALTH SERVICE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BLUE CROSS OF IDAHO	<b>c</b> EIN-PN 82-0344294-002
<b>a</b>	Plan name	BLUE 401K PLAN	
<b>b</b>	Name of plan sponsor	BLUE ORIGIN, LLC	<b>c</b> EIN-PN 61-1770771-002
<b>a</b>	Plan name	BLUE SHIELD OF CALIFORNIA TAX DEFERRED SALARY INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BLUE SHIELD OF CALIFORNIA	<b>c</b> EIN-PN 94-0360524-002
<b>a</b>	Plan name	BLUE CROSS AND BLUE SHIELD OF ARIZONA INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BLUECROSS BLUESHIELD OF ARIZONA	<b>c</b> EIN-PN 86-0004538-002
<b>a</b>	Plan name	BLUECROSS BLUESHIELD OF TENNESSEE EMPLOYEE RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	BLUECROSS BLUESHIELD OF TENNESSEE	<b>c</b> EIN-PN 62-0427913-002
<b>a</b>	Plan name	BMW SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BMW	<b>c</b> EIN-PN 22-2139469-002
<b>a</b>	Plan name	BNP PARIBAS 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BNP PARIBAS US WHOLESALE HOLDINGS, CORP.	<b>c</b> EIN-PN 94-1677765-003
<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	BRISTOLMYERS SQUIBB COMPANY SAVINGS AND INVESTMENT PROGRAM	
<b>b</b>	Name of plan sponsor	BRISTOL-MYERS SQUIBB COMPANY	<b>c</b> EIN-PN 22-0790350-002
<b>a</b>	Plan name	BRISTOLMYERS SQUIBB COMPANY EMPLOYEE INCENTIVE THRIFT PLAN	
<b>b</b>	Name of plan sponsor	BRISTOL-MYERS SQUIBB COMPANY	<b>c</b> EIN-PN 22-0790350-007
<b>a</b>	Plan name	BRISTOLMYERS SQUIBB PUERTO RICO INC SAVINGS AND INVESTMENT PROGRAM	
<b>b</b>	Name of plan sponsor	BRISTOL-MYERS SQUIBB COMPANY	<b>c</b> EIN-PN 66-0256665-002
<b>a</b>	Plan name	BROADCOM US 401K PLAN	
<b>b</b>	Name of plan sponsor	BROADCOM INC.	<b>c</b> EIN-PN 20-3387670-001

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 CS AND AFFILIATES 401K SAVINGS PLAN A	
<b>b</b>	Name of plan sponsor C&S WHOLESALE GROCERS, LLC	<b>c</b> EIN-PN 04-1140950-002
<b>a</b>	Plan name CS AND AFFILIATES 401K SAVINGS PLAN B	
<b>b</b>	Name of plan sponsor C&S WHOLESALE GROCERS, LLC	<b>c</b> EIN-PN 04-1140950-001
<b>a</b>	Plan name CS AND AFFILIATES 401K SAVINGS PLAN C	
<b>b</b>	Name of plan sponsor C&S WHOLESALE GROCERS, LLC	<b>c</b> EIN-PN 04-1140950-003
<b>a</b>	Plan name CAES 401K PLAN	
<b>b</b>	Name of plan sponsor CAES SYSTEMS LLC	<b>c</b> EIN-PN 20-8844348-001
<b>a</b>	Plan name CAMBIA HEALTH SOLUTIONS INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CAMBIA HEALTH SOLUTIONS, INC.	<b>c</b> EIN-PN 93-1179316-002
<b>a</b>	Plan name CAPGEMINI 401K	
<b>b</b>	Name of plan sponsor CAPGEMINI AMERICA, INC.	<b>c</b> EIN-PN 22-2575929-004
<b>a</b>	Plan name CAPGEMINI SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor CAPGEMINI AMERICA, INC.	<b>c</b> EIN-PN 22-2575929-005
<b>a</b>	Plan name CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor CAPITAL ACCUMULATION PLAN	<b>c</b> EIN-PN 91-1091619-002
<b>a</b>	Plan name CARDINAL HEALTH PR 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CARDINAL HEALTH, INC	<b>c</b> EIN-PN 31-0958666-062
<b>a</b>	Plan name CARDINAL HEALTH 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CARDINAL HEALTH, INC	<b>c</b> EIN-PN 31-0958666-055
<b>a</b>	Plan name CATALENT PHARMA SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CATALENT PHARMA SOLUTIONS, INC.	<b>c</b> EIN-PN 13-3523163-011
<b>a</b>	Plan name CENCORA INC EMPLOYEE INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor CENCORA, INC.	<b>c</b> EIN-PN 23-3079390-001

<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	CENTRACARE HEALTH SYSTEM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CENTRACARE HEALTH SYSTEMS	<b>c</b> EIN-PN 41-1813221-001
<b>a</b>	Plan name	CLAYTON HOMES 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CLAYTON HOMES INC.	<b>c</b> EIN-PN 62-1671360-002
<b>a</b>	Plan name	CLEARY GOTTLIEB STEEN HAMILTON LLP TOPS	
<b>b</b>	Name of plan sponsor	CLEARY GOTTLIEB STEEN & HAMILTON LLP	<b>c</b> EIN-PN 13-5599083-003
<b>a</b>	Plan name	COMMONWEALTH OF MASS EMPLOYEES DEFERRED COMP PLAN	
<b>b</b>	Name of plan sponsor	COMMONWEALTH OF MASSACHUSETTS	<b>c</b> EIN-PN 04-6002284-
<b>a</b>	Plan name	COMMONWEALTH OF MASSACHUSETTS EMPLOYEES DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	COMMONWEALTH OF MASSACHUSETTS	<b>c</b> EIN-PN 04-6002284-
<b>a</b>	Plan name	COMMUNICATIONS AND POWER INDUSTRIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMUNICATIONS & POWER INDUSTRIES LLC	<b>c</b> EIN-PN 77-0405693-001
<b>a</b>	Plan name	COMPUCOM SYSTEMS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COMPUCOM SYSTEMS, INC.	<b>c</b> EIN-PN 38-2363156-002
<b>a</b>	Plan name	CONCENTRIX RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CONCENTRIX CORPORATION	<b>c</b> EIN-PN 83-1746894-002
<b>a</b>	Plan name	QURATE RETAIL GROUP 401(K) RETIRMENT SAVINGS PLAN FOR CORNERSTONE BRANDS	
<b>b</b>	Name of plan sponsor	CORNERSTONE BRANDS INC	<b>c</b> EIN-PN 01-0520036-001
<b>a</b>	Plan name	COVENANT HEALTH 401K PLAN	
<b>b</b>	Name of plan sponsor	COVENANT HEALTH	<b>c</b> EIN-PN 62-1646734-002
<b>a</b>	Plan name	MORRISTOWNHAMBLÉN HOSPITAL ASSOCIATION 401K PLAN	
<b>b</b>	Name of plan sponsor	COVENANT HEALTH	<b>c</b> EIN-PN 62-0545814-002
<b>a</b>	Plan name	COVETRUS 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COVETRUS	<b>c</b> EIN-PN 83-1448706-002

<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	JOHN DEERE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	DEERE & COMPANY	<b>c</b> EIN-PN 36-2382580-003
<b>a</b>	Plan name	JOHN DEERE SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	DEERE & COMPANY	<b>c</b> EIN-PN 36-2382580-003
<b>a</b>	Plan name	JOHN DEERE TAX DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DEERE & COMPANY	<b>c</b> EIN-PN 36-2382580-008
<b>a</b>	Plan name	JOHN DEERE TAX DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DEERE & COMPANY	<b>c</b> EIN-PN 36-2382580-008
<b>a</b>	Plan name	401(K) PLAN FOR HOURLY EMPLOYEES OF DOLE FOOD COMPANY, INC. AND PARTICIPATING DIVISIONS AND SUBSIDIARIES	
<b>b</b>	Name of plan sponsor	DOLE FOOD COMPANY	<b>c</b> EIN-PN 99-0035300-068
<b>a</b>	Plan name	401(K) PLAN FOR SALARIED EMPLOYEES OF DOLE FOOD COMPANY, INC. AND PARTICIPATING DIVISIONS AND SUBSIDIARIES	
<b>b</b>	Name of plan sponsor	DOLE FOOD COMPANY	<b>c</b> EIN-PN 99-0035300-060
<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	THE ESTEE LAUDER COMPANIES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ESTEE LAUDER INC.	<b>c</b> EIN-PN 13-1871348-002
<b>a</b>	Plan name	EVERGREEN DEF COMP	
<b>b</b>	Name of plan sponsor	EVERGREENHEALTH	<b>c</b> EIN-PN 91-0221810-
<b>a</b>	Plan name	EVERGREEN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EVERGREENHEALTH	<b>c</b> EIN-PN 91-0221810-
<b>a</b>	Plan name	EH MONROE 401A PLAN	
<b>b</b>	Name of plan sponsor	EVERGREENHEALTH	<b>c</b> EIN-PN 93-0674102-

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	EH MONROE 457B PLAN	
<b>b</b> Name of plan sponsor	EVERGREENHEALTH	<b>c</b> EIN-PN 93-0674102-
<b>a</b> Plan name	THE EXCELLUS 401K PLAN	
<b>b</b> Name of plan sponsor	EXCELLUS	<b>c</b> EIN-PN 15-0329043-002
<b>a</b> Plan name	F5 INC 401K PROFIT SHARING AND TRUST	
<b>b</b> Name of plan sponsor	F5, INC.	<b>c</b> EIN-PN 91-1714307-001
<b>a</b> Plan name	FAEGRE DRINKER BIDDLE & REATH RETIREMENT SAVINGS PLAN 1	
<b>b</b> Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH LLP	<b>c</b> EIN-PN 41-0244008-002
<b>a</b> Plan name	FAEGRE DRINKER BIDDLE & REATH RETIREMENT SAVINGS PLAN 2	
<b>b</b> Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH LLP	<b>c</b> EIN-PN 41-0244008-033
<b>a</b> Plan name	FAEGRE DRINKER BIDDLE & REATH LLP CASH BALANCE PENSION PLAN 1	
<b>b</b> Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH LLP	<b>c</b> EIN-PN 41-0244008-031
<b>a</b> Plan name	FAEGRE DRINKER BIDDLE & REATH LLP CASH BALANCE PENSION PLAN 2	
<b>b</b> Name of plan sponsor	FAEGRE DRINKER BIDDLE & REATH LLP	<b>c</b> EIN-PN 41-0244008-032
<b>a</b> Plan name	FORD MOTOR CO SAVINGS & STOCK INVESTMENT PLAN FOR SAL EMPLOYEES (SSIP)	
<b>b</b> Name of plan sponsor	FORD MOTOR COMPANY	<b>c</b> EIN-PN 38-0549190-010
<b>a</b> Plan name	FORD MOTOR CO TAX-EFFICIENT SAV PLAN FOR HRLY EMPLOYEES (TESPHE)	
<b>b</b> Name of plan sponsor	FORD MOTOR COMPANY	<b>c</b> EIN-PN 38-0549190-025
<b>a</b> Plan name	GARTNER INC SAVINGS AND INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	GARTNER, INC.	<b>c</b> EIN-PN 04-3099750-002
<b>a</b> Plan name	GEISINGER MEDICAL MANAGEMENT CORP 401K SAFE HARBOR PLAN	
<b>b</b> Name of plan sponsor	GEISINGER HEALTH SYSTEM	<b>c</b> EIN-PN 23-2077663-004
<b>a</b> Plan name	GEISINGER SYSTEM SERVICES 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	GEISINGER HEALTH SYSTEM	<b>c</b> EIN-PN 23-2164794-002

<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	GHP 401K PLAN	
<b>b</b>	Name of plan sponsor	GEISINGER HEALTH SYSTEM	<b>c</b> EIN-PN 23-2311553-001
<b>a</b>	Plan name	AHMC HEALTHCARE INC 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GEMW HEALTHCARE INVESTMENT LP	<b>c</b> EIN-PN 51-0519169-001
<b>a</b>	Plan name	EMPLOYEE SAVINGS AND STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	GEN RE	<b>c</b> EIN-PN 06-1026471-002
<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	GILEAD SCIENCES 401K PLAN	
<b>b</b>	Name of plan sponsor	GILEAD SCIENCES, INC.	<b>c</b> EIN-PN 94-3047598-001
<b>a</b>	Plan name	GIVAUDANS 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GIVAUDAN	<b>c</b> EIN-PN 31-1707845-003
<b>a</b>	Plan name	GRANT THORNTON LLP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GRANT THORNTON L.L.P.	<b>c</b> EIN-PN 36-6055558-001
<b>a</b>	Plan name	GPI SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GRAPHIC PACKAGING INTERNATIONAL, LLC	<b>c</b> EIN-PN 84-0772929-007
<b>a</b>	Plan name	GPI HRLY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GRAPHIC PACKAGING INTERNATIONAL, LLC	<b>c</b> EIN-PN 84-0772929-008
<b>a</b>	Plan name	GREAT LAKES DREDGE DOCK COMPANY LLC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES DREDGE & DOCK COMPANY, LLC	<b>c</b> EIN-PN 20-1354414-005

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.)	
<b>a</b>	Plan name GREAT LAKES DREDGE DOCK COMPANY LLC HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor GREAT LAKES DREDGE & DOCK COMPANY, LLC	<b>c</b> EIN-PN 20-1354414-008
<b>a</b>	Plan name GUIDEHOUSE MANAGED SERVICES LLC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GUIDEHOUSE INC.	<b>c</b> EIN-PN 20-2858838-002
<b>a</b>	Plan name GUIDEHOUSE INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GUIDEHOUSE INC.	<b>c</b> EIN-PN 36-3242332-001
<b>a</b>	Plan name GUIDEWELL SOURCE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GUIDEWELL SOURCE	<b>c</b> EIN-PN 59-3514333-001
<b>a</b>	Plan name HASBRO INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HASBRO, INC.	<b>c</b> EIN-PN 05-0155090-004
<b>a</b>	Plan name HEALTH INTELLIGENCE COMPANY LLC TAXFAVORED SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor HEALTH INTELLIGENCE COMPANY, LLC	<b>c</b> EIN-PN 27-4269034-001
<b>a</b>	Plan name GROUP HEALTH PLAN INC 401K PLAN	
<b>b</b>	Name of plan sponsor HEALTHPARTNERS	<b>c</b> EIN-PN 41-0797853-003
<b>a</b>	Plan name HEALTHPARTNERS SERVICES INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HEALTHPARTNERS SERVICES, INC.	<b>c</b> EIN-PN 41-1683568-004
<b>a</b>	Plan name HIBU INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HIBU INC.	<b>c</b> EIN-PN 20-0829862-001
<b>a</b>	Plan name HOGAN LOVELLS US LLP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOGAN LOVELLS US LLP	<b>c</b> EIN-PN 53-0084704-001
<b>a</b>	Plan name HORIZON LINES CAPITAL SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HORIZON LINES, LLC	<b>c</b> EIN-PN 56-2098440-002
<b>a</b>	Plan name HURON CONSULTING GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HURON CONSULTING GROUP INC.	<b>c</b> EIN-PN 01-0666114-001

<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	IHEART MEDIA INC	
<b>b</b>	Name of plan sponsor	IHEARTMEDIA, INC.	<b>c</b> EIN-PN 74-1787539-002
<b>a</b>	Plan name	IHEART MEDIA INC	
<b>b</b>	Name of plan sponsor	IHEARTMEDIA, INC.	<b>c</b> EIN-PN 74-1787539-001
<b>a</b>	Plan name	ILITCH HOLDINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	ILITCH HOLDINGS	<b>c</b> EIN-PN 38-3357937-002
<b>a</b>	Plan name	INFINEON TECHNOLOGIES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INFINEON TECHNOLOGIES AMERICAS CORP.	<b>c</b> EIN-PN 95-1528961-002
<b>a</b>	Plan name	INFINEUM SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INFINEUM USA, INC.	<b>c</b> EIN-PN 74-2890923-002
<b>a</b>	Plan name	INOVA HEALTH SYSTEM RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INOVA HEALTH SYSTEM	<b>c</b> EIN-PN 54-1071867-002
<b>a</b>	Plan name	INTEL 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTEL CORPORATION	<b>c</b> EIN-PN 94-1672743-003
<b>a</b>	Plan name	INTEL RETIREMENT CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	INTEL CORPORATION	<b>c</b> EIN-PN 94-1672743-001
<b>a</b>	Plan name	JENNER BLOCK PROFIT SHARING PLAN 201	
<b>b</b>	Name of plan sponsor	JENNER & BLOCK LLP	<b>c</b> EIN-PN 36-2192554-201
<b>a</b>	Plan name	JONES LANG LASALLE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JONES LANG LASALLE	<b>c</b> EIN-PN 36-4150422-001
<b>a</b>	Plan name	JONES WALKER LLP PROFITSHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JONES WALKER LLP	<b>c</b> EIN-PN 72-0445111-001
<b>a</b>	Plan name	JOYSON SAFETY SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor	JOYSON SAFETY SYSTEMS	<b>c</b> EIN-PN 82-3781653-001

**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	KATTEN MUCHIN ROSENMAN LLP DEFINED CONTRIBUTION PLAN	<b>c</b>	EIN-PN	36-2796532-007
<b>b</b>	Name of plan sponsor	KATTEN MUCHIN ROSENMAN LLP	<b>c</b>	EIN-PN	36-2796532-007
<b>a</b>	Plan name	KEMIRA GROUP 401K PLAN	<b>c</b>	EIN-PN	59-3657872-003
<b>b</b>	Name of plan sponsor	KEMIRA WATER SOLUTIONS, INC.	<b>c</b>	EIN-PN	59-3657872-003
<b>a</b>	Plan name	KHN EMPLOYER CONTRIBUTION PLAN	<b>c</b>	EIN-PN	31-0621866-
<b>b</b>	Name of plan sponsor	KETTERING HEALTH NETWORK	<b>c</b>	EIN-PN	31-0621866-
<b>a</b>	Plan name	KHN EMPLOYEE CONTRIBUTION PLAN	<b>c</b>	EIN-PN	31-0621866-
<b>b</b>	Name of plan sponsor	KETTERING HEALTH NETWORK	<b>c</b>	EIN-PN	31-0621866-
<b>a</b>	Plan name	DR PEPPER SNAPPLE GROUP INC UNION EMPLOYEES SAVINGS PLAN	<b>c</b>	EIN-PN	98-0517725-022
<b>b</b>	Name of plan sponsor	KEURIG DR PEPPER INC.	<b>c</b>	EIN-PN	98-0517725-022
<b>a</b>	Plan name	KEURIG DR PEPPER 401K PLAN	<b>c</b>	EIN-PN	98-0517725-010
<b>b</b>	Name of plan sponsor	KEURIG DR PEPPER INC.	<b>c</b>	EIN-PN	98-0517725-010
<b>a</b>	Plan name	KEWAUNEE FABRICATIONS LLC 401(K) PLAN	<b>c</b>	EIN-PN	39-1975610-010
<b>b</b>	Name of plan sponsor	KEWAUNEE FABRICATIONS	<b>c</b>	EIN-PN	39-1975610-010
<b>a</b>	Plan name	KONICA MINOLTA 401(K) PLAN	<b>c</b>	EIN-PN	13-1921089-003
<b>b</b>	Name of plan sponsor	KONICA MINOLTA BUSINESS SOLUTIONS U.S.A., INC.	<b>c</b>	EIN-PN	13-1921089-003
<b>a</b>	Plan name	L3 HARRIS RETIREMENT PLAN	<b>c</b>	EIN-PN	34-0276860-015
<b>b</b>	Name of plan sponsor	L3 HARRIS TECHNOLOGIES	<b>c</b>	EIN-PN	34-0276860-015
<b>a</b>	Plan name	LEHIGH HANSON EMPLOYEE SAVINGS PLAN	<b>c</b>	EIN-PN	81-4086708-005
<b>b</b>	Name of plan sponsor	LEHIGH HANSON SERVICES, LLC	<b>c</b>	EIN-PN	81-4086708-005
<b>a</b>	Plan name	THE 401(K) RETIREMENT PLAN OF LEHIGH HANSON, INC.	<b>c</b>	EIN-PN	81-4086708-016
<b>b</b>	Name of plan sponsor	LEHIGH HANSON SERVICES, LLC	<b>c</b>	EIN-PN	81-4086708-016
<b>a</b>	Plan name	LIFE AND SPECIALTY VENTURES LLC 401K PLAN	<b>c</b>	EIN-PN	80-0233147-001
<b>b</b>	Name of plan sponsor	LIFE AND SPECIALTY VENTURES	<b>c</b>	EIN-PN	80-0233147-001

<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	LIFESPAN 401A PLAN	
<b>b</b>	Name of plan sponsor	LIFESPAN	<b>c</b> EIN-PN 22-2861978-001
<b>a</b>	Plan name	LIFESPAN 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LIFESPAN	<b>c</b> EIN-PN 22-2861978-005
<b>a</b>	Plan name	CENTURYLINK 401(K) SAVINGS PLAN, OPERATIONALIZED AS THE LUMEN 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LUMEN	<b>c</b> EIN-PN 72-0651161-010
<b>a</b>	Plan name	MACMILLAN RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MACMILLAN HOLDINGS, LLC	<b>c</b> EIN-PN 13-4047598-009
<b>a</b>	Plan name	MACQUARIE HOLDINGS USA INC 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MACQUARIE HOLDINGS (U.S.A.) INC.	<b>c</b> EIN-PN 13-3789912-001
<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	MIT SUPPLEMENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	MASS. INSTITUTE OF TECHNOLOGY	<b>c</b> EIN-PN 04-2103594-005
<b>a</b>	Plan name	MATSON AND SUBSIDIARIES 401K PLAN FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor	MATSON, INC.	<b>c</b> EIN-PN 99-0032630-022
<b>a</b>	Plan name	MATSON IDC AND PSR FOR BARGAINING UNIT EMPLOYEES	
<b>b</b>	Name of plan sponsor	MATSON, INC.	<b>c</b> EIN-PN 99-0032630-015
<b>a</b>	Plan name	MATSON 401KPSR	
<b>b</b>	Name of plan sponsor	MATSON, INC.	<b>c</b> EIN-PN 99-0032630-016

<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	MBIA INC EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	MBIA INC.	<b>c</b> EIN-PN 06-1185706-001
<b>a</b>	Plan name	MBIA INC EMPLOYEE 401K PLAN	
<b>b</b>	Name of plan sponsor	MBIA INC.	<b>c</b> EIN-PN 06-1185706-002
<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>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	MITRE CORPORATION QUALIFIED RETIREMENT 401A PLAN	
<b>b</b>	Name of plan sponsor	MITRE CORPORATION	<b>c</b> EIN-PN 04-2239742-002
<b>a</b>	Plan name	MONTGOMERY COUNTY DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	<b>c</b> EIN-PN 30-0606393-
<b>a</b>	Plan name	MONTGOMERY COUNTY POLICE DROP	
<b>b</b>	Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	<b>c</b> EIN-PN 30-0606393-001
<b>a</b>	Plan name	MCGEO DROP PLAN	
<b>b</b>	Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	<b>c</b> EIN-PN 30-0606393-001
<b>a</b>	Plan name	MONTGOMERY COUNTY GOVERNMENT RETIREMENT SAVINGS PLAN 401A	
<b>b</b>	Name of plan sponsor	MONTGOMERY COUNTY GOVERNMENT	<b>c</b> EIN-PN 52-6000980-002
<b>a</b>	Plan name	NEWS CORP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NC TRANSACTION, INC.	<b>c</b> EIN-PN 46-1138762-001

<b>Part II 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	NETJETS INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	NETJETS INC.
<b>c</b>	EIN-PN	51-0383060-001
<b>a</b>	Plan name	NETJETS AVIATION INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	NETJETS INC.
<b>c</b>	EIN-PN	31-0682096-001
<b>a</b>	Plan name	NEW YORK COMMUNITY BANCORP, INC. EMPLOYEE SAVINGS PLAN
<b>b</b>	Name of plan sponsor	NEW YORK COMMUNITY BANCORP, INC.
<b>c</b>	EIN-PN	06-1377322-004
<b>a</b>	Plan name	NEXSTAR MEDIA GROUP INC 401K PLAN
<b>b</b>	Name of plan sponsor	NEXSTAR MEDIA GROUP, INC.
<b>c</b>	EIN-PN	23-3083125-001
<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	NORTHWESTERN MEMORIAL HOSPITAL EMPLOYEE 401K PRETAX SAVINGS PLAN
<b>b</b>	Name of plan sponsor	NORTHWESTERN MEDICINE
<b>c</b>	EIN-PN	36-3152959-003
<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	NVENT RETIREMENT SAVINGS AND INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	NVENT ELECTRIC PLC
<b>c</b>	EIN-PN	82-3123161-001
<b>a</b>	Plan name	NVR INC PST401K
<b>b</b>	Name of plan sponsor	NVR, INC.
<b>c</b>	EIN-PN	54-1394360-333
<b>a</b>	Plan name	NVR INC ESOP
<b>b</b>	Name of plan sponsor	NVR, INC.
<b>c</b>	EIN-PN	54-1394360-334
<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	ORACLE CORPORATION 401K SAVINGS AND INVESTMENT PLAN
<b>b</b>	Name of plan sponsor	ORACLE CORPORATION
<b>c</b>	EIN-PN	54-2185193-001

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 OSHKOSH CORPORATION AND AFFILIATES TAX DEFERRED INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor OSHKOSH CORPORATION	<b>c</b> EIN-PN 39-0520270-003
<b>a</b>	Plan name OSHKOSH CORPORATION TAX DEFERRED INVESTMENT PLAN FOR PRODUCTION EMPLOYEES	
<b>b</b>	Name of plan sponsor OSHKOSH CORPORATION	<b>c</b> EIN-PN 39-0520270-004
<b>a</b>	Plan name OSMOSE 401 K PLAN	
<b>b</b>	Name of plan sponsor OSMOSE UTILITIES SERVICES, INC.	<b>c</b> EIN-PN 45-4749839-002
<b>a</b>	Plan name OTSUKA AMERICA 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OTSUKA AMERICA PHARMACEUTICAL INC.	<b>c</b> EIN-PN 52-1630683-001
<b>a</b>	Plan name PACIFIC MARITIME ASSOC QUALIFIED DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor PACIFIC MARITIME ASSOCIATION	<b>c</b> EIN-PN 94-2914940-333
<b>a</b>	Plan name ILWUPMA SAVINGS 401K PLAN	
<b>b</b>	Name of plan sponsor PACIFIC MARITIME ASSOCIATION	<b>c</b> EIN-PN 94-1126322-002
<b>a</b>	Plan name PACKAGING CORPORATION OF AMERICA RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor PACKAGING CORPORATION OF AMERICA	<b>c</b> EIN-PN 36-4277050-002
<b>a</b>	Plan name PACKAGING CORPORATION OF AMERICA THIFT PLAN FOR HOURLY EMPLOYEES	
<b>b</b>	Name of plan sponsor PACKAGING CORPORATION OF AMERICA	<b>c</b> EIN-PN 36-4277050-001
<b>a</b>	Plan name EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PACTIV EVERGREEN INC.	<b>c</b> EIN-PN 27-0147082-004
<b>a</b>	Plan name EMPLOYEE SAVINGS PLAN FOR EVERGREEN BARGAINING	
<b>b</b>	Name of plan sponsor PACTIV EVERGREEN INC.	<b>c</b> EIN-PN 20-8042663-007
<b>a</b>	Plan name EMPLOYEE SAVINGS PLAN FOR PACTIV BARGAINING	
<b>b</b>	Name of plan sponsor PACTIV EVERGREEN INC.	<b>c</b> EIN-PN 27-0147082-034
<b>a</b>	Plan name PARK NICOLLET HEALTH SERVICES 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PARK NICOLLET HEALTH SERVICES	<b>c</b> EIN-PN 36-3465840-002

<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	PENTAIR INC RETIREMENT SAVINGS AND STOCK INCENTIVE PLAN	
<b>b</b>	Name of plan sponsor	PENTAIR, INC.	<b>c</b> EIN-PN 41-0907434-002
<b>a</b>	Plan name	PFIZER SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PFIZER INC.	<b>c</b> EIN-PN 13-6178281-002
<b>a</b>	Plan name	PFIZER SAVINGS PLAN FOR EMPLOYEES RESIDENT IN PUERTO RICO	
<b>b</b>	Name of plan sponsor	PFIZER INC.	<b>c</b> EIN-PN 66-0462996-002
<b>a</b>	Plan name	PHILIPS NORTH AMERICA 401(K) PLAN FOR PUERTO RICO EMPLOYEES	
<b>b</b>	Name of plan sponsor	PHILIPS NORTH AMERICA LLC	<b>c</b> EIN-PN 13-3429115-004
<b>a</b>	Plan name	PHILIPS NORTH AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHILIPS NORTH AMERICA LLC	<b>c</b> EIN-PN 13-3429115-005
<b>a</b>	Plan name	PILLSBURY WINTHROP SHAW PITTMAN LLP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PILLSBURY WINTHROP SHAW PITTMAN LLP	<b>c</b> EIN-PN 94-1311126-001
<b>a</b>	Plan name	PLATINUM EQUITY 401K PLAN	
<b>b</b>	Name of plan sponsor	PLATINUM EQUITY, LLC	<b>c</b> EIN-PN 95-4666134-001
<b>a</b>	Plan name	PONDERAY NEWSPRINT COMPANY EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PONDERAY NEWSPRINT COMPANY	<b>c</b> EIN-PN 91-1279303-001
<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	PPL RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor	PPL CORPORATION	<b>c</b> EIN-PN 23-3041441-009
<b>a</b>	Plan name	LGE AND KU SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PPL CORPORATION	<b>c</b> EIN-PN 04-6767444-008
<b>a</b>	Plan name	PPL DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PPL CORPORATION	<b>c</b> EIN-PN 23-3041441-005

<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	PPL CORPORATION EMPLOYEE STOCK OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor	PPL CORPORATION	<b>c</b> EIN-PN 23-3041441-002
<b>a</b>	Plan name	PPL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PPL CORPORATION	<b>c</b> EIN-PN 23-3041441-060
<b>a</b>	Plan name	PPL EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PPL CORPORATION	<b>c</b> EIN-PN 23-3041441-003
<b>a</b>	Plan name	PRECISION CASTPARTS CORP 401K RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PRECISION CASTPARTS CORP.	<b>c</b> EIN-PN 93-0460598-004
<b>a</b>	Plan name	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	PROGRESS SOFTWARE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	PROGRESS SOFTWARE CORPORATION	<b>c</b> EIN-PN 04-2746201-002
<b>a</b>	Plan name	401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE	<b>c</b> EIN-PN 51-0216586-010
<b>a</b>	Plan name	PHS 401A SERVICE PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE	<b>c</b> EIN-PN 51-0216586-006
<b>a</b>	Plan name	ST JOSEPH AND COVENANT HEALTH SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE	<b>c</b> EIN-PN 95-3589356-004
<b>a</b>	Plan name	SHS 401K PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE	<b>c</b> EIN-PN 91-0433740-010
<b>a</b>	Plan name	QURATE RETAIL GROUP 401(K) RETIRMENT SAVINGS PLAN FOR QXH	
<b>b</b>	Name of plan sponsor	QVC,INC.	<b>c</b> EIN-PN 23-2414041-005
<b>a</b>	Plan name	RAMSEY CLINIC AND RAMSEY FOUNDATION EMPLOYEES PENSION PLAN	
<b>b</b>	Name of plan sponsor	RAMSEY CLINIC	<b>c</b> EIN-PN 41-0797853-001

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 MJN PR RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RECKITT BENCKISER, NORTH AMERICA	<b>c</b> EIN-PN 26-3546226-003
<b>a</b>	Plan name RECKITT BENCKISER SAVINGS INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor RECKITT BENCKISER, NORTH AMERICA	<b>c</b> EIN-PN 16-1095651-006
<b>a</b>	Plan name RESOLUTE FP US SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RESOLUTE FP US INC.	<b>c</b> EIN-PN 62-0721803-002
<b>a</b>	Plan name ATLAS PAPER MILLS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor RESOLUTE FP US INC.	<b>c</b> EIN-PN 20-5777191-002
<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 401(K) RETIREMENT PLAN FOR REYNOLDS CONSUMER PRODUCTS - FIDELITY GROWTH COMPANY COMMINGLED POOL	
<b>b</b>	Name of plan sponsor REYNOLDS PACKAGING	<b>c</b> EIN-PN 77-0710443-005
<b>a</b>	Plan name 401(K) RETIRMENT PLAN FOR REYNOLDS BARGAINING - FIDELITY GROWTH COMPANY COMMINGLED POOL	
<b>b</b>	Name of plan sponsor REYNOLDS PACKAGING	<b>c</b> EIN-PN 27-0147082-005
<b>a</b>	Plan name ARTISAN PACKAGING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor REYNOLDS PACKAGING	<b>c</b> EIN-PN 84-2482655-001
<b>a</b>	Plan name EMPLOYEE RETIREMENT PLAN FOR CLOSURE SYSTEMS INTERNATIONAL	
<b>b</b>	Name of plan sponsor REYNOLDS PACKAGING	<b>c</b> EIN-PN 77-0710443-010
<b>a</b>	Plan name EMPLOYEE SAVINGS PLAN FOR GRAHAM PACKAGING	
<b>b</b>	Name of plan sponsor REYNOLDS PACKAGING	<b>c</b> EIN-PN 23-2786688-011
<b>a</b>	Plan name RIVKIN RADLER LLP 401(K) SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVKIN RADLER LLP	<b>c</b> EIN-PN 11-1853927-003
<b>a</b>	Plan name U.S. ROCHE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ROCHE	<b>c</b> EIN-PN 13-2511923-003

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 <a href="#">ROLLSROYCE ENGINE SERVICES RETIRE SAVINGS PLAN FOR UNION HOURLY EMP</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROLLS-ROYCE NORTH AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">95-2742753-015</a>
<b>a</b>	Plan name <a href="#">ROLLSROYCE PERSONAL SAVINGS PLAN FOR HOURLYRATE EMPLOYEES</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROLLS-ROYCE NORTH AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">35-1899021-002</a>
<b>a</b>	Plan name <a href="#">ROLLSROYCE NORTH AMERICA 401K SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROLLS-ROYCE NORTH AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">04-3603782-001</a>
<b>a</b>	Plan name <a href="#">RYDER SYSTEM INC 401K SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RYDER SYSTEM, INC.</a>	<b>c</b> EIN-PN <a href="#">59-0739250-005</a>
<b>a</b>	Plan name <a href="#">RYDER PUERTO RICO INC</a>	
<b>b</b>	Name of plan sponsor <a href="#">RYDER SYSTEM, INC.</a>	<b>c</b> EIN-PN <a href="#">65-0366749-001</a>
<b>a</b>	Plan name <a href="#">SAVINGS INVESTMENT PLAN OF SASOL USA CORPORATION</a>	
<b>b</b>	Name of plan sponsor <a href="#">SASOL (USA) CORPORATION</a>	<b>c</b> EIN-PN <a href="#">46-2043151-002</a>
<b>a</b>	Plan name <a href="#">SEWARD KISSEL 401K PLAN ASSOCIATES</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEWARD &amp; KISSEL</a>	<b>c</b> EIN-PN <a href="#">13-5551783-003</a>
<b>a</b>	Plan name <a href="#">SEWARD KISSEL RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEWARD &amp; KISSEL</a>	<b>c</b> EIN-PN <a href="#">13-5551783-001</a>
<b>a</b>	Plan name <a href="#">SIEMENS MEDICAL SOLUTIONS USA, INC. SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIEMENS HEALTHINEERS</a>	<b>c</b> EIN-PN <a href="#">82-4408126-001</a>
<b>a</b>	Plan name <a href="#">SIGNIFY NORTH AMERICA CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIGNIFY NORTH AMERICAN CORPORATION</a>	<b>c</b> EIN-PN <a href="#">04-3391805-002</a>
<b>a</b>	Plan name <a href="#">SNELL WILMER PROFIT SHARING AND SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SNELL &amp; WILMER LLP</a>	<b>c</b> EIN-PN <a href="#">86-0089731-001</a>
<b>a</b>	Plan name <a href="#">SPX RETIREMENT SAVINGS AND STOCK OWNERSHIP PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SPX</a>	<b>c</b> EIN-PN <a href="#">38-1016240-005</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 <b>FLORIDA RETIREMENT SYSTEM INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STATE BOARD OF ADMINISTRATION OF FLORIDA (SBA)</b>	<b>c</b> EIN-PN <b>59-6001872-002</b>
<b>a</b>	Plan name <b>STV RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STV GROUP</b>	<b>c</b> EIN-PN <b>23-1698231-004</b>
<b>a</b>	Plan name <b>SULLIVAN AND CROMWELL LLP SAVINGS PLAN FOR ASSOCIATES</b>	
<b>b</b>	Name of plan sponsor <b>SULLIVAN &amp; CROMWELL LLP</b>	<b>c</b> EIN-PN <b>13-5420320-004</b>
<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>SYMETRA FINANCIAL RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYMETRA LIFE INSURANCE COMPANY</b>	<b>c</b> EIN-PN <b>91-0742147-001</b>
<b>a</b>	Plan name <b>SYSCO CORPORATION EMPLOYEES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYSCO CORPORATION</b>	<b>c</b> EIN-PN <b>74-1648137-015</b>
<b>a</b>	Plan name <b>GLOBAL INFRASTRUCTURE SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>T.Y. LIN INTERNATIONAL GROUP, LTD</b>	<b>c</b> EIN-PN <b>94-3277448-004</b>
<b>a</b>	Plan name <b>TYCO ELECTRONICS CORPORATION RETIREMENT SAVINGS &amp; INVESTMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TE CONNECTIVITY CORPORATION</b>	<b>c</b> EIN-PN <b>23-0332575-008</b>
<b>a</b>	Plan name <b>TELEDYNE TECHNOLOGIES INCORPORATED 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TELEDYNE TECHNOLOGIES INCORPORATED</b>	<b>c</b> EIN-PN <b>25-1843385-002</b>
<b>a</b>	Plan name <b>TENET HEALTHCARE CORPORATION 401K RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TENET HEALTHCARE CORPORATION</b>	<b>c</b> EIN-PN <b>95-2557091-335</b>
<b>a</b>	Plan name <b>THE TENNESSEE VALLEY AUTHORITY SAVINGS DEFERRAL RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TENNESSEE VALLEY AUTHORITY</b>	<b>c</b> EIN-PN <b>04-2467232-003</b>
<b>a</b>	Plan name <b>TEREX 401K RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEREX CORPORATION</b>	<b>c</b> EIN-PN <b>34-1531521-004</b>

<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	THALES INCENTIVE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THALES USA, INC.	<b>c</b> EIN-PN 06-0938363-003
<b>a</b>	Plan name	THE AEROSPACE CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	THE AEROSPACE CORPORATION	<b>c</b> EIN-PN 95-2102389-003
<b>a</b>	Plan name	THE JM SMUCKER COMPANY EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE J. M. SMUCKER COMPANY	<b>c</b> EIN-PN 34-0538550-011
<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 ODP CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE ODP CORPORATION	<b>c</b> EIN-PN 59-2663954-001
<b>a</b>	Plan name	OFFICE DEPOT PUERTO RICO LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE ODP CORPORATION	<b>c</b> EIN-PN 59-2663954-150
<b>a</b>	Plan name	THE PAPE GROUP INC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	THE PAPE GROUP, INC.	<b>c</b> EIN-PN 93-1048932-001
<b>a</b>	Plan name	SUPPLY CHAIN RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE SUPPLY CHAIN PLAN	<b>c</b> EIN-PN 04-2801160-001
<b>a</b>	Plan name	TIBBETT BRITTEN GROUP NORTH AMERICA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE SUPPLY CHAIN PLAN	<b>c</b> EIN-PN 98-0149758-001
<b>a</b>	Plan name	GENESIS LOGISTICS INC UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE SUPPLY CHAIN PLAN	<b>c</b> EIN-PN 22-3590938-001
<b>a</b>	Plan name	EXEL 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE SUPPLY CHAIN PLAN	<b>c</b> EIN-PN 04-2801160-003
<b>a</b>	Plan name	TI GROUP AUTOMOTIVE SYSTEMS EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TI GROUP AUTOMOTIVE SYSTEMS, LLC	<b>c</b> EIN-PN 38-3610909-013

<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	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	TRANSCANADA USA 401K AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRANSCANADA USA SERVICES INC.	<b>c</b> EIN-PN 98-0460263-001
<b>a</b>	Plan name	PROFIT SHARING PLAN FOR EMPLOYEES OF TRINITY INDUSTRIES, INC. AND CERTAIN AFFILIATES	
<b>b</b>	Name of plan sponsor	TRINITY INDUSTRIES, INC.	<b>c</b> EIN-PN 75-0225040-029
<b>a</b>	Plan name	US ARMY NONAPPROPRIATED FUND EMPLOYEE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	U.S. ARMY NAF EMPLOYEE 401(K) TRUST	<b>c</b> EIN-PN 52-0228515-002
<b>a</b>	Plan name	UCI MEDICAL AFFILIATES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UCI MEDICAL AFFILIATES, INC	<b>c</b> EIN-PN 57-0784959-001
<b>a</b>	Plan name	UGI UTILITIES INC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UGI /AMERIGAS	<b>c</b> EIN-PN 23-1174060-008
<b>a</b>	Plan name	AMERIGAS PROPANE INC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UGI /AMERIGAS	<b>c</b> EIN-PN 23-2786294-002
<b>a</b>	Plan name	ULSE AND ULRI FINANCIAL SECURITY PLAN	
<b>b</b>	Name of plan sponsor	UL LLC	<b>c</b> EIN-PN 94-3282454-002
<b>a</b>	Plan name	UL FINANCIAL SECURITY PLAN	
<b>b</b>	Name of plan sponsor	UL LLC	<b>c</b> EIN-PN 94-3282454-002
<b>a</b>	Plan name	UNITED AIRLINES 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	UNITED AIRLINES	<b>c</b> EIN-PN 74-2099724-222
<b>a</b>	Plan name	UNITED AIRLINES FLIGHT ATTENDANT 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED AIRLINES	<b>c</b> EIN-PN 74-2099724-008
<b>a</b>	Plan name	UNITED AIRLINES 401K SAVINGS PLAN UGE	
<b>b</b>	Name of plan sponsor	UNITED AIRLINES	<b>c</b> EIN-PN 74-2099724-222

<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	UC RETIREMENT SAVINGS PROGRAM	
<b>b</b>	Name of plan sponsor	UNIVERSITY OF CALIFORNIA	<b>c</b> EIN-PN 94-3067788-
<b>a</b>	Plan name	UNIVERSITY OF CALIFORNIA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY OF CALIFORNIA	<b>c</b> EIN-PN 94-2557406-
<b>a</b>	Plan name	VALTIR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VALTIR, LLC	<b>c</b> EIN-PN 42-1642965-001
<b>a</b>	Plan name	VARIAN MEDICAL SYSTEMS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VARIAN MEDICAL SYSTEMS, INC.	<b>c</b> EIN-PN 94-2359345-002
<b>a</b>	Plan name	VISTEON INVESTMENT PLAN VIP	
<b>b</b>	Name of plan sponsor	VISTEON	<b>c</b> EIN-PN 38-3519512-002
<b>a</b>	Plan name	VOLVO CARS EMPLOYEES SAVINGS TRUST PLAN	
<b>b</b>	Name of plan sponsor	VOLVO CAR USA LLC	<b>c</b> EIN-PN 47-4903750-335
<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	WATERS EMPLOYEE INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	WATERS CORPORATION	<b>c</b> EIN-PN 04-3234558-002
<b>a</b>	Plan name	WAWA, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	WAWA, INC.	<b>c</b> EIN-PN 21-0515330-003
<b>a</b>	Plan name	WEBSTER BANK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WEBSTER	<b>c</b> EIN-PN 06-0273620-003
<b>a</b>	Plan name	WISCONSIN ENERGY CORPORATION EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WEC ENERGY GROUP	<b>c</b> EIN-PN 39-1391525-031
<b>a</b>	Plan name	WEC ENERGY GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WEC ENERGY GROUP	<b>c</b> EIN-PN 39-1391525-049

**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	WEC ENERGY GROUP LIMITED RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	WEC ENERGY GROUP	<b>c</b> EIN-PN 39-1391525-050
<b>a</b> Plan name	WELLMARK, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b> Name of plan sponsor	WELLMARK, INC.	<b>c</b> EIN-PN 42-0318333-002
<b>a</b> Plan name	YOUNG LIFE 401K PLAN	
<b>b</b> Name of plan sponsor	YOUNG LIFE	<b>c</b> EIN-PN 84-0385934-001
<b>a</b> Plan name	ZIMMER SURGICAL INC UNITED STEEL WORKERS LOCAL 273715	
<b>b</b> Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	<b>c</b> EIN-PN 81-0550216-001
<b>a</b> Plan name	ZIMMER BIOMET SAVINGS AND INVESTMENT 401K PROGRAM	
<b>b</b> Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	<b>c</b> EIN-PN 13-4151777-001
<b>a</b> Plan name	ZIMMER BIOMET PUERTO RICO SAVINGS INVESTMENT PROGRAM	
<b>b</b> Name of plan sponsor	ZIMMER BIOMET HOLDINGS, INC.	<b>c</b> EIN-PN 13-4151777-002
<b>a</b> Plan name	ZS ASSOCIATES INC 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ZS ASSOCIATES, INC.	<b>c</b> EIN-PN 36-3249852-001
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<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>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

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 GROWTH COMPANY COMMINGLED POOL</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>135</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>
---------------	--------------------------------------

**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>a</b> Total noninterest-bearing cash .....	<b>1a</b>	304618	2836845
<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>	143566663	2447991745
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	555598876	421638071
<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>	20979482	22994322
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	38089346	36015626
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	1263752706	1569836916
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	58145691506	86995112599
<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>	60167983197	91496426124
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	19394768	26365004
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	567934914	2802484400
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	587329682	2828849404
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	59580653515	88667576720

**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>	1141971676	
<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>		1141971676
<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>	8436682	
<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>	4091528	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		12528210
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	359312401	
<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>		359312401
(3) 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>	7381215482	
<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>	20476166692	
<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>		29371194461

**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>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) 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>	284271256	
(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>		284271256
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		284271256

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		29086923205
<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 \_\_\_\_\_.