

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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) 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
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1a Name of plan <u>SHORT-TERM INVESTMENT FUND</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 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) <u>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u> <u>400 HOWARD STREET</u> <u>SAN FRANCISCO, CA 94105</u>	2b Employer Identification Number (EIN) <u>94-6450621</u> 2c Plan Sponsor's telephone number <u>415-670-2000</u> 2d Business code (see instructions) <u>000000</u>

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	Filed with authorized/valid electronic signature.		
	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.	10/03/2025	BRYAN BOWERS
	Signature of DFE	Date	Enter name of individual signing as DFE

<p>3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor</p> <p>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p> <p>400 HOWARD STREET SAN FRANCISCO, CA 94105</p>	<p>3b Administrator's EIN 94-3112180</p> <p>3c Administrator's telephone number 415-670-2000</p>																				
<p>4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p>a Sponsor's name</p> <p>c Plan Name</p>	<p>4b EIN</p> <p>4d PN</p>																				
<p>5 Total number of participants at the beginning of the plan year</p>	<p>5 0</p>																				
<p>6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).</p> <p>a(1) Total number of active participants at the beginning of the plan year</p> <p>a(2) Total number of active participants at the end of the plan year</p> <p>b Retired or separated participants receiving benefits.....</p> <p>c Other retired or separated participants entitled to future benefits</p> <p>d Subtotal. Add lines 6a(2), 6b, and 6c.....</p> <p>e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</p> <p>f Total. Add lines 6d and 6e</p> <p>g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</p> <p>g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</p> <p>h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td style="width:100px;"></td></tr> <tr><td>6a(2)</td><td style="text-align: right;">0</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td style="text-align: right;">0</td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)	0	6b		6c		6d	0	6e		6f	0	6g(1)		6g(2)		6h	
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6e																					
6f	0																				
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6g(2)																					
6h																					
<p>7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)</p>	<p>7</p>																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE 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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>SHORT-TERM INVESTMENT FUND</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>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</u>	D Employer Identification Number (EIN) <u>94-6450621</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 3M SAVINGS PLAN	
b	Name of plan sponsor 3M COMPANY	c EIN-PN 41-0417775-013
a	Plan name 3M VOLUNTARY INVESTMENT PLAN & SAVINGS PLAN TRUST	
b	Name of plan sponsor 3M COMPANY	c EIN-PN 04-3205742-003
a	Plan name 3M VOLUNTARY INVESTMENT PLAN AND EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor 3M COMPANY	c EIN-PN 41-0417775-333
a	Plan name ABBOTT LABORATORIES STOCK RETIREMENT PLAN	
b	Name of plan sponsor ABBOTT LABORATORIES	c EIN-PN 36-0698440-334
a	Plan name LEGACY ALLERGAN, INC. RETIREMENT 401(K) PLAN	
b	Name of plan sponsor ABBVIE INC.	c EIN-PN 95-1622442-002
a	Plan name ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADP TOTALSOURCE INC	c EIN-PN 59-2452823-001
a	Plan name ADT MASTER RETIREMENT TRUST	
b	Name of plan sponsor ADT CORPORATION	c EIN-PN 45-4343781-001
a	Plan name ADVANCE 401(K) PLAN	
b	Name of plan sponsor ADVANCE PUBLICATIONS, INC.	c EIN-PN 13-5576716-012
a	Plan name ADVANCE AUTO PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCE STORES COMPANY, INCORPORATED	c EIN-PN 54-0118110-002
a	Plan name ADVANTEST AMERICA CORPORATION SAVINGS PLAN	
b	Name of plan sponsor ADVANTEST AMERICA, INC	c EIN-PN 20-4242678-002
a	Plan name THE AEROSPACE EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor AEROSPACE CORPORATION	c EIN-PN 95-2102389-001
a	Plan name AGILENT TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor AGILENT TECHNOLOGIES INC.	c EIN-PN 77-0518772-003

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 AGILENT TECHNOLOGIES, INC. DEFERRED PROFIT-SHARING PLAN	
b	Name of plan sponsor AGILENT TECHNOLOGIES INC.	c EIN-PN 77-0518772-001
a	Plan name AGILENT TECHNOLOGIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor AGILENT TECHNOLOGIES INC.	c EIN-PN 77-0518772-002
a	Plan name AHOLD DELHAIZE USA CORPORATE SUPPORT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AHOLD DELHAIZE USA CORPORATE SUPPO RT LLC	c EIN-PN 82-3078840-001
a	Plan name AHOLD DELHAIZE USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AHOLD DELHAIZE USA INC	c EIN-PN 26-4167039-001
a	Plan name AHOLD ECOMMERCE SALES COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AHOLD ECOMMERCE SALES COMPANY LLC	c EIN-PN 45-4552253-001
a	Plan name AHOLD USA, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AHOLD USA, INC	c EIN-PN 53-0073545-001
a	Plan name AHOLD USA, INC. 401(K) SAVINGS PLAN FOR UNION ASSOCIATES	
b	Name of plan sponsor AHOLD USA, INC	c EIN-PN 53-0073545-003
a	Plan name AKZONOBEL HOURLY SAVINGS PLAN	
b	Name of plan sponsor AKZO NOBEL INC.	c EIN-PN 56-1349341-095
a	Plan name AKZONOBEL RETIREMENT SAVINGS MASTER TRUST	
b	Name of plan sponsor AKZO NOBEL INC.	c EIN-PN 04-3500520-001
a	Plan name AKZONOBEL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AKZO NOBEL INC.	c EIN-PN 56-1349341-076
a	Plan name ALASKA AIR GROUP INC RETIREMENT PLAN FOR SALARIED EMPLOYEEES	
b	Name of plan sponsor ALASKA AIRLINES INC	c EIN-PN 92-0009235-016
a	Plan name ALASKA AIR GROUP RETIREMENT MASTER TRUST	
b	Name of plan sponsor ALASKA AIRLINES INC	c EIN-PN 92-0009235-015

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	ALASKA AIRLINES INC. FIXED INCOME RETIREMENT PLAN FOR PILOTS	
b	Name of plan sponsor	ALASKA AIRLINES INC	c EIN-PN 92-0009235-003
a	Plan name	ALASKA AIRLINES INC. RETIREMENT PLAN FOR MECHANICS & RELATED CRAFTS E MPLOYEES	
b	Name of plan sponsor	ALASKA AIRLINES INC	c EIN-PN 92-0009235-002
a	Plan name	ALASKA AIRLINES, INC., RETIREMENT PLAN FOR CLERICAL OFFICE & PSGR SER VICE EMPLOYEES	
b	Name of plan sponsor	ALASKA AIRLINES INC	c EIN-PN 92-0009235-008
a	Plan name	ALBEMARLE CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	ALBEMARLE CORPORATION	c EIN-PN 54-1692118-002
a	Plan name	RETIREMENT SAVINGS PLAN FOR HOURLY EMPLOYEES OF ALCOA USA CORP.	
b	Name of plan sponsor	ALCOA USA CORP.	c EIN-PN 37-1808900-004
a	Plan name	RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES OF ALCOA USA CORP.	
b	Name of plan sponsor	ALCOA USA CORP.	c EIN-PN 37-1808900-003
a	Plan name	SAVINGS PLANS MASTER TRUST OF ALCOA USA CORP.	
b	Name of plan sponsor	ALCOA USA CORP.	c EIN-PN 37-1808900-102
a	Plan name	ALIGHT SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	ALIGHT SOLUTIONS LLC	c EIN-PN 36-2235791-001
a	Plan name	ALLCOMP INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLCOMP INC.	c EIN-PN 95-4717619-002
a	Plan name	LEGACY ALLERGAN, INC. PENSION PLAN	
b	Name of plan sponsor	ALLERGAN, INC.	c EIN-PN 95-1622442-001
a	Plan name	ALLETE AND AFFILIATED COMPANIES RETIREMENT SAVINGS AND STOCK OWNERSHI P PLAN	
b	Name of plan sponsor	ALLETE, INC.	c EIN-PN 41-0418150-002
a	Plan name	ALTA TRUST COMPANY WEALTHPATH COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 26-1505234-001

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	AMEREN CORPORATION SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	AMEREN CORPORATION	c EIN-PN 43-1723446-003
a	Plan name	AMEREN RETIREMENT PLAN	
b	Name of plan sponsor	AMEREN CORPORATION	c EIN-PN 43-1723446-005
a	Plan name	AMERICAN AIRLINES, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN AIRLINES, INC. - RETIREME NT	c EIN-PN 13-1502798-013
a	Plan name	AMERICAN AIRLINES, INC. 401(K) PLAN FOR PILOTS	
b	Name of plan sponsor	AMERICAN AIRLINES, INC. - RETIREME NT	c EIN-PN 13-1502798-022
a	Plan name	MASTER TRUST FOR DC PLANS OF AMERICAN AIRLINES, INC. AND AFFILIATES	
b	Name of plan sponsor	AMERICAN AIRLINES, INC. - RETIREME NT	c EIN-PN 47-5241301-001
a	Plan name	AAA RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN AUTOMOBILE ASSOCIATION, I NC.	c EIN-PN 53-0025420-001
a	Plan name	AMERICAN CHEMICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN CHEMICAL SOCIETY	c EIN-PN 53-0196572-001
a	Plan name	PENSION PLAN A OF THE AMERICAN COLLEGE OF PHYSICIANS INC	
b	Name of plan sponsor	AMERICAN COLLEGE OF PHYSICIANS	c EIN-PN 23-1520302-001
a	Plan name	PENSION PLAN B OF THE AMERICAN COLLEGE OF PHYSICIANS INC	
b	Name of plan sponsor	AMERICAN COLLEGE OF PHYSICIANS	c EIN-PN 23-1520302-004
a	Plan name	AMERICAN COLLEGE OF SURGEONS STAFF MEMBERS' RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN COLLEGE OF SURGEONS	c EIN-PN 35-2661602-001
a	Plan name	AMERICAN INTERNATIONAL GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN INTERNATIONAL GROUP, INC.	c EIN-PN 13-2592361-002
a	Plan name	AON SAVINGS PLAN	
b	Name of plan sponsor	AON CORPORATION	c EIN-PN 36-3051915-020

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	APPLE 401(K) PLAN	
b	Name of plan sponsor	APPLE INC.	c EIN-PN 94-2404110-001
a	Plan name	WILMINGTON TRUST COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor	AST TRUST COMPANY	c EIN-PN 13-3439945-001
a	Plan name	AT&T PUERTO RICO RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AT&T INC.	c EIN-PN 43-1301883-011
a	Plan name	AT&T RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AT&T INC.	c EIN-PN 43-1301883-009
a	Plan name	AT&T SAVINGS AND SECURITY PLAN	
b	Name of plan sponsor	AT&T INC.	c EIN-PN 43-1301883-004
a	Plan name	AT&T SAVINGS GROUP INVESTMENT TRUST (TEQ)	
b	Name of plan sponsor	AT&T INC.	c EIN-PN 43-1301883-021
a	Plan name	AT&T SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor	AT&T INC.	c EIN-PN 43-1301883-022
a	Plan name	SBC MASTER PENSION TRUST	
b	Name of plan sponsor	AT&T INC.	c EIN-PN 43-1301883-020
a	Plan name	ALLEGHENY TECHNOLOGIES INCORPORATED MASTER PENSION TRUST	
b	Name of plan sponsor	ATI INC.	c EIN-PN 25-6224599-040
a	Plan name	ALLEGHENY TECHNOLOGIES INCORPORATED PENSION PLAN	
b	Name of plan sponsor	ATI INC.	c EIN-PN 25-1792394-001
a	Plan name	AUTOMOBILE CLUB OF SOUTHERN CALIFORNIA PENSION PLAN	
b	Name of plan sponsor	AUTOMOBILE CLUB OF SOUTHERN CALIFO RNIA	c EIN-PN 95-0514585-514
a	Plan name	AVANGRID 401(K) PLAN	
b	Name of plan sponsor	AVANGRID MANAGEMENT COMPANY, LLC	c EIN-PN 45-5063049-003

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	AVANOS MEDICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	AVANOS MEDICAL, INC.	c EIN-PN 46-4987888-001
a	Plan name	AVIATION COMMUNICATIONS AND SURVEILLANCE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	AVIATION COMMUNICATION & SURVEILLANCE SYSTEMS, LLC	c EIN-PN 86-1027973-002
a	Plan name	WESTERN STATES OFFICE AND PROFESSIONAL EMPLOYEES PENSION FUND	
b	Name of plan sponsor	B OF T WESTERN STATES OFFICE AND PROFESSIONAL EMPLOYEES PENSION FUND	c EIN-PN 94-6076144-001
a	Plan name	BA HOLDINGS, INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	BA HOLDINGS, INC.	c EIN-PN 33-0712701-002
a	Plan name	BAKER HUGHES COMPANY PENSION PLAN	
b	Name of plan sponsor	BAKER HUGHES HOLDINGS LLC	c EIN-PN 76-0207995-050
a	Plan name	BALL CORPORATION 401(K) AND EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	BALL CORPORATION	c EIN-PN 35-0160610-030
a	Plan name	BALL CORPORATION CONSOLIDATED HOURLY PENSION PLAN	
b	Name of plan sponsor	BALL CORPORATION	c EIN-PN 35-0160610-035
a	Plan name	BALL CORPORATION PENSION PLAN AS IT APPLIES TO CERTAIN SALARIED EMPLOYEES OF BALL AEROSPACE & TECHNOLOGIES CORPORATION	
b	Name of plan sponsor	BALL CORPORATION	c EIN-PN 35-0160610-039
a	Plan name	BALL PENSION PLAN	
b	Name of plan sponsor	BALL CORPORATION	c EIN-PN 35-0160610-001
a	Plan name	BALL CORPORATION MASTER RETIREMENT TRUST	
b	Name of plan sponsor	BALL CORPORATION MASTER PENSION TRUST	c EIN-PN 33-1013896-001
a	Plan name	BANCO POPULAR DE PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	BANCO POPULAR DE PUERTO RICO	c EIN-PN 66-0561870-001
a	Plan name	BANK OF AMERICA 401(K) PLAN	
b	Name of plan sponsor	BANK OF AMERICA CORPORATION	c EIN-PN 56-0906609-003

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 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 BARCLAYS 401(K) PLAN	
b	Name of plan sponsor BARCLAYS SERVICES CORPORATION	c EIN-PN 13-3714398-002
a	Plan name BARCLAYS PENSION PLAN	
b	Name of plan sponsor BARCLAYS SERVICES CORPORATION	c EIN-PN 13-3714398-001
a	Plan name BAXTER HEALTHCARE OF PUERTO RICO PENSION PLAN	
b	Name of plan sponsor BAXTER HEALTHCARE S.A.	c EIN-PN 66-0678126-005
a	Plan name BAXTER INTERNATIONAL INC & SUBSIDIARIES PENSION PLAN	
b	Name of plan sponsor BAXTER INTERNATIONAL INC.	c EIN-PN 36-0781620-003
a	Plan name BAXTER INTERNATIONAL INC AND SUBSIDIARIES PENSION PLAN II	
b	Name of plan sponsor BAXTER INTERNATIONAL INC.	c EIN-PN 36-0781620-004
a	Plan name BAYSTATE HEALTH, INC. RETIREMENT PROGRAM	
b	Name of plan sponsor BAYSTATE HEALTH, INC.	c EIN-PN 04-2105941-001
a	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BCS FINANCIAL CORPORATION	
b	Name of plan sponsor BCS FINANCIAL CORPORATION	c EIN-PN 36-4247278-001
a	Plan name LOCAL 804 IBT AND LOCAL 447 IAM - UPS MULTI-EMPLOYER RETIREMENT PLAN	
b	Name of plan sponsor BD OF TRUSTEES LOC. 804 & LOC. 447 MULTI-EMPLOYER RET. PLAN	c EIN-PN 51-6117726-001
a	Plan name BRICKLAYERS' PENSION TRUST FUND - METROPOLITAN AREA	
b	Name of plan sponsor BD OF TRUSTEES OF THE BRICKLAYERS' PENSION TRUST FUND - METROPOLITAN	c EIN-PN 51-6030972-001
a	Plan name PACIFICORP/IBEW LOCAL 57 RETIREMENT TRUST FUND	
b	Name of plan sponsor BD OF TRUSTEES OF THE PACIFICORP/IBEW LOCAL 57 RETIREMENT TRUST FUND	c EIN-PN 87-0640888-001
a	Plan name BEAM SUNTORY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEAM SUNTORY INC.	c EIN-PN 13-3295276-001

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 BHE MASTER RETIREMENT TRUST	
b	Name of plan sponsor BERKSHIRE HATHAWAY ENERGY COMPANY	c EIN-PN 84-7120645-018
a	Plan name BILLERUD AMERICAS CORPORATION EMPLOYEE PENSION PLAN	
b	Name of plan sponsor BILLERUD AMERICAS CORPORATION	c EIN-PN 75-3217389-005
a	Plan name BIMBO BAKERIES USA CONSOLIDATED PENSION PLAN	
b	Name of plan sponsor BIMBO BAKERIES, INC	c EIN-PN 75-2490530-006
a	Plan name BJ'S WHOLESALE CLUB, INC. 401K SAVINGS PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor BJ'S WHOLESALE CLUB, INC.	c EIN-PN 04-3360747-001
a	Plan name BLACKROCK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLACKROCK, INC.	c EIN-PN 32-0174431-001
a	Plan name NATIONAL RETIREMENT TRUST	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD ASSOCIATI ON	c EIN-PN 36-6041816-001
a	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD ASSOCIATION	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD ASSOCIATI ON	c EIN-PN 13-5656874-001
a	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS & BLUE SHIELD OF MISSISSIPPI, A MUTUAL INSURANCE COMPANY	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF MISSIS SIPPI A MUTUAL INSURANCE COMPANY	c EIN-PN 64-0295748-002
a	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF SOUTH CAROLINA	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF SOUTH CAROLINA	c EIN-PN 57-0287419-001
a	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF WYOMING	
b	Name of plan sponsor BLUE CROSS & BLUE SHIELD OF WYOMIN G	c EIN-PN 83-0231011-001
a	Plan name BLUE CROSS AND BLUE SHIELD OF ALABAMA RETIREMENT PLAN	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF ALAB AMA	c EIN-PN 63-0103830-001
a	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CRO SS AND BLUE SHIELD OF ARIZONA, INC.	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF ARIZ ONA INC	c EIN-PN 86-0004538-001

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	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF FLORIDA, INC.	
b Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF FLORIDA INC	c EIN-PN 59-2015694-001
a Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF KANSAS, INC.	
b Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF KANSAS INC	c EIN-PN 48-0952857-001
a Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF NEBRASKA	
b Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NEBRASKA	c EIN-PN 47-0095156-001
a Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUE CROSS AND BLUE SHIELD OF VERMONT	
b Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF VERMONT	c EIN-PN 03-0277307-001
a Plan name	NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF BLUECROSS BLUESHIELD OF TENNESSEE, INC.	
b Name of plan sponsor	BLUECROSS BLUESHIELD OF TENNESSEE	c EIN-PN 62-0427913-001
a Plan name	BMO 401(K) SAVINGS PLAN	
b Name of plan sponsor	BMO FINANCIAL CORP.	c EIN-PN 36-6033890-001
a Plan name	PENTEGRA DEFINED BENEFIT PLAN FOR FINANCIAL INSTITUTIONS	
b Name of plan sponsor	BOARD OF DIRECTORS OF PENTEGRA DEFINED BENEFIT PLAN	c EIN-PN 13-5645888-333
a Plan name	CIC DEFINED CONTRIBUTION RETIREMENT PLAN	
b Name of plan sponsor	BOARD OF TRUSTEE CIC - FOREST PRODUCTS RETIREMENT TRUST	c EIN-PN 45-6909074-003
a Plan name	CIC-TOC PENSION PLAN	
b Name of plan sponsor	BOARD OF TRUSTEE CIC - FOREST PRODUCTS RETIREMENT TRUST	c EIN-PN 45-6909074-001
a Plan name	LUMBER INDUSTRY PENSION PLAN	
b Name of plan sponsor	BOARD OF TRUSTEE CIC - FOREST PRODUCTS RETIREMENT TRUST	c EIN-PN 45-6909074-002
a Plan name	CAROLINAS ELECTRICAL WORKERS RETIREMENT FUND	
b Name of plan sponsor	BOARD OF TRUSTEE OF CAROLINAS ELECTRICAL WORKERS RETIREMENT FUND	c EIN-PN 56-1351864-001
a Plan name	OPERATING ENGINEERS LOCAL 101 PENSION PLAN	
b Name of plan sponsor	BOARD OF TRUSTEE OF THE OPERATING ENGINEERS LOCAL 101 PENSION FUND	c EIN-PN 43-6059213-001

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	PLUMBERS AND STEAMFITTERS LOCAL NO 42 PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEE PLUMBERS AND STEAMFITTERS LOCAL NO 42 PENSION PLAN	c EIN-PN 23-7404110-001
a	Plan name	IRON WORKERS, MID-SOUTH PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES - IRON WORKERS MID-SOUTH PENSION FUND	c EIN-PN 72-6032179-001
a	Plan name	OREGON WASHINGTON CARPENTERS EMPLOYERS PENSION TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES - OR-WA CARPENTERS EMPLOYERS TRUST FUND	c EIN-PN 51-6077555-001
a	Plan name	IBEW LOCAL 701 ELECTRICAL WORKERS GENERAL PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES 701 PENSION FUND	c EIN-PN 36-6455509-001
a	Plan name	BAC LOCAL UNION 15 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES BAC LOCAL 15 PENSION FUND	c EIN-PN 43-6102453-001
a	Plan name	BAC LOCAL UNION 15 SUPPLEMENTAL PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES BAC LOCAL 15 PENSION FUND	c EIN-PN 43-6102453-002
a	Plan name	DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN SUPPLEMENTAL BENEFIT PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN	c EIN-PN 95-6027308-002
a	Plan name	INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL NO 478 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES I.U.O.E. LOCAL 478 PENSION PLAN	c EIN-PN 06-0733831-001
a	Plan name	ATLANTIC & GULF REGION PENSION FUND TRUST	
b	Name of plan sponsor	BOARD OF TRUSTEES OF ATLANTIC & GULF REGION PENSION FUND	c EIN-PN 59-6182193-001
a	Plan name	DIVISION 1181 A.T.U. NEW YORK PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF DIVISION 1181 ATU- NY EMPLOYEES PENSION FUND	c EIN-PN 11-6183515-001
a	Plan name	RETIREMENT BENEFIT PLAN OF NEWSPAPER AND MAGAZINE DRIVERS, CHAUFFEURS AND HANDLERS UNION LOCAL 473	
b	Name of plan sponsor	BOARD OF TRUSTEES OF NEWSPAPER PUBLISHERS & NEWSPAPER DRIVERS	c EIN-PN 34-6514567-001
a	Plan name	INTERNATIONAL ASSOCIATION OF SHEET METAL AIR, RAIL AND TRANSPORTATION WORKERS SMART LOCAL UNION NO. 36 PENSION FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF SMART LOCAL UNION NO. 36 PENSION FUND	c EIN-PN 43-0727853-001

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 SOUTHEASTERN IRON WORKERS ANNUITY PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF SOUTHEASTERN IRONWORKERS ANNUITY PLAN	c EIN-PN 58-6319526-001
a	Plan name STEAMSHIP TRADE ASSOCIATION OF BALTIMORE, INC - INTERNATIONAL LONGSHO REMEN'S ASSOCIATION (AFL-CIO) PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF STEAMSHIP TRA DE ASSOCIATION OF BALTIMORE, INC.	c EIN-PN 52-6036829-001
a	Plan name CENTRAL PENSION FUND OF THE INTERNATIONAL UNION OF OPERATING ENGINEER S AND PARTICIPATING EMPLOYERS	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE CPF OF TH E IUOE AND PARTICIPATING EMPLOYERS	c EIN-PN 36-6052390-001
a	Plan name CALIFORNIA TEACHERS ASSOCIATION EMPLOYEES' RETIREMENT BENEFITS TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE CTA EMPLO YEES' RETIREMENT BENEFITS TRUST	c EIN-PN 68-0427229-001
a	Plan name DEFERRED SALARY PLAN OF THE ELECTRICAL INDUSTRY	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE DEFERRED SALARY PLAN OF THE ELECTRICAL IND	c EIN-PN 11-2656063-004
a	Plan name FLORIDA CARPENTERS PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE FLORIDA C ARPENTERS PENSION FUND	c EIN-PN 59-6205166-001
a	Plan name ILWU-PMA WATCHMEN PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE ILWU-PMA WATCHMEN PENSION FUND	c EIN-PN 94-6173372-001
a	Plan name NORTH ATLANTIC STATES CARPENTERS PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE NEW ENGLA ND CARPENTERS PENSION FUND	c EIN-PN 51-6040899-001
a	Plan name TEAMSTERS LOCAL UNION NO. 727 PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE TEAMSTERS LOCAL UNION NO. 727 PENSION PLAN	c EIN-PN 36-6102397-001
a	Plan name UFCW CONSOLIDATED PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE UFCW CONS OLIDATED PENSION FUND	c EIN-PN 58-6101602-001
a	Plan name RETAIL FOOD EMPLOYERS AND UFCW LOCAL 711 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES RETAIL FOOD EMPL OYERS & UFCW LOCAL 711 PENSION	c EIN-PN 51-6031512-001
a	Plan name STEAMFITTERS LOCAL 449 PENSION FUND	
b	Name of plan sponsor BOARD OF TRUSTEES STEAMFITTERS LOC AL #449 PENSION FUND	c EIN-PN 25-6032401-001

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 PENSION PLAN OF THE EMPLOYERS-SHOPMENS LOCAL 516 PENSION TRUST	
b	Name of plan sponsor BOARD OF TRUSTEES, EMPLOYERS-SHOPM EN'S LOCAL 516 PENSION TRUST	c EIN-PN 93-0656480-001
a	Plan name LABORERS' PENSION TRUST FUND - DETROIT & VICINITY	
b	Name of plan sponsor BOARD OF TRUSTEES, LABORERS PENSIO N TRUST FUND-DETROIT AND VICINITY	c EIN-PN 51-6030973-001
a	Plan name NALC ANNUITY TRUST FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, NALC ANNUITY TR UST FUND	c EIN-PN 52-6038252-001
a	Plan name SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND	
b	Name of plan sponsor BOARD OF TRUSTEES, SOUTHERN CALIFO RNIA LUMBER	c EIN-PN 95-6035266-001
a	Plan name UNITED ASSOCIATION UNION LOCAL NO. 290 PLUMBER, STEAMFITTER & SHIPFIT TER INDUSTRY 401(K) PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, U.A. UNION LOCA L NO. 290 PLUMBER,	c EIN-PN 93-1143757-002
a	Plan name BOEHRINGER INGELHEIM PENSION PLAN	
b	Name of plan sponsor BOEHRINGER INGELHEIM CORPORATION	c EIN-PN 06-1119942-001
a	Plan name AVIALL, INC. RETIREMENT PLAN	
b	Name of plan sponsor BOEING COMPANY	c EIN-PN 91-0425694-104
a	Plan name BOEING COMPANY EMPLOYEE RETIREMENT PLANS MASTER TRUST	
b	Name of plan sponsor BOEING COMPANY	c EIN-PN 91-0425694-062
a	Plan name BOEING NORTH AMERICAN RETIREMENT PLAN	
b	Name of plan sponsor BOEING COMPANY	c EIN-PN 91-0425694-048
a	Plan name BSS RETIREMENT PLAN	
b	Name of plan sponsor BOEING COMPANY	c EIN-PN 91-0425694-060
a	Plan name BSS RETIREMENT PLAN FOR BARGAINED EMPLOYEES	
b	Name of plan sponsor BOEING COMPANY	c EIN-PN 91-0425694-061
a	Plan name CONTINENTAL GRAPHICS EMPLOYEE PENSION PLAN	
b	Name of plan sponsor BOEING COMPANY	c EIN-PN 91-0425694-003

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	EMPLOYEE RETIREMENT INCOME PLAN - HOURLY EAST	
b	Name of plan sponsor	BOEING COMPANY	c EIN-PN 91-0425694-103
a	Plan name	EMPLOYEE RETIREMENT INCOME PLAN - HOURLY WEST	
b	Name of plan sponsor	BOEING COMPANY	c EIN-PN 91-0425694-102
a	Plan name	NON-CONTRIBUTORY RETIREMENT PLAN	
b	Name of plan sponsor	BOEING COMPANY	c EIN-PN 91-0425694-005
a	Plan name	THE BOEING COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	BOEING COMPANY	c EIN-PN 91-0425694-001
a	Plan name	THE PENSION VALUE PLAN FOR EMPLOYEES OF THE BOEING COMPANY	
b	Name of plan sponsor	BOEING COMPANY	c EIN-PN 91-0425694-100
a	Plan name	NORTH ATLANTIC STATES CARPENTERS GUARANTEED ANNUITY FUND	
b	Name of plan sponsor	BOT OF THE NORTH ATLANTIC STATES C ARPENTERS GUARANTEED ANNUITY FUND	c EIN-PN 04-2776873-001
a	Plan name	BP DIRECTSAVE PLAN	
b	Name of plan sponsor	BP CORPORATION NORTH AMERICA INC.	c EIN-PN 36-1812780-052
a	Plan name	BP EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	BP CORPORATION NORTH AMERICA INC.	c EIN-PN 36-1812780-001
a	Plan name	BP MASTER TRUST FOR EMPLOYEE SAVINGS PLANS	
b	Name of plan sponsor	BP CORPORATION NORTH AMERICA INC.	c EIN-PN 36-1812780-301
a	Plan name	BP PARTNERSHIP SAVINGS PLAN	
b	Name of plan sponsor	BP CORPORATION NORTH AMERICA INC.	c EIN-PN 36-1812780-051
a	Plan name	BPX ENERGY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	BP CORPORATION NORTH AMERICA INC.	c EIN-PN 36-1812780-100
a	Plan name	BRIDGESTONE/FIRESTONE, INC. MASTER RETIREMENT TRUST	
b	Name of plan sponsor	BRIDGESTONE AMERICAS HOLDINGS CO	c EIN-PN 34-6505180-008

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 CALIFORNIA PORTLAND CEMENT COMPANY MASTER RETIREMENT TRUST	
b	Name of plan sponsor CALPORTLAND COMPANY	c EIN-PN 95-0597220-011
a	Plan name CALPORTLAND CONCRETE PRODUCTS DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor CALPORTLAND CONCRETE PRODUCTS	c EIN-PN 95-2791317-001
a	Plan name CAMPBELL PENSION PLANS MASTER RETIREMENT TRUST	
b	Name of plan sponsor CAMPBELL SOUP COMPANY	c EIN-PN 21-0419870-101
a	Plan name CAMPBELL SOUP COMPANY RETIREMENT AND PENSION PLAN	
b	Name of plan sponsor CAMPBELL SOUP COMPANY	c EIN-PN 21-0419870-005
a	Plan name CAMPBELL SOUP COMPANY RETIREMENT AND PENSION PLAN FOR EMPLOYEES COVER ED BY COLLECTIVE BARGAINING AGR	
b	Name of plan sponsor CAMPBELL SOUP COMPANY	c EIN-PN 21-0419870-006
a	Plan name CAPITAL ONE FINANCIAL CORPORATION ASSOCIATE SAVINGS PLAN	
b	Name of plan sponsor CAPITAL ONE FINANCIAL CORPORATION	c EIN-PN 54-1719854-002
a	Plan name CARGILL MEAT SOLUTIONS CORPORATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor CARGILL MEAT SOLUTIONS CORPORATION	c EIN-PN 75-1449430-001
a	Plan name CARGILL, INCORPORATED AND ASSOCIATED COMPANIES MASTER PENSION TRUST	
b	Name of plan sponsor CARGILL, INCORPORATED	c EIN-PN 04-6529678-009
a	Plan name CARGILL, INCORPORATED AND ASSOCIATED COMPANIES PENSION PLAN FOR PRODU CTION EMPLOYEES	
b	Name of plan sponsor CARGILL, INCORPORATED	c EIN-PN 41-0177680-004
a	Plan name CARGILL, INCORPORATED AND ASSOCIATED COMPANIES PENSION PLAN FOR UNION REPRESENTED HOURLY WAGE EMPLOYEES	
b	Name of plan sponsor CARGILL, INCORPORATED	c EIN-PN 41-0177680-003
a	Plan name CARGILL, INCORPORATED AND ASSOCIATED COMPANIES SALARIED EMPLOYEES' PE NSION PLAN	
b	Name of plan sponsor CARGILL, INCORPORATED	c EIN-PN 41-0177680-001
a	Plan name CARGILL, INCORPORATED AND ASSOCIATED COMPANIES SALARIED EMPLOYEES' PE NSION PLAN 2	
b	Name of plan sponsor CARGILL, INCORPORATED	c EIN-PN 41-0177680-021

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name CARPENTERS PENSION TRUST FUND FOR NORTHERN CALIFORNIA	
b	Name of plan sponsor CARPENTERS PENSION TRUST FUND TRUS T FUND FOR NORTHERN CALIFORNIA	c EIN-PN 94-6050970-001
a	Plan name CNH INDUSTRIAL U.S. PENSION PLAN	
b	Name of plan sponsor CASE NEW HOLLAND INDUSTRIAL, INC.	c EIN-PN 39-1982756-001
a	Plan name CELANESE AMERICAS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CELANESE AMERICAS LLC	c EIN-PN 22-1862783-001
a	Plan name CENTERPOINT ENERGY SAVINGS PLAN	
b	Name of plan sponsor CENTERPOINT ENERGY, INC	c EIN-PN 74-0694415-015
a	Plan name CENTRAL PAYMENT CO., LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CENTRAL PAYMENT CO., LLC	c EIN-PN 45-5500313-001
a	Plan name SCHWAB MANAGED RETIREMENT TRUST FUNDS	
b	Name of plan sponsor CHARLES SCHWAB TRUST BANK	c EIN-PN 81-0625169-005
a	Plan name TIME WARNER CABLE PENSION PLAN	
b	Name of plan sponsor CHARTER COMMUNICATIONS, INC.	c EIN-PN 84-1496755-001
a	Plan name TIME WARNER CABLE PENSION PLANS MASTER TRUST	
b	Name of plan sponsor CHARTER COMMUNICATIONS, INC.	c EIN-PN 84-1496755-100
a	Plan name TIME WARNER CABLE UNION PENSION PLAN	
b	Name of plan sponsor CHARTER COMMUNICATIONS, INC.	c EIN-PN 84-1496755-002
a	Plan name CHEVRON EMPLOYEE SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor CHEVRON CORPORATION	c EIN-PN 94-0890210-001
a	Plan name CHEVRON MASTER PENSION TRUST	
b	Name of plan sponsor CHEVRON CORPORATION	c EIN-PN 94-0890210-101
a	Plan name CHEVRON RETIREMENT PLAN	
b	Name of plan sponsor CHEVRON CORPORATION	c EIN-PN 94-0890210-006

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 CHEVRON-MEBA MARINE PENSION PLAN	
b	Name of plan sponsor CHEVRON CORPORATION	c EIN-PN 94-0890210-052
a	Plan name CHEVRON-SUP MARINE PENSION PLAN	
b	Name of plan sponsor CHEVRON CORPORATION	c EIN-PN 94-0890210-051
a	Plan name PENSION PLAN OF CHEVRON MINING INC. FOR EMPLOYEES REPRESENTED BY THE UMWA	
b	Name of plan sponsor CHEVRON CORPORATION	c EIN-PN 94-0890210-072
a	Plan name CHEVRON PHILLIPS CHEMICAL COMPANY LP PENSION PLAN MASTER TRUST	
b	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL COMPANY LP	c EIN-PN 04-6934777-007
a	Plan name CHEVRON PHILLIPS CHEMICAL COMPANY LP RETIREMENT PLAN	
b	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL COMPANY LP	c EIN-PN 73-1587712-002
a	Plan name PENSION PLAN FOR HOURLY RATE EMPLOYEES OF PERFORMANCE PIPE AT BLOOMFIELD AND FAIRFIELD, IOWA	
b	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL COMPANY LP	c EIN-PN 73-1587712-003
a	Plan name CHEVRON PHILLIPS CHEMICAL PUERTO RICO CORE LLC PENSION PLAN	
b	Name of plan sponsor CHEVRON PHILLIPS CHEMICAL PUERTO RICO CORE LLC	c EIN-PN 26-1428318-005
a	Plan name CHEVRON STATIONS INC. THRIFT PLAN	
b	Name of plan sponsor CHEVRON STATIONS INC.	c EIN-PN 84-0618607-068
a	Plan name CHILDREN'S HOSPITAL MEDICAL CENTER RETIREMENT PLAN	
b	Name of plan sponsor CHILDREN'S HOSPITAL MEDICAL CENTER	c EIN-PN 31-0833936-001
a	Plan name CHRISTIANA CARE HEALTH SERVICES INC. RETIREMENT PLAN	
b	Name of plan sponsor CHRISTIANA CARE HEALTH SERVICES, INC.	c EIN-PN 51-0103684-001
a	Plan name CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor CHRISTIANA CARE HOME HEALTH & COMMUNITY SERVICES, INC.	c EIN-PN 51-0064334-001
a	Plan name SEQUA CORPORATION MASTER TRUST	
b	Name of plan sponsor CHROMALLOY CORPORATION	c EIN-PN 13-3708654-001

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	SEQUA GROUP PENSION PLAN	
b	Name of plan sponsor	CHROMALLOY CORPORATION	c EIN-PN 13-1885030-084
a	Plan name	CHS INC. PENSION PLAN	
b	Name of plan sponsor	CHS INC.	c EIN-PN 41-0251095-001
a	Plan name	CHS INC. RETIREMENT PLAN FOR UNION PRODUCTION EMPLOYEES	
b	Name of plan sponsor	CHS INC.	c EIN-PN 41-0251095-002
a	Plan name	CIGNA 401(K) PLAN (FKA CIGNA EMPLOYEES MATCHED SAVINGS PLAN)	
b	Name of plan sponsor	CIGNA CORPORATION	c EIN-PN 82-4991898-002
a	Plan name	CISCO SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	CISCO SYSTEMS, INC.	c EIN-PN 77-0059951-001
a	Plan name	CITI RETIREMENT SAVINGS PLAN FOR PUERTO RICO	
b	Name of plan sponsor	CITIBANK, N.A. PUERTO RICO	c EIN-PN 66-0177415-002
a	Plan name	CITI RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CITIGROUP, INC.	c EIN-PN 52-1568099-004
a	Plan name	CITIGROUP PENSION PLAN	
b	Name of plan sponsor	CITIGROUP, INC.	c EIN-PN 52-1568099-020
a	Plan name	CFG PENSION PLAN	
b	Name of plan sponsor	CITIZENS FINANCIAL GROUP, INC.	c EIN-PN 05-0412693-001
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	COLGATE-PALMOLIVE COMPANY EMPLOYEE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	COLGATE-PALMOLIVE COMPANY	c EIN-PN 13-1815595-003
a	Plan name	COLGATE-PALMOLIVE RETIREMENT TRUST	
b	Name of plan sponsor	COLGATE-PALMOLIVE COMPANY	c EIN-PN 13-3191533-100

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 COLGATE-PALMOLIVE SAVINGS AND INVESTMENT PLANS MASTER TRUST	
b	Name of plan sponsor COLGATE-PALMOLIVE COMPANY	c EIN-PN 26-3205775-102
a	Plan name COLGATE-PALMOLIVE PUERTO RICO SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor COLGATE-PALMOLIVE COMPANY DISTR. L LC	c EIN-PN 66-0388332-001
a	Plan name COMERICA INCORPORATED RETIREMENT INCOME ACCOUNT PLAN	
b	Name of plan sponsor COMERICA INCORPORATED	c EIN-PN 38-1998421-001
a	Plan name COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA RETIREMENT PLAN	
b	Name of plan sponsor COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA	c EIN-PN 94-0760193-001
a	Plan name COMPASS GROUP RETIREMENT PLAN	
b	Name of plan sponsor COMPASS GROUP USA, INC	c EIN-PN 56-1874931-007
a	Plan name CONOCOPHILLIPS RETIREMENT PLAN	
b	Name of plan sponsor CONOCOPHILLIPS COMPANY	c EIN-PN 73-0400345-021
a	Plan name CONSTELLATION NEW ENGLAND UNION EMPLOYEES PENSION PLAN	
b	Name of plan sponsor CONSTELLATION ENERGY GENERATION LL C	c EIN-PN 23-3064219-005
a	Plan name CONSTELLATION MYSTIC POWER LLC UNION EMPLOYEES PENSION PLAN INCLUDING PLAN A AND PLAN B	
b	Name of plan sponsor CONSTELLATION MYSTIC POWER, LLC CO NSTELLATION ENERGY GENERATION LLC	c EIN-PN 27-3585052-004
a	Plan name RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF CONTINENTAL AUTOMOTIVE SYSTEMS	
b	Name of plan sponsor CONTINENTAL AUTOMOTIVE, INC.	c EIN-PN 51-0304065-013
a	Plan name CNA 401(K) PLUS PLAN	
b	Name of plan sponsor CONTINENTAL CASUALTY COMPANY	c EIN-PN 36-2114545-005
a	Plan name RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF CONTINENTAL - INTEGRATION PLAN	
b	Name of plan sponsor CONTINENTAL TIRE, THE AMERICAS LLC	c EIN-PN 34-1417030-008
a	Plan name RETIREMENT SAVINGS PLAN FOR EMPLOYEES OF CONTINENTAL RUBBER	
b	Name of plan sponsor CONTINENTAL TIRE, THE AMERICAS LLC	c EIN-PN 34-1417030-007

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	CBERA GROUP TRUST	
b	Name of plan sponsor	COOPERATIVE BANKS EMPLOYEES RETIRE MENT ASSOCIATION	c EIN-PN 04-6035593-003
a	Plan name	ENTERPRISE HOLDINGS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CRAWFORD GROUP, INC.	c EIN-PN 43-1233684-001
a	Plan name	EMPLOYEES' PENSION PLAN OF CREDIT SUISSE	
b	Name of plan sponsor	CREDIT SUISSE SECURITIES (USA) LLC	c EIN-PN 05-0546650-004
a	Plan name	CRODA INC. DEFINED BENEFIT PLAN MASTER TRUST	
b	Name of plan sponsor	CRODA, INC.	c EIN-PN 13-5603841-008
a	Plan name	CRODA INC. RETIREMENT PLAN	
b	Name of plan sponsor	CRODA, INC.	c EIN-PN 13-5603841-001
a	Plan name	CABLEVISION CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	CSC HOLDINGS, LLC	c EIN-PN 27-0726696-003
a	Plan name	CSL BEHRING LLC UNION PENSION PLAN	
b	Name of plan sponsor	CSL BEHRING LLC	c EIN-PN 23-2809344-110
a	Plan name	DAIMLER TRUCKS NORTH AMERICA LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAIMLER TRUCKS NORTH AMERICA LLC	c EIN-PN 93-0790608-002
a	Plan name	DAIMLER TRUCKS NORTH AMERICA LLC MASTER RETIREMENT TRUST	
b	Name of plan sponsor	DAIMLER TRUCKS NORTH AMERICA LLC	c EIN-PN 93-0790608-009
a	Plan name	DEFINED BENEFIT RETIREMENT PLAN FOR DARTMOUTH COLLEGE STAFF	
b	Name of plan sponsor	DARTMOUTH COLLEGE	c EIN-PN 02-0222111-002
a	Plan name	DECHERT LLP PENSION PLAN #2 FOR PARTNERS	
b	Name of plan sponsor	DECHERT LLP	c EIN-PN 23-1425587-007
a	Plan name	JOHN DEERE PENSION PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	DEERE & COMPANY	c EIN-PN 36-2382580-001

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 JOHN DEERE PENSION PLAN FOR WAGE EMPLOYEES	
b	Name of plan sponsor DEERE & COMPANY	c EIN-PN 36-2382580-002
a	Plan name JOHN DEERE PENSION TRUST	
b	Name of plan sponsor DEERE & COMPANY	c EIN-PN 36-2382580-010
a	Plan name JOHN DEERE SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor DEERE & COMPANY	c EIN-PN 36-2382580-003
a	Plan name JOHN DEERE SAVINGS PLANS MASTER TRUST	
b	Name of plan sponsor DEERE & COMPANY	c EIN-PN 36-2382580-011
a	Plan name JOHN DEERE TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor DEERE & COMPANY	c EIN-PN 36-2382580-008
a	Plan name DELHAIZE AMERICA LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DELHAIZE AMERICA, LLC	c EIN-PN 56-0660192-004
a	Plan name DELTA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DELTA AIR LINES, INC.	c EIN-PN 58-0218548-004
a	Plan name DELTA 401(K) RETIREMENT PLAN FOR PILOTS	
b	Name of plan sponsor DELTA AIR LINES, INC.	c EIN-PN 58-0218548-014
a	Plan name DELTA 401(K) RETIREMENT PLAN FOR PUERTO RICO	
b	Name of plan sponsor DELTA AIR LINES, INC.	c EIN-PN 58-0218548-030
a	Plan name DELTA 401(K) RETIREMENT PLAN FOR SEASONAL EMPLOYEES	
b	Name of plan sponsor DELTA AIR LINES, INC.	c EIN-PN 58-0218548-021
a	Plan name DELTA 401(K) RETIREMENT PLAN FOR SUBSIDIARIES	
b	Name of plan sponsor DELTA AIR LINES, INC.	c EIN-PN 58-0218548-020
a	Plan name DELTA PILOTS DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor DELTA AIR LINES, INC.	c EIN-PN 58-0218548-012

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 DELTA AIR LINES, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor DELTA AIR LINES, INC.	c EIN-PN 04-6766712-013
a	Plan name THE DEPOSITORY TRUST & CLEARING CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DEPOSITORY TRUST & CLEARING CORPOR ATION	c EIN-PN 13-4086405-002
a	Plan name THE DEPOSITORY TRUST & CLEARING CORPORATION OPERATIONS LEVEL EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DEPOSITORY TRUST & CLEARING CORPOR ATION	c EIN-PN 13-4086405-001
a	Plan name DESERET MUTUAL MASTER RETIREMENT PLAN	
b	Name of plan sponsor DESERET MUTUAL BENEFIT ADMINISTRAT ORS	c EIN-PN 87-0440163-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF DEVON ENERGY CORPORATION	
b	Name of plan sponsor DEVON ENERGY CORPORATION	c EIN-PN 73-1567067-001
a	Plan name DILLON COMPANIES, INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor DILLON COMPANIES INC.	c EIN-PN 48-0196590-001
a	Plan name DIRECTORS GUILD OF AMERICA - PRODUCER PENSION PLAN BASIC BENEFIT PLAN	
b	Name of plan sponsor DIRECTORS GUILD OF AMERICA - PRODU CER PENSION & HEALTH PLANS	c EIN-PN 95-2892780-001
a	Plan name 401(K) PLAN FOR HOURLY EMPLOYEES OF DOLE FOOD COMPANY, INC. AND PARTI CIPATING SUBSIDIARIES AND DIVISIONS	
b	Name of plan sponsor DOLE FOOD COMPANY, INC.	c EIN-PN 99-0035300-068
a	Plan name 401(K) PLAN FOR SALARIED EMPLOYEES OF DOLE FOOD COMPANY, INC. AND PAR TICIPATING SUBSIDIARIES AND DIVISIONS	
b	Name of plan sponsor DOLE FOOD COMPANY, INC.	c EIN-PN 99-0035300-060
a	Plan name DOMINION ENERGY KEWAUNEE UNION PENSION PLAN	
b	Name of plan sponsor DOMINION ENERGY, INC.	c EIN-PN 54-1229715-021
a	Plan name DOMINION ENERGY OHIO UNION PENSION PLAN	
b	Name of plan sponsor DOMINION ENERGY, INC.	c EIN-PN 54-1229715-016
a	Plan name DOMINION ENERGY, INC. DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor DOMINION ENERGY, INC.	c EIN-PN 25-6263994-047

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	DOMINION ENERGY, INC. DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor	DOMINION ENERGY, INC.	c EIN-PN 25-6263994-047
a	Plan name	DOMINION TRANSMISSION & HOPE GAS UNION PENSION PLAN	
b	Name of plan sponsor	DOMINION ENERGY, INC.	c EIN-PN 54-1229715-015
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	THE DOW CHEMICAL COMPANY EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	DOW CHEMICAL COMPANY	c EIN-PN 38-1285128-002
a	Plan name	DRESSER, LLC CONSOLIDATED SALARIED RETIREMENT PLAN	
b	Name of plan sponsor	DRESSER, LLC	c EIN-PN 75-2795365-164
a	Plan name	DTE ENERGY COMPANY AFFILIATES EMPLOYEE BENEFIT PLANS MASTER TRUST	
b	Name of plan sponsor	DTE ENERGY CORPORATE SERVICES LLC	c EIN-PN 25-6264027-021
a	Plan name	DTE ENERGY COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	DTE ENERGY CORPORATE SERVICES LLC	c EIN-PN 20-5898509-001
a	Plan name	DTE GAS COMPANY RETIREMENT PLAN FOR EMPLOYEES COVERED BY COLLECTIVE B ARGAINING AGREEMENT	
b	Name of plan sponsor	DTE ENERGY CORPORATE SERVICES LLC	c EIN-PN 20-5898509-005
a	Plan name	DUKE ENERGY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DUKE ENERGY CORPORATION	c EIN-PN 20-2777218-002
a	Plan name	DUQUESNE LIGHT COMPANY PENSION TRUST	
b	Name of plan sponsor	DUQUESNE LIGHT COMPANY	c EIN-PN 25-0451600-001
a	Plan name	DXC TECHNOLOGY MATCHED ASSET PLAN	
b	Name of plan sponsor	DXC TECHNOLOGY	c EIN-PN 61-1800317-001
a	Plan name	EAGLEPICHER CLOSED DEFINED BENEFIT PLAN	
b	Name of plan sponsor	EAGLEPICHER TECHNOLOGIES, LLC	c EIN-PN 20-4606134-001

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	EASTMAN CHEMICAL COMPANY MASTER RETIREMENT TRUST	
b	Name of plan sponsor	EASTMAN CHEMICAL COMPANY	c EIN-PN 62-1539359-003
a	Plan name	EASTMAN RETIREMENT ASSISTANCE PLAN	
b	Name of plan sponsor	EASTMAN CHEMICAL COMPANY	c EIN-PN 62-1539359-001
a	Plan name	STERLING CHEMICALS, INC. AMENDED AND RESTATED PENSION PLAN	
b	Name of plan sponsor	EASTMAN CHEMICAL TEXAS CITY INC.	c EIN-PN 76-0502785-002
a	Plan name	EASTMAN KODAK EMPLOYEES' SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	EASTMAN KODAK COMPANY	c EIN-PN 16-0417150-002
a	Plan name	EATON CORPORATION MASTER RETIREMENT TRUST	
b	Name of plan sponsor	EATON CORPORATION	c EIN-PN 47-6268243-001
a	Plan name	EATON PERSONAL INVESTMENT PLAN	
b	Name of plan sponsor	EATON CORPORATION	c EIN-PN 34-0196300-162
a	Plan name	EATON SAVINGS PLAN	
b	Name of plan sponsor	EATON CORPORATION	c EIN-PN 34-0196300-055
a	Plan name	EATON SAVINGS TRUST	
b	Name of plan sponsor	EATON CORPORATION	c EIN-PN 47-5346861-001
a	Plan name	PENSION PLAN FOR EATON CORPORATION EMPLOYEES	
b	Name of plan sponsor	EATON CORPORATION	c EIN-PN 34-0196300-029
a	Plan name	COOPER PENSION PLAN	
b	Name of plan sponsor	EATON ELECTRIC HOLDINGS LLC	c EIN-PN 76-0518215-290
a	Plan name	ELECTRICIANS PENSION PLAN AND TRUST FUND, IBEW 995	
b	Name of plan sponsor	ELECTRICIANS PENSION PLAN AND TRUS T FUND, IBEW 995	c EIN-PN 72-6057089-001
a	Plan name	ELECTRODYNAMICS, INC. PENSION PLAN FOR MEMBERS OF LOCAL 134, I.B.E.W.	
b	Name of plan sponsor	ELECTRODYNAMICS, INC.	c EIN-PN 36-3140903-001

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	LILLY RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor	ELI LILLY AND COMPANY	c EIN-PN 13-6032849-030
a	Plan name	THE LILLY EMPLOYEE 401K PLAN	
b	Name of plan sponsor	ELI LILLY AND COMPANY	c EIN-PN 35-0470950-002
a	Plan name	THE LILLY EMPLOYEE SAVINGS PLAN MASTER TRUST-NTC	
b	Name of plan sponsor	ELI LILLY AND COMPANY	c EIN-PN 35-0470950-015
a	Plan name	THE LILLY RETIREMENT PLAN	
b	Name of plan sponsor	ELI LILLY AND COMPANY	c EIN-PN 35-0470950-001
a	Plan name	EMERSON ELECTRIC CO. RETIREMENT MASTER TRUST	
b	Name of plan sponsor	EMERSON ELECTRIC COMPANY	c EIN-PN 43-0259330-121
a	Plan name	EMORY HEALTHCARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	EMORY HEALTHCARE, INC.	c EIN-PN 58-2137993-001
a	Plan name	EMORY HEALTHCARE, INC. RETIREMENT PLAN #2	
b	Name of plan sponsor	EMORY HEALTHCARE, INC.	c EIN-PN 58-2137993-003
a	Plan name	EMORY HEALTHCARE, INC. RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor	EMORY HEALTHCARE, INC.	c EIN-PN 58-2137993-004
a	Plan name	EMPOWER RETIREMENT, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	EMPOWER RETIREMENT, LLC	c EIN-PN 84-1233483-001
a	Plan name	ENBRIDGE EMPLOYEE SERVICES, INC. EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	ENBRIDGE EMPLOYEE SERVICES, INC.	c EIN-PN 76-0697621-002
a	Plan name	ENDEAVOR AIR PILOTS SAVINGS PLAN	
b	Name of plan sponsor	ENDEAVOR AIR, INC.	c EIN-PN 58-1605378-002
a	Plan name	ENDEAVOR AIR SAVINGS PLAN	
b	Name of plan sponsor	ENDEAVOR AIR, INC.	c EIN-PN 58-1605378-001

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 ENERGIZER HOLDINGS, INC. RETIREMENT PLAN	
b	Name of plan sponsor ENERGIZER HOLDINGS, INC.	c EIN-PN 36-4802442-001
a	Plan name EQUIFAX, INC. U.S. RETIREMENT INCOME PLAN	
b	Name of plan sponsor EQUIFAX INC.	c EIN-PN 58-0401110-001
a	Plan name EQUITABLE 401(K) PLAN	
b	Name of plan sponsor EQUITABLE FINANCIAL LIFE INSURANCE COMPANY	c EIN-PN 13-5570651-005
a	Plan name ERNST & YOUNG DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor ERNST & YOUNG U.S. LLP	c EIN-PN 34-6565596-111
a	Plan name ERNST & YOUNG INACTIVE DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor ERNST & YOUNG U.S. LLP	c EIN-PN 34-6565596-114
a	Plan name ERNST & YOUNG PARTNERSHIP DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor ERNST & YOUNG U.S. LLP	c EIN-PN 34-6565596-113
a	Plan name ERNST & YOUNG PARTNERSHIP RETIREMENT (HR-10) PLAN	
b	Name of plan sponsor ERNST & YOUNG U.S. LLP	c EIN-PN 34-6565596-001
a	Plan name ESTEE LAUDER INC. RETIREMENT GROWTH ACCOUNT PLAN	
b	Name of plan sponsor ESTEE LAUDER INC.	c EIN-PN 13-1871348-001
a	Plan name EXCELLUS RETIREMENT PLAN	
b	Name of plan sponsor EXCELLUS HEALTH PLAN, INC.	c EIN-PN 15-0329043-001
a	Plan name EXELON CORPORATION EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor EXELON CORPORATION	c EIN-PN 23-2990190-003
a	Plan name EXELON CORPORATION PENSION PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor EXELON CORPORATION	c EIN-PN 23-2990190-005
a	Plan name EXELON CORPORATION RETIREMENT PROGRAM	
b	Name of plan sponsor EXELON CORPORATION	c EIN-PN 23-2990190-002

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	EXELON EMPLOYEE PENSION PLAN FOR CLINTON, TMI AND OYSTER CREEK	
b	Name of plan sponsor	EXELON CORPORATION	c EIN-PN 23-2990190-013
a	Plan name	NINE MILE POINT PENSION PLAN	
b	Name of plan sponsor	EXELON CORPORATION	c EIN-PN 23-2990190-021
a	Plan name	PENSION PLAN OF CONSTELLATION ENERGY GROUP, INC.	
b	Name of plan sponsor	EXELON CORPORATION	c EIN-PN 23-2990190-016
a	Plan name	PENSION PLAN OF CONSTELLATION ENERGY NUCLEAR GROUP, LLC	
b	Name of plan sponsor	EXELON CORPORATION	c EIN-PN 23-2990190-018
a	Plan name	PEPCO HOLDINGS LLC RETIREMENT PLAN	
b	Name of plan sponsor	EXELON CORPORATION	c EIN-PN 23-2990190-022
a	Plan name	EXXON MOBIL MASTER PENSION TRUST	
b	Name of plan sponsor	EXXONMOBIL CORPORATION	c EIN-PN 13-3077576-001
a	Plan name	FACTORY MUTUAL INSURANCE COMPANY PENSION PLAN	
b	Name of plan sponsor	FACTORY MUTUAL INSURANCE COMPANY	c EIN-PN 05-0316605-001
a	Plan name	FCA US LLC MASTER RETIREMENT TRUST BALANCED POOL	
b	Name of plan sponsor	FCA US LLC	c EIN-PN 13-3112458-059
a	Plan name	FCA US LLC SALARIED EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	FCA US LLC	c EIN-PN 27-0187394-003
a	Plan name	FCA US LLC UAW SAVINGS PLAN	
b	Name of plan sponsor	FCA US LLC	c EIN-PN 27-0187394-032
a	Plan name	FEDEX CORPORATION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	FEDEX CORPORATION	c EIN-PN 62-1721435-002
a	Plan name	FEDEX CORPORATION EMPLOYEES' PENSION TRUST	
b	Name of plan sponsor	FEDEX CORPORATION	c EIN-PN 36-3288317-001

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 FEDEX FREIGHT, INC. PENSION PLAN	
b	Name of plan sponsor FEDEX FREIGHT, INC.	c EIN-PN 71-0562003-002
a	Plan name CHICAGO TITLE AND TRUST COMPANY PENSION PLAN	
b	Name of plan sponsor FIDELITY NATIONAL TITLE GROUP, INC.	c EIN-PN 36-0906930-001
a	Plan name FINRA EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor FINANCIAL INDUSTRY REGULATORY AUTHORITY, INC.	c EIN-PN 53-0088710-001
a	Plan name CIT GROUP INC. RETIREMENT PLAN	
b	Name of plan sponsor FIRST CITIZENS BANK AND TRUST COMPANY, INC.	c EIN-PN 56-0223230-005
a	Plan name FIRST-CITIZENS BANK AND TRUST COMPANY AND ADOPTING RELATED EMPLOYERS PENSION PLAN	
b	Name of plan sponsor FIRST CITIZENS BANK AND TRUST COMPANY, INC.	c EIN-PN 56-0223230-001
a	Plan name FIRST-CITIZENS BANK AND TRUST COMPANY PENSION PLAN	
b	Name of plan sponsor FIRST CITIZENS BANK AND TRUST COMPANY, INC.	c EIN-PN 56-0223230-004
a	Plan name FIRST HORIZON NATIONAL CORPORATION SAVINGS PLAN	
b	Name of plan sponsor FIRST HORIZON CORPORATION	c EIN-PN 62-0803242-002
a	Plan name FIRSTENERGY CORPORATION SAVINGS PLAN	
b	Name of plan sponsor FIRSTENERGY CORP.	c EIN-PN 34-1843785-002
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 FISHER & PHILLIPS LLP SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor FISHER & PHILLIPS LLP	c EIN-PN 58-0619559-001
a	Plan name FISHER & PHILLIPS PROFESSIONALS EMPLOYEES PLAN	
b	Name of plan sponsor FISHER & PHILLIPS LLP	c EIN-PN 58-0619559-002
a	Plan name FOOD LION, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FOOD LION LLC	c EIN-PN 56-2173154-003

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	FORD DEFINED CONTRIBUTION PLAN MASTER TRUST	
b	Name of plan sponsor	FORD MOTOR COMPANY	c EIN-PN 38-0549190-012
a	Plan name	FORD MOTOR COMPANY SAVINGS AND STOCK INVESTMENT PLAN FOR SALARIED EMP LOYEEES	
b	Name of plan sponsor	FORD MOTOR COMPANY	c EIN-PN 38-0549190-010
a	Plan name	FORD MOTOR COMPANY TAX-EFFICIENT SAVINGS PLANS FOR HOURLY EMPLOYEES	
b	Name of plan sponsor	FORD MOTOR COMPANY	c EIN-PN 38-0549190-025
a	Plan name	FORD RETIREMENT PLAN	
b	Name of plan sponsor	FORD MOTOR COMPANY	c EIN-PN 38-0549190-003
a	Plan name	FORTIVE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FORTIVE CORPORATION	c EIN-PN 47-5654583-001
a	Plan name	PENSION FUND OF LOCALS 794 & 819, I.A.T.S.E	
b	Name of plan sponsor	FOX TELEVISION STATIONS, INC.	c EIN-PN 95-4711472-003
a	Plan name	PENSION PLAN FOR UNION EMPLOYEES OF FOX TELEVISION STATIONS, LLC	
b	Name of plan sponsor	FOX TELEVISION STATIONS, INC.	c EIN-PN 95-4711472-002
a	Plan name	FRONTIER COMMUNICATIONS PENSION PLAN	
b	Name of plan sponsor	FRONTIER COMMUNICATIONS PARENT, IN C	c EIN-PN 06-0619596-001
a	Plan name	GANNETT RETIREMENT PLAN	
b	Name of plan sponsor	GANNETT COMPANY	c EIN-PN 47-2390983-001
a	Plan name	U.S. ROCHE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GENENTECH, INC.	c EIN-PN 94-2347624-003
a	Plan name	GE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENERAL ELECTRIC COMPANY	c EIN-PN 14-0689340-334
a	Plan name	GENERAL MOTORS HOURLY-RATE EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	GENERAL MOTORS LLC	c EIN-PN 27-0383222-003

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 GENERAL MOTORS PERSONAL SAVINGS PLAN FOR HOURLY-RATE EMPLOYEES IN THE UNITED STATES	
b	Name of plan sponsor GENERAL MOTORS LLC	c EIN-PN 27-0383222-014
a	Plan name GENERAL MOTORS RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES IN THE UNITED STATES	
b	Name of plan sponsor GENERAL MOTORS LLC	c EIN-PN 27-0383222-002
a	Plan name GENERAL MOTORS SALARIED RETIREMENT PROGRAM	
b	Name of plan sponsor GENERAL MOTORS LLC	c EIN-PN 27-0383222-016
a	Plan name GENERAL MOTORS SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor GENERAL MOTORS LLC	c EIN-PN 04-3259743-001
a	Plan name GENPACT U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor GENPACT, LLC	c EIN-PN 22-3658826-001
a	Plan name GENWORTH FINANCIAL INC. RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor GENWORTH FINANCIAL INC.	c EIN-PN 80-0873306-001
a	Plan name GIANT OF MARYLAND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GIANT OF MARYLAND LLC	c EIN-PN 52-2179343-001
a	Plan name GIBSON DUNN & CRUTCHER LLP PARTNERS CASH BALANCE PLAN	
b	Name of plan sponsor GIBSON, DUNN & CRUTCHER LLP	c EIN-PN 95-1611234-004
a	Plan name GLACIER NORTHWEST, INC. SALARIED EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor GLACIER NORTHWEST, INC.	c EIN-PN 91-1518360-001
a	Plan name INTEL RETIREMENT PLANS COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor GLOBAL TRUST COMPANY - INTEL	c EIN-PN 37-6650368-001
a	Plan name EMPLOYEES' AND AGENTS' PENSION BENEFITS PLAN GREAT-WEST LIFE & ANNUITY INSURANCE COMPANY	
b	Name of plan sponsor GWLA FINANCIAL INC	c EIN-PN 84-1474245-002
a	Plan name H ENTERPRISES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor H ENTERPRISES INTERNATIONAL, INC.	c EIN-PN 06-1238552-010

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	HALEON 401(K) PLAN	
b Name of plan sponsor	HALEON US HOLDINGS LLC	c EIN-PN 47-2931057-001
a Plan name	HANNAFORD BROS. CO. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	HANNAFORD BROS COMPANY	c EIN-PN 01-0085930-003
a Plan name	HARLEY-DAVIDSON RETIREMENT SAVINGS PLAN FOR KANSAS CITY HOURLY BARGAINING UNIT EMPLOYEES	
b Name of plan sponsor	HARLEY-DAVIDSON MOTOR COMPANY GROUP, LLC	c EIN-PN 39-1805420-006
a Plan name	HARLEY-DAVIDSON RETIREMENT SAVINGS PLAN FOR SALARIED EMPLOYEES	
b Name of plan sponsor	HARLEY-DAVIDSON MOTOR COMPANY GROUP, LLC	c EIN-PN 39-1805420-002
a Plan name	HARLEY-DAVIDSON RETIREMENT SAVINGS PLAN FOR YORK HOURLY BARGAINING UNIT EMPLOYEES	
b Name of plan sponsor	HARLEY-DAVIDSON MOTOR COMPANY GROUP, LLC	c EIN-PN 39-1805420-008
a Plan name	L3HARRIS PENSION PLAN FOR EMPLOYEES IN THE COMMUNICATIONS SOLUTIONS BARGAINING UNIT	
b Name of plan sponsor	HARRIS CORPORATION	c EIN-PN 34-0276860-004
a Plan name	HARRIS TEETER SUPERMARKETS, INC. EMPLOYEES' PENSION PLAN	
b Name of plan sponsor	HARRIS TEETER	c EIN-PN 56-0905940-001
a Plan name	HAWAII PACIFIC HEALTH RETIREMENT PLAN	
b Name of plan sponsor	HAWAII PACIFIC HEALTH	c EIN-PN 99-0246363-001
a Plan name	HAWORTH HOURLY PENSION PLAN	
b Name of plan sponsor	HAWORTH INTERNATIONAL, LTD.	c EIN-PN 38-2101981-002
a Plan name	HAWORTH PENSION PLAN	
b Name of plan sponsor	HAWORTH INTERNATIONAL, LTD.	c EIN-PN 38-2101981-001
a Plan name	HD SUPPLY 401(K) RETIREMENT PLAN	
b Name of plan sponsor	HD SUPPLY, INC.	c EIN-PN 75-2007383-001
a Plan name	HENRY SCHEIN, INC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	HENRY SCHEIN, INC.	c EIN-PN 11-3136595-003

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	HEXION INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEXION INC.	c EIN-PN 13-0511250-005
a	Plan name	HIGHMARK INVESTMENT PLAN	
b	Name of plan sponsor	HIGHMARK HEALTH	c EIN-PN 45-3674900-334
a	Plan name	HILTON HOTELS RETIREMENT PLAN	
b	Name of plan sponsor	HILTON DOMESTIC OPERATING CO, INC	c EIN-PN 38-4009972-100
a	Plan name	HILTON INTERNATIONAL CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	HILTON INTERNATIONAL CO.	c EIN-PN 47-1062743-004
a	Plan name	CONSOLIDATED ROCHE RETIREMENT PLAN	
b	Name of plan sponsor	HOFFMANN-LA ROCHE INC.	c EIN-PN 22-0994270-011
a	Plan name	ROCHE PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	HOFFMANN-LA ROCHE INC.	c EIN-PN 22-0994270-005
a	Plan name	ROCHE U.S. RETIREMENT PLAN	
b	Name of plan sponsor	HOFFMANN-LA ROCHE INC.	c EIN-PN 22-0994270-004
a	Plan name	HOGAN LOVELLS US LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HOGAN LOVELLS US LLP	c EIN-PN 53-0084704-001
a	Plan name	THE HOME DEPOT FUTUREBUILDER	
b	Name of plan sponsor	HOME DEPOT INC	c EIN-PN 95-3261426-001
a	Plan name	THE HOME DEPOT FUTUREBUILDER FOR PUERTO RICO	
b	Name of plan sponsor	HOME DEPOT PUERTO RICO, INC.	c EIN-PN 66-0548924-001
a	Plan name	HONEYWELL 401(K) PLAN	
b	Name of plan sponsor	HONEYWELL INTERNATIONAL INC.	c EIN-PN 22-2640650-302
a	Plan name	HONEYWELL PUERTO RICO SAVINGS AND OWNERSHIP PLAN	
b	Name of plan sponsor	HONEYWELL INTERNATIONAL INC.	c EIN-PN 22-2640650-341

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	HONEYWELL SAVINGS AND OWNERSHIP PLAN MASTER TRUST
b	Name of plan sponsor	HONEYWELL INTERNATIONAL INC.
c	EIN-PN	04-6736894-001
a	Plan name	HOWARD COUNTY GENERAL HOSPITAL INC CASH BALANCE PENSION PLAN
b	Name of plan sponsor	HOWARD COUNTY GENERAL HOSPITAL INC
c	EIN-PN	52-2093120-001
a	Plan name	HOWMET AEROSPACE HOURLY RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HOWMET AEROSPACE INC.
c	EIN-PN	25-0317820-008
a	Plan name	HOWMET AEROSPACE SALARIED RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HOWMET AEROSPACE INC.
c	EIN-PN	25-0317820-007
a	Plan name	HOWMET AEROSPACE SAVINGS PLANS MASTER TRUST
b	Name of plan sponsor	HOWMET AEROSPACE INC.
c	EIN-PN	25-0317820-003
a	Plan name	HP INC. 401(K) PLAN
b	Name of plan sponsor	HP INC.
c	EIN-PN	94-1081436-004
a	Plan name	HP INC. DEFERRED PROFIT-SHARING PLAN
b	Name of plan sponsor	HP INC.
c	EIN-PN	94-1081436-001
a	Plan name	HP INC. PENSION PLAN
b	Name of plan sponsor	HP INC.
c	EIN-PN	94-1081436-003
a	Plan name	HSBC - NORTH AMERICA (U.S.) TAX REDUCTION INVESTMENT PLAN
b	Name of plan sponsor	HSBC NORTH AMERICA HOLDINGS INC
c	EIN-PN	23-2186091-005
a	Plan name	HUNTINGTON INGALLS INDUSTRIES, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST
b	Name of plan sponsor	HUNTINGTON INGALLS INDUSTRIES, INC .
c	EIN-PN	27-7028217-001
a	Plan name	HUNTON ANDREWS KURTH LLP RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HUNTON ANDREWS KURTH LLP
c	EIN-PN	54-0572269-003
a	Plan name	HURON CONSULTING GROUP RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	HURON CONSULTING GROUP, INC.
c	EIN-PN	01-0666114-001

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	HYDRIL COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	HYDRIL COMPANY	c EIN-PN 95-2777268-001
a	Plan name	HYDRO EXTRUSION USA LLC PENSION PLAN	
b	Name of plan sponsor	HYDRO EXTRUSION USA LLC	c EIN-PN 58-2216096-003
a	Plan name	I.B.E.W. LOCAL UNION NO. 357 PENSION TRUST FUND - PLAN B	
b	Name of plan sponsor	IBEW BOARD OF TRUSTEES FOR LOCAL N O 357 PENSION TRUST	c EIN-PN 88-6023284-002
a	Plan name	ICHOR SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ICHOR SYSTEMS, INC.	c EIN-PN 27-0980604-001
a	Plan name	RETIREMENT BENEFIT PLAN OF INDSPEC CHEMICAL CORPORATION FOR HOURLY-PA ID EMPLOYEES FOR PETROLIA, PA PLANT	
b	Name of plan sponsor	INDSPEC CHEMICAL CORP.	c EIN-PN 25-1720937-004
a	Plan name	RETIREMENT PLAN OF INDSPEC CHEMICAL CORPORATION FOR SALARIED EMPLOYEE S	
b	Name of plan sponsor	INDSPEC CHEMICAL CORP.	c EIN-PN 25-1720937-003
a	Plan name	INFINEUM PENSION PLAN	
b	Name of plan sponsor	INFINEUM USA INC.	c EIN-PN 74-2890923-001
a	Plan name	INFINEUM SAVINGS PLAN	
b	Name of plan sponsor	INFINEUM USA INC.	c EIN-PN 74-2890923-002
a	Plan name	INTEL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INTEL CORPORATION	c EIN-PN 94-1672743-003
a	Plan name	INTEL MINIMUM PENSION PLAN	
b	Name of plan sponsor	INTEL CORPORATION	c EIN-PN 94-1672743-002
a	Plan name	INTEL RETIREMENT CONTRIBUTION PLAN	
b	Name of plan sponsor	INTEL CORPORATION	c EIN-PN 94-1672743-001
a	Plan name	INTERMEC FSSP SPINOFF PLAN	
b	Name of plan sponsor	INTERMEC, INC. C/O HONEYWELL INTER NATIONAL INC.	c EIN-PN 95-4647021-007

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	INTERNATIONAL FLAVORS & FRAGRANCES INC. PENSION PLAN	
b	Name of plan sponsor	INTERNATIONAL FLAVORS AND FRAGRANC ES INC.	c EIN-PN 13-1432060-002
a	Plan name	INTERNATIONAL FOUNDATION EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	INTERNATIONAL FOUNDATION EMPLOYEE BENEFIT PLANS	c EIN-PN 39-1034021-003
a	Plan name	IRON WORKERS LOCAL NO. 25 PENSION PLAN	
b	Name of plan sponsor	IRON WORKERS LOCAL NO. 25 PENSION PLAN	c EIN-PN 38-6056780-001
a	Plan name	JACKSON NATIONAL LIFE INSURANCE COMPANY DEFINED CONTRIBUTION RETIREME NT PLAN	
b	Name of plan sponsor	JACKSON NATIONAL LIFE INSURANCE CO MPANY	c EIN-PN 38-1659835-001
a	Plan name	WITEL COMMUNICATIONS LLC PENSION PLAN	
b	Name of plan sponsor	JEFFERIES FINANCIAL GROUP INC	c EIN-PN 13-2615557-004
a	Plan name	JEFFERIES EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	JEFFERIES FINANCIAL GROUP, INC.	c EIN-PN 95-4719745-002
a	Plan name	JOCKEY INTERNATIONAL, INC. MASTER TRUST	
b	Name of plan sponsor	JOCKEY INTERNATIONAL INC	c EIN-PN 39-0224670-001
a	Plan name	EMPLOYEES RETIREMENT PLAN OF JOHN WILEY & SONS, INC.	
b	Name of plan sponsor	JOHN WILEY & SONS INC.	c EIN-PN 13-5593032-001
a	Plan name	THE JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC REPRESENTED EMPLOYEES PE NSION PLAN	
b	Name of plan sponsor	JOHNS HOPKINS BAYVIEW MEDICAL CENT ER INC	c EIN-PN 52-1341890-002
a	Plan name	JOHNS HOPKINS HEALTH SYSTEM MASTER TRUST	
b	Name of plan sponsor	JOHNS HOPKINS HEALTH SYSTEM CORPOR ATION	c EIN-PN 47-4071063-002
a	Plan name	DISTRICT 1199SEIU- THE JOHNS HOPKINS HOSPITAL PENSION PLAN	
b	Name of plan sponsor	JOHNS HOPKINS HOSPITAL	c EIN-PN 52-0591656-003
a	Plan name	JOHNS HOPKINS UNIVERSITY SUPPORT STAFF PENSION PLAN	
b	Name of plan sponsor	JOHNS HOPKINS UNIVERSITY OFFICE OF BENEFITS SERVICES	c EIN-PN 52-0595110-002

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	JOHNSON CONTROLS SAVINGS AND INVESTMENT (401(K)) PLAN	
b Name of plan sponsor	JOHNSON CONTROLS INC	c EIN-PN 39-0380010-011
a Plan name	ALASKA ELECTRICAL PENSION PLAN	
b Name of plan sponsor	JOINT BOARD OF TRUSTEES OF ALASKA ELECTRICAL PENSION PLAN	c EIN-PN 92-6005171-001
a Plan name	CLEVELAND BAKERS AND TEAMSTERS PENSION FUND	
b Name of plan sponsor	JOINT BOT CLEVELAND BAKERS AND TEA MSTERS PENSION FUND	c EIN-PN 34-0904419-001
a Plan name	JOINT INDUSTRY BOARD EMPLOYEES' 401 (K) PLAN	
b Name of plan sponsor	JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY	c EIN-PN 13-0891035-002
a Plan name	JPMORGAN CHASE 401(K) SAVINGS PLAN	
b Name of plan sponsor	JP MORGAN CHASE BANK NATIONAL ASSO CIATION	c EIN-PN 13-4994650-002
a Plan name	JPMORGAN CHASE RETIREMENT PLAN	
b Name of plan sponsor	JP MORGAN CHASE BANK NATIONAL ASSO CIATION	c EIN-PN 13-4994650-001
a Plan name	KANSAS CITY LIFE INSURANCE COMPANY CASH BALANCE PENSION PLAN	
b Name of plan sponsor	KANSAS CITY LIFE INSURANCE COMPANY	c EIN-PN 44-0308260-001
a Plan name	KELLANOVA MASTER TRUST	
b Name of plan sponsor	KELLANOVA	c EIN-PN 38-0710690-006
a Plan name	KELLANOVA PRINGLES SAVINGS AND INVESTMENT PLAN	
b Name of plan sponsor	KELLANOVA	c EIN-PN 38-0710690-014
a Plan name	KELLANOVA SAVINGS AND INVESTMENT PLAN	
b Name of plan sponsor	KELLANOVA	c EIN-PN 38-0710690-001
a Plan name	KELLOGG COMPANY BAKERY, CONFECTIONARY, TOBACCO WORKERS & GRAIN MILLER S SAVINGS & INVESTMENT PLAN	
b Name of plan sponsor	KELLOGG COMPANY	c EIN-PN 38-0710690-002
a Plan name	KENNAMETAL INC. RETIREMENT INCOME PLAN	
b Name of plan sponsor	KENNAMETAL INC.	c EIN-PN 25-0900168-001

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	KEYCORP CONSOLIDATED CASH BALANCE PLAN	
b	Name of plan sponsor	KEYCORP	c EIN-PN 34-6542451-007
a	Plan name	KEYSIGHT TECHNOLOGIES, INC. DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYSIGHT TECHNOLOGIES, INC.	c EIN-PN 46-4254555-001
a	Plan name	KEYSIGHT TECHNOLOGIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KEYSIGHT TECHNOLOGIES, INC.	c EIN-PN 46-4254555-002
a	Plan name	KIMBERLY-CLARK CORPORATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KIMBERLY-CLARK CORPORATION	c EIN-PN 39-0394230-016
a	Plan name	KIMBERLY-CLARK CORPORATION PENSION PLAN	
b	Name of plan sponsor	KIMBERLY-CLARK CORPORATION	c EIN-PN 39-0394230-001
a	Plan name	KIRBY RISK CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	KIRBY RISK CORPORATION	c EIN-PN 35-0805247-001
a	Plan name	KOCH COMPANIES DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor	KOCH INDUSTRIES, INC.	c EIN-PN 25-6263968-001
a	Plan name	KOHLER CO. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KOHLER CO SUBSIDIARIES	c EIN-PN 39-0402810-007
a	Plan name	KOHLER CO. 401(K) SAVINGS PLAN FOR ADMINISTRATIVE ASSOCIATES	
b	Name of plan sponsor	KOHLER CO SUBSIDIARIES	c EIN-PN 39-0402810-006
a	Plan name	KOHLER CO. PENSION PLAN	
b	Name of plan sponsor	KOHLER CO SUBSIDIARIES	c EIN-PN 39-0402810-004
a	Plan name	KPMG PARTNER PENSION PLAN	
b	Name of plan sponsor	KPMG LLP	c EIN-PN 13-5565207-018
a	Plan name	KPMG PENSION PLAN	
b	Name of plan sponsor	KPMG LLP	c EIN-PN 13-5565207-016

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 REVISED PENSION PLAN FOR HOURLY RATED EMPLOYEES OF L3HARRIS CINCINNATI ELECTRONICS CORPORATION	
b	Name of plan sponsor L-3 COMMUNICATIONS CINCINNATI ELECTRONICS CORPORATION	c EIN-PN 31-0826926-030
a	Plan name L3HARRIS AVIATION PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor L3 AVIATION PRODUCTS, INC.	c EIN-PN 38-1865601-002
a	Plan name THE COOPERATIVE PENSION INCOME PLAN	
b	Name of plan sponsor L3 TECHNOLOGIES INC.	c EIN-PN 13-3937436-016
a	Plan name L3HARRIS RETIREMENT SAVINGS PLAN MASTER TRUST	
b	Name of plan sponsor L3HARRIS TECHNOLOGIES INC	c EIN-PN 22-3566412-101
a	Plan name EDO CORPORATION EMPLOYEES PENSION PLAN	
b	Name of plan sponsor L3HARRIS TECHNOLOGIES, INC.	c EIN-PN 34-0276860-020
a	Plan name L3HARRIS PENSION MASTER TRUST	
b	Name of plan sponsor L3HARRIS TECHNOLOGIES, INC.	c EIN-PN 36-6668234-300
a	Plan name L3HARRIS PENSION PLAN FOR EMPLOYEES AT THE PACIFIC MISSILE RANGE FACILITY	
b	Name of plan sponsor L3HARRIS TECHNOLOGIES, INC.	c EIN-PN 34-0276860-235
a	Plan name L3HARRIS PENSION PLAN FOR EMPLOYEES IN THE ELECTRONIC SYSTEMS/INTEGRATED ELECTRONIC WARFARE SYSTEMS BARGAINING UNIT	
b	Name of plan sponsor L3HARRIS TECHNOLOGIES, INC.	c EIN-PN 34-0276860-006
a	Plan name L3HARRIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor L3HARRIS TECHNOLOGIES, INC.	c EIN-PN 34-0276860-015
a	Plan name L3HARRIS SALARIED PENSION PLAN	
b	Name of plan sponsor L3HARRIS TECHNOLOGIES, INC.	c EIN-PN 34-0276860-001
a	Plan name LATHAM & WATKINS CASH BALANCE PLAN	
b	Name of plan sponsor LATHAM & WATKINS LLP	c EIN-PN 95-2018373-046
a	Plan name LAWRENCE LIVERMORE NATIONAL SECURITY, LLC AND TRIAD NATIONAL SECURITY, LLC DEFINED BENEFIT PENSION PLAN GROUP TRUST	
b	Name of plan sponsor LAWRENCE LIVERMORE NAT'L SECURITY, LLC AND TRIAD NAT'L SECURITY, LLC	c EIN-PN 26-6431956-001

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 LLNS DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor LAWRENCE LIVERMORE NATIONAL SECURITY, LLC	c EIN-PN 20-5624386-003
a	Plan name LENOVO SAVINGS PLAN	
b	Name of plan sponsor LENOVO (UNITED STATES) INC	c EIN-PN 52-2449153-002
a	Plan name EMPLOYEE SAVINGS & INVESTMENT PLAN OF LEVI STRAUSS & CO.	
b	Name of plan sponsor LEVI STRAUSS & CO.	c EIN-PN 94-0905160-022
a	Plan name LEVI STRAUSS & CO. EMPLOYEE LONG TERM INVESTMENT AND SAVINGS PLAN	
b	Name of plan sponsor LEVI STRAUSS & CO.	c EIN-PN 94-0905160-026
a	Plan name REVISED HOME OFFICE PENSION PLAN OF LEVI STRAUSS & CO.	
b	Name of plan sponsor LEVI STRAUSS & CO.	c EIN-PN 94-0905160-100
a	Plan name LIBERTY MUTUAL 401(K) PLAN	
b	Name of plan sponsor LIBERTY MUTUAL GROUP INC.	c EIN-PN 04-3583679-002
a	Plan name LIBERTY MUTUAL RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor LIBERTY MUTUAL GROUP INC.	c EIN-PN 04-3583679-001
a	Plan name LIBERTY MUTUAL RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor LIBERTY MUTUAL GROUP INC. AND LIBERTY MUTUAL AGENCY CORPORATION	c EIN-PN 27-4064359-001
a	Plan name SAVINGS PLAN FOR LILLY AFFILIATE EMPLOYEES IN PUERTO RICO	
b	Name of plan sponsor LILLY DEL CARIBE, INC.	c EIN-PN 98-0167031-004
a	Plan name 401(K) PLAN OF THE OFFICIALS, BUSINESS REPRESENTATIVES, OFFICE AND CLERICAL EMPLOYEES OF LOCAL UNION NO. 3, I.B.E.W. AFL-CIO	
b	Name of plan sponsor LOCAL UNION NO. 3, IBEW, AFL-CIO	c EIN-PN 13-5574127-099
a	Plan name LMC DEFINED CONTRIBUTION MASTER TRUST	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 04-3321934-002
a	Plan name LOCKHEED MARTIN AEROSPACE HOURLY PENSION PLAN	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-006

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 LOCKHEED MARTIN CORPORATION BASIC BENEFIT PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-021
a	Plan name LOCKHEED MARTIN CORPORATION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-019
a	Plan name LOCKHEED MARTIN CORPORATION CAPITAL ACCUMULATION PLAN FOR HOURLY EMPLOYEES	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-020
a	Plan name LOCKHEED MARTIN CORPORATION HOURLY EMPLOYEE SAVINGS PLAN PLUS	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-018
a	Plan name LOCKHEED MARTIN CORPORATION MASTER RETIREMENT TRUST	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 22-3546821-001
a	Plan name LOCKHEED MARTIN CORPORATION OPERATIONS SUPPORT SAVINGS PLAN	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-033
a	Plan name LOCKHEED MARTIN CORPORATION PENSION PLAN FOR EMPLOYEES IN PARTICIPATING BARGAINING UNITS	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-067
a	Plan name LOCKHEED MARTIN CORPORATION PENSION PLAN FOR SPECIFIED RETIREES	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-012
a	Plan name LOCKHEED MARTIN CORPORATION PERFORMANCE SHARING PLAN FOR BARGAINING EMPLOYEES	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-055
a	Plan name LOCKHEED MARTIN CORPORATION SALARIED EMPLOYEE RETIREMENT PROGRAM	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-001
a	Plan name LOCKHEED MARTIN CORPORATION SALARIED SAVINGS PLAN	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-017
a	Plan name RETIREMENT PLAN FOR CERTAIN REPRESENTED EMPLOYEES	
b	Name of plan sponsor LOCKHEED MARTIN CORPORATION	c EIN-PN 52-1893632-068

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 LUFTHANSA GERMAN AIRLINES PENSION PLAN FOR UNITED STATES EMPLOYEES	
b	Name of plan sponsor LUFTHANSA GERMAN AIRLINES	c EIN-PN 13-1789847-333
a	Plan name MACANDREWS & FORBES HOLDINGS INCORPORATED MASTER TRUST	
b	Name of plan sponsor MACANDREWS & FORBES HOLDINGS INCORPORATED.	c EIN-PN 36-7370049-001
a	Plan name MAIMONIDES MEDICAL CENTER PENSION PLAN	
b	Name of plan sponsor MAIMONIDES MEDICAL CENTER	c EIN-PN 11-1635081-005
a	Plan name MARATHON PETROLEUM MASTER RETIREMENT TRUST	
b	Name of plan sponsor MARATHON PETROLEUM COMPANY LP	c EIN-PN 46-6645355-101
a	Plan name MARATHON PETROLEUM RETIREMENT PLAN	
b	Name of plan sponsor MARATHON PETROLEUM COMPANY LP	c EIN-PN 31-1537655-001
a	Plan name DR. MARK LYNN, O.D. AND ASSOCIATES, P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARK LYNN, O.D. & ASSOCIATES, P.C.	c EIN-PN 14-1967045-001
a	Plan name MARS RETIREMENT PLAN	
b	Name of plan sponsor MARS, INCORPORATED	c EIN-PN 22-1594774-001
a	Plan name MARSH & MCLENNAN AGENCY 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor MARSH & MCLENNAN COMPANIES, INC.	c EIN-PN 36-2668272-006
a	Plan name MARSH & MCLENNAN COMPANIES 401(K) SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor MARSH & MCLENNAN COMPANIES, INC.	c EIN-PN 36-2668272-003
a	Plan name MARSH & MCLENNAN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor MARSH & MCLENNAN COMPANIES, INC.	c EIN-PN 36-2668272-001
a	Plan name MARSH & MCLENNAN MASTER RETIREMENT SAVINGS TRUST	
b	Name of plan sponsor MARSH & MCLENNAN COMPANIES, INC.	c EIN-PN 13-2854946-001
a	Plan name MARSHALL MEDICAL EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor MARSHALL MEDICAL CENTER	c EIN-PN 20-6019079-002

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	MARTIN MARIETTA SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	MARTIN MARIETTA MATERIALS, INC.	c EIN-PN 56-1848578-006
a	Plan name	PENSION PLAN FOR EMPLOYEES OF DARTMOUTH-HITCHCOCK	
b	Name of plan sponsor	MARY HITCHCOCK MEMORIAL HOSPITAL	c EIN-PN 02-0222140-001
a	Plan name	TRANSAMERICA ASSET MANAGEMENT, INC. COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor	MASSACHUSETTS FIDELITY TRUST CO	c EIN-PN 42-0947998-001
a	Plan name	MATTEL, INC. PERSONAL INVESTMENT PLAN	
b	Name of plan sponsor	MATTEL, INC.	c EIN-PN 95-1567322-002
a	Plan name	MCGRAW-HILL EDUCATION 401(K) PLAN	
b	Name of plan sponsor	MCGRAW HILL EDUCATION LLC	c EIN-PN 90-0942340-003
a	Plan name	MEDTRONIC PUERTO RICO EMPLOYEES' SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	MEDTRONIC PUERTO RICO OPERATIONS C OMPANY	c EIN-PN 98-0355534-001
a	Plan name	MEDTRONIC DEFINED CONTRIBUTION PLAN MASTER TRUST	
b	Name of plan sponsor	MEDTRONIC, INC.	c EIN-PN 41-0793183-006
a	Plan name	MEDTRONIC, INC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	MEDTRONIC, INC.	c EIN-PN 41-0793183-005
a	Plan name	MICHELIN NORTH AMERICA INC. MASTER RETIREMENT TRUST	
b	Name of plan sponsor	MICHELIN NORTH AMERICA INC	c EIN-PN 11-1724631-001
a	Plan name	MICRON TECHNOLOGY, INC. RETIREMENT AT MICRON (RAM) PLAN	
b	Name of plan sponsor	MICRON TECHNOLOGY, INC.	c EIN-PN 75-1618004-004
a	Plan name	MICROSOFT CORPORATION SAVINGS PLUS 401(K) PLAN	
b	Name of plan sponsor	MICROSOFT CORPORATION	c EIN-PN 91-1144442-001
a	Plan name	MIDAMERICAN ENERGY COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	MIDAMERICAN ENERGY COMPANY	c EIN-PN 42-1425214-001

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 MODELEZ GLOBAL LLC TIP PLAN	
b	Name of plan sponsor MONDELEZ GLOBAL LLC	c EIN-PN 38-3869170-001
a	Plan name MONDELEZ GLOBAL LLC MASTER DEFINED CONTRIBUTION TRUST	
b	Name of plan sponsor MONDELEZ GLOBAL LLC	c EIN-PN 90-0885649-001
a	Plan name MONDELEZ GLOBAL LLC THRIFT PLAN	
b	Name of plan sponsor MONDELEZ GLOBAL LLC	c EIN-PN 38-3869170-125
a	Plan name MORGAN STANLEY 401(K) PLAN	
b	Name of plan sponsor MORGAN STANLEY DOMESTIC HOLDINGS, INC.	c EIN-PN 20-8764829-003
a	Plan name MTD PRODUCTS INC. PENSION PLAN	
b	Name of plan sponsor MTD PRODUCTS INC.	c EIN-PN 06-1650267-302
a	Plan name MYMICHIGAN HEALTH EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor MYMICHIGAN HEALTH	c EIN-PN 38-2459948-001
a	Plan name NON-CONTRIBUTORY RETIREMENT PROGRAM FOR CERTAIN EMPLOYEES OF NATIONAL ACCOUNT SERVICE COMPANY	
b	Name of plan sponsor NATIONAL ACCOUNT SERVICE COMPANY	c EIN-PN 58-1767730-001
a	Plan name EMPLOYEES' RETIREMENT PLAN OF THE NATIONAL EDUCATION ASSOCIATION	
b	Name of plan sponsor NATIONAL EDUCATION ASSOCIATION OF THE UNITED STATES, INC.	c EIN-PN 53-0115260-333
a	Plan name NATIONAL FUEL GAS COMPANY RETIREMENT PLAN	
b	Name of plan sponsor NATIONAL FUEL GAS COMPANY	c EIN-PN 13-1086010-001
a	Plan name EMPLOYEES' RETIREMENT PLAN OF THE NATIONAL GEOGRAPHIC SOCIETY	
b	Name of plan sponsor NATIONAL GEOGRAPHIC SOCIETY	c EIN-PN 53-0193519-001
a	Plan name KEYSPAN CORPORATION PENSION MASTER TRUST	
b	Name of plan sponsor NATIONAL GRID USA SERVICE COMPANY, INC.	c EIN-PN 04-1663150-002
a	Plan name KEYSPAN RETIREMENT PLAN	
b	Name of plan sponsor NATIONAL GRID USA SERVICE COMPANY, INC.	c EIN-PN 04-1663150-004

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	NATIONAL GRID USA COMPANIES' FINAL AVERAGE PAY PENSION PLAN	
b	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY, INC.	c EIN-PN 04-1663150-003
a	Plan name	RETIREMENT INCOME PLAN OF KEYSpan CORPORATION	
b	Name of plan sponsor	NATIONAL GRID USA SERVICE COMPANY, INC.	c EIN-PN 04-1663150-008
a	Plan name	FRESENIUS MEDICAL CARE NORTH AMERICA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NATIONAL MEDICAL CARE, INC.	c EIN-PN 04-2835488-002
a	Plan name	NTESS SAVINGS AND INCOME PLAN	
b	Name of plan sponsor	NATIONAL TECHNOLOGY & ENGINEERING SOLUTIONS OF SANDIA LLC (NTESS)	c EIN-PN 85-0097942-008
a	Plan name	RETIREMENT & SECURITY PROGRAM FOR EMPLOYEES OF NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION AND ITS MEMBERS	
b	Name of plan sponsor	NATIONAL TELECOMMUNICATIONS COOPERATIVE ASSOCIATION	c EIN-PN 52-0741336-333
a	Plan name	NATWEST MARKETS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NATWEST MARKETS PLC	c EIN-PN 13-1898944-002
a	Plan name	NECA-IBEW PENSION TRUST FUND	
b	Name of plan sponsor	NECA-IBEW PENSION TRUST FUND	c EIN-PN 51-6029903-001
a	Plan name	THE NEW YORK TIMES COMPANIES PENSION PLAN	
b	Name of plan sponsor	NEW YORK TIMES COMPANY	c EIN-PN 13-1102020-010
a	Plan name	NEWELL BRANDS CONSOLIDATED PENSION PLAN	
b	Name of plan sponsor	NEWELL OPERATING COMPANY	c EIN-PN 36-1953130-001
a	Plan name	NEXTERA ENERGY, INC. EMPLOYEE PENSION PLAN	
b	Name of plan sponsor	NEXTERA ENERGY, INC.	c EIN-PN 59-2449419-001
a	Plan name	NEXTERA ENERGY, INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NEXTERA ENERGY, INC.	c EIN-PN 59-2449419-002
a	Plan name	NISOURCE INC. MASTER RETIREMENT TRUST	
b	Name of plan sponsor	NISOURCE INC.	c EIN-PN 36-6968911-001

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 LUCENT TECHNOLOGIES INC. MASTER PENSION TRUST	
b	Name of plan sponsor NOKIA OF AMERICA CORPORATION	c EIN-PN 22-3463544-001
a	Plan name NOKIA SAVINGS/401(K) PLAN	
b	Name of plan sponsor NOKIA OF AMERICA CORPORATION	c EIN-PN 22-3408857-003
a	Plan name RETIREMENT PLAN OF THE NORFOLK SOUTHERN AND PORTSMOUTH BELT LINE RAIL ROAD COMPANY	
b	Name of plan sponsor NORFOLK AND PORTSMOUTH BELT LINE R AILROAD COMPANY	c EIN-PN 54-6000599-002
a	Plan name NORFOLK SOUTHERN CORPORATION AND PARTICIPATING SUBSIDIARY COMPANIES' RETIREMENT PLAN	
b	Name of plan sponsor NORFOLK SOUTHERN CORPORATION	c EIN-PN 52-1188014-001
a	Plan name NORTHSIDE HOSPITAL, INC. PENSION PLAN	
b	Name of plan sponsor NORTHSIDE HOSPITAL, INC.	c EIN-PN 58-1954432-001
a	Plan name NORTHWEST NATURAL GAS CO. RETIREMENT K SAVINGS PLAN	
b	Name of plan sponsor NORTHWEST NATURAL GAS COMPANY	c EIN-PN 93-0256722-008
a	Plan name NRG ENERGY MASTER RETIREMENT TRUST	
b	Name of plan sponsor NRG ENERGY, INC.	c EIN-PN 41-1724239-001
a	Plan name NUCO2 MANAGEMENT LLC 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor NUCO2 MANAGEMENT LLC	c EIN-PN 26-2040986-002
a	Plan name NV ENERGY RETIREMENT PLAN	
b	Name of plan sponsor NV ENERGY INC.	c EIN-PN 88-0198358-001
a	Plan name OCCIDENTAL CHEMICAL CORPORATION RETIREMENT PLAN FOR NIAGARA HOURLY UN ION EMPLOYEES	
b	Name of plan sponsor OCCIDENTAL CHEMICAL CORPORATION	c EIN-PN 16-0484732-042
a	Plan name OXY CONSOLIDATED HOURLY PENSION PLAN	
b	Name of plan sponsor OCCIDENTAL CHEMICAL CORPORATION	c EIN-PN 16-0484732-045
a	Plan name OXYCHEM ALKALI PENSION PLAN FOR HOURLY-RATED EMPLOYEES	
b	Name of plan sponsor OCCIDENTAL CHEMICAL CORPORATION	c EIN-PN 16-0484732-057

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 OXYCHEM PENSION PLAN FOR UNION REPRESENTED EMPLOYEES	
b	Name of plan sponsor OCCIDENTAL CHEMICAL CORPORATION	c EIN-PN 16-0484732-070
a	Plan name OCCIDENTAL OIL AND GAS CONSOLIDATED RETIREMENT PLAN	
b	Name of plan sponsor OCCIDENTAL PETROLEUM CORPORATION	c EIN-PN 95-4035997-071
a	Plan name OCCIDENTAL PETROLEUM CORPORATION MASTER RETIREMENT PLAN TRUST	
b	Name of plan sponsor OCCIDENTAL PETROLEUM CORPORATION M ASTER RETIREMENT PLAN TRUST	c EIN-PN 36-3055057-100
a	Plan name OSD MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor OFFICE OF THE SPECIAL DEPUTY RECEI VER (OSD)	c EIN-PN 36-3757445-001
a	Plan name FIRSTENERGY CORPORATION MASTER RETIREMENT TRUST	
b	Name of plan sponsor OHIO EDISON COMPANY	c EIN-PN 34-0437786-001
a	Plan name OHIO OPERATING ENGINEERS HEALTH & WELFARE STAFF EMPLOYEES PENSION PLA N	
b	Name of plan sponsor OHIO OPERATING ENGINEERS HEALTH WE LFARE PLAN	c EIN-PN 31-4446857-001
a	Plan name OHIO OPERATING ENGINEERS PENSION FUND	
b	Name of plan sponsor OHIO OPERATING ENGINEERS PENSION P LAN	c EIN-PN 31-6129968-001
a	Plan name ORRICK, HERRINGTON & SUTCLIFFE LLP PARTNERS PENSION PLAN	
b	Name of plan sponsor ORRICK, HERRINGTON & SUTCLIFFE LLP	c EIN-PN 94-2952627-006
a	Plan name OWENS CORNING MERGED RETIREMENT PLAN	
b	Name of plan sponsor OWENS CORNING	c EIN-PN 43-2109021-001
a	Plan name PACIFIC GAS AND ELECTRIC COMPANY RETIREMENT PLAN	
b	Name of plan sponsor PACIFIC GAS AND ELECTRIC COMPANY	c EIN-PN 94-0742640-001
a	Plan name PG&E CORPORATION RETIREMENT MASTER TRUST	
b	Name of plan sponsor PACIFIC GAS AND ELECTRIC COMPANY	c EIN-PN 94-6222282-002
a	Plan name PACIFICORP RETIREMENT PLAN	
b	Name of plan sponsor PACIFICORP	c EIN-PN 93-0246090-001

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 PACIFICORP RETIREMENT PLAN II	
b	Name of plan sponsor PACIFICORP	c EIN-PN 93-0246090-002
a	Plan name PARAMOUNT GLOBAL 401(K) PLAN	
b	Name of plan sponsor PARAMOUNT GLOBAL	c EIN-PN 04-2949533-002
a	Plan name HUNTINGTON MEMORIAL HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor PASADENA HOSPITAL ASSOCIATION, LTD .	c EIN-PN 95-1644036-001
a	Plan name PASADENA REFINING SYSTEM, INC. RETIREMENT PLAN	
b	Name of plan sponsor PASADENA REFINING SYSTEM, INC.	c EIN-PN 06-1513158-003
a	Plan name PEAPOD DIGITAL LABS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PEAPOD DIGITAL LABS, LLC	c EIN-PN 35-2633141-001
a	Plan name PEAPOD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PEAPOD, LLC	c EIN-PN 36-4118175-001
a	Plan name PENNSYLVANIA STATE EDUCATION ASSOCIATION PENSION PLAN	
b	Name of plan sponsor PENNSYLVANIA STATE EDUCATION ASSOC IATION	c EIN-PN 23-0961125-001
a	Plan name PEPSICO EMPLOYEES RETIREMENT PLAN A	
b	Name of plan sponsor PEPSICO, INC.	c EIN-PN 13-1584302-102
a	Plan name PEPSICO EMPLOYEES RETIREMENT PLAN H	
b	Name of plan sponsor PEPSICO, INC.	c EIN-PN 13-1584302-121
a	Plan name PEPSICO EMPLOYEES RETIREMENT PLAN I	
b	Name of plan sponsor PEPSICO, INC.	c EIN-PN 13-1584302-004
a	Plan name PEPSICO, INC. DEFINED BENEFIT MASTER TRUST	
b	Name of plan sponsor PEPSICO, INC.	c EIN-PN 41-2205169-120
a	Plan name PEPSICO, INC. DEFINED CONTRIBUTION PLANS MASTER TRUST	
b	Name of plan sponsor PEPSICO, INC.	c EIN-PN 04-3483429-211

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	VENCORE INC. PENSION PLAN	
b Name of plan sponsor	PERATON SOLUTIONS INC.	c EIN-PN 90-0622583-002
a Plan name	HALEON PUERTO RICO 401(K) PLAN	
b Name of plan sponsor	PF CONSUMER HEALTHCARE B.V. (PUERTO RICO OPERATIONS) LLC	c EIN-PN 98-1432376-002
a Plan name	PFIZER SAVINGS PLAN	
b Name of plan sponsor	PFIZER INC	c EIN-PN 13-5315170-002
a Plan name	WYETH UNION SAVINGS PLAN	
b Name of plan sponsor	PFIZER INC	c EIN-PN 13-5315170-017
a Plan name	PNM RESOURCES, INC. EMPLOYEES RETIREMENT PLAN	
b Name of plan sponsor	PNM RESOURCES, INC.	c EIN-PN 85-0468296-001
a Plan name	PPG INDUSTRIES, INC. EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	PPG INDUSTRIES, INC.	c EIN-PN 25-0730780-384
a Plan name	PPG INDUSTRIES, INC. PENSION PLAN TRUST	
b Name of plan sponsor	PPG INDUSTRIES, INC.	c EIN-PN 25-0730780-001
a Plan name	PROCTER & GAMBLE MASTER RETIREMENT PLAN	
b Name of plan sponsor	PROCTER & GAMBLE COMPANY	c EIN-PN 31-0411980-012
a Plan name	PROCTER & GAMBLE PROFIT SHARING TRUST & EMPLOYEE STOCK OWNERSHIP PLAN	
b Name of plan sponsor	PROCTER & GAMBLE COMPANY	c EIN-PN 31-0411980-002
a Plan name	PROCTER & GAMBLE SAVINGS PLAN	
b Name of plan sponsor	PROCTER & GAMBLE COMPANY	c EIN-PN 31-0411980-042
a Plan name	PROCTER & GAMBLE PUERTO RICO PENSION PLAN	
b Name of plan sponsor	PROCTER AND GAMBLE COMMERCIAL LLC	c EIN-PN 66-0676831-003
a Plan name	PENSION PLAN OF PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	
b Name of plan sponsor	PUBLIC SERVICE ENTERPRISE GROUP INCORPORATED	c EIN-PN 22-2625848-001

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	TODD SHIPYARDS CORPORATION RETIREMENT SYSTEM	
b	Name of plan sponsor	PUGET SOUND COMMERCE CENTER, INC.	c EIN-PN 91-1506719-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF PUGET SOUND ENERGY, INC.	
b	Name of plan sponsor	PUGET SOUND ENERGY, INC.	c EIN-PN 91-0374630-001
a	Plan name	PVH CORP. PENSION MASTER TRUST	
b	Name of plan sponsor	PVH CORP.	c EIN-PN 26-0075089-022
a	Plan name	PVH PENSION PLAN	
b	Name of plan sponsor	PVH CORP.	c EIN-PN 13-1166910-008
a	Plan name	DOMINION QUESTAR CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	QUESTAR CORPORATION	c EIN-PN 87-0407509-001
a	Plan name	REGIONS FINANCIAL CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	REGIONS FINANCIAL CORPORATION	c EIN-PN 63-0589368-001
a	Plan name	REGIONS FINANCIAL CORPORATION RETIREMENT PLAN FOR ASSOCIATES	
b	Name of plan sponsor	REGIONS FINANCIAL CORPORATION	c EIN-PN 63-0589368-013
a	Plan name	REGIONS HOSPITAL RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	REGIONS HOSPITAL	c EIN-PN 41-0956618-001
a	Plan name	TRUST ADVISORS PORTFOLIO PROGRAM, SERIES SEVEN	
b	Name of plan sponsor	RELIANCE TRUST COMPANY	c EIN-PN 46-6318721-007
a	Plan name	RESOLUTE FP US SAVINGS PLAN	
b	Name of plan sponsor	RESOLUTE FP US INC.	c EIN-PN 62-0721803-002
a	Plan name	RETAIL BUSINESS SERVICES AND AFFILIATES DEFINED CONTRIBUTION PLANS MA STER TRUST	
b	Name of plan sponsor	RETAIL BUSINESS SERVICES LLC	c EIN-PN 27-3756754-002
a	Plan name	RETAIL BUSINESS SERVICES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RETAIL BUSINESS SERVICES LLC	c EIN-PN 27-3756754-001

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 REUTERS GUILD 401(K) PENSION PLAN	
b	Name of plan sponsor REUTERS AMERICA LLC	c EIN-PN 13-3320829-004
a	Plan name REVLON - UAW PENSION PLAN	
b	Name of plan sponsor REVLON CONSUMER PRODUCTS CORPORATI ON	c EIN-PN 13-3662953-065
a	Plan name REVLON EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor REVLON CONSUMER PRODUCTS CORPORATI ON	c EIN-PN 13-3662953-001
a	Plan name HOWMET AEROSPACE NILES BARGAINING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RMI TITANIUM CO LLC	c EIN-PN 31-0875005-014
a	Plan name ROCHE U.S. RETIREMENT PLANS MASTER TRUST	
b	Name of plan sponsor ROCHE HOLDING AG	c EIN-PN 90-1131832-002
a	Plan name SAVINGS PLAN FOR ASSOCIATES OF ROCHE OPERATIONS, LTD.	
b	Name of plan sponsor ROCHE OPERATIONS LTD	c EIN-PN 66-0446098-001
a	Plan name RETIREMENT INCOME PLAN FOR SALARIED EMPLOYEES OF ROCKEFELLER GROUP IN TERNATIONAL, INC.	
b	Name of plan sponsor ROCKEFELLER GROUP INTERNATIONAL IN C.	c EIN-PN 13-3975924-001
a	Plan name ROUNDY'S SUPERMARKET, INC. RETIREMENT PLAN	
b	Name of plan sponsor ROUNDYS SUPERMARKETS INC.	c EIN-PN 39-0854535-001
a	Plan name PENTEGRA RETIREMENT TRUST	
b	Name of plan sponsor RSI RETIREMENT TRUST	c EIN-PN 11-1805969-001
a	Plan name RUSSELL INVESTMENTS TRUST COMPANY COMMINGLED EMPLOYEE BENEFITS FUNDS TRUST	
b	Name of plan sponsor RUSSELL INVESTMENTS TRUST COMPANY	c EIN-PN 91-1117282-001
a	Plan name EMPLOYEE RETIREMENT PLAN OF S&P GLOBAL INC. AND ITS SUBSIDIARIES	
b	Name of plan sponsor S&P GLOBAL INC.	c EIN-PN 13-1026995-001
a	Plan name THE 401(K) SAVINGS AND PROFIT SHARING PLAN OF S&P GLOBAL INC. AND ITS SUBSIDIARIES	
b	Name of plan sponsor S&P GLOBAL INC.	c EIN-PN 13-1026995-002

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	SABRE INC. LEGACY PENSION PLAN	
b	Name of plan sponsor	SABRE GBL INC.	c EIN-PN 75-2109502-001
a	Plan name	SAFEWAY 401(K) PLAN	
b	Name of plan sponsor	SAFEWAY, INC.	c EIN-PN 94-3019135-002
a	Plan name	ZOOLOGICAL SOCIETY OF SAN DIEGO RESTATED PENSION PLAN FOR NON-UNION EMPLOYEES	
b	Name of plan sponsor	SAN DIEGO ZOO WILDLIFE ALLIANCE	c EIN-PN 95-1648219-001
a	Plan name	ZOOLOGICAL SOCIETY OF SAN DIEGO RESTATED PENSION PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor	SAN DIEGO ZOO WILDLIFE ALLIANCE	c EIN-PN 95-1648219-002
a	Plan name	SANOFI PUERTO RICO GROUP SAVINGS PLAN	
b	Name of plan sponsor	SANOFI-AVENTIS PUERTO RICO INC.	c EIN-PN 66-0375069-001
a	Plan name	SANOFI U.S. GROUP SAVINGS MASTER TRUST	
b	Name of plan sponsor	SANOFI-AVENTIS U.S. LLC	c EIN-PN 26-3494110-001
a	Plan name	SANOFI U.S. GROUP SAVINGS PLAN	
b	Name of plan sponsor	SANOFI-AVENTIS U.S. LLC	c EIN-PN 36-4406953-005
a	Plan name	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	c EIN-PN 32-0255508-334
a	Plan name	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC MULTIPLE EMPLOYER PENSION PLAN	
b	Name of plan sponsor	SAVANNAH RIVER NUCLEAR SOLUTIONS, LLC	c EIN-PN 61-1565172-001
a	Plan name	SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION PLAN	
b	Name of plan sponsor	SAVINGS BANKS EMPLOYEES RETIREMENT ASSOCIATION	c EIN-PN 04-2004337-001
a	Plan name	SCANA CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	SCANA CORPORATION	c EIN-PN 57-0784499-001
a	Plan name	SCHWAN'S COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SCHWAN'S SHARED SERVICES, LLC	c EIN-PN 81-0572771-001

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 BENEFIT FUNDS INVESTMENT TRUST	
b	Name of plan sponsor SEI TRUST COMPANY	c EIN-PN 47-4340154-083
a	Plan name RETIREMENT INCOME PLAN FOR SELECTIVE INSURANCE COMPANY OF AMERICA	
b	Name of plan sponsor SELECTIVE INSURANCE COMPANY OF AMERICA	c EIN-PN 22-1272390-003
a	Plan name SH GROUP, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor SH GROUP, INC.	c EIN-PN 42-1687433-003
a	Plan name SHAW'S SUPERMARKETS, INC. PENSION PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor SHAW'S SUPERMARKETS, INC.	c EIN-PN 04-1123420-002
a	Plan name SHELL PENSION PLAN	
b	Name of plan sponsor SHELL OIL COMPANY	c EIN-PN 13-1299890-001
a	Plan name SHELL PROVIDENT FUND	
b	Name of plan sponsor SHELL OIL COMPANY	c EIN-PN 13-1299890-002
a	Plan name SHENANGO INCORPORATED PENSION PLAN	
b	Name of plan sponsor SHENANGO, LLC	c EIN-PN 25-1104158-001
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF SHOP-RITE INC.	
b	Name of plan sponsor SHOP-RITE INC.	c EIN-PN 39-1134847-001
a	Plan name SHRINERS HOSPITAL FOR CHILDREN EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor SHRINERS HOSPITALS FOR CHILDREN	c EIN-PN 36-2193608-001
a	Plan name MASTER TRUST FOR SIEMENS PENSION PLANS	
b	Name of plan sponsor SIEMENS CORPORATION	c EIN-PN 13-3406827-001
a	Plan name MASTER TRUST FOR SIEMENS SAVINGS PLANS	
b	Name of plan sponsor SIEMENS CORPORATION	c EIN-PN 22-6712952-001
a	Plan name SIEMENS CORPORATION SAVINGS PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor SIEMENS CORPORATION	c EIN-PN 13-2623356-024

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 SIEMENS PENSION PLAN	
b	Name of plan sponsor SIEMENS CORPORATION	c EIN-PN 13-2623356-001
a	Plan name SIEMENS PENSION PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor SIEMENS CORPORATION	c EIN-PN 13-2623356-028
a	Plan name SIEMENS SAVINGS PLAN	
b	Name of plan sponsor SIEMENS CORPORATION	c EIN-PN 13-2623356-002
a	Plan name SIEMENS SAVINGS PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor SIEMENS CORPORATION	c EIN-PN 13-2623356-016
a	Plan name SIGNIFY NORTH AMERICA CORPORATION PENSION PLAN	
b	Name of plan sponsor SIGNIFY NORTH AMERICA CORPORATION	c EIN-PN 04-3391805-003
a	Plan name SIMPSON EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor SIMPSON INVESTMENT COMPANY	c EIN-PN 91-1940130-002
a	Plan name FARMLAND FOODS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor SMITHFIELD FOODS, INC.	c EIN-PN 52-0845861-005
a	Plan name SMITHFIELD FOODS HOURLY PENSION PLAN	
b	Name of plan sponsor SMITHFIELD FOODS, INC.	c EIN-PN 52-0845861-003
a	Plan name SMITHFIELD FOODS SALARIED PENSION PLAN	
b	Name of plan sponsor SMITHFIELD FOODS, INC.	c EIN-PN 52-0845861-001
a	Plan name SMITHS GROUP PENSION PLAN	
b	Name of plan sponsor SMITHS GROUP SERVICES CORPORATION	c EIN-PN 22-3015350-001
a	Plan name SNELL & WILMER PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor SNELL & WILMER L.L.P.	c EIN-PN 86-0089731-001
a	Plan name SOLUTIA INC. EMPLOYEES PENSION PLAN	
b	Name of plan sponsor SOLUTIA INC.	c EIN-PN 43-1781797-001

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 SONY USA 401(K) PLAN	
b	Name of plan sponsor SONY CORPORATION OF AMERICA	c EIN-PN 13-1914734-002
a	Plan name RETIREMENT PLAN FOR EMPLOYEES OF SOUTH NASSAU COMMUNITIES HOSPITAL	
b	Name of plan sponsor SOUTH NASSAU COMMUNITIES HOSPITAL	c EIN-PN 11-1352310-001
a	Plan name SOUTHEASTERN PENNSYLVANIA TRANSPORTATION AUTHORITY PENSION PLAN	
b	Name of plan sponsor SOUTHEASTERN PENNSYLVANIA TRANSPORTATION AUTHORITY	c EIN-PN 23-1642972-001
a	Plan name EDISON 401(K) SAVINGS PLAN	
b	Name of plan sponsor SOUTHERN CALIFORNIA EDISON COMPANY	c EIN-PN 95-1240335-002
a	Plan name SOUTHERN CALIFORNIA EDISON COMPANY RETIREMENT PLAN TRUST	
b	Name of plan sponsor SOUTHERN CALIFORNIA EDISON COMPANY	c EIN-PN 95-1240335-004
a	Plan name THE SOUTHERN COMPANY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor SOUTHERN COMPANY SERVICES, INC.	c EIN-PN 63-0274273-002
a	Plan name NORTH ATLANTIC STATES CARPENTERS ANNUITY FUND	
b	Name of plan sponsor SOUTHERN NEW ENGLAND CARPENTERS ANNUITY PLAN	c EIN-PN 06-1308364-001
a	Plan name SOUTHWEST AIRLINES PILOTS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SOUTHWEST AIRLINES CO.	c EIN-PN 74-1563240-003
a	Plan name SOWASH OPTOMETRY GROUP P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SOWASH OPTOMETRY GROUP PC	c EIN-PN 20-5122462-001
a	Plan name SPEEDWAY RETIREMENT PLAN	
b	Name of plan sponsor SPEEDWAY LLC	c EIN-PN 31-1551430-007
a	Plan name STANDEX INTERNATIONAL CORPORATION PENSION PLANS	
b	Name of plan sponsor STANDEX INTERNATIONAL CORPORATION	c EIN-PN 31-0596149-001
a	Plan name STATE AUTO INSURANCE COMPANIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STATE AUTO PROPERTY & CASUALTY INSURANCE	c EIN-PN 57-6010814-004

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 GMAM GROUP PENSION TRUST II	
b	Name of plan sponsor STATE STREET BANK AND TRUST COMPAN Y	c EIN-PN 02-0615827-001
a	Plan name STEEL DYNAMICS, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor STEEL DYNAMICS, INC.	c EIN-PN 35-1929476-001
a	Plan name STP NUCLEAR OPERATING COMPANY RETIREMENT PLAN	
b	Name of plan sponsor STP NUCLEAR OPERATING COMPANY	c EIN-PN 76-0517597-001
a	Plan name SUBURBAN HOSPITAL INC RETIREMENT INCOME PLAN	
b	Name of plan sponsor SUBURBAN HOSPITAL INCORPORATED	c EIN-PN 52-0610545-001
a	Plan name SUPERVALU INC. MASTER INVESTMENT TRUST	
b	Name of plan sponsor SUPERVALU INC.	c EIN-PN 41-0617000-105
a	Plan name SUPERVALU INC. RETIREMENT PLAN	
b	Name of plan sponsor SUPERVALU INC.	c EIN-PN 41-0617000-002
a	Plan name SWISS RE GROUP US EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor SWISS RE AMERICA HOLDING CORPORATI ON	c EIN-PN 13-2761364-002
a	Plan name SYNCHRONY FINANCIAL MY SAVINGS PLAN	
b	Name of plan sponsor SYNCHRONY FINANCIAL	c EIN-PN 51-0483352-001
a	Plan name TARGET CORPORATION 401K PLAN	
b	Name of plan sponsor TARGET CORPORATION	c EIN-PN 41-0215170-002
a	Plan name TARGET CORPORATION MASTER 401(K) TRUST	
b	Name of plan sponsor TARGET CORPORATION	c EIN-PN 41-0215170-005
a	Plan name TARGET CORPORATION MASTER PENSION TRUST	
b	Name of plan sponsor TARGET CORPORATION	c EIN-PN 41-0215170-001
a	Plan name TARGET CORPORATION VENTURES 401(K) PLAN	
b	Name of plan sponsor TARGET CORPORATION	c EIN-PN 41-0215170-004

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	TEGNA RETIREMENT PLAN
b	Name of plan sponsor	TEGNA INC.
c	EIN-PN	16-0442930-009
a	Plan name	TEMPLE-INLAND RETIREMENT PLAN
b	Name of plan sponsor	TEMPLE-INLAND INC.
c	EIN-PN	75-1462427-100
a	Plan name	TEXAS CHILDREN'S HOSPITAL CASH BALANCE PENSION PLAN
b	Name of plan sponsor	TEXAS CHILDREN'S
c	EIN-PN	76-0461578-001
a	Plan name	TEXAS INSTRUMENTS INCORPORATED DEFINED CONTRIBUTION PLAN MASTER TRUST
b	Name of plan sponsor	TEXAS INSTRUMENTS INCORPORATED
c	EIN-PN	22-3208002-001
a	Plan name	TI 401(K) SAVINGS PLAN
b	Name of plan sponsor	TEXAS INSTRUMENTS INCORPORATED
c	EIN-PN	75-0289970-017
a	Plan name	TI CONTRIBUTION AND 401(K) SAVINGS PLAN
b	Name of plan sponsor	TEXAS INSTRUMENTS INCORPORATED
c	EIN-PN	75-0289970-092
a	Plan name	TI EMPLOYEES PENSION PLAN
b	Name of plan sponsor	TEXAS INSTRUMENTS INCORPORATED
c	EIN-PN	75-0289970-006
a	Plan name	TEXAS-NEW MEXICO POWER COMPANY PENSION PLAN
b	Name of plan sponsor	TEXAS-NEW MEXICO POWER COMPANY
c	EIN-PN	75-0204070-001
a	Plan name	21ST CENTURY FOX AMERICA CONSOLIDATED SAVINGS PLAN
b	Name of plan sponsor	TFCF AMERICA, INC.
c	EIN-PN	13-3249610-006
a	Plan name	EMPLOYEE STOCK OWNERSHIP PLAN OF THE BANK OF NEW YORK COMPANY, INC.
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON CORPOR ATION
c	EIN-PN	13-2614959-003
a	Plan name	THE BANK OF NEW YORK MELLON CORPORATION 401(K) SAVINGS PLAN
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON CORPOR ATION
c	EIN-PN	13-2614959-004
a	Plan name	THE BANK OF NEW YORK MELLON CORPORATION RETIREMENT PLANS MASTER TRUST
b	Name of plan sponsor	THE BANK OF NEW YORK MELLON CORPOR ATION
c	EIN-PN	26-4392425-001

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	THE GIANT COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE GIANT COMPANY LLC	c EIN-PN 25-1869011-001
a	Plan name	GLENMEDE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	THE GLENMEDE CORPORATION	c EIN-PN 23-2228772-001
a	Plan name	GOLDMAN SACHS EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	THE GOLDMAN SACHS GROUP, INC.	c EIN-PN 13-4019460-002
a	Plan name	THE GOLDMAN SACHS 401(K) PLAN	
b	Name of plan sponsor	THE GOLDMAN SACHS GROUP, INC.	c EIN-PN 13-4019460-001
a	Plan name	HEARST CORPORATION MASTER TRUST FOR PENSION AND PROFIT SHARING PLANS	
b	Name of plan sponsor	THE HEARST CORPORATION	c EIN-PN 13-3691321-001
a	Plan name	THE HEARST CORPORATION BROADCAST RETIREMENT PLAN	
b	Name of plan sponsor	THE HEARST CORPORATION	c EIN-PN 13-0433120-049
a	Plan name	THE HEARST CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	THE HEARST CORPORATION	c EIN-PN 13-0433120-048
a	Plan name	HOME DEPOT, INC. MASTER TRUST	
b	Name of plan sponsor	THE HOME DEPOT INC	c EIN-PN 58-6245558-001
a	Plan name	JOHNS HOPKINS HEALTH SYSTEM CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	THE JOHNS HOPKINS HEALTH SYSTEM CO RPORATION	c EIN-PN 52-1465301-333
a	Plan name	THE KROGER CO. 401(K) RETIREMENT SAVINGS ACCOUNT PLAN	
b	Name of plan sponsor	THE KROGER CO.	c EIN-PN 31-0345740-010
a	Plan name	THE KROGER CO. DEFINED CONTRIBUTION PLAN MASTER TRUST	
b	Name of plan sponsor	THE KROGER CO.	c EIN-PN 31-0345740-009
a	Plan name	THE KROGER CO. MASTER RETIREMENT TRUST	
b	Name of plan sponsor	THE KROGER CO.	c EIN-PN 31-0345740-008

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 KROGER CONSOLIDATED RETIREMENT BENEFIT PLAN SPIN-OFF	
b	Name of plan sponsor	THE KROGER CO.	c EIN-PN 31-0345740-011
a	Plan name	NEIMAN MARCUS GROUP LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE NEIMAN MARCUS GROUP LLC	c EIN-PN 95-4119509-001
a	Plan name	NEIMAN MARCUS GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE NEIMAN MARCUS GROUP LLC	c EIN-PN 95-4119509-003
a	Plan name	OGILVY & MATHER ACCOUNT BALANCE DEFINED BENEFIT CONTINUATION PENSION PLAN	
b	Name of plan sponsor	THE OGILVY GROUP, LLC	c EIN-PN 13-2555496-005
a	Plan name	THE PERMANENTE CONTRIBUTION PLAN OF THE PERMANENTE MEDICAL GROUP, INC.	
b	Name of plan sponsor	THE PERMANENTE MEDICAL GROUP, INC.	c EIN-PN 94-2728480-040
a	Plan name	THE PERMANENTE MEDICAL GROUP, INC. MASTER TRUST	
b	Name of plan sponsor	THE PERMANENTE MEDICAL GROUP, INC.	c EIN-PN 94-2728480-050
a	Plan name	THE PERMANENTE MEDICAL GROUP, INC. SALARY DEFERRAL PLAN	
b	Name of plan sponsor	THE PERMANENTE MEDICAL GROUP, INC.	c EIN-PN 94-2728480-013
a	Plan name	THE PNC FINANCIAL SERVICES GROUP, INC. PENSION PLAN	
b	Name of plan sponsor	THE PNC FINANCIAL SERVICES GROUP, INC.	c EIN-PN 25-1435979-002
a	Plan name	THE PRUDENTIAL EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	THE PRUDENTIAL INSURANCE COMPANY O F AMERICA	c EIN-PN 22-1211670-002
a	Plan name	THE PRUDENTIAL MERGED RETIREMENT PLAN	
b	Name of plan sponsor	THE PRUDENTIAL INSURANCE COMPANY O F AMERICA	c EIN-PN 22-1211670-003
a	Plan name	STOP & SHOP SUPERMARKET RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THE STOP & SHOP SUPERMARKET COMPAN Y LLC	c EIN-PN 04-3061447-001
a	Plan name	THOMSON REUTERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THOMSON REUTERS HOLDINGS, INC.	c EIN-PN 06-1497995-002

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 FEDERAL EMPLOYEES' RETIREMENT THRIFT SAVINGS PLAN	
b	Name of plan sponsor THRIFT INVESTMENT BOARD	c EIN-PN 52-1529691-001
a	Plan name TIMES PUBLISHING PENSION PLAN	
b	Name of plan sponsor TIMES PUBLISHING COMPANY	c EIN-PN 59-0482470-001
a	Plan name TSYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TOTAL SYSTEM SERVICES, INC.	c EIN-PN 58-1493818-005
a	Plan name TOTALENERGIES FINANCE USA, INC. MASTER TRUST	
b	Name of plan sponsor TOTALENERGIES FINANCE USA, INC.	c EIN-PN 23-3060301-020
a	Plan name TRANSAMERICA RETIREMENT SOLUTIONS COLLECTIVE TRUST	
b	Name of plan sponsor TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION	c EIN-PN 04-6784256-001
a	Plan name RETIREMENT PLAN OF TRANSCONTINENTAL US LLC	
b	Name of plan sponsor TRANSCONTINENTAL US LLC	c EIN-PN 76-0678895-002
a	Plan name TRIAD DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor TRIAD NATIONAL SECURITY, LLC	c EIN-PN 82-3291283-003
a	Plan name TRIHEALTH INC. RETIREMENT PLAN	
b	Name of plan sponsor TRIHEALTH INC.	c EIN-PN 31-1438846-001
a	Plan name INSURANCE ORGANIZATIONS' PENSION TRUST (IOPT)	
b	Name of plan sponsor TRUSTEES OF THE INS ORGANIZATION P ENSION TRUST	c EIN-PN 13-6312183-001
a	Plan name MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	
b	Name of plan sponsor TRUSTEES OF THE MIDWEST OPERATING ENGINEERS PENSION TRUST FUND	c EIN-PN 36-6140097-001
a	Plan name TTT WEST COAST, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TTT WEST COAST, INC.	c EIN-PN 95-4448498-001
a	Plan name DISNEY HOURLY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor TWDC ENTERPRISES 18 CORP.	c EIN-PN 95-4545390-026

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	DISNEY RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	TWDC ENTERPRISES 18 CORP.
c	EIN-PN	95-4545390-015
a	Plan name	DISNEY SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	TWDC ENTERPRISES 18 CORP.
c	EIN-PN	95-4545390-011
a	Plan name	DISNEY SAVINGS PLAN MASTER TRUST
b	Name of plan sponsor	TWDC ENTERPRISES 18 CORP.
c	EIN-PN	95-4545390-003
a	Plan name	UNITED MINE WORKERS OF AMERICA 1974 PENSION PLAN
b	Name of plan sponsor	UMWA 1974 PENSION TRUST BOARD OF T RUSTEES
c	EIN-PN	52-1050282-002
a	Plan name	ANNUITY FUND OF THE UNIFORMED FIRE OFFICERS ASSOCIATION
b	Name of plan sponsor	UNIFORMED FIRE OFFICERS ASSOCIATIO N
c	EIN-PN	13-6304690-001
a	Plan name	PENSION PLAN FOR SALARIED EMPLOYEES OF UNION PACIFIC CORPORATION AND AFFILIATES
b	Name of plan sponsor	UNION PACIFIC CORPORATION
c	EIN-PN	13-2626465-001
a	Plan name	UNION PACIFIC CORPORATION MASTER RETIREMENT TRUST
b	Name of plan sponsor	UNION PACIFIC CORPORATION
c	EIN-PN	36-7045728-018
a	Plan name	UNISYS PENSION PLAN
b	Name of plan sponsor	UNISYS CORPORATION
c	EIN-PN	38-0387840-005
a	Plan name	UNISYS PENSION PLAN 2
b	Name of plan sponsor	UNISYS CORPORATION
c	EIN-PN	38-0387840-022
a	Plan name	UNITED MINE WORKERS OF AMERICA 1974 PENSION TRUST EMPLOYEES' PENSION TRUST
b	Name of plan sponsor	UNITED MINE WORKERS OF AMERICA 197 4 PENSION TRUST
c	EIN-PN	52-6150908-001
a	Plan name	UNFI 401(K) PLAN
b	Name of plan sponsor	UNITED NATURAL FOODS, INC.
c	EIN-PN	05-0376157-004
a	Plan name	THE TEAMSTER-UPS NATIONAL 401(K) TAX DEFERRED SAVINGS PLAN
b	Name of plan sponsor	UNITED PARCEL SERVICE OF AMERICA, INC.
c	EIN-PN	95-1732075-003

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 UPS GROUP TRUST	
b	Name of plan sponsor UNITED PARCEL SERVICE OF AMERICA, INC.	c EIN-PN 35-2371556-001
a	Plan name USAA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UNITED SERVICES AUTOMOBILE ASSOCIA TION	c EIN-PN 74-0959140-002
a	Plan name UNIVERSITY HOSPITALS HEALTH SYSTEM, INC. RETIREMENT PLAN	
b	Name of plan sponsor UNIVERSITY HOSPITALS HEALTH SYSTEM , INC.	c EIN-PN 34-0714775-333
a	Plan name UNIVERSITY OF SOUTHERN CALIFORNIA SUPPORT STAFF RETIREMENT PLAN	
b	Name of plan sponsor UNIVERSITY OF SOUTHERN CALIFORNIA	c EIN-PN 95-1642394-004
a	Plan name UNUM GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor UNUM GROUP	c EIN-PN 62-1598430-002
a	Plan name U.S. BANK DEFINED BENEFIT PENSION PLANS MASTER TRUST	
b	Name of plan sponsor US BANCORP	c EIN-PN 41-0255900-008
a	Plan name U.S. BANK LEGACY PENSION PLAN	
b	Name of plan sponsor US BANCORP	c EIN-PN 41-0255900-007
a	Plan name U.S. BANK PENSION PLAN	
b	Name of plan sponsor US BANCORP	c EIN-PN 41-0255900-001
a	Plan name US FOODS CONSOLIDATED DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor US FOODS, INC.	c EIN-PN 36-3642294-012
a	Plan name US FOODS, INC. MASTER DEFINED BENEFIT PENSION TRUST	
b	Name of plan sponsor US FOODS, INC.	c EIN-PN 36-3642294-200
a	Plan name STAPLES US RETAIL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor USR PARENT INC.	c EIN-PN 82-1997669-001
a	Plan name VALERO ENERGY CORPORATION PENSION PLAN	
b	Name of plan sponsor VALERO ENERGY CORPORATION	c EIN-PN 74-1828067-005

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 VANTAGETRUST III MASTER COLLECTIVE INVESTMENT FUNDS TRUST	
b	Name of plan sponsor VANTAGETRUST COMPANY LLC	c EIN-PN 23-7268394-001
a	Plan name VEECO INSTRUMENTS SAVINGS AND SECURITY PROGRAM PLAN	
b	Name of plan sponsor VEECO INSTRUMENTS, INC.	c EIN-PN 11-2989601-001
a	Plan name VIRGINIA MASON MEDICAL CENTER DEFINED BENEFIT RETIREMENT PLAN	
b	Name of plan sponsor VIRGINIA MASON MEDICAL CENTER	c EIN-PN 91-0565539-001
a	Plan name VIRTU FINANCIAL LLC 401K PLAN	
b	Name of plan sponsor VIRTU FINANCIAL OPERATING LLC	c EIN-PN 26-2211621-001
a	Plan name VISIONWORKS OF AMERICA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor VISIONWORKS OF AMERICA, INC.	c EIN-PN 25-1801124-001
a	Plan name VISTEON INVESTMENT PLAN	
b	Name of plan sponsor VISTEON CORPORATION	c EIN-PN 38-3519512-002
a	Plan name VISTEON PENSION PLAN	
b	Name of plan sponsor VISTEON CORPORATION	c EIN-PN 38-3519512-003
a	Plan name THE VONS COMPANIES, INC. PHARMACISTS' 401(K) PLAN	
b	Name of plan sponsor VONS COMPANIES, INC.	c EIN-PN 38-1623900-091
a	Plan name WELLS ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor WELLS ENTERPRISES, INC.	c EIN-PN 42-1080796-002
a	Plan name ALLSPRING COLLECTIVE INVESTMENT TRUST	
b	Name of plan sponsor WELLS FARGO NA	c EIN-PN 94-1347393-001
a	Plan name WELLSPAN HEALTH PENSION PLAN	
b	Name of plan sponsor WELLSPAN HEALTH	c EIN-PN 22-2517863-001
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

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	WILSHIRE ASSOCIATES 401K EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WILSHIRE ADVISORS LLC	c EIN-PN 95-2755361-001
a	Plan name	WINNEBAGO INDUSTRIES, INC. PROFIT SHARING & DEFERRED SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	WINNEBAGO INDUSTRIES, INC.	c EIN-PN 42-0802678-001
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF WOLVERINE PIPE LINE COMPANY	
b	Name of plan sponsor	WOLVERINE PIPE LINE COMPANY	c EIN-PN 13-1680453-002
a	Plan name	NEW CENTURY ENERGIES INC EMPLOYEES INVESTMENT PLAN FOR BARGAINING UNIT EMPLOYEES AND FORMER NON-BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	XCEL ENERGY INC	c EIN-PN 41-0448030-006
a	Plan name	NEW CENTURY ENERGIES INC RETIREMENT PLAN FOR PUBLIC SERVICE COMPANY OF COLORADO BARGAINING UNIT EES AND FORMER NON-BARGAINING UNIT EES	
b	Name of plan sponsor	XCEL ENERGY INC	c EIN-PN 41-0448030-008
a	Plan name	NEW CENTURY ENERGIES, INC. EMPLOYEES' SAVING & STOCK OWNERSHIP PLAN FOR BARGAINING UNIT EMPLOYEES & FORMER NON-BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	XCEL ENERGY INC	c EIN-PN 41-0448030-005
a	Plan name	NUCLEAR MANAGEMENT COMPANY, LLC - NMC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	XCEL ENERGY INC	c EIN-PN 41-0448030-012
a	Plan name	XCEL ENERGY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	XCEL ENERGY INC	c EIN-PN 41-0448030-003
a	Plan name	XCEL ENERGY INC NON-BARGAINING PENSION PLAN (SOUTH)	
b	Name of plan sponsor	XCEL ENERGY INC	c EIN-PN 41-0448030-007
a	Plan name	XCEL ENERGY INC. MASTER PENSION TRUST	
b	Name of plan sponsor	XCEL ENERGY INC	c EIN-PN 90-1071182-010
a	Plan name	YOUNG & RUBICAM LLC CAREER CASH BALANCE CONTINUATION PLAN	
b	Name of plan sponsor	YOUNG & RUBICAM, LLC	c EIN-PN 13-1493710-004
a	Plan name	REDDAWAY HOURLY 401(K) PLAN	
b	Name of plan sponsor	YRC WORLDWIDE	c EIN-PN 48-0948788-008

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 YRC WORLDWIDE, INC. 401(K) PLAN	
b Name of plan sponsor YRC WORLDWIDE	c EIN-PN 48-0948788-002

a Plan name YUM! BRANDS RETIREMENT PLAN	
b Name of plan sponsor YUM! BRANDS, INC.	c EIN-PN 13-3951308-333

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan SHORT-TERM INVESTMENT FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.	D Employer Identification Number (EIN) 94-6450621

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	602803396	504882943
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	25725895	7052304
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	19174745342	24343073781
(2) U.S. Government securities	1c(2)	1849148662	994426981
(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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	21652423295	25849436009
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	217574567	98792769
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	217574567	98792769
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	21434848728	25750643240

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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	1217446840	
(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)		1217446840
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	975420025217	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	975419663038	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		362179
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(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		1217809019

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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	13513	
(5) Investment advisory and investment management fees	2i(5)	149925	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1284	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3300	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		168022
j Total expenses. Add all expense amounts in column (b) and enter total	2j		168022

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1217640997
l Transfers of assets:			
(1) To this plan	2l(1)		218540508718
(2) From this plan	2l(2)		215442355203

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 _____.

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p>2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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.)

B This return/report is: a single-employer plan a DFE (specify) C
 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

<p>1a Name of plan</p> <p>SHORT-TERM INVESTMENT FUND</p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p> <p>1c Effective date of plan</p>
<p>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)</p> <p>BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A.</p> <p>400 HOWARD STREET SAN FRANCISCO, CA 94105</p>	<p>2b Employer Identification Number (EIN) <u>94-6450621</u></p> <p>2c Plan Sponsor's telephone number <u>415-670-2000</u></p> <p>2d Business code (see instructions) <u>000000</u></p>

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		10/03/2025	BRYAN BOWERS
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500. Form 5500 (2024)
v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BLACKROCK INSTITUTIONAL TRUST COMPANY, N.A. 400 HOWARD STREET SAN FRANCISCO, CA 94105	3b Administrator's EIN 94-3112180 <hr/> 3c Administrator's telephone number 415-670-2000
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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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">5</td> <td style="width:80%;"></td> <td style="width:10%; text-align: right;">0</td> </tr> </table>	5		0																														
5		0																																
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).	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> <tr> <td>6a(1)</td> <td>Total number of active participants at the beginning of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6a(2)</td> <td>Total number of active participants at the end of the plan year</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6b</td> <td>Retired or separated participants receiving benefits</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6c</td> <td>Other retired or separated participants entitled to future benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6d</td> <td>Subtotal. Add lines 6a(2), 6b, and 6c.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6e</td> <td>Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6f</td> <td>Total. Add lines 6d and 6e.</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(1)</td> <td>Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6g(2)</td> <td>Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>6h</td> <td>Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested</td> <td style="text-align: right;">0</td> </tr> </table>				6a(1)	Total number of active participants at the beginning of the plan year	0	6a(2)	Total number of active participants at the end of the plan year	0	6b	Retired or separated participants receiving benefits	0	6c	Other retired or separated participants entitled to future benefits.	0	6d	Subtotal. Add lines 6a(2), 6b, and 6c.	0	6e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	0	6f	Total. Add lines 6d and 6e.	0	6g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	0	6g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	0	6h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0
6a(1)	Total number of active participants at the beginning of the plan year	0																																
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6f	Total. Add lines 6d and 6e.	0																																
6g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	0																																
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6h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	0																																
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">7</td> <td style="width:80%;"></td> <td style="width:10%;"></td> </tr> </table>	7																																
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)	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	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor

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

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 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 _____
