

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 <h2 style="text-align: center;">2023</h2> This Form is Open to Public Inspection
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

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) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>VANGUARD FIDUCIARY TRUST COMPANY INSTITUTIONAL TOTAL INTERNATIONAL STOCK MARKET INDEX TRUST</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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) <u>VANGUARD FIDUCIARY TRUST COMPANY</u> <u>100 VANGUARD BOULEVARD</u> <u>MALVERN, PA 19355</u>	1c Effective date of plan 2b Employer Identification Number (EIN) <u>81-6317280</u> 2c Plan Sponsor's telephone number <u>610-669-1000</u> 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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/15/2025</u>	<u>CARMEN RIVE</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning 11/01/2023 and ending 10/31/2024

A Name of plan <u>VANGUARD FIDUCIARY TRUST COMPANY INSTITUTIONAL TOTAL INTERNATIONAL STOCK MARKET INDEX 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>VANGUARD FIDUCIARY TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>81-6317280</u>	

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

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	ABB INC MASTER TRUST	
b Name of plan sponsor	ABB INC.	c EIN-PN 36-3100018-050
a Plan name	ACCENTURE UNITED STATES PROFIT SHARING AND 401(K) TRUST	
b Name of plan sponsor	ACCENTURE LLP	c EIN-PN 36-7274695-001
a Plan name	ADVANCED MICRO DEVICES, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ADVANCED MICRO DEVICES, INC.	c EIN-PN 94-1692300-003
a Plan name	ADVOCATE AURORA HEALTH 401(K) PLAN	
b Name of plan sponsor	ADVOCATE AURORA HEALTH, INC	c EIN-PN 82-4184596-004
a Plan name	AMERICAN AIR LIQUIDE HOLDINGS, INC. ENHANCED SAVINGS PLAN	
b Name of plan sponsor	AIR LIQUIDE & AIRGAS	c EIN-PN 75-3174747-007
a Plan name	AIR LIQUIDE AND AIRGAS 401K PLAN	
b Name of plan sponsor	AIR LIQUIDE & AIRGAS	c EIN-PN 75-3174747-008
a Plan name	ALLINA 401K RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ALLINA HEALTH SYSTEMS	c EIN-PN 36-3261413-002
a Plan name	ALLY FINANCIAL INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ALLY FINANCIAL, INC.	c EIN-PN 38-0572512-001
a Plan name	AMAZON.COM 401(K) PLAN	
b Name of plan sponsor	AMAZON.COM SERVICES, INC.	c EIN-PN 91-1986545-001
a Plan name	AMCOR AMERICAN CANYON 401K RET PLN	
b Name of plan sponsor	AMCOR AMERICAN CANYON 401K RET PLN	c EIN-PN 84-3959068-002
a Plan name	AMCOR 401(K) PLAN	
b Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.	c EIN-PN 43-0178130-003
a Plan name	AMCOR 401(K) PLAN FOR BARGAINING UNIT EMPLOYEES	
b Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.	c EIN-PN 43-0178130-007

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	AMCOR DEFINED CONTRIBUTION PENSION PLAN FOR HOURLY EMPLOYEES
b	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.
c	EIN-PN	43-0178130-008
a	Plan name	UNION AMCOR INVESTMENT PROFIT SHARING PLAN
b	Name of plan sponsor	AMCOR FLEXIBLES NORTH AMERICA, INC.
c	EIN-PN	43-0178130-009
a	Plan name	AMCOR RIGID PACKAGING SAV AND INV PLAN
b	Name of plan sponsor	AMCOR RIGID PACKAGING USA, LLC
c	EIN-PN	36-4126680-001
a	Plan name	AMCOR SPECIALTY CARTONS AMERICAS 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	AMCOR SPECIALTY CARTONS AMERICAS LLC
c	EIN-PN	98-0080783-004
a	Plan name	AMERICAN EXPRESS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	AMERICAN EXPRESS COMPANY
c	EIN-PN	13-4922250-002
a	Plan name	HONDA 401(K) SAVINGS PLAN
b	Name of plan sponsor	AMERICAN HONDA MOTOR COMPANY, INC.
c	EIN-PN	95-2041006-335
a	Plan name	AMERICAN INTERNATIONAL GROUP, INC. INCENTIVE SAVINGS PLAN
b	Name of plan sponsor	AMERICAN INTERNATIONAL GROUP, INC.
c	EIN-PN	13-2592361-003
a	Plan name	APPLE 401(K) PLAN
b	Name of plan sponsor	APPLE INC.
c	EIN-PN	94-2404110-001
a	Plan name	ARAMCO U.S. SAVINGS PLAN
b	Name of plan sponsor	ARAMCO SHARED BENEFITS COMPANY
c	EIN-PN	84-4364434-002
a	Plan name	ASHLAND LLC MASTER TRUST
b	Name of plan sponsor	ASHLAND LLC
c	EIN-PN	20-0865835-030
a	Plan name	ASSURANT 401(K) PLAN
b	Name of plan sponsor	ASSURANT, INC.
c	EIN-PN	39-1126612-002
a	Plan name	ASTRAZENECA SAVINGS AND SECURITY PLAN
b	Name of plan sponsor	ASTRAZENECA PHARMACEUTICALS LP
c	EIN-PN	23-2967016-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	ELEVANCE HEALTH 401(K) PLAN	
b Name of plan sponsor	ATH HOLDING COMPANY, LLC	c EIN-PN 11-3713086-003
a Plan name	BROADCOM U.S. 401(K) PLAN	
b Name of plan sponsor	AVAGO TECHNOLOGIES U.S. INC.	c EIN-PN 20-3387670-001
a Plan name	AVAYA INC. MASTER TRUST	
b Name of plan sponsor	AVAYA INC.	c EIN-PN 22-3713430-101
a Plan name	ALLIANZ ASSET ACCUMULATION PLAN	
b Name of plan sponsor	AZOA SERVICES CORPORATION	c EIN-PN 75-1723041-002
a Plan name	BAIN & COMPANY, INC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	BAIN & COMPANY, INC.	c EIN-PN 04-2878322-005
a Plan name	THE BANK OF AMERICA PENSION PLAN	
b Name of plan sponsor	BANK OF AMERICA CORPORATION	c EIN-PN 56-0906609-001
a Plan name	BANK OF AMERICA 401(K) PLAN	
b Name of plan sponsor	BANK OF AMERICA CORPORATION	c EIN-PN 56-0906609-003
a Plan name	THE BANK OF AMERICA TRANSFERRED SAVINGS ACCOUNT PLAN	
b Name of plan sponsor	BANK OF AMERICA CORPORATION	c EIN-PN 56-0906609-007
a Plan name	BASF CORPORATION RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	BASF CORPORATION	c EIN-PN 16-1090809-004
a Plan name	BASF CORPORATION SAVINGS PLAN MASTER TRUST	
b Name of plan sponsor	BASF CORPORATION	c EIN-PN 84-5171020-102
a Plan name	IDAHO NATIONAL LABORATORY EMPLOYEE INVESTMENT PLAN	
b Name of plan sponsor	BATELLE ENERGY ALLIANCE, LLC AND FLUOR IDAHO, LLC	c EIN-PN 68-0588324-001
a Plan name	BATTELLE EMPLOYEES' SAVINGS PLAN	
b Name of plan sponsor	BATELLE MEMORIAL INSTITUTE	c EIN-PN 31-4379427-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BAYER CORPORATION SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BAYER CORPORATION	c EIN-PN 25-1339219-051
a	Plan name	BAYLOR SCOTT & WHITE HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BAYLOR SCOTT & WHITE	c EIN-PN 46-3130985-002
a	Plan name	BAYLOR AFFILIATED SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BAYLOR SCOTT & WHITE	c EIN-PN 46-3130985-003
a	Plan name	BCS FINANCIAL CORPORATION TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BCS FINANCIAL CORPORATION	c EIN-PN 36-4247278-002
a	Plan name	FPI RETIREMENT PLAN	
b	Name of plan sponsor	BERTELSMANN INC.	c EIN-PN 13-3621012-001
a	Plan name	BERTELSMANN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BERTELSMANN, INC.	c EIN-PN 95-2949493-004
a	Plan name	BJC 401(K) PLAN	
b	Name of plan sponsor	BJC HEALTH SYSTEM	c EIN-PN 43-1617558-003
a	Plan name	BLUE CROSS AND BLUE SHIELD ASSOCIATION TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD ASSOCIATION	c EIN-PN 13-5656874-002
a	Plan name	BLUE CROSS BLUE SHIELD OF SC EMPLOYEE SAVINGS & SALARY REDUCTION	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA	c EIN-PN 57-0287419-002
a	Plan name	BLUE CROSS AND BLUE SHIELD OF VERMONT 401K RETIREMENT PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF VERMONT	c EIN-PN 03-0277307-003
a	Plan name	BCBS WYOMING TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF WYOMING	c EIN-PN 83-0231011-002
a	Plan name	BLUE CROSS BLUE SHIELD OF ARIZONA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF ARIZONA, INC.	c EIN-PN 86-0004538-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	BLUE CROSS BLUE SHIELD OF FLORIDA 401K RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF FLORIDA INC
c	EIN-PN	59-2015694-002
a	Plan name	BCBS KANSAS CITY TAX FAVORED SAVINGS PROGRAM
b	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF KANSAS CITY
c	EIN-PN	43-1257251-002
a	Plan name	TAX-FAVORED SAVINGS PROGRAM
b	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF KANSAS INC
c	EIN-PN	48-0952857-002
a	Plan name	BLUE CROSS BLUE SHIELD OF MISSISSIPPI TAX-FAVORED SAVINGS
b	Name of plan sponsor	BLUE CROSS BLUE SHIELD OF MISSISSIPPI A MUTUAL INSURANCE
c	EIN-PN	64-0295748-003
a	Plan name	BLUE CROSS OF IDAHO HEALTH SERVICE 401K PLAN
b	Name of plan sponsor	BLUE CROSS OF IDAHO HEALTH SERVICE INC
c	EIN-PN	82-0344294-002
a	Plan name	BLUECROSS BLUESHIELD OF TENNESSEE EMPLOYEE RETIREMENT SAVINGS
b	Name of plan sponsor	BLUECROSS BLUESHIELD OF TENNESSEE INC
c	EIN-PN	62-0427913-002
a	Plan name	UNIVERSITY OF NEBRASKA RETIREMENT PLAN
b	Name of plan sponsor	BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA
c	EIN-PN	47-0049123-001
a	Plan name	UNIVERSITY OF NEBRASKA 457(B) DEFERRED COMPENSATION PLAN
b	Name of plan sponsor	BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA
c	EIN-PN	47-0049123-003
a	Plan name	BORGWARNER INC. RETIREMENT PLAN
b	Name of plan sponsor	BORGWARNER INC.
c	EIN-PN	13-3404508-001
a	Plan name	BORGWARNER INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	BORGWARNER INC.
c	EIN-PN	13-3404508-066
a	Plan name	BOSTON SCIENTIFIC 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	BOSTON SCIENTIFIC CORPORATION
c	EIN-PN	04-2695240-001
a	Plan name	BRFHH RETIREMENT PLAN
b	Name of plan sponsor	BRF HOSPITAL HOLDINGS, LLC DBA OCHSNER LSU HOSPITALS
c	EIN-PN	46-3179229-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BRISTOL-MYERS SQUIBB SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor	BRISTOL-MYERS SQUIBB COMPANY	c EIN-PN 22-0790350-112
a	Plan name	BROWN & ROOT INDUSTRIAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	BROWN & ROOT INDUSTRIAL SERVICES, LLC	c EIN-PN 47-3996049-013
a	Plan name	59 WALL STREET CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	BROWN BROTHERS HARRIMAN & CO.	c EIN-PN 13-4973745-003
a	Plan name	BRUNSWICK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BRUNSWICK CORPORATION	c EIN-PN 36-0848180-154
a	Plan name	BRUNSWICK REWARDS PLAN	
b	Name of plan sponsor	BRUNSWICK CORPORATION	c EIN-PN 36-0848180-170
a	Plan name	BCLP LLP US RETIREMENT PLAN	
b	Name of plan sponsor	BRYAN CAVE LEIGHTON PAISNER US LLP	c EIN-PN 43-0602162-002
a	Plan name	BURLINGTON NORTHERN SANTA FE INVESTMENT AND RETIREMENT PLAN	
b	Name of plan sponsor	BURLINGTON NORTHERN SANTA FE, LLC	c EIN-PN 27-1754839-002
a	Plan name	BNSF RAILWAY COMPANY NON SALARIED EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BURLINGTON NORTHERN SANTA FE, LLC	c EIN-PN 41-6034000-006
a	Plan name	NOG-E HOURLY EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	BWXT NUCLEAR OPERATIONS GROUP, INC.	c EIN-PN 80-0558025-001
a	Plan name	BWXT THRIFT PLAN	
b	Name of plan sponsor	BWXT TECHNOLOGIES, INC,	c EIN-PN 72-1172705-002
a	Plan name	CACI SMART PLAN	
b	Name of plan sponsor	CACI INTERNATIONAL, INC	c EIN-PN 54-1345888-002
a	Plan name	CADENCE DESIGN SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	CADENCE DESIGN SYSTEM INC.	c EIN-PN 77-0148231-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BLUE SHIELD OF CALIFORNIA TAX-DEFERRED SALARY INVESTMENT PLAN	
b	Name of plan sponsor	CALIFORNIA PHYSICIANS SERVICE	c EIN-PN 94-0360524-002
a	Plan name	CAMBIA HEALTH SOLUTIONS INC 401K SAVINGS PLAN	
b	Name of plan sponsor	CAMBIA HEALTH SOLUTIONS INC	c EIN-PN 93-1179316-002
a	Plan name	CAMPBELL SOUP COMPANY 401K RETIREMENT PLAN	
b	Name of plan sponsor	CAMPBELL SOUP COMPANY	c EIN-PN 21-0419870-008
a	Plan name	CANON BUSINESS PROCESS SERVICES RETIREMENT AND INVESTMENT PLAN	
b	Name of plan sponsor	CANON BUSINESS PROCESS SERVICES, INC.	c EIN-PN 13-3978583-001
a	Plan name	CANON NANOTECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	CANON NANOTECHNOLOGIES, INC.	c EIN-PN 74-2994370-001
a	Plan name	CANON EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	CANON USA, INC.	c EIN-PN 13-2561772-001
a	Plan name	CARDINAL HEALTH 401K SAVINGS PLAN	
b	Name of plan sponsor	CARDINAL HEALTH, INC.	c EIN-PN 31-0958666-055
a	Plan name	CARELON PEO 401(K) PLAN	
b	Name of plan sponsor	CAREMORE MEDICAL GROUP OF TENNESSEE, P.C.	c EIN-PN 47-1878423-001
a	Plan name	CAREMORE MEDICAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CAREMORE MEDICAL GROUP, INC.	c EIN-PN 14-1943214-001
a	Plan name	CARGILL INVESTMENT PLAN	
b	Name of plan sponsor	CARGILL, INC.	c EIN-PN 41-0177680-013
a	Plan name	THE CARGILL PARTNERSHIP PLAN	
b	Name of plan sponsor	CARGILL, INC.	c EIN-PN 41-0177680-015
a	Plan name	CARGILL EMPLOYEE RETIREMENT ACCOUNT PLAN	
b	Name of plan sponsor	CARGILL, INC.	c EIN-PN 41-0177680-018

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	CDM SMITH INC. CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	CDM SMITH INC.	c EIN-PN 04-2473650-002
a	Plan name	CEDARS SINAI HEALTH SYSTEM DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	CEDARS-SINAI MEDICAL CENTER	c EIN-PN 95-1644600-002
a	Plan name	CHS INC. 401(K) PLAN	
b	Name of plan sponsor	CHS INC.	c EIN-PN 41-0251095-014
a	Plan name	CHS INC. 401(K) PLAN FOR UNION PRODUCTION EMPLOYEES	
b	Name of plan sponsor	CHS INC.	c EIN-PN 41-0251095-028
a	Plan name	CFG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CITIZENS FINANCIAL GROUP, INC	c EIN-PN 05-0412693-002
a	Plan name	CITY NATIONAL BANK PROFIT SHARING PLAN	
b	Name of plan sponsor	CITY NATIONAL BANK	c EIN-PN 95-1780067-001
a	Plan name	CITY OF SAN DIEGO SUPPLEMENTAL PENSION SAVINGS PLAN	
b	Name of plan sponsor	CITY OF SAN DIEGO	c EIN-PN 95-6000776-004
a	Plan name	CITY OF SAN DIEGO 401K PLAN	
b	Name of plan sponsor	CITY OF SAN DIEGO	c EIN-PN 95-6000776-005
a	Plan name	CITY OF SAN DIEGO SUPPLEMENTAL PENSION SAVINGS PLAN H	
b	Name of plan sponsor	CITY OF SAN DIEGO	c EIN-PN 95-6000776-006
a	Plan name	CITY OF SAN DIEGO 2009 401A PLAN	
b	Name of plan sponsor	CITY OF SAN DIEGO	c EIN-PN 95-6000776-007
a	Plan name	THE CLOROX COMPANY 401(K) PLAN	
b	Name of plan sponsor	CLOROX COMPANY	c EIN-PN 31-0595760-001
a	Plan name	CONAGRA BRANDS RETIREMENT INCOME SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	CONAGRA BRANDS, INC.	c EIN-PN 90-6036918-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THE CONSOLIDATED EDISON THRIFT SAVINGS PLAN	
b	Name of plan sponsor	CONSOLIDATED EDISON, INC.	c EIN-PN 13-5009340-004
a	Plan name	COREBRIDGE FINANCIAL, INC RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	COREBRIDGE FINANCIAL, INC.	c EIN-PN 95-4715639-001
a	Plan name	CORNING INCORPORATED MASTER INVESTMENT TRUST	
b	Name of plan sponsor	CORNING INCORPORATED	c EIN-PN 16-0393470-008
a	Plan name	COVESTRO LLC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	COVESTRO LLC	c EIN-PN 06-1653740-002
a	Plan name	COX ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	COX ENTERPRISES, INC.	c EIN-PN 58-1035149-003
a	Plan name	CRANE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	CRANE COMPANY	c EIN-PN 88-2846451-038
a	Plan name	EMPLOYEES SAVINGS AND RETIREMENT PLAN OF CREDIT SUISSE	
b	Name of plan sponsor	CREDIT SUISSE SECURITIES USA LLC	c EIN-PN 05-0546650-002
a	Plan name	ALTICE USA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CSC HOLDINGS, LLC	c EIN-PN 27-0726696-010
a	Plan name	SOLVAY & CYTEC COMPANIES PENSION PLAN	
b	Name of plan sponsor	CYTEC INDUSTRIES INC.	c EIN-PN 22-3268660-002
a	Plan name	DAVITA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAVITA INC.	c EIN-PN 51-0354549-001
a	Plan name	DELOITTE 401(K) PLAN	
b	Name of plan sponsor	DELOITTE LLP	c EIN-PN 13-5133500-268
a	Plan name	DELOITTE PROFIT SHARING PLAN	
b	Name of plan sponsor	DELOITTE LLP	c EIN-PN 13-5133500-344

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	DTTS 401(K) PLAN	
b Name of plan sponsor	DELOITTE TOUCHE TOHMATSU SERVICES INC.	c EIN-PN 13-3086681-002
a Plan name	DTTS PROFIT SHARING PLAN	
b Name of plan sponsor	DELOITTE TOUCHE TOHMATSU SERVICES INC.	c EIN-PN 13-3086681-003
a Plan name	DENSO RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	DENSO INTERNATIONAL AMERICA, INC.	c EIN-PN 38-2651421-002
a Plan name	DIAGNOSTIC CLINIC MEDICAL GROUP RETIREMENT & SAVINGS PLAN	
b Name of plan sponsor	DIAGNOSTIC CLINIC MEDICAL GROUP INC	c EIN-PN 59-3307922-333
a Plan name	DIVERSIFIED SERVICE OPTIONS, INC. DBA GUIDEWELL SOURCE 401(K) SAVINGS PLAN	
b Name of plan sponsor	DIVERSIFIED SERVICE OPTIONS, INC. DBA GUIDEWELL SOURCE	c EIN-PN 59-3514333-001
a Plan name	DOMTAR US HOURLY 401(K) PLAN	
b Name of plan sponsor	DOMTAR INDUSTRIES LLC	c EIN-PN 25-1157103-008
a Plan name	DOMTAR US SALARIED 401(K) PLAN	
b Name of plan sponsor	DOMTAR INDUSTRIES LLC	c EIN-PN 25-1157103-009
a Plan name	DOVER CORPORATION RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	DOVER CORPORATION	c EIN-PN 53-0257888-030
a Plan name	G3 ENTERPRISES, INC. RETIREMENT PLAN	
b Name of plan sponsor	E & J GALLO WINERY	c EIN-PN 94-1081077-001
a Plan name	E. & J. GALLO WINERY RETIREMENT PLAN	
b Name of plan sponsor	E & J GALLO WINERY	c EIN-PN 94-1009696-011
a Plan name	E. & J. GALLO WINERY UNION RETIREMENT PLAN	
b Name of plan sponsor	E & J GALLO WINERY	c EIN-PN 94-1009696-015
a Plan name	PROFIT SHARING RETIREMENT PLAN FOR DIVISIONS AND SUBSIDIARIES OF EMERSON ELECTRIC CO.	
b Name of plan sponsor	EMERSON	c EIN-PN 43-0259330-114

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	EMERSON ELECTRIC CO. EMPLOYEE SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	EMERSON ELECTRIC COMPANY	c EIN-PN 43-0259330-016
a	Plan name	EMERSON ELECTRIC CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMERSON ELECTRIC COMPANY	c EIN-PN 43-0259330-101
a	Plan name	ENCOMPASS HEALTH CORPORATION RETIREMENT INVESTMENT PLAN	
b	Name of plan sponsor	ENCOMPASS HEALTH	c EIN-PN 63-0860407-001
a	Plan name	ERICSSON US 401K PLAN	
b	Name of plan sponsor	ERICSSON INC.	c EIN-PN 06-1119960-006
a	Plan name	ERNST & YOUNG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ERNST & YOUNG US LLP	c EIN-PN 34-6565596-112
a	Plan name	EXCELLUS 401K PLAN	
b	Name of plan sponsor	EXCELLUS HEALTH PLAN INC	c EIN-PN 15-0329043-002
a	Plan name	FEDERAL EXPRESS CORPORATION PILOTS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FEDERAL EXPRESS CORPORATION	c EIN-PN 71-0427007-007
a	Plan name	FEDERAL NATIONAL MORTGAGE ASSOCIATION RETIREMENT SAVINGS PLAN FOR EMP	
b	Name of plan sponsor	FEDERAL NATIONAL MORTGAGE ASSOCIATION	c EIN-PN 52-0883107-001
a	Plan name	FEDERATED MUTUAL INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	FEDERATED MUTUAL INSURANCE COMPANY	c EIN-PN 41-0417460-002
a	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN I	
b	Name of plan sponsor	FEDEX CORPORATION	c EIN-PN 62-1721435-001
a	Plan name	FEDEX CORPORATION RETIREMENT SAVINGS PLAN II	
b	Name of plan sponsor	FEDEX CORPORATION	c EIN-PN 62-1721435-004
a	Plan name	FEDEX OFFICE AND PRINT SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FEDEX OFFICE AND PRINT SERVICES, INC.	c EIN-PN 77-0433330-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	FERGUSON ENTERPRISES, LLC, 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	FERGUSON ENTERPRISES, LLC
c	EIN-PN	54-1473338-002
a	Plan name	FISERV 401(K) SAVINGS PLAN
b	Name of plan sponsor	FISERV SOLUTIONS, LLC
c	EIN-PN	39-1833695-004
a	Plan name	GAPSHARE 401(K) PLAN
b	Name of plan sponsor	GAP INC.
c	EIN-PN	94-1697231-004
a	Plan name	GARTNER INC SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	GARTNER, INC.
c	EIN-PN	04-3099750-002
a	Plan name	GEICO 401(K) SAVINGS PLAN
b	Name of plan sponsor	GEICO CORPORATION
c	EIN-PN	52-1135801-001
a	Plan name	GORDON FOOD SERVICE PROFIT SHARING PLAN
b	Name of plan sponsor	GORDON FOOD SERVICE, INC.
c	EIN-PN	38-1249848-001
a	Plan name	THE PROFIT SHARING AND SAVINGS PLAN OF GRAYBAR ELECTRIC COMPANY, INC.
b	Name of plan sponsor	GRAYBAR ELECTRIC COMPANY, INC.
c	EIN-PN	13-0794380-001
a	Plan name	GROUP HEALTH PLAN, INC 401K PLAN
b	Name of plan sponsor	GROUP HEALTH PLAN, INC.
c	EIN-PN	41-0797853-003
a	Plan name	HANFORD OPERATIONS AND ENGINEERING INVESTMENT PLAN
b	Name of plan sponsor	HANFORD PENSION AND SAVINGS PLANS COMMITTEE
c	EIN-PN	90-0501441-002
a	Plan name	HANFORD CONTRACTORS MULTI EMPLOYER SAVINGS PLAN FOR HAMTC REPRESENTED
b	Name of plan sponsor	HANFORD PENSION AND SAVINGS PLANS COMMITTEE
c	EIN-PN	90-0501441-004
a	Plan name	HANFORD GUARDS UNION, LOCAL 21 SAVINGS PLAN
b	Name of plan sponsor	HANFORD SITE
c	EIN-PN	83-0947948-006
a	Plan name	HEALTH ALLIANCE PLAN 401(K) PLAN
b	Name of plan sponsor	HEALTH ALLIANCE PLAN OF MICHIGAN
c	EIN-PN	38-2242827-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HEALTH INTELLIGENCE COMPANY LLC TAX FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	HEALTH INTELLIGENCE COMPANY LLC	c EIN-PN 27-4269034-001
a	Plan name	HEALTHPARTNERS SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEALTHPARTNERS, INC.	c EIN-PN 41-1683568-004
a	Plan name	HENRY FORD HEALTH SYSTEM RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HENRY FORD HEALTH SYSTEM	c EIN-PN 38-1357020-005
a	Plan name	HOMESAFE ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	HOMESAFE ALLIANCE LLC	c EIN-PN 84-3133869-001
a	Plan name	HOSPITALITY VENTURES 401(K) PLAN	
b	Name of plan sponsor	HOSPITALITY VENTURES, LLC	c EIN-PN 20-1103957-001
a	Plan name	HUTCHINSON HEALTH RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HUTCHINSON HEALTH	c EIN-PN 84-1715908-001
a	Plan name	IDEXX RETIREMENT AND INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	IDEXX LABORATORIES, INC.	c EIN-PN 01-0393723-001
a	Plan name	IU HEALTH 401K SAVINGS PLAN	
b	Name of plan sponsor	INDIANA UNIVERSITY HEALTH	c EIN-PN 35-1955872-005
a	Plan name	INTERCONTINENTAL EXCHANGE INC 401K PLAN	
b	Name of plan sponsor	INTERCONTINENTAL EXCHANGE, INC.	c EIN-PN 46-2286804-001
a	Plan name	INTERMOUNTAIN HEALTHCARE SAVINGS PLUS 401(K) PLAN	
b	Name of plan sponsor	INTERMOUNTAIN HEALTHCARE INC.	c EIN-PN 87-0269232-002
a	Plan name	JABIL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JABIL, INC.	c EIN-PN 38-1886260-002
a	Plan name	JACOBS 401(K) PLUS SAVINGS PLAN	
b	Name of plan sponsor	JACOBS ENGINEERING GROUP INC.	c EIN-PN 95-4081636-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	JACOBS UNION 401(K) PLUS SAVINGS PLAN	
b Name of plan sponsor	JACOBS ENGINEERING GROUP INC.	c EIN-PN 95-4081636-005
a Plan name	JACOBS TECHNOLOGY INC. EMPLOYEES' SAVINGS PLAN	
b Name of plan sponsor	JACOBS TECHNOLOGY, INC.	c EIN-PN 62-0510412-003
a Plan name	JHU APPLIED PHYSICS LABORATORY - PENSION PLAN A	
b Name of plan sponsor	JHU APPLIED PHYSICS LABORATORY	c EIN-PN 52-0595111-001
a Plan name	JONES DAY DEFINED CONTRIBUTION MASTER TRUST	
b Name of plan sponsor	JONES DAY	c EIN-PN 46-7282554-009
a Plan name	OREGON FEDERATION OF NURSES AND HEALTH PROFESSIONALS	
b Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	c EIN-PN 93-0798039-027
a Plan name	KAISER PERMANENTE WASHINGTON DEFINED CONTRIBUTION PLAN	
b Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON	c EIN-PN 91-0511770-008
a Plan name	KAISER PERMANENTE WASHINGTON OPTIONS 401(K) PLAN	
b Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN OF WASHINGTON OPTIONS, INC.	c EIN-PN 91-1467158-001
a Plan name	KAISER PERMANENTE EMPLOYEES PENSION PLAN (SRIP TPMG)	
b Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.	c EIN-PN 94-1340523-001
a Plan name	KAISER PERMANENTE SUPPLEMENTAL RETIREMENT PLAN (PLAN B)	
b Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.	c EIN-PN 94-1340523-003
a Plan name	THE PERMANENTE 401(K) PLAN (P401K)	
b Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.	c EIN-PN 52-2017558-003
a Plan name	KAISER PERMANENTE EMPLOYEES PENSION PLAN (SRIP)	
b Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.	c EIN-PN 94-2728480-004
a Plan name	KAISER PERMANENTE SUPPLEMENTAL RETIREMENT PLAN (UNION)	
b Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.	c EIN-PN 94-1340523-005

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KAISER PERMANENTE NORTHWEST SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.	c EIN-PN 94-1340523-017
a	Plan name	KAISER PERMANENTE 401K RETIREMENT PLAN (KP401K)	
b	Name of plan sponsor	KAISER FOUNDATION HEALTH PLAN, INC.	c EIN-PN 94-1340523-025
a	Plan name	KBRWYLE TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor	KBRWYLE TECHNOLOGY SOLUTIONS, LLC	c EIN-PN 52-0741967-014
a	Plan name	TECHNICAL STAFFING RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor	KELLOGG BROWN & ROOT LLC	c EIN-PN 20-3897734-001
a	Plan name	KELLOGG BROWN & ROOT, INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	KELLOGG BROWN & ROOT LLC	c EIN-PN 20-3897734-007
a	Plan name	KIRKLAND & ELLIS LLP DEFINED CONTRIBUTION 401K SAVINGS PLAN	
b	Name of plan sponsor	KIRKLAND & ELLIS LLP	c EIN-PN 36-1326630-003
a	Plan name	LAKEVIEW HEALTH 401K PLAN	
b	Name of plan sponsor	LAKEVIEW MEMORIAL HOSPITAL ASSOCIATION, INC.	c EIN-PN 41-0811697-008
a	Plan name	LEIDOS, INC. MASTER TRUST	
b	Name of plan sponsor	LEIDOS, INC.	c EIN-PN 95-3630868-005
a	Plan name	LIFE AND SPECIALTY VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	LIFE & SPECIALTY VENTURES LLC	c EIN-PN 80-0233147-001
a	Plan name	LOUISIANA HEALTH SERVICE & INDEMNITY CO. TAX-FAVORED SAVINGS PROGRAM	
b	Name of plan sponsor	LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY	c EIN-PN 23-7384555-002
a	Plan name	M & T BANK CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MANUFACTURERS AND TRADERS TRUST CO.	c EIN-PN 16-0538020-004
a	Plan name	MEDLINE INDUSTRIES, LP RETIREMENT PLAN	
b	Name of plan sponsor	MEDLINE INDUSTRIES, LP	c EIN-PN 36-2596612-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MEMORIALCARE RETIREMENT PLAN	
b	Name of plan sponsor	MEMORIAL HEALTH SERVICES	c EIN-PN 95-1643381-001
a	Plan name	MEMORIALCARE 401(K) PLAN	
b	Name of plan sponsor	MEMORIAL HEALTH SERVICES	c EIN-PN 95-1643381-003
a	Plan name	MGM RESORTS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MGM RESORTS INTERNATIONAL, INC.	c EIN-PN 88-0215232-002
a	Plan name	BFG WAGE DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	MICHELIN NORTH AMERICA, INC C/O RETIREMENT MANAGER	c EIN-PN 11-1724631-037
a	Plan name	MICHELIN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	c EIN-PN 11-1724631-003
a	Plan name	ASRC WAGE DEFINED CONTRIBUTION RETIREMENT PLAN	
b	Name of plan sponsor	MICHELIN NORTH AMERICA, INC. C/O RETIREMENT MANAGER	c EIN-PN 11-1724631-006
a	Plan name	MILLIMAN PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor	MILLIMAN, INC.	c EIN-PN 91-0675641-001
a	Plan name	MORGAN, LEWIS & BOCKIUS LLP TAX SAVER RETIREMENT PLAN	
b	Name of plan sponsor	MORGAN LEWIS & BOCKIUS LLP LISA SOLLEY	c EIN-PN 23-0891050-005
a	Plan name	MORGAN, LEWIS & BOCKIUS LLP DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	MORGAN LEWIS & BOCKIUS LLP LISA SOLLEY	c EIN-PN 23-0891050-009
a	Plan name	THE BANK OF TOKYO-MITSUBISHI, LTD. CASH BALANCE PLAN	
b	Name of plan sponsor	MUFG BANK, LTD.	c EIN-PN 13-5611741-001
a	Plan name	MUFG BANK LTD. 401(K) PLAN	
b	Name of plan sponsor	MUFG BANK, LTD.	c EIN-PN 13-5611741-015
a	Plan name	MUFG BANK, LTD. RETIREMENT PLAN	
b	Name of plan sponsor	MUFG BANK, LTD.	c EIN-PN 13-5611741-016

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	MUNICH RE U.S. SAVINGS PLAN
b	Name of plan sponsor	MUNICH REINSURANCE AMERICA, INC.
c	EIN-PN	13-4924125-003
a	Plan name	NATIONAL GRID USA COMPANIES' INCENTIVE THRIFT PLAN II
b	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY, INC.
c	EIN-PN	04-1663150-007
a	Plan name	NATWEST MARKETS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	NATWEST MARKETS SECURITIES INC.
c	EIN-PN	13-3172275-002
a	Plan name	NETJETS AVIATION INC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	NETJETS AVIATION INC
c	EIN-PN	31-0682096-001
a	Plan name	NETJETS INC 401(K) PLAN
b	Name of plan sponsor	NETJETS INC.
c	EIN-PN	51-0383060-001
a	Plan name	NEUBERGER BERMAN GROUP 401(K) PLAN
b	Name of plan sponsor	NEUBERGER BERMAN GROUP LLC
c	EIN-PN	61-1591182-001
a	Plan name	NISSAN EMPLOYEE 401(K) PLAN
b	Name of plan sponsor	NISSAN NORTH AMERICA, INC.
c	EIN-PN	95-2108010-006
a	Plan name	THE LONG ISLAND HOME 401(K) PLAN
b	Name of plan sponsor	NORTHWELL HEALTH INC.
c	EIN-PN	11-2837244-003
a	Plan name	NORTHWELL HEALTH 401(K) PLAN
b	Name of plan sponsor	NORTHWELL HEALTH, INC.
c	EIN-PN	11-3418133-001
a	Plan name	ALERIS 401(K) PLAN FOR DAVENPORT UNION
b	Name of plan sponsor	NOVELIS ALR ALUMINUM, LLC
c	EIN-PN	20-8451513-002
a	Plan name	ALERIS 401(K) PLAN FOR LINCOLNSHIRE UNION
b	Name of plan sponsor	NOVELIS ALR ALUMINUM, LLC
c	EIN-PN	20-8451513-003
a	Plan name	ALERIS 401(K) PLAN FOR UMW LOCAL 4994, UHRICHSVILLE
b	Name of plan sponsor	NOVELIS ALR RECYCLING OF OHIO, LLC
c	EIN-PN	75-2421405-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	ALERIS 401(K) PLAN FOR USW, LOCAL 7993, ASHVILLE
b	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.
c	EIN-PN	27-1539745-005
a	Plan name	ALERIS 401(K) PLAN FOR IAMAW LODGE 10 RICHMOND
b	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.
c	EIN-PN	27-1539745-006
a	Plan name	ALERIS 401(K) PLAN FOR G.M.P. AND ALLIED WORKERS, LOCAL 210 UHRICHSVILLE, OH
b	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.
c	EIN-PN	27-1539745-009
a	Plan name	ALERIS 401(K) PLAN FOR USW, BUCKHANNON
b	Name of plan sponsor	NOVELIS ALR ROLLED PRODUCTS, INC.
c	EIN-PN	27-1539745-010
a	Plan name	NOVELIS SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	NOVELIS CORP.
c	EIN-PN	41-2098321-034
a	Plan name	NUCLEAR FUEL SERVICES, INC. SAVINGS PLAN FOR HOURLY EMPLOYEES
b	Name of plan sponsor	NUCLEAR FUEL SERVICES, INC. C/O COMPENSATION & BENEFITS DEPT.
c	EIN-PN	52-0788632-005
a	Plan name	NVIDIA CORPORATION 401(K) PLAN
b	Name of plan sponsor	NVIDIA CORP.
c	EIN-PN	94-3177549-001
a	Plan name	OCHSNER CLINIC FOUNDATION 401(K) PLAN
b	Name of plan sponsor	OCHSNER CLINIC FOUNDATION
c	EIN-PN	72-0502505-002
a	Plan name	BERTELSMANN PRINTING GROUP 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	OFFSET PAPERBACK MFRS., INC.
c	EIN-PN	23-1873471-002
a	Plan name	OFFSET PAPERBACK MFRS., INC. UNION EMPLOYEE 401(K) PLAN
b	Name of plan sponsor	OFFSET PAPERBACK MFRS., INC.
c	EIN-PN	23-1873471-003
a	Plan name	OLD DOMINION 401(K) RETIREMENT PLAN
b	Name of plan sponsor	OLD DOMINION FREIGHT LINE, INC.
c	EIN-PN	56-0751714-002
a	Plan name	MICHELIN AFFILIATES 401(K) SAVINGS PLAN
b	Name of plan sponsor	OLIVER RUBBER COMPANY LLC
c	EIN-PN	26-1467411-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ORACLE CORPORATION 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORACLE CORPORATION	c EIN-PN 54-2185193-001
a	Plan name	P-COR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	P COR, LLC	c EIN-PN 38-3322462-001
a	Plan name	PACIFIC LIFE INSURANCE COMPANY RETIREMENT INCENTIVE SAVINGS	
b	Name of plan sponsor	PACIFIC LIFE INSURANCE CO.	c EIN-PN 95-1079000-007
a	Plan name	PARAMOUNT GLOBAL 401(K) PLAN (FKA VIACOMCBS 401(K) PLAN)	
b	Name of plan sponsor	PARAMOUNT GLOBAL	c EIN-PN 04-2949533-002
a	Plan name	PARAMOUNT GLOBAL MASTER TRUST	
b	Name of plan sponsor	PARAMOUNT GLOBAL	c EIN-PN 04-2949533-194
a	Plan name	PARK NICOLLET HEALTH SERVICES 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PARK NICOLLET HEALTH SERVICES	c EIN-PN 36-3465840-002
a	Plan name	PARKER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PARKER HANNIFIN CORPORATION	c EIN-PN 34-0451060-075
a	Plan name	PHILIPS NORTH AMERICA 401(K) PLAN	
b	Name of plan sponsor	PHILIPS NORTH AMERICA LLC	c EIN-PN 13-3429115-005
a	Plan name	PHILLIPS 66 SAVINGS PLAN	
b	Name of plan sponsor	PHILLIPS 66 COMPANY	c EIN-PN 37-1652702-002
a	Plan name	PRESTONWOOD COUNTRY CLUB, INC. 401(K) PLAN	
b	Name of plan sponsor	PRESTONWOOD COUNTRY CLUB, INC.	c EIN-PN 56-1750016-001
a	Plan name	QUALCOMM INCORPORATED EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	QUALCOMM INCORPORATED	c EIN-PN 95-3685934-001
a	Plan name	REGIONS HOSPITAL RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	REGIONS HOSPITAL	c EIN-PN 41-0956618-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	REPUBLIC SERVICES, INC. EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	REPUBLIC SERVICES, INC.
c	EIN-PN	65-0716904-002
a	Plan name	REPUBLIC SERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	REPUBLIC SERVICES, INC.
c	EIN-PN	65-0716904-003
a	Plan name	RICOH USA, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	RICOH USA, INC.
c	EIN-PN	23-0334400-099
a	Plan name	MEASUREMENT SOLUTIONS PROFIT SHARING PLAN
b	Name of plan sponsor	ROSEMOUNT INC.
c	EIN-PN	41-0766812-001
a	Plan name	SAP AMERICA, INC. 401(K) PLAN
b	Name of plan sponsor	SAP AMERICA, INC.
c	EIN-PN	36-3556041-001
a	Plan name	SAS RETIREMENT PLAN
b	Name of plan sponsor	SAS INSTITUTE INC.
c	EIN-PN	56-1133017-001
a	Plan name	THE SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN
b	Name of plan sponsor	SAVANNAH RIVER NUCLEAR SOLUTIONS SOLUTIONS, LLC
c	EIN-PN	32-0255508-334
a	Plan name	SMITH & NEPHEW U.S. SAVINGS PLAN
b	Name of plan sponsor	SMITH & NEPHEW, INC.
c	EIN-PN	51-0123924-008
a	Plan name	SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP MASTER TRUST
b	Name of plan sponsor	SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP
c	EIN-PN	87-1707526-001
a	Plan name	SCPMG KEOGH PLAN
b	Name of plan sponsor	SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP
c	EIN-PN	95-1750445-008
a	Plan name	THE 401(K) PLAN FOR PERMANENTE MEDICAL GROUPS
b	Name of plan sponsor	SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP
c	EIN-PN	95-1750445-009
a	Plan name	SRMC 401(A) PLAN
b	Name of plan sponsor	SOUTHERN REGIONAL MEDICAL CORPORATION (SRMC)
c	EIN-PN	46-2743282-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	SOUTHWEST AIRLINES CO PROFIT SHARING PLAN
b	Name of plan sponsor	SOUTHWEST AIRLINES CO.
c	EIN-PN	74-1563240-001
a	Plan name	SOUTHWEST AIRLINES CO 401K PLAN
b	Name of plan sponsor	SOUTHWEST AIRLINES CO.
c	EIN-PN	74-1563240-004
a	Plan name	SOUTHWEST AIRLINES PILOTS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	SOUTHWEST AIRLINES PILOTS ASSOCIATION
c	EIN-PN	74-1563240-003
a	Plan name	STARBUCKS CORPORATION 401K PLAN
b	Name of plan sponsor	STARBUCKS CORPORATION
c	EIN-PN	91-1325671-001
a	Plan name	STATE FARM 401(K) SAVINGS PLAN
b	Name of plan sponsor	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
c	EIN-PN	37-0533100-002
a	Plan name	STRYKER CORPORATION 401(K) SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	STRYKER CORPORATION
c	EIN-PN	38-1239739-002
a	Plan name	SYNOPSISYS 401(K) PLAN
b	Name of plan sponsor	SYNOPSISYS, INC.
c	EIN-PN	56-1546236-001
a	Plan name	SYSCO CORPORATION EMPLOYEES' 401(K) PLAN
b	Name of plan sponsor	SYSCO CORPORATION
c	EIN-PN	74-1648137-015
a	Plan name	TELEPHONE AND DATA SYSTEMS, INC. TAX-DEFERRED SAVINGS PLAN
b	Name of plan sponsor	TELEPHONE AND DATA SYSTEMS, INC.
c	EIN-PN	36-2669023-003
a	Plan name	TEXTRON SAVINGS PLAN
b	Name of plan sponsor	TEXTRON INC.
c	EIN-PN	05-0315468-030
a	Plan name	THE BOSTON CONSULTING GROUP, INC. EMPLOYEES' PROFIT SHARING RETIREMENT FUND
b	Name of plan sponsor	THE BOSTON CONSULTING GROUP, INC.
c	EIN-PN	04-2432614-001
a	Plan name	THE BOSTON CONSULTING GROUP, INC. EMPLOYEES' SAVINGS PLAN AND PROFIT SHARING RETIREMENT FUND
b	Name of plan sponsor	THE BOSTON CONSULTING GROUP, INC.
c	EIN-PN	04-2432614-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE HERSHEY COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE HERSHEY COMPANY	c EIN-PN 23-0691590-010
a	Plan name	THE NEW YORK TIMES COMPANY PAYROLL INVESTMENT PLAN	
b	Name of plan sponsor	THE NEW YORK TIMES COMPANY	c EIN-PN 13-1102020-012
a	Plan name	THE NEW YORK TIMES COMPANIES SUPPLEMENTAL RETIREMENT AND INVESTMENT PLAN	
b	Name of plan sponsor	THE NEW YORK TIMES COMPANY	c EIN-PN 13-1102020-014
a	Plan name	THE NEW YORK TIMES SAVINGS PLAN	
b	Name of plan sponsor	THE NEW YORK TIMES COMPANY	c EIN-PN 13-1102020-020
a	Plan name	THE PERMANENTE MEDICAL GROUP, INC. SALARY DEFERRAL RETIREMENT PLAN	
b	Name of plan sponsor	THE PERMANENTE MEDICAL GROUP, INC.	c EIN-PN 94-2728480-023
a	Plan name	THE TJX COMPANIES, INC. GENERAL SAVINGS PROFIT SHARING PLAN	
b	Name of plan sponsor	THE TJX COMPANIES, INC.	c EIN-PN 04-2207613-004
a	Plan name	OPTIONAL RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA	
b	Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	c EIN-PN 56-6001393-001
a	Plan name	SENIOR ADMINISTRATIVE OFFICERS RETIREMENT PROGRAM OF THE UNIVERSITY OF NORTH CAROLINA	
b	Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	c EIN-PN 56-6172047-002
a	Plan name	THE UNIVERSITY OF NORTH CAROLINA CODE SECTION 457(B) PLAN	
b	Name of plan sponsor	THE UNIVERSITY OF NORTH CAROLINA	c EIN-PN 56-6001393-004
a	Plan name	THE VANGUARD RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	THE VANGUARD GROUP, INC.	c EIN-PN 23-1945930-002
a	Plan name	THOMSON REUTERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THOMSON REUTERS CORPORATION	c EIN-PN 06-1497995-002
a	Plan name	REUTERS GUILD 401(K) PENSION PLAN	
b	Name of plan sponsor	THOMSON REUTERS CORPORATION	c EIN-PN 13-3320829-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THRIVENT FINANCIAL DEFINED CONTRIBUTION PLAN TRUST	
b	Name of plan sponsor	THRIVENT FINANCIAL FOR LUTHERANS	c EIN-PN 39-0123480-200
a	Plan name	TOYOTA MOTOR NORTH AMERICA, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TOYOTA NORTH AMERICA, INC	c EIN-PN 95-3141669-002
a	Plan name	TRANE TECHNOLOGIES COLLECTIVE TRUST	
b	Name of plan sponsor	TRANE TECHNOLOGIES COMPANY LLC	c EIN-PN 13-3673037-001
a	Plan name	TRANSUNION 401K & SAVINGS PLAN	
b	Name of plan sponsor	TRANSUNION INTERMEDIATE HOLDINGS, INC.	c EIN-PN 74-3135689-001
a	Plan name	TRINITY HEALTH 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRINITY HEALTH CORPORATION	c EIN-PN 35-1443425-012
a	Plan name	TRINITY HEALTH 403(B) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRINITY HEALTH CORPORATION	c EIN-PN 35-1443425-014
a	Plan name	401(A) DEF CONT RET PLAN FOR DARTMOUTH COLLEGE FACULTY STAFF	
b	Name of plan sponsor	TRUSTEES OF DARTMOUTH COLLEGE	c EIN-PN 02-0222111-005
a	Plan name	RETIREMENT CONTRIBUTION AND 403(B) MATCHING PLAN OF THE UNIVERSITY OF PENNSYLVANIA HEALTH SYSTEM	
b	Name of plan sponsor	TRUSTEES OF THE UNIV. OF PENN	c EIN-PN 23-1352685-039
a	Plan name	UNIVERSITY OF PENNSYLVANIA BASIC PLAN	
b	Name of plan sponsor	TRUSTEES OF THE UNIVERSITY OF PA	c EIN-PN 23-1352685-028
a	Plan name	U.S. ANESTHESIA PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	U.S. ANESTHESIA PARTNERS, INC	c EIN-PN 46-0872971-001
a	Plan name	ARGONNE NATIONAL LABORATORY 401(A) RETIREMENT PLAN	
b	Name of plan sponsor	UCHICAGO ARGONNE, LLC ARGONNE NATIONAL LABORATORY	c EIN-PN 68-0628477-009
a	Plan name	UCI MEDICAL AFFILIATES SAVINGS PLAN	
b	Name of plan sponsor	UCI MEDICAL AFFILIATES OF SOUTH CAROLINA, INC.	c EIN-PN 57-0784959-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	UNION PACIFIC CORPORATION THRIFT PLAN	
b	Name of plan sponsor	UNION PACIFIC CORPORATION	c EIN-PN 13-2626465-004
a	Plan name	UNION PACIFIC CORPORATION MASTER TRUST	
b	Name of plan sponsor	UNION PACIFIC CORPORATION	c EIN-PN 13-2626465-019
a	Plan name	UNION PACIFIC FRUIT EXPRESS COMPANY AGREEMENT EMPLOYEE 401K RETIREMENT THRIFT PLAN	
b	Name of plan sponsor	UNION PACIFIC FRUIT EXPRESS COMPANY	c EIN-PN 47-0600268-001
a	Plan name	CHICAGO AND NORTH WESTERN RAILWAY COMPANY PROFIT SHARING AND RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY	c EIN-PN 94-6001323-002
a	Plan name	UNION PACIFIC AGREEMENT EMPLOYEE 401K RETIREMENT THRIFT PLAN	
b	Name of plan sponsor	UNION PACIFIC RAILROAD COMPANY	c EIN-PN 94-6001323-015
a	Plan name	VERITIV RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VERITIV CORPORATION	c EIN-PN 46-3234977-002
a	Plan name	VOLVO GROUP NORTH AMERICA, LLC TARGET RETIREMENT FUND TRUST	
b	Name of plan sponsor	VOLVO GROUP NORTH AMERICA, LLC	c EIN-PN 58-2431188-015
a	Plan name	ALLIANCERX WALGREENS PRIME 401(K) PLAN	
b	Name of plan sponsor	WALGREENS SPECIALTY PHARMACY HOLDINGS, LLC	c EIN-PN 20-4381859-001
a	Plan name	WEIL, GOTSHAL & MANGES SECTION 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	WEIL, GOTSHAL & MANGES	c EIN-PN 13-1456110-006
a	Plan name	WEYERHAEUSER 401(K) PLAN	
b	Name of plan sponsor	WEYERHAEUSER COMPANY	c EIN-PN 91-0470860-035
a	Plan name	WILLIS TOWERS WATSON SAVINGS PLAN FOR U.S. EMPLOYEES	
b	Name of plan sponsor	WILLIS TOWERS WATSON US LLC	c EIN-PN 53-0181291-005
a	Plan name	WOODSIDE ENERGY USA SERVICES INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WOODSIDE ENERGY USA SERVICES INC.	c EIN-PN 94-3144067-333

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	WORKDAY, INC. 401(K) PLAN	c	EIN-PN	20-2480422-001
b	Name of plan sponsor	WORKDAY, INC.	c	EIN-PN	20-2480422-001
a	Plan name	WORLEY GROUP INC. 401(K) PLAN	c	EIN-PN	94-2624994-001
b	Name of plan sponsor	WORLEY GROUP INC.	c	EIN-PN	94-2624994-001
a	Plan name	THE SAVINGS & INVESTMENT PLAN	c	EIN-PN	20-4031493-001
b	Name of plan sponsor	WPP GROUP USA, INC	c	EIN-PN	20-4031493-001
a	Plan name	WSP USA RETIREMENT SAVINGS PLAN	c	EIN-PN	13-1730785-001
b	Name of plan sponsor	WSP USA BUILDINGS INC.	c	EIN-PN	13-1730785-001
a	Plan name	ZEBRA 401(K) PLAN	c	EIN-PN	36-2675536-002
b	Name of plan sponsor	ZEBRA TECHNOLOGIES CORPORATION	c	EIN-PN	36-2675536-002
a	Plan name	ZOOX, INC. 401(K) PLAN	c	EIN-PN	47-1523316-001
b	Name of plan sponsor	ZOOX, INC.	c	EIN-PN	47-1523316-001
a	Plan name	ZURICH SAVINGS PLAN	c	EIN-PN	36-4233459-003
b	Name of plan sponsor	ZURICH AMERICAN INSURANCE COMPANY	c	EIN-PN	36-4233459-003
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning **11/01/2023** and ending **10/31/2024**

A Name of plan VANGUARD FIDUCIARY TRUST COMPANY INSTITUTIONAL TOTAL INTERNATIONAL STOCK MARKET INDEX TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VANGUARD FIDUCIARY TRUST COMPANY	D Employer Identification Number (EIN) 81-6317280	

Part I Asset and Liability Statement

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 12396000	4710000
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 150592000	185987000
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) 173546000	191096000
(B) Common	1c(4)(B) 22078439000	31409519000
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13) 296365000	459231000
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15) 43560000	33219000

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	22754898000	32283762000
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	328444000	449999000
k Total liabilities (add all amounts in lines 1g through 1j)	1k	328444000	449999000
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	22426454000	31833763000

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)	5701000	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5701000
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	857371000	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	7879000	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		865250000
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)	1205080000	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1200471000	
(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)	4620015000	
(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)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5495575000

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)	5912000	
(4) IQPA audit fees.....	2i(4)	29000	
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)	2690000	
(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)		8631000
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8631000

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5486944000
l Transfers of assets:			
(1) To this plan.....	2l(1)		9470241000
(2) From this plan.....	2l(2)		5549876000

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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