

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) M, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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 THE HOME DEPOT FUTUREBUILDER TRUST, 1b Three-digit plan number (PN) 001, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) THE HOME DEPOT, INC., 2b Employer Identification Number (EIN) 58-6245558, 2c Plan Sponsor's telephone number 770-384-5328, 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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p style="color: blue;">ADMINISTRATIVE COMMITTEE OF THE HOME DEPOT FUTUREBUILDER</p> <p style="color: blue;">2455 PACES FERRY ROAD, SE STE C-18 ATLANTA, GA 30339</p>	<p>3b Administrator's EIN 95-3261426</p> <p>3c Administrator's telephone number 770-384-5328</p>
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5</p>
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<p>6a(1)</p> <p>6a(2)</p> <p>6b</p> <p>6c</p> <p>6d</p> <p>6e</p> <p>6f</p> <p>6g(1)</p> <p>6g(2)</p> <p>6h</p>
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>

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:

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan THE HOME DEPOT FUTUREBUILDER TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE HOME DEPOT, INC.	D Employer Identification Number (EIN) 58-6245558	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... Yes No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

BLACKROCK INSTL TRUST COMP., N.A.

94-3112180

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

SNYDER CAPITAL MANAGEMENT, L.P.

04-3370184

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

T. ROWE PRICE ASSOCIATES, INC.

52-1714114

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

NORTHERN TRUST COMPANY

36-1561860

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

WESTFIELD CAPITAL MANAGEMENT CO. LP

80-0175963

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

SEPIRE LLC

30-1111822

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

BANCO POPULAR DE PUERTO RICO

66-0561870

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>THE HOME DEPOT FUTUREBUILDER TRUST</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>THE HOME DEPOT, INC.</u>	D Employer Identification Number (EIN) <u>58-6245558</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFE PATH INDEX</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>71-0986421-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>788306175</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2055 PORTF</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>27-2470604-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>430196499</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2060 PORTF</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>47-1878775-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>211383489</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2025 PORTF</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>20-5114920-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2030 PORTF</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>71-0986424-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>466841623</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2035 PORTF</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>20-5114956-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>479942328</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LIFEPATH INDEX 2040 PORTF</u>		
b Name of sponsor of entity listed in (a): <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>		
c EIN-PN <u>71-0986419-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>443846007</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2045 PORTF		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 20-5115008-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 442209564
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2050 PORTF		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 26-0896020-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 472694982
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE SHORT TERM INVESTMENT		
b Name of sponsor of entity listed in (a): THE NORTHERN TRUST COMPANY		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 97095881
a Name of MTIA, CCT, PSA, or 103-12 IE: WEDGE MID CAP VALUE FUND (CIT)		
b Name of sponsor of entity listed in (a): WEDGE CAPITAL MANAGEMENT		
c EIN-PN 46-6998515-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EXTD EQUITY MARKET FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 46-3859614-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 449205597
a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE CASH RESERVES TRUST		
b Name of sponsor of entity listed in (a): T. ROWE PRICE TRUST COMPANY		
c EIN-PN 30-6539250-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3734998
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK LIFEPATH INDEX 2065 PORTF		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.		
c EIN-PN 84-1770109-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1987407
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)

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	THE HOME DEPOT FUTUREBUILDER	
b Name of plan sponsor	THE HOME DEPOT, INC.	c EIN-PN 95-3261426-001

a Plan name	THE HOME DEPOT FUTUREBUILDER FOR PUERTO RICO	
b Name of plan sponsor	HOME DEPOT PUERTO RICO, INC.	c EIN-PN 66-0548924-001

a Plan name	HD SUPPLY 401(K) RETIREMENT PLAN	
b Name of plan sponsor	HD SUPPLY	c EIN-PN 75-2007383-001

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan THE HOME DEPOT FUTUREBUILDER TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 THE HOME DEPOT, INC.	D Employer Identification Number (EIN) 58-6245558

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	46344	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3119624	1654851
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2778106002	3258437292
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	3972637881	4287444550
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5112572565	5849149900
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	1047958838	1138162757

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	12914441254	14534849350
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5074276	3454206
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5074276	3454206
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12909366978	14531395144

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	-1690	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		-1690
(2) Dividends: (A) Preferred stock.....	2b(2)(A)	-179	
(B) Common stock.....	2b(2)(B)	49678593	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	31281593	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		80960007
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)	1550771275	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1491772830	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	443276823	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		470307479
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		660911450
c Other income	2c		25158592
d Total income. Add all income amounts in column (b) and enter total	2d		1739611106

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1739611106
l Transfers of assets:			
(1) To this plan	2l(1)		2536235444
(2) From this plan	2l(2)		2653818384

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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 01/01/2024 and ending 12/31/2024

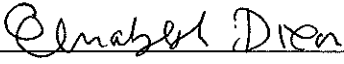
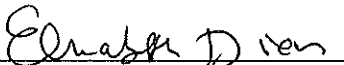
- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) M
- B** This return/report is:
 - the first return/report
 - 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 THE HOME DEPOT FUTUREBUILDER TRUST	1b Three-digit plan number (PN) ▶	001
1c Effective date of plan		
<hr/>		
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) THE HOME DEPOT, INC. ATTENTION - BENEFITS DEPARTMENT 2455 PACES FERRY ROAD, SE STE C-18 ATLANTA GA 30339	2b Employer Identification Number (EIN) 58-6245558	2c Plan Sponsor's telephone number 770-384-5328
		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.

SIGN HERE		7/23/25	ELIZABETH A DIXON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		7/23/25	ELIZABETH A DIXON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor ADMINISTRATIVE COMMITTEE OF THE HOME DEPOT FUTUREBUILDER 2455 PACES FERRY ROAD, SE STE C-18 ATLANTA GA 30339	3b Administrator's EIN 95-3261426 3c Administrator's telephone number 770-384-5328																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
6a(2)																					
6b																					
6c																					
6d																					
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

5500 Supplemental Schedules

31 DEC 24

Account number DPOOL

HOME DEPOT POOL

Page 1 of 10

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Non-Interest Bearing Cash - USD</i>			
USD - United States dollar	-35,736.610	-35,736.61	-35,736.61
Total - all currencies		-35,736.61	-35,736.61
Total Non-Interest Bearing Cash - USD		-35,736.61	-35,736.61
<i>Receivables - Other - USD</i>			
Pending trade sales: United States dollar	0.000	832,364.13	832,364.13
Total - all currencies		832,364.13	832,364.13
Total Receivables - Other - USD		832,364.13	832,364.13
<i>Corporate Stock - Preferred</i>			
United States - USD			
PVTPL &&& NURO SERIES C CVT PFD STOCK TROWE ONLY CUSIP : 670999796	36,765.000	479,952.38	479,952.39
PVTPL &&& RAPPI INC SER E CVT PFD PP TROWE ONLY CUSIP : 753991447	7,062.000	421,926.54	421,926.53
PVTPL &&& SILA NANO SER F CVT PFD TROWE ONLY CUSIP : 826993206	7,178.000	296,256.16	296,250.42
PVTPL &&& WAYMO LLC SER A-2 CONV T PREF STOCK T-ROWE PRICE ONLY CUSIP : 990799WL8	3,131.000	268,850.21	268,850.21
Total United States - USD		1,466,985.29	1,466,979.55
Total Corporate Stock - Preferred		1,466,985.29	1,466,979.55
<i>Corporate Stock - Common</i>			
Canada - USD			
DESCARTES SYS GROUP INC COM SEDOL : 2528834	96,470.000	8,718,499.53	10,958,992.00
SHOPIFY INC CL A SUB VTG SHS SHOPIFY INC SEDOL : BXDZ9Z0	60,483.000	4,346,866.11	6,431,157.39
Total Canada - USD		13,065,365.64	17,390,149.39
China - USD			
ADR LEGEND BIOTECH CORP SPON ADS EACH REP 2 ORD SHS SEDOL : BMX9K07	291,665.000	18,517,880.08	9,490,779.10
Total China - USD		18,517,880.08	9,490,779.10

** All or a portion of this security participates in Securities Lending.

Northern Trust

*Generated by Northern Trust from periodic data on 24 Jun 25 C0710

5500 Supplemental Schedules

31 DEC 24

Account number DPOOL

HOME DEPOT POOL

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Corporate Stock - Common</i>			
Denmark - USD			
ADR ASCENDIS PHARMA A/S SPONSORED ADR SEDOL : BV9G6B8	188,266.000	21,513,727.59	25,918,580.22
Total Denmark - USD		21,513,727.59	25,918,580.22
Israel - USD			
MONDAY COM LTD COM NPV SEDOL : BMHRYX8	53,610.000	9,693,172.37	12,621,938.40
Total Israel - USD		9,693,172.37	12,621,938.40
Korea, Republic of - USD			
COUPANG INC SEDOL : BNYHDF3	216,879.000	4,833,932.53	4,767,000.42
Total Korea, Republic of - USD		4,833,932.53	4,767,000.42
Netherlands - USD			
ADR ARGENX SE SPONSORED ADS SEDOL : BDVLM39	6,989.000	2,881,239.76	4,298,235.00
ADR ASML HLDG NV NY REG 2012 (POST REV SPLIT) SEDOL : B908F01	5,336.000	1,953,306.22	3,698,274.88
Total Netherlands - USD		4,834,545.98	7,996,509.88
Switzerland - USD			
ADR SONOVA HLDG AG UNSP ADR SEDOL : B3K9YR2	51,329.000	3,629,002.77	3,338,438.16
Total Switzerland - USD		3,629,002.77	3,338,438.16
United Kingdom - USD			
ADR BICYCLE THERAPEUTICS PLC SPONSORED ADS REPSTG 1 SHS SEDOL : BKDQKM6	100,390.000	2,588,530.08	1,405,460.00
ADR RENTOKIL INITIAL PLC SPONSORED ADR SEDOL : 2738172	113,714.000	2,968,304.41	2,879,238.48
Total United Kingdom - USD		5,556,834.49	4,284,698.48
United States - USD			
#REORG/ ROCKET LAB USA INC EXCHANGE ROCKET LAB USA INC 2A1RAU5 05-27-2025 SEDOL : BM8Z538	152,480.000	3,917,850.78	3,883,665.60
#REORG/INTRA-CELLULAR MERGER 04-02-2025 SEDOL : BHC80P4	102,540.000	6,992,830.41	8,564,140.80
&&&MAGIC LEAP INC CLASS A COM STK TROWE PRICE ONLY CUSIP : 552994808	417.000	204,277.97	0.00
AAON INC COM PAR \$0.004 COM PAR \$0.004 SEDOL : 2268130	57,910.000	8,029,678.25	6,814,848.80
ADOBE INC COM SEDOL : 2008154	9,716.000	4,778,412.02	4,320,510.88
ADVANCED MICRO DEVICES INC COM SEDOL : 2007849	21,299.000	2,777,252.31	2,572,706.21

** All or a portion of this security participates in Securities Lending.

Northern Trust

5500 Supplemental Schedules

31 DEC 24

Account number DPOOL

HOME DEPOT POOL

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
AFFIRM HLDGS INC CL A CLA SEDOL : BMF9NM8	12,045.000	316,158.93	733,540.50
ALLEGRO MICROSYSTEMS INC DEL COM SEDOL : BN4LSB6	363,504.000	9,056,912.49	7,946,197.44
ALPHABET INC CAPITAL STOCK USD0.001 CL A SEDOL : BYVY8G0	229,937.000	21,122,389.66	43,527,074.10
AMAZON COM INC COM SEDOL : 2000019	229,579.000	21,757,587.77	50,367,336.81
AMETEK INC NEW COM SEDOL : 2089212	44,185.000	7,339,128.50	7,964,788.10
AMPHENOL CORP NEW CL A SEDOL : 2145084	282,696.000	15,357,430.33	19,633,237.20
APPLE INC COM STK SEDOL : 2046251	229,795.000	27,363,338.89	57,545,263.90
ATLASSIAN CORP CL A SEDOL : BQ1PC76	19,226.000	4,389,572.48	4,679,223.88
AURORA INNOVATION INC CL A COM SEDOL : BMF0P92	165,023.000	466,247.18	1,039,644.90
AVERY DENNISON CORP COM SEDOL : 2066408	59,041.000	11,022,072.69	11,048,342.33
AXON ENTERPRISE INC COM SEDOL : BDT5S35	25,920.000	5,165,618.24	15,404,774.40
BECTON DICKINSON & CO COM SEDOL : 2087807	17,186.000	3,910,331.33	3,898,987.82
BIO RAD LABORATORIES INC CL A CLA SEDOL : 2098508	22,886.000	12,739,324.04	7,518,279.86
BIO-TECHNE CORP COM SEDOL : BSHZ3Q0	65,383.000	4,657,884.92	4,709,537.49
BLUE OWL CAP INC COM CL A SEDOL : BN7CQS9	678,837.000	9,765,975.79	15,789,748.62
BOEING CO COM SEDOL : 2108601	23,384.000	3,901,310.45	4,138,968.00
BOOKING HLDGS INC COM SEDOL : BDRXDB4	1,944.000	3,842,202.04	9,658,608.48
BRIGHT HORIZONS FA COM USD0.001 SEDOL : B7MJWP2	106,208.000	9,883,147.29	11,773,156.80
BROWN & BROWN INC COM SEDOL : 2692687	66,653.000	5,975,441.45	6,799,939.06
BWX TECHNOLOGIES INC COM SEDOL : BZ0W624	65,897.000	6,212,313.70	7,340,266.83
CABOT CORP COM SEDOL : 2162500	46,418.000	4,148,840.84	4,238,427.58
CASELLA WASTE SYS INC CL A COM STK SEDOL : 2120490	71,944.000	7,462,486.86	7,612,394.64
CHARLES RIV LABORATORIES INTL INC COM SEDOL : 2604336	21,075.000	4,246,191.00	3,890,445.00
CHIPOTLE MEXICAN GRILL INC COM STK SEDOL : B0X7DZ3	72,396.000	1,857,771.41	4,365,478.80
CHURCHILL DOWNS INC COM SEDOL : 2194105	61,450.000	8,839,427.59	8,206,033.00
CLEAN HBRS INC COM SEDOL : 2202473	46,031.000	10,106,106.05	10,593,574.34
COHERENT CORP COM SEDOL : BNG8Z81	51,131.000	3,688,036.42	4,843,639.63
COMFORT SYS USA INC COM SEDOL : 2036047	64,230.000	14,201,517.19	27,237,373.80
COPART INC COM SEDOL : 2208073	62,926.000	3,441,422.94	3,611,323.14
CYTOTKINETICS INC COMMON STOCK SEDOL : BBBSBJ5	92,300.000	6,295,030.68	4,341,792.00

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Northern Trust

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Account number DPOOL

HOME DEPOT POOL

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
DANAHER CORP COM SEDOL : 2250870	17,383.000	4,140,226.00	3,990,267.65
DOLBY LABORATORIES INC CL A COM STK SEDOL : B04NJM9	55,096.000	4,426,963.60	4,302,997.60
DYNATRACE INC COM SEDOL : BJV2RD9	249,843.000	12,338,378.51	13,578,967.05
E L F BEAUTY INC COM SEDOL : BDDQ975	34,260.000	4,989,905.20	4,301,343.00
EAST WEST BANCORP INC COM SEDOL : 2487407	38,183.000	2,549,589.59	3,656,404.08
ELI LILLY & CO COM SEDOL : 2516152	15,865.000	6,443,385.53	12,247,780.00
ENTEGRIS INC COM SEDOL : 2599700	118,233.000	14,634,008.99	11,712,160.98
EQUIFAX INC COM SEDOL : 2319146	19,220.000	4,949,402.44	4,898,217.00
EXTREME NETWORKS INC COM SEDOL : 2407052	238,944.000	4,118,726.38	3,999,922.56
FABRINET COM USD0.01 SEDOL : B4JSZL8	30,340.000	8,098,107.75	6,671,159.20
FAIR ISAAC CORPORATION COM SEDOL : 2330299	2,099.000	2,006,077.79	4,178,962.07
FIRST AMERN FINL CORP COM STK SEDOL : B4NFPK4	41,877.000	2,244,188.43	2,614,799.88
FISERV INC COM SEDOL : 2342034	86,840.000	9,410,647.38	17,838,672.80
FLEX LTD COM USD0.01 SEDOL : 2353058	271,460.000	7,943,201.24	10,421,349.40
FLYWIRE CORP COM VTG COM VTG SEDOL : BMBP1Q0	542,286.000	14,484,347.47	11,181,937.32
FMC CORP COM (NEW) SEDOL : 2328603	69,581.000	3,881,601.79	3,382,332.41
FTAI AVIATION LTD COM USD0.01 SEDOL : BLKFTK4	149,730.000	17,100,106.73	21,567,109.20
GLAUKOS CORP COM SEDOL : BYMWL19	64,360.000	8,608,108.60	9,650,138.40
GRACO INC COM SEDOL : 2380443	36,026.000	2,873,450.30	3,036,631.54
HALOZYME THERAPEUTICS INC COM SEDOL : 2975098	149,370.000	7,662,681.00	7,141,379.70
HEICO CORP NEW CL A CL A SEDOL : 2237561	20,899.000	3,708,109.57	3,888,885.92
HENRY SCHEIN INC COMMON STOCK SEDOL : 2416962	71,159.000	4,660,759.24	4,924,202.80
HEXCEL CORP NEW COM SEDOL : 2416779	29,441.000	1,878,041.39	1,845,950.70
HOME DEPOT INC COM CUSIP : 437076102	4,570,544.000	224,230,060.06	1,777,895,910.56
HOWMET AEROSPACE INC COM USD1.00 WI SEDOL : BKLJ8V2	44,319.000	2,475,943.96	4,847,169.03
HUBSPOT INC COM SEDOL : BR4T3B3	7,292.000	3,852,410.12	5,080,846.84
HUNTINGTON BANCSHARES INC COM SEDOL : 2445966	366,977.000	4,875,539.89	5,970,715.79
IDEX CORP COM SEDOL : 2456612	76,395.000	15,029,707.29	15,988,709.55
INGERSOLL RAND INC COM SEDOL : BL5GZ82	50,803.000	1,822,956.53	4,595,639.38
INGREDION INC COM SEDOL : B7K24P7	46,489.000	5,244,888.98	6,395,026.84

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Account number DPOOL

HOME DEPOT POOL

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
INSMED INC COM PAR \$.01 SEDOL : 2614487	56,520.000	3,787,064.41	3,902,140.80
INSULET CORP COM STK SEDOL : B1XGNW4	55,020.000	11,749,315.46	14,364,071.40
INTUIT COM SEDOL : 2459020	29,176.000	9,986,970.16	18,337,116.00
INTUITIVE SURGICAL INC COM NEW STK SEDOL : 2871301	24,687.000	4,073,446.83	12,885,626.52
KEYCORP NEW COM SEDOL : 2490911	386,521.000	6,175,581.06	6,624,969.94
KEYSIGHT TECHNOLOGIES INC COM SEDOL : BQZJ0Q9	16,156.000	2,204,486.20	2,595,138.28
KINSALE CAP GROUP INC COM SEDOL : BD1MGQ3	19,723.000	9,107,713.85	9,173,758.99
KYNDRYL HLDGS INC COM SEDOL : BP6JW21	402,194.000	10,222,022.12	13,915,912.40
LANTHEUS HLDGS INC COM SEDOL : BP8S8J5	115,057.000	8,638,323.57	10,292,999.22
LINCOLN ELEC HLDGS INC COM SEDOL : 2516851	37,680.000	5,463,201.97	7,063,869.60
LKQ CORP COM LKQ CORP SEDOL : 2971029	133,083.000	5,588,155.17	4,890,800.25
LPL FINL HLDGS INC COM SEDOL : B75JX34	61,320.000	13,435,885.26	20,021,593.20
LULULEMON ATHLETICA INC COM SEDOL : B23FN39	7,862.000	2,521,664.39	3,006,507.42
M / I HOMES INC SEDOL : 2549385	46,856.000	4,463,784.57	6,229,505.20
MACOM TECHNOLOGY SOLUTIONS HOLDINGS INC COM STK SEDOL : B5B15Y5	91,790.000	7,498,956.33	11,924,438.90
MARKEL GROUP INC SEDOL : 2566436	1,288.000	2,033,481.52	2,223,384.24
MASIMO CORP COM STK SEDOL : B1YWR63	64,850.000	9,794,614.71	10,719,705.00
MASTERCARD INCORPORATED COM USD0.0001 CLASS A SEDOL : B121557	39,824.000	15,011,514.95	20,970,123.68
MERCADOLIBRE INC COM STK SEDOL : B23X1H3	1,776.000	2,930,015.65	3,019,981.44
MERUS B V MERUS N V SEDOL : BZBY005	50,830.000	2,667,454.14	2,137,401.50
META PLATFORMS INC COM USD0.000006 CL 'A' SEDOL : B7TL820	53,856.000	12,781,462.97	31,533,226.56
MICROSOFT CORP COM SEDOL : 2588173	165,553.000	30,071,335.07	69,780,589.50
NATERA INC COM SEDOL : BYQRG48	68,570.000	10,902,326.94	10,854,631.00
NETFLIX INC COM STK SEDOL : 2857817	11,423.000	3,831,979.28	10,181,548.36
NVIDIA CORP COM SEDOL : 2379504	424,237.000	16,205,777.88	56,970,786.73
OKTA INC CL A CL A SEDOL : BDFZSP1	92,380.000	7,885,986.14	7,279,544.00
OPTION CARE HEALTH INC COM NEW COM NEW SEDOL : BKM5C62	627,250.000	17,443,844.12	14,552,200.00
PENUMBRA INC COM SEDOL : BZ0V201	169.000	45,838.73	40,134.12
PERMIAN RES CORP CL A SEDOL : BQPCHB2	816,150.000	11,408,646.88	11,736,237.00
PROCEPT BIOROBOTICS CORP COM SEDOL : BMYRFV6	48,680.000	3,141,642.13	3,919,713.60

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Account number DPOOL

HOME DEPOT POOL

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Corporate Stock - Common</i>			
United States - USD			
PROSPERITY BANCSHARES INC COM SEDOL : 2310257	52,221.000	3,195,925.20	3,934,852.35
PTC INC COM SEDOL : B95N910	54,370.000	7,742,510.36	9,997,011.90
PURE STORAGE INC CL A CL A SEDOL : BYZ62T3	121,882.000	6,786,513.91	7,487,211.26
PVTP L &&& TROWE ACCT ONLY STRIPE INC CLASS B CUSIP : 852992577	7,046.000	110,551.74	282,720.75
RED ROCK RESORTS INC CL A CL A SEDOL : BYY9947	218,481.000	9,969,561.91	10,102,561.44
REGAL REXNORD CORPORATION COM STK USD0.01 SEDOL : 2730082	63,470.000	9,586,203.63	9,846,101.10
ROCKET PHARMACEUTICALS INC COM USD0.01 SEDOL : BDFKQ07	378,258.000	5,705,047.86	4,754,703.06
ROKU INC COM CL A COM CL A SEDOL : BZ1LFG7	175,490.000	10,263,446.21	13,045,926.60
ROSS STORES INC COM SEDOL : 2746711	35,466.000	3,328,403.92	5,364,941.82
RYAN SPECIALTY HOLDINGS INC CL A COM USD0.001 CL A SEDOL : BNXKSK3	88,518.000	5,658,389.92	5,679,314.88
SAIA INC COM STK SEDOL : 2982399	28,892.000	9,108,266.53	13,166,951.16
SAMSARA INC CL A CL A SEDOL : BPK3058	283,600.000	8,824,897.90	12,390,484.00
SCHLUMBERGER LTD COM COM SEDOL : 2779201	73,349.000	4,051,989.81	2,812,200.66
SCHWAB CHARLES CORP COM NEW SEDOL : 2779397	49,808.000	3,284,799.40	3,686,290.08
SENTINELONE INC CL A COM CL A COM SEDOL : BP7L1B8	524,460.000	11,150,174.83	11,643,012.00
SERVICENOW INC COM USD0.001 SEDOL : B80NXX8	10,522.000	3,727,383.20	11,154,582.64
SHARKNINJA COM USD0.0001 SEDOL : BRS7681	125,300.000	12,007,614.70	12,199,208.00
SHIFT4 PMTS INC CL A CL A SEDOL : BLF0L75	126,440.000	10,879,478.86	13,121,943.20
SOLENO THERAPEUTICS INC COM PAR SEDOL : BL6JK96	51,710.000	2,558,827.60	2,324,364.50
SS&C TECHNOLOGIES HLDGS INC COM SEDOL : B58YSC6	109,674.000	6,851,334.78	8,311,095.72
STERIS PLC ORD USD0.001 SEDOL : BFY8C75	17,576.000	3,837,543.84	3,612,922.56
STRYKER CORP SEDOL : 2853688	22,830.000	4,206,493.23	8,219,941.50
TALEN ENERGY CORP NEW COM SEDOL : BRRF114	31,480.000	5,663,416.69	6,342,275.60
TAPESTRY INC COM USD0.01 SEDOL : BF09HX3	363,250.000	15,955,515.08	23,731,122.50
TECHNIPFMC PLC COM USD1 SEDOL : BDSFG98	304,210.000	8,629,286.42	8,803,837.40
TEXAS ROADHOUSE INC COMMON STOCK SEDOL : B033TJ7	59,300.000	7,483,029.74	10,699,499.00
THE CIGNA GROUP SEDOL : BHJ0775	28,281.000	5,871,601.21	7,809,515.34
TOLL BROS INC COM SEDOL : 2896092	63,720.000	8,586,004.26	8,025,534.00
TRADEWEB MKTS INC CL A CL A SEDOL : BJXMVK2	109,867.000	9,154,376.57	14,383,787.64
TRANSUNION COM SEDOL : BYMWL86	132,510.000	12,105,343.33	12,285,002.10

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HOME DEPOT POOL

◆ Assets held for Investment Purposes

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<i>Corporate Stock - Common</i>			
United States - USD			
TWILIO INC CL A CLA SEDOL : BD6P5Q0	115,310.000	11,632,860.18	12,462,704.80
UGI CORP NEW COM SEDOL : 2910118	176,995.000	3,993,007.20	4,996,568.85
UNITEDHEALTH GROUP INC COM SEDOL : 2917766	27,721.000	10,244,352.25	14,022,945.06
VAXCYTE INC COM SEDOL : BKPVGH6	159,182.000	9,975,140.00	13,030,638.52
VEECO INSTRS INC DEL COM SEDOL : 2938422	255,026.000	10,160,379.63	6,834,696.80
VERTIV HOLDINGS LLC COM USD0.0001 SEDOL : BL3LWS8	112,911.000	4,544,027.71	12,827,818.71
VISA INC COM CLA STK SEDOL : B2PZN04	43,973.000	6,499,070.61	13,897,226.92
WASTE CONNECTIONS INC COM SEDOL : BYVG1F6	54,991.000	9,626,724.46	9,435,355.78
WEX INC COM SEDOL : B8383P2	17,967.000	3,569,906.22	3,149,974.44
WILLSCOT HOLDINGS CORPORATION COM SEDOL : BMHL0Z4	231,880.000	9,334,252.86	7,756,386.00
WINGSTOP INC COM SEDOL : BYYXHN4	34,140.000	11,606,699.98	9,702,588.00
WOODWARD INC COM SEDOL : 2948089	24,214.000	4,174,009.32	4,029,693.88
XENON PHARMACEUTICALS INC COMMON STOCK SEDOL : BRJ3GY4	63,850.000	2,564,254.77	2,502,920.00
Total United States - USD		1,251,194,152.93	3,169,434,947.36
Total Corporate Stock - Common		1,332,838,614.38	3,255,243,041.41

Participant Loans

United States - USD			
&&&HD SUPPLY LOAN ASSET CUSIP : 001024819	10,772,849.620	10,772,849.62	10,772,849.62
&&&PARTICIPANT LOANS CUSIP : 000097949	253,270,532.900	253,270,532.90	253,270,532.90
Total United States - USD		264,043,382.52	264,043,382.52
Total Participant Loans		264,043,382.52	264,043,382.52

Value of Interest in Common/Collective Trusts

United States - USD			
MFO BLACKROCK EXTD EQTY MKT FD F CUSIP : 06739Q461	3,687,075.267	302,760,864.63	449,205,597.47
MFO BLACKROCK LIFEPATH INDEX 2030 FUND F CUSIP : 06739Q883	14,508,595.378	341,328,291.78	466,841,622.62
MFO BLACKROCK LIFEPATH INDEX 2035 FUND F CUSIP : 06739V445	14,737,210.967	342,583,736.30	479,942,328.40
MFO BLACKROCK LIFEPATH INDEX 2040 FUND F CUSIP : 06739Q859	11,743,542.308	305,000,109.34	443,846,007.18

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HOME DEPOT POOL

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<i>Value of Interest in Common/Collective Trusts</i>			
United States - USD			
MFO BLACKROCK LIFEPATH INDEX 2045 FUND F CUSIP : 06739V171	11,970,374.212	293,018,940.27	442,209,564.14
MFO BLACKROCK LIFEPATH INDEX 2050 FUND F CUSIP : 06739V163	15,118,208.624	310,518,148.58	472,694,981.76
MFO BLACKROCK LIFEPATH INDEX 2055 FUND F CUSIP : 09256V731	10,495,029.306	309,918,516.33	430,196,498.77
MFO BLACKROCK LIFEPATH INDEX 2060 FUND F CUSIP : 09258C202	8,853,758.693	174,676,978.20	211,383,488.80
MFO BLACKROCK LIFEPATH INDEX 2065 FUN D F CUSIP : 09259D555	116,163.520	2,022,096.61	1,987,406.81
MFO LIFEPATH INDEX RETIREMENT FUND F CUSIP : 06739Q818	29,568,984.707	716,331,672.45	788,306,175.39
MFO T. ROWE PRICE CASH RESERVES TRUST-Z CUSIP : 87282E105	3,734,998.340	3,734,998.34	3,734,998.34
NT COLLECTIVE SHORT TERM INVT FD CUSIP : 66586U452	97,131,617.400	97,131,617.40	97,131,617.40
Total United States - USD		3,199,025,970.23	4,287,480,287.08
Total Value of Interest in Common/Collective Trusts		3,199,025,970.23	4,287,480,287.08
<i>Value of Interest in Registered Investment Companies</i>			
Emerging Markets Region - USD			
MFO DODGE & COX FDS INTERNATIONAL STOCK FUND CLASS X CUSIP : 256206707	7,210,367.760	286,315,046.90	359,797,351.22
Total Emerging Markets Region - USD		286,315,046.90	359,797,351.22
International Region - USD			
MFO BLACKROCK INSTL TR CO N A INVT FDS FOR E MSCI ACWI EX-US IMI INDEX FD F CUSIP : 09256V160	50,187,085.182	731,638,921.77	903,302,290.07
Total International Region - USD		731,638,921.77	903,302,290.07
United States - USD			
MFO BLACKROCK US DEBT INDEX F CUSIP : 06739Q651	38,448,652.004	1,226,294,220.61	1,285,265,384.05
MFO DODGE & COX FDS STOCK FUND X CUSIP : 256206509	2,544,623.730	527,198,370.14	654,451,777.12
MFO EQUITY INDEX FUND F CUSIP : 06739T663	21,130,243.604	1,045,162,554.33	2,620,511,998.92
MFO RELIANCE TR INSTL RETIREMENT TR GQG PARTNERS INTL EQUITY CIT SER 11 CUSIP : 75947M885	1,608,791.200	24,740,458.88	25,821,098.76
MFO RESERVE INVT FDS INC T ROWE PRICE GOVT RESERVE FD CUSIP : 76105Y109	1,727,270.920	1,727,270.92	1,727,270.92
Total United States - USD		2,825,122,874.88	4,587,777,529.77
Total Value of Interest in Registered Investment Companies		3,843,076,843.55	5,850,877,171.06

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HOME DEPOT POOL

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Other</i>			
United States - USD			
&&&CHARLES SCHWAB SDA ASSET CUSIP : 001024801	1.000	0.00	3,043,526.85
&&&CHARLES SCHWAB SDA CUSIP : 000595793	1.000	0.00	389,567,850.04
MID-AMER APT CMNTYS INC COM SEDOL : 2589132	23,084.000	3,289,327.91	3,568,093.88
NNN REIT INC SEDOL : 2211811	89,328.000	3,780,360.96	3,649,048.80
SYNTHETIC GIC MASS MUTUAL CONTRACT #30172 CUSIP : 999565997	105,392,608.450	105,392,608.45	105,392,608.45
SYNTHETIC GIC METROPOLITAN TOWER LIFE INS CO CONTRACT #38159 CUSIP : 999502LA3	105,753,799.050	105,753,799.05	105,753,799.05
SYNTHETIC GIC NATIONWIDE LIFE INS CO CONTRACT #TRP_HOM_IP_1121 CUSIP : 999502LR6	105,456,657.140	105,456,657.14	105,456,657.14
SYNTHETIC GIC NEW YORK LIFE INS AND ANN CORP CONTRACT #GA-29361 CUSIP : 999502PZ4	105,413,077.500	105,413,077.50	105,413,077.50
SYNTHETIC GIC PRUDENTIAL INS CO OF AMERICA CONTRACT #GA-64329 CUSIP : 999502LB1	105,554,080.010	105,554,080.01	105,554,080.01
SYNTHETIC GIC STATE STREET BANK AND TRUST CO CONTRACT #210015 CUSIP : 999502LT2	105,545,502.880	105,545,502.88	105,545,502.88
SYNTHETIC GIC TRANSAMERICA LIFE INS CO CONTRACT #FDA00062TR CUSIP : 999502KZ9	105,218,512.610	105,218,512.61	105,218,512.61
Total United States - USD		745,403,926.51	1,138,162,757.21
USD - United States dollar	0.000	0.00	0.00
Total - all currencies		0.00	0.00
Total Other		745,403,926.51	1,138,162,757.21
<i>Other Liabilities</i>			
Pending trade purchases: United States dollar	0.000	-394,048.28	-394,048.28
Total - all currencies		-394,048.28	-394,048.28
Total Other Liabilities		-394,048.28	-394,048.28

Payable Other

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Account number DPOOL
 HOME DEPOT POOL

◆ Assets held for Investment Purposes

Security Description / Asset ID	Shares/Par Value	Cost	Current Value
<i>Payable Other</i>			
United States - USD			
INVESTMENT MANAGEMENT EXPENSE ACCRUAL CUSIP : 994996916	0.000	0.00	0.00
MISCELLANEOUS VALUATION EXPENSE ACCRUAL CUSIP : 996396602	0.000	0.00	0.00
Total United States - USD		0.00	0.00
Total Payable Other		0.00	0.00
Total		9,386,258,301.72	14,797,676,198.07

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