**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
WALGREENS RETIREMENT SAVINGS MASTER TRUST

**1b** Three-digit plan number (PN) ▶ 003

**1c** Effective date of plan

**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)
WALGREEN CO

106 WILMOT RD
MS 122G
DEERFIELD, IL 60015

**2b** Employer Identification Number (EIN)
36-1924025

**2c** Plan Sponsor's telephone number
800-825-5467

**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** | Filed with authorized/valid electronic signature. | 10/07/2025 | CHRIS DYSINGER |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address ☐ Same as Plan Sponsor

RETIREMENT PLANS COMMITTEE FOR WALGREENS RETIREMENT SAVINGS MASTER TR

106 WILMOT ROAD
MS 122G
DEERFIELD, IL 60015

**3b** Administrator's EIN
36-6046717

**3c** Administrator's telephone number
800-825-5467

**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 | **6a(1)** | |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | |
| **b** Retired or separated participants receiving benefits | **6b** | |
| **c** Other retired or separated participants entitled to future benefits | **6c** | |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c**. | **6d** | |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | |
| **f** Total. Add lines **6d** and **6e**. | **6f** | |
| **g(1)** Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) | **6g(1)** | |
| **g(2)** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g(2)** | |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **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)** ☐ Insurance
**(2)** ☐ Code section 412(e)(3) insurance contracts
**(3)** ☐ Trust
**(4)** ☐ General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)

**(1)** ☐ Insurance
**(2)** ☐ Code section 412(e)(3) insurance contracts
**(3)** ☐ Trust
**(4)** ☐ General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

**(1)** ☐ **R** (Retirement Plan Information)
**(2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
**(3)** ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
**(4)** ☐ **DCG** (Individual Plan Information) – Number Attached ______
**(5)** ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

**(1)** ☒ **H** (Financial Information)
**(2)** ☐ **I** (Financial Information – Small Plan)
**(3)** ☐ **A** (Insurance Information) – Number Attached 0
**(4)** ☒ **C** (Service Provider Information)
**(5)** ☒ **D** (DFE/Participating Plan Information)
**(6)** ☐ **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______________________

| SCHEDULE C<br>(Form 5500)<br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | **Service Provider Information**<br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | OMB No. 1210-0110<br>**2024**<br>**This Form is Open to Public Inspection.** |
|---|---|---|

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

**A** Name of plan
WALGREENS RETIREMENT SAVINGS MASTER TRUST

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
WALGREEN CO

**D** Employer Identification Number (EIN)
36-1924025

## 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).. . . . . . . . . . . . . . . [X] 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

ARROWSTREET

04-3472863

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

BOSTON PARTNERS

26-4550044

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

DIMENSIONAL FUNDS ADVISORS

30-0447847

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

DODGE & COX

94-1441976

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

EARNEST PARTNERS

58-2386669

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

FID INV INST OPS CO

04-2647786

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

FID MGMT TRUST CO

04-2723880

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

GRANDEUR PEAK

90-0732232

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

JOHN HANCOCK FINANCIAL

04-1414660

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

JP MORGAN

13-3200244

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

NORTHERN TRUST

36-2723087

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

PIMCO

33-0629048

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

PRINCIPAL GLOBAL INVESTORS TR CO

27-5280363

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

RIVERBRIDGE PARTNERS LLC

41-1930193

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

SANDS-EQUITY

20-2830751

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

STATE STREET GLOBAL ADVISORS

04-0025081

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

WINSLOW CAPITAL MANAGEMENT, INC.

41-1719690

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

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

**(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)

RIVER ROAD ASSET MANAGEMENT LLC

43-2076925

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 1973513 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

FID MGMT TRUST CO

04-2723880

| (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? |
|---|---|---|---|---|---|---|
| 15 17 21 50 | NONE | 1246252 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

GOLDMAN SACHS ASSET MANAGEMENT

13-3575636

| (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? |
|---|---|---|---|---|---|---|
| 28 51 52 | NONE | 956580 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

**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)

AQR CAPITAL MANAGEMENT, INC.

13-3987414

| (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? |
|---|---|---|---|---|---|---|
| 28 51 68 | NONE | 663539 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

MERCER INVESTMENTS LLC

30-0282430

| (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? |
|---|---|---|---|---|---|---|
| 17 50 | NONE | 227083 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

BANCO POPULAR

66-0561870

| (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? |
|---|---|---|---|---|---|---|
| 18 50 | NONE | 114740 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**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)

GRANT THORNTON LLP

36-6055558

| (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? |
|---|---|---|---|---|---|---|
| 10 50 | NONE | 92000 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

FAEGRE DRINKER BIDDLE REATH LLP

41-0244008

| (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? |
|---|---|---|---|---|---|---|
| 29 50 | NONE | 40910 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

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

GREATBANC TRUST

36-3681493

| (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? |
|---|---|---|---|---|---|---|
| 31 50 | NONE | 37667 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**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)

NEWPORT TRUST CO

PO BOX 103810
PASADENA, CA 91189

27-2037969

| (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? |
|---|---|---|---|---|---|---|
| 28 51 | NONE | 21592 | Yes ☐ No ☒ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(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 ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**(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 ☐ No ☐ | Yes ☐ No ☐ | | Yes ☐ No ☐ |

**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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration | 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 **2024** This Form is Open to Public Inspection. |
|---|---|---|

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

**A** Name of plan
WALGREENS RETIREMENT SAVINGS MASTER TRUST

**B** Three-digit plan number (PN) ▶ 003

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
WALGREEN CO

**D** Employer Identification Number (EIN)
36-1924025

## 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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET INC COMM PL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

**c** EIN-PN 20-4659714-074 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47541021

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2010 COMM PL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

**c** EIN-PN 20-4659714-076 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 28178229

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2015 COMM PL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

**c** EIN-PN 20-4659714-077 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57716421

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2020 COMM PL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

**c** EIN-PN 20-4659714-078 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 165354837

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2025 COMM PL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

**c** EIN-PN 20-4659714-079 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 448969891

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2030 COMM PL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

**c** EIN-PN 20-4659714-080 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 715310956

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2035 COMM PL

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT

**c** EIN-PN 20-4659714-081 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 904403182

| | | |
|---|---|---|
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2040 COMM PL | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT | | |
| **c** EIN-PN 20-4659714-082 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 905268906 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2045 COMM PL | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT | | |
| **c** EIN-PN 20-4659714-083 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 851747546 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2050 COMM PL | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT | | |
| **c** EIN-PN 20-4659714-084 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 717634447 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2055 COMM PL | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT | | |
| **c** EIN-PN 20-4659714-112 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 549900271 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2060 COMM PL | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT | | |
| **c** EIN-PN 20-4659714-146 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 216830374 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INDEX TARGET 2065 COMM PL | | |
| **b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT | | |
| **c** EIN-PN 20-4659714-169 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 48589987 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY ACW I EX US CIT C A | | |
| **b** Name of sponsor of entity listed in (a): ARROWSTREET | | |
| **c** EIN-PN 61-6553401-004 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155255650 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: BOSTON PARTNERS CIT LARGE CAP | | |
| **b** Name of sponsor of entity listed in (a): BOSTON PARTNERS TRUST COMPANY | | |
| **c** EIN-PN 61-1603964-001 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 962533111 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: JOHN HANCOCK CORE PLUS FI TRUST | | |
| **b** Name of sponsor of entity listed in (a): JOHN HANCOCK TRUST CO CIT I | | |
| **c** EIN-PN 45-2395022-002 | **d** Entity code C | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128976689 |
| **a** Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN WINSLOW LARGE CAP GROWTH | | |
| **b** Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY | | |
| **c** EIN-PN 41-0417830-131 | **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: PRINCIPAL DIVERSIFIED REAL ASSE

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

| **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) |
|---|---|---|
| 46-0743367-001 | C | 31876392 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EARNEST PARTNERS MULTIPLE INV TRUST

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

| **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) |
|---|---|---|
| 26-4377500-041 | C | 497920595 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RIVERBRIDGE COLLECTIVE INV TRUST

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

| **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) |
|---|---|---|
| 83-4427312-130 | C | 155868824 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P 500 INDEX SEC

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

| **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) |
|---|---|---|
| 04-0025081-097 | C | 3084241454 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET RUSSELL SMALL MID

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

| **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) |
|---|---|---|
| 04-0025081-453 | C | 1622943799 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET GLOBAL ALL CAP EQ

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

| **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) |
|---|---|---|
| 90-0337987-299 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: US BOND INDEX SECURITIES LENDING

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

| **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) |
|---|---|---|
| 90-0337987-477 | C | 128795037 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN COMPANY CORE BD FD

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

| **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) |
|---|---|---|
| 20-3847783-001 | C | 0 |

**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 | WALGREENS RETIREMENT SAVINGS PLAN | | |
| **b** Name of plan sponsor | WALGREEN CO | **c** EIN-PN | 36-1924025-001 |
| **a** Plan name | WALGREENS PUERTO RICO RETIREMENT SAVINGS PLAN | | |
| **b** Name of plan sponsor | WALGREEN CO | **c** EIN-PN | 36-1924025-002 |
| **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 | |
| **a** Plan name | | | |
| **b** Name of plan sponsor | | **c** EIN-PN | |

| | | |
|---|---|---|
| **SCHEDULE H (Form 5500)**<br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | **Financial Information**<br>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).<br>▶ **File as an attachment to Form 5500.** | OMB No. 1210-0110<br>**2024**<br>**This Form is Open to Public Inspection** |

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

**A** Name of plan
WALGREENS RETIREMENT SAVINGS MASTER TRUST

**B** Three-digit plan number (PN) ▶ 003

**C** Plan sponsor's name as shown on line 2a of Form 5500
WALGREEN CO

**D** Employer Identification Number (EIN)
36-1924025

## 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** | 5 | 0 |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | **1b(1)** | 186450 | 0 |
| **(2)** Participant contributions | **1b(2)** | 767089 | 69388 |
| **(3)** Other | **1b(3)** | 8684150 | 29722031 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | **1c(1)** | 1425193 | 257907 |
| **(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)** | 702271607 | 754275031 |
| **(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)** | 11221151042 | 12425857619 |
| **(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)** | 319721248 | 273813851 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | **1c(14)** | | |
| **(15)** Other | **1c(15)** | 1025665780 | 940925191 |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| (1) Employer securities | 1d(1) | 65051629 | 26965603 |
| (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 | 13344924193 | 14451886621 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 9180473 | 5080217 |
| **h** Operating payables | 1h | 1315361 | 877672 |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | 188044 | 22776379 |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 10683878 | 28734268 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 13334240315 | 14423152353 |

## 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) | 1150239 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 1150239 |
| (2) Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | 14322213 | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 13687176 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 28009389 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | 443567899 | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | 405975487 | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 37592412 |
| (5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | 33176148 | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 33176148 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 1744793662 |
| (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) | | 2445887 |
| c Other income | 2c | | 26268082 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1873435819 |

## 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) | 5292390 | |
| (4) IQPA audit fees | 2i(4) | 92000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 3901014 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 1362636 | |
| (7) Actuarial fees | 2i(7) | | |
| (8) Legal fees | 2i(8) | 120601 | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 227083 | |
| (12) Total administrative expenses. Add lines **2i(1)** through **(11)** | 2i(12) | | 10995724 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 10995724 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1862440095 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 765181739 |
| (2) From this plan | 2l(2) | | 1538709796 |

## 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.) | **4a** | | | |
| **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.) | **4b** | | 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.) | **4c** | | 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.) | **4d** | | X | |
| **e** Was this plan covered by a fidelity bond? | **4e** | | | |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | | |
| **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? | **4g** | | | |
| **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? | **4h** | | | |
| **i** Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | 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.) | **4j** | | 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? | **4k** | | | |
| **l** Has the plan failed to provide any benefit when due under the plan? | **4l** | | | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | | |
| **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. | **4n** | | | |

**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 ____________________.

**Walgreens Retirement Savings Master Trust**
**EIN: 36-1924025, PN: 003**
**Schedule of Assets 4(i) – (Held at End of Year)**
**Plan Year Ending: December 31, 2024**

| (a) | (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (c) Cost | (d) Current value |
|---|---|---|---|
| | CASH AND CASH EQUIVALENTS: | | |
| | FIMM MM GOVERNMENT PORTFOLIO - INSTL CL | 13,718,259 | 13,718,259 |
| | NON INTEREST-BEARING CASH | (1) | (1) |
| | JPM CASH COLL USD | 960,461 | 960,461 |
| | VM EXCESS CASH USD | (37,873) | (37,873) |
| | OTHER RECEIVABLES | 1,527,733 | 1,527,733 |
| | OTHER LIABILITIES | (14,853,521) | (14,853,521) |
| | **Total Cash and Cash Equivalents** | **$ 1,315,058** | **$ 1,315,058** |
| | COMMON STOCK: | | |
| | VIRTU FINANCIAL INC- CL A | 198,668 | 198,309 |
| | 3M CO | 2,423,217 | 2,451,935 |
| | ABBVIE INC | 2,679,974 | 2,900,597 |
| | ACUITY INC | 2,704,101 | 4,020,585 |
| | ADOBE INC | 792,724 | 912,928 |
| | ADT INC | 147,825 | 144,516 |
| | AECOM | 163,863 | 204,667 |
| | AIR TRANSPORT SERVICES GROUP | 3,540,787 | 4,042,935 |
| | ALBERTSONS COS INC CL A | 32,313 | 30,599 |
| | ALIGHT INC CL A | 5,993,937 | 4,608,672 |
| | ALLISON TRANSMISSION HLDGS INC | 812,911 | 2,100,794 |
| | ALLSTATE CORPORATION | 3,430,369 | 3,805,289 |
| | ALPHABET INC CL A | 2,221,395 | 3,474,412 |
| | ALPHABET INC CL C | 2,970,325 | 6,375,169 |
| | ALTRIA GROUP INC | 5,566,821 | 6,103,237 |
| | AMAZON.COM INC | 5,767,177 | 10,954,362 |
| | AMDOCS LTD | 510,883 | 510,925 |
| | AMERICAN FINL GROUP INC OHIO | 408,699 | 462,550 |
| | AMERIPRISE FINANCIAL INC | 513,653 | 478,122 |
| | AMKOR TECHNOLOGY INC | 803,138 | 614,197 |
| | APPLE INC | 12,841,771 | 23,762,855 |
| | APPLIED MATERIALS INC | 349,249 | 354,859 |
| | APPLOVIN CORP | 400,959 | 1,538,193 |
| | ARCH CAPITAL GROUP LTD | 731,353 | 768,721 |
| | ARCHER DANIELS MIDLAND CO | 1,413,464 | 788,466 |
| | ARGAN INC | 510,567 | 1,759,320 |
| | ARISTA NETWORKS INC | 2,441,995 | 3,157,621 |
| | ARMSTRONG WORLD INDUSTRIES INC | 1,374,615 | 2,762,719 |
| | ARROW ELECTRONICS INC | 1,997,999 | 2,046,680 |
| | ASSURANT INC | 3,586,325 | 4,546,490 |
| | ASSURED GUARANTY LTD | 4,023,404 | 4,510,941 |
| | AT&T INC | 5,755,136 | 6,667,807 |
| | ATKORE INC | 9,818,175 | 5,857,773 |
| | AVNET INC | 990,763 | 1,221,881 |
| | AXIS CAPITAL HOLDINGS LTD | 2,377,966 | 3,744,461 |
| | AXIS CAPITAL HOLDINGS LTD | 5,566,905 | 8,979,599 |
| | BANK OF NEW YORK MELLON CORP | 2,894,196 | 3,644,815 |
| | BANK OZK | 1,108,157 | 1,172,564 |
| | BAUSCH+LOMB CORP | 2,467,170 | 2,273,321 |
| | BERKSHIRE HATHAWAY INC CL B | 4,115,475 | 6,039,049 |
| | BERRY GLOBAL GROUP INC | 349,387 | 415,181 |
| | BEST BUY CO INC | 1,234,107 | 1,256,884 |
| | BJS WHSL CLUB HLDGS INC | 9,200,519 | 13,441,457 |
| | BLACKROCK INC | 476,728 | 477,701 |
| | BLOCK H & R INC | 1,189,587 | 1,576,851 |

| (a) | (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (c) Cost | (d) Current value |
|---|---|---|---|
| | BROADCOM INC | 1,520,702 | 6,102,029 |
| | BUNGE GLOBAL SA | 916,753 | 761,659 |
| | C N A FINANCIAL CORP | 2,911,328 | 3,320,214 |
| | C N A FINANCIAL CORP | 3,200,951 | 4,020,514 |
| | CACI INTERNATIONAL INC | 981,020 | 1,024,292 |
| | CANNAE HOLDINGS INC | 7,924,958 | 7,885,254 |
| | CAPITAL ONE FINANCIAL CORP | 1,537,029 | 2,059,239 |
| | CARDINAL HEALTH INC | 1,729,059 | 2,273,622 |
| | CARLISLE COS INC | 465,310 | 420,478 |
| | CATERPILLAR INC | 494,907 | 531,806 |
| | CENCORA INC | 2,598,669 | 2,514,394 |
| | CENTENE CORP | 3,770,223 | 3,019,550 |
| | CHUBB LTD | 1,704,693 | 1,954,823 |
| | CIGNA GROUP (THE) | 5,263,148 | 4,505,776 |
| | CIRRUS LOGIC INC | 1,124,222 | 925,098 |
| | CISCO SYSTEMS INC | 3,945,288 | 4,744,347 |
| | CITIGROUP INC | 2,160,483 | 3,168,254 |
| | CME GROUP INC CL A | 1,571,368 | 1,784,455 |
| | CNH INDUSTRIAL NV | 4,048,431 | 4,269,246 |
| | COCA COLA CONSOLIDATED INC | 2,228,288 | 2,173,483 |
| | COLGATE-PALMOLIVE CO | 2,476,626 | 2,173,840 |
| | COMCAST CORP CL A | 3,291,491 | 2,981,683 |
| | CONSOLIDATED EDISON INC | 857,719 | 742,661 |
| | COREBRIDGE FINANCIAL INC | 2,018,717 | 2,692,114 |
| | CORECIVIC INC | 4,077,678 | 9,532,120 |
| | CRH PLC | 804,484 | 797,522 |
| | CUMMINS INC | 2,100,951 | 3,018,527 |
| | CURTISS WRIGHT CORPORATION | 1,150,855 | 1,516,360 |
| | CVS HEALTH CORP | 2,693,969 | 1,539,547 |
| | DELEK US HOLDINGS INC | 4,678,389 | 3,300,123 |
| | DELTA AIR INC | 323,469 | 323,131 |
| | DILLARDS INC CL A | 420,297 | 413,607 |
| | DISNEY (WALT) CO | 142,724 | 178,939 |
| | DOCUSIGN INC | 414,098 | 681,745 |
| | DOLE PLC | 2,388,791 | 2,032,733 |
| | DROPBOX INC CL A | 2,054,830 | 2,523,510 |
| | DT MIDSTREAM INC | 1,245,624 | 1,396,793 |
| | DUKE ENERGY CORP NEW | 1,561,428 | 1,451,366 |
| | DUN & BRADSTREET HOLDINGS IN | 4,699,272 | 5,004,422 |
| | DXC TECHNOLOGY CO | 209,455 | 189,430 |
| | EATON CORP PLC | 707,133 | 709,538 |
| | ELEVANCE HEALTH INC | 2,205,018 | 1,686,611 |
| | EMBECTA CORP | 3,746,799 | 3,743,246 |
| | EMCOR GROUP INC | 2,203,262 | 4,050,604 |
| | ENOVIS CORP | 2,514,624 | 2,444,686 |
| | ENTERGY CORP | 559,757 | 693,450 |
| | EOG RESOURCES INC | 1,906,029 | 1,789,545 |
| | EPLUS INC | 917,126 | 1,214,070 |
| | EVEREST GROUP LTD | 3,339,032 | 3,348,043 |
| | EVERTEC INC | 4,369,718 | 4,187,798 |
| | EXELIXIS INC | 122,651 | 160,206 |
| | EXELON CORP | 252,630 | 241,272 |
| | F5 INC | 1,101,011 | 1,565,904 |
| | FAIR ISAAC CORP | 1,253,006 | 1,268,222 |
| | FIFTH THIRD BANCORP | 763,733 | 746,792 |
| | FORTINET INC | 553,477 | 553,464 |

**Walgreens Retirement Savings Master Trust**

**EIN: 36-1924025, PN: 003**

**Schedule of Assets 4(i) – (Held at End of Year)**

**Plan Year Ending: December 31, 2024**

| (a) | (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (c) Cost | (d) Current value |
|---|---|---|---|
| | GAP INC | 447,827 | 487,936 |
| | GE AEROSPACE | 2,893,956 | 4,462,133 |
| | GEN DIGITAL INC | 1,199,140 | 1,377,789 |
| | GENERAL DYNAMICS CORPORATION | 2,796,927 | 2,989,294 |
| | GENERAL MOTORS CO | 1,594,282 | 2,101,661 |
| | GENPACT LTD | 1,062,206 | 1,064,859 |
| | GENWORTH FINANCIAL INC | 5,638,991 | 7,774,467 |
| | GLOBAL PAYMENTS INC | 1,086,942 | 1,104,351 |
| | GOLDMAN SACHS GROUP INC | 136,697 | 151,172 |
| | GRAND CANYON EDUCATION INC | 376,764 | 434,889 |
| | GXO LOGISTICS INC | 5,742,992 | 5,098,113 |
| * | HARTFORD INSURANCE GROUP INC/THE | 2,197,854 | 2,834,335 |
| | HEWLETT PACKARD ENTERPRISE CO | 1,844,453 | 2,390,922 |
| | HF SINCLAIR CORP | 3,267,108 | 2,480,769 |
| | HOWMET AEROSPACE INC | 511,978 | 589,832 |
| | HP INC | 1,873,826 | 2,097,163 |
| | HUNTINGTON INGALLS INDUSTRIES INC | 2,476,622 | 1,841,324 |
| | HUNTINGTON INGALLS INDUSTRIES INC | 5,117,452 | 5,008,083 |
| | INGLES MARKETS INC-CL A | 3,864,270 | 2,946,906 |
| | INGREDION INC | 118,494 | 151,866 |
| | INSPERITY INC | 2,620,290 | 2,564,496 |
| | INTL BUS MACH CORP | 1,561,138 | 1,953,849 |
| | INTUIT INC | 492,190 | 512,228 |
| | JABIL INC | 1,017,158 | 1,440,871 |
| | JACOBS SOLUTIONS INC | 116,240 | 128,676 |
| | JANUS HENDERSON GROUP PLC | 659,107 | 876,246 |
| * | JANUS INTERNATIONAL GROUP INC | 1,831,380 | 1,759,164 |
| | JAZZ PHARMA PLC | 1,200,810 | 1,258,962 |
| | JOHNSON & JOHNSON | 4,487,707 | 3,876,828 |
| | JONES LANG LASALLE INC | 1,406,128 | 1,311,771 |
| | JPMORGAN CHASE & CO | 3,220,104 | 3,972,474 |
| | JUNIPER NETWORKS INC | 101,114 | 147,553 |
| | KRAFT HEINZ CO | 639,182 | 573,110 |
| | KROGER CO | 2,676,690 | 3,590,606 |
| | L3HARRIS TECHNOLOGIES INC | 1,057,389 | 914,508 |
| | LEIDOS HOLDINGS INC | 2,790,897 | 2,681,821 |
| | LENNAR CORP CL A | 3,009,315 | 2,858,315 |
| | LGI HOMES INC | 4,240,340 | 3,995,286 |
| | LITHIA MOTORS INC CL A | 6,076,298 | 8,285,942 |
| | LKQ CORP | 10,617,547 | 7,257,537 |
| | LOCKHEED MARTIN CORP | 6,402,370 | 6,199,137 |
| | LOEWS CORP | 528,028 | 615,273 |
| | LYONDELLBASELL INDS CLASS A | 1,492,049 | 1,334,632 |
| | M&T BANK CORP | 379,335 | 358,911 |
| | MANPOWERGROUP INC | 602,641 | 420,837 |
| | MARKEL GROUP INC | 268,807 | 321,079 |
| * | MCGRATH RENTCORP | 9,864,006 | 10,596,175 |
| | MCKESSON CORP | 1,523,637 | 2,005,513 |
| | MDU RESOURCES GROUP INC | 737,493 | 1,054,296 |
| | MERCK & CO INC NEW | 3,957,901 | 3,612,517 |
| | META PLATFORMS INC CL A | 2,934,001 | 9,262,183 |
| | METLIFE INC | 814,498 | 924,753 |
| | MGIC INVESTMENT CORP | 1,539,677 | 2,542,542 |
| | MICROSOFT CORP | 12,454,776 | 21,875,007 |
| | MOHAWK INDUSTRIES INC | 117,057 | 100,445 |
| | MOLSON COORS BEVERAGE CO B | 3,059,345 | 3,114,769 |

Walgreens Retirement Savings Master Trust
EIN: 36-1924025, PN: 003
Schedule of Assets 4(i) – (Held at End of Year)
Plan Year Ending: December 31, 2024

| (a) | (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (c) Cost | (d) Current value |
|---|---|---|---|
| | MOLSON COORS BEVERAGE CO B | 7,345,004 | 7,179,559 |
| | MOTOROLA SOLUTIONS INC | 1,544,114 | 1,425,980 |
| | MURPHY USA INC | 1,426,362 | 2,154,013 |
| | MURPHY USA INC | 6,547,878 | 11,359,118 |
| | NCR VOYIX CORP | 2,527,061 | 2,225,569 |
| | NETAPP INC | 358,824 | 405,235 |
| | NEWMARKET CORP | 394,766 | 430,605 |
| | NNN REIT INC | 1,252,253 | 1,091,389 |
| | NOMAD FOODS LTD | 4,265,260 | 3,882,271 |
| | NORTHROP GRUMMAN CORP | 411,593 | 412,975 |
| | NORTHWESTERN ENERGY GROUP INC | 6,600,755 | 6,126,195 |
| | NRG ENERGY INC | 1,469,347 | 1,731,141 |
| | NUTANIX INC CL A | 258,562 | 248,819 |
| | NVIDIA CORP | 6,986,495 | 21,114,148 |
| | OLD REPUBLIC INTL CORP | 1,441,285 | 2,056,135 |
| | OMEGA HEALTHCARE INVESTORS INC | 538,842 | 516,917 |
| | OPENLANE INC | 4,986,665 | 5,817,782 |
| | ORACLE CORP | 1,240,450 | 1,255,466 |
| | ORGANON & CO | 179,841 | 142,859 |
| | OSHKOSH CORP | 717,265 | 619,381 |
| | OVINTIV INC | 733,289 | 783,594 |
| | OWENS CORNING INC | 816,011 | 1,496,091 |
| | P10 INC CL A | 2,475,594 | 3,555,982 |
| | PACCAR INC | 979,533 | 1,545,529 |
| | PALANTIR TECHNOLOGIES INC | 738,684 | 733,535 |
| | PAPA JOHNS INTL INC | 4,217,829 | 3,646,893 |
| | PATTERSON COMPANIES INC | 2,248,223 | 2,434,391 |
| | PENSKE AUTOMOTIVE GROUP INC | 953,448 | 1,226,532 |
| | PERMIAN RESOURCES CORP CL A | 4,665,948 | 6,390,127 |
| | PHILIP MORRIS INTL INC | 1,046,668 | 1,046,684 |
| | PILGRIM'S PRIDE CORP NEW | 4,278,635 | 4,421,349 |
| | PLAYTIKA HOLDING CORP | 482,229 | 410,994 |
| | PNC FINANCIAL SERVICES GRP INC | 615,377 | 551,937 |
| | POLARIS INC | 3,824,201 | 1,816,874 |
| | POPULAR INC | 309,537 | 385,270 |
| | PROCTER & GAMBLE CO | 164,528 | 188,027 |
| | PROGRESSIVE CORP OHIO | 1,021,846 | 981,203 |
| | PRUDENTIAL FINANCIAL INC | 895,865 | 928,801 |
| | PULTEGROUP INC | 532,899 | 869,022 |
| | PURSUIT ATTRACTIONS AND HOSPITALITY INC | 1,725,435 | 3,014,724 |
| | QUALCOMM INC | 1,438,578 | 1,747,274 |
| | RADIAN GROUP INC | 2,418,109 | 3,052,225 |
| | RAYMOND JAMES FINANCIAL INC. | 132,897 | 170,397 |
| | RENAISSANCERE HLDGS LTD | 2,327,286 | 2,837,429 |
| | RENTOKIL INITIAL PLC SPON ADR | 5,948,327 | 6,045,175 |
| | REPUBLIC SERVICES INC | 1,079,707 | 1,168,252 |
| | REYNOLDS CONSUMER PRODUCTS INC | 291,973 | 270,791 |
| | RINGCENTRAL INC CL A | 329,994 | 388,261 |
| * | RTX CORP | 5,885,194 | 5,630,588 |
| | RYDER SYSTEM INC | 1,082,366 | 1,844,203 |
| | SALESFORCE INC | 941,942 | 1,803,710 |
| | SCIENCE APPLICATIONS INTERNATIONAL CORP | 837,522 | 723,105 |
| | SEABOARD CORP | 1,508,741 | 1,018,028 |
| | SERVICENOW INC | 1,363,498 | 1,633,645 |
| | SM ENERGY CO | 2,797,287 | 3,749,061 |
| | SMITH & NEPHEW PLC SPON ADR | 5,234,394 | 4,271,562 |

**Walgreens Retirement Savings Master Trust**
**EIN: 36-1924025, PN: 003**
**Schedule of Assets 4(i) – (Held at End of Year)**
**Plan Year Ending: December 31, 2024**

| (a) | (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (c) Cost | (d) Current value |
|---|---|---|---|
| | SMITH (AO) CORP | 220,815 | 180,074 |
| | SNAP-ON INCORPORATED | 1,180,379 | 1,753,754 |
| | SOLVENTUM CORP | 1,346,828 | 1,489,785 |
| | SONOCO PRODUCTS CO | 145,978 | 129,111 |
| | SOUTHWEST GAS HOLDINGS INC | 4,802,801 | 5,297,240 |
| | SPOTIFY TECHNOLOGY SA | 1,316,427 | 1,755,519 |
| | STATE STREET CORP | 1,412,968 | 1,910,882 |
| | SUMMIT MATERIALS INC CL A | 3,728,080 | 5,296,150 |
| | SYNCHRONY FINANCIAL | 3,142,140 | 5,531,240 |
| | TALEN ENERGY CORP | 4,902,241 | 9,037,944 |
| | TD SYNNEX CORP | 1,952,285 | 2,381,722 |
| | TD SYNNEX CORP | 7,709,859 | 9,343,932 |
| | TENET HEALTHCARE CORP | 1,745,443 | 1,414,786 |
| | TERADATA CORP | 615,691 | 521,389 |
| | TESLA INC | 3,301,832 | 3,857,480 |
| | TEXTRON INC | 2,967,494 | 3,060,212 |
| | THE BOOKING HOLDINGS INC | 400,703 | 486,905 |
| | T-MOBILE US INC | 711,109 | 768,803 |
| | TRANE TECHNOLOGIES PLC | 1,675,920 | 1,717,478 |
| * | TRAVELERS COMPANIES INC | 1,583,916 | 2,035,039 |
| | TRIMAS CORP | 2,122,301 | 1,934,299 |
| | TRIPADVISOR INC | 3,257,998 | 2,816,595 |
| | TXNM ENERGY INC | 5,792,968 | 6,861,526 |
| | UBIQUITI INC | 1,524,621 | 1,503,643 |
| | U-HAUL HOLDING CO | 51,282 | 58,865 |
| | UNIFIRST CORP | 9,666,334 | 9,522,185 |
| | UNITED PARKS & RESORTS INC | 5,076,322 | 5,508,362 |
| | UNITED STATES STEEL CORP | 43,977 | 59,279 |
| | UNITED THERAPEUTICS CORP DEL | 4,147,843 | 5,309,183 |
| | UNIVERSAL HEALTH SVCS INC CL B | 902,187 | 751,052 |
| | UNUM GROUP | 3,038,183 | 5,321,258 |
| | VAIL RESORTS INC | 5,241,598 | 5,547,208 |
| | VERIZON COMMUNICATIONS INC | 6,186,903 | 6,095,396 |
| | VIATRIS INC | 233,250 | 286,686 |
| | VICI PPTYS INC | 1,137,111 | 1,032,982 |
| | VIKING THERAPEUTICS INC | 178,771 | 129,935 |
| | VONTIER CORP W/I | 4,118,259 | 4,763,493 |
| | VOYA FINANCIAL INC | 751,020 | 719,824 |
| * | WALGREENS BOOTS ALLIANCE INC | 92,910,079 | 26,965,603 |
| * | WALMART INC | 3,595,605 | 3,623,396 |
| * | WARRIOR MET COAL INC | 2,673,376 | 2,517,984 |
| * | WELLS FARGO & CO | 906,948 | 1,294,945 |
| * | WELLTOWER INC | 374,592 | 344,944 |
| * | WESCO INTERNATIONAL INC | 1,125,154 | 1,524,045 |
| * | WESTERN UNION CO | 2,988,417 | 2,607,250 |
| * | WEX INC | 8,719,124 | 8,659,055 |
| * | WHITE MOUNTAINS INS GROUP LTD | 9,355,908 | 13,234,188 |
| * | WILLIAMS-SONOMA INC | 594,838 | 854,421 |
| * | WILLSCOT HOLDINGS CORP | 5,100,072 | 4,521,437 |
| * | WOODWARD INC | 357,040 | 440,181 |
| * | WW GRAINGER INC | 363,175 | 398,431 |
| | YELP INC | 2,320,981 | 2,440,886 |
| | ZOOM COMMUNICATIONS INC CL A | 4,171,773 | 5,446,488 |
| | **Total Common Stocks** | **$ 724,594,017** | **$ 781,240,634** |

COMMON/COLLECTIVE FUNDS:

**Walgreens Retirement Savings Master Trust**

**EIN: 36-1924025, PN: 003**

**Schedule of Assets 4(i) – (Held at End of Year)**

**Plan Year Ending: December 31, 2024**

| (a) | (b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | | (c) Cost | | (d) Current value |
|---|---|---|---|---|---|
| | JOHN HANCOCK CORE PLUS FIXED INCOME TRUST CLASS P1 | | 121,668,968 | | 128,976,689 |
| | State Street U.S. Bond Index Securities Lending Se | | 129,988,441 | | 128,795,037 |
| | Acadian All Country World ex US Small-Cap Equity C | | 33,029,911 | | 32,780,309 |
| | ARROWSTREET INTERNATIONAL EQUITY ACWI EX US CIT CL | | 84,596,266 | | 108,810,188 |
| | State Street Global All Cap Equity Ex-U.S. Index S | | 176,625,338 | | 169,533,977 |
| | Principal Diversified Real Asset Tier III | | 33,243,949 | | 31,876,392 |
| | Fidelity Freedom Index 2010 Commingled Pool - Clas | | 28,326,377 | | 28,178,229 |
| | Fidelity Freedom Index 2015 Commingled Pool - Clas | | 58,159,617 | | 57,716,421 |
| | Fidelity Freedom Index 2020 Commingled Pool - Clas | | 167,023,610 | | 165,354,837 |
| | Fidelity Freedom Index 2025 Commingled Pool - Clas | | 454,756,501 | | 448,969,891 |
| | Fidelity Freedom Index 2030 Commingled Pool - Clas | | 724,981,757 | | 715,310,956 |
| | Fidelity Freedom Index 2035 Commingled Pool - Clas | | 917,728,299 | | 904,403,182 |
| | Fidelity Freedom Index 2040 Commingled Pool - Clas | | 920,876,364 | | 905,268,906 |
| | Fidelity Freedom Index 2045 Commingled Pool - Clas | | 867,227,009 | | 851,747,546 |
| | Fidelity Freedom Index 2050 Commingled Pool - Clas | | 730,780,094 | | 717,634,447 |
| | Fidelity Freedom Index 2055 Commingled Pool - Clas | | 559,891,965 | | 549,900,271 |
| | Fidelity Freedom Index 2060 Commingled Pool - Clas | | 220,873,223 | | 216,830,374 |
| | Fidelity Freedom Index 2065 Commingled Pool - Clas | | 49,491,151 | | 48,589,987 |
| | Fidelity Freedom Index Income Commingled Pool - Cl | | 47,707,723 | | 47,541,021 |
| | BOSTON PARTNERS LARGE CAP VALUE EQUITY FUND - CLAS | | 331,508,844 | | 435,849,542 |
| | NUVEEN WINSLOW LARGE CAP GROWTH CL M | | 292,091,291 | | 454,836,621 |
| | State Street S&P 500 Index Securities Lending Seri | | 3,110,219,527 | | 3,156,088,402 |
| | EARNEST PARTNERS SMID CAP CORE FUND FOUNDERS CLASS | | 138,940,657 | | 164,094,201 |
| | RIVERBRIDGE SMID CAP GROWTH CIT C CLASS | | 263,114,494 | | 291,187,189 |
| | State Street U.S. Extended Market Index Non-Lendin | | 1,611,088,899 | | 1,665,583,004 |
| | **Total Common/Collective Funds** | **$** | **12,073,940,273** | **$** | **12,425,857,619** |
| | | | | | |
| | REGISTERED INVESTMENT COMPANIES: | | | | |
| | AMERICAN FUNDS EUROPACIFIC GROWTH R6 | | 129,620,760 | | 129,007,533 |
| | DFA EMERGING MARKETS CORE EQUITY I | | 28,903,823 | | 32,637,029 |
| | Dreyfus Government Mgmt Instl | | 28,523,926 | | 28,525,307 |
| | DODGE & COX INCOME FUND | | 79,965,139 | | 83,642,600 |
| | Receivable/Payable on Registered Investment Companies | | 1,381 | | 1,381 |
| | **Total Registered Investment Companies** | **$** | **267,015,029** | **$** | **273,813,851** |
| | | | | | |
| | INSURANCE CONTRACTS: | | | | |
| | METROPOLITAN LIFE INC CO WBS | | 214,410,836 | | 229,611,262 |
| | PRUDENTIAL INS CO AMERICA WBS | | 226,110,611 | | 239,167,366 |
| | MASSACHUSETTS MUTUAL SICN | | 216,969,278 | | 225,257,436 |
| | VOYA WBS | | 219,076,285 | | 232,858,379 |
| | Receivable/Payable on Insurance Contracts | | 14,030,748 | | 14,030,748 |
| | **Total Insurance Contracts** | **$** | **890,597,757** | **$** | **940,925,191** |
| | | | | | |
| | **Total Investments** | **$** | **13,957,462,135** | **$** | **14,423,152,353** |

* Party In Interest